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REPORT OF THE DIRECTOR-GENERAL ON THE FUNCTIONING OF THE INTERNATIONAL SANITARY REGULATIONS FOR THE PERIOD 1 July 1967 - 30 June 1968

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INTRODUCTION

1. This report on the functioning of the International Sanitary Regulations and their effects on international traffic is prepared in accordance with the provisions of Article 13, paragraph 2, of the Regulations. It covers the period from 1 July 1967 to 30 June 1968.

2. Previous reports[1] cover the period beginning with the time of entry-into-force of the Regulations (1 October 1952).

3. This report follows the same general lines as its predecessors and considers the application of the Regulations from two aspects: as seen by the Organization in its administrative role of applying the Regulations and as reported by Member States in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations. For ease of reference the two aspects are consolidated and presented in the numerical order of the articles of the Regulations.

4. The fourteenth report of the Committee on International Quarantine (Volume I) on the functioning of the International Sanitary Regulations - document WHO/IQ/67.146 - was adopted by the Twenty-first World Health Assembly on 24 May 1968 (resolution WHA21.52). It was published in Official Records No. 168; an off-print of the report is available. The proceedings of the Assembly relating to international quarantine were published in Official Records No. 169. A separate resolution (WHA21.51) was adopted by the Assembly on the Committee's recommendations concerning aircraft disinsection. This aspect of the programme is to be considered as a separate item of the agenda.

5. The fourteenth report of the Committee on International Quarantine (Volume II) on the Special Review of the International Sanitary Regulations - document WHO/IQ/67.147 - was referred by the Assembly (resolution WHA21.53) to Member States for their views and comments. These views and comments have been considered by the Director-General and his suggestions are included in document WHO/IQ/68.149 which will be considered in connexion with the pertinent agenda item.

6. On 1 October 1968 the unit of Epidemiological Surveillance and Quarantine was formed by the merger of the International Quarantine and Epidemiological Surveillance units. The functions of the new unit are to promote, co-ordinate and conduct epidemiological surveillance of infectious diseases of international importance and to assist in the strengthening of national epidemiological surveillance. The unit administers the International Sanitary Regulations and maintains a centralized world-wide system of collection and dissemination of information concerning certain communicable diseases.

GENERAL ASPECTS

Position of States and Territories under the International Sanitary Regulations

7. Information showing the position of States and Territories under the Regulations, as of 1 January 1968 and as of 1 January 1969 was included in Weekly Epidemiological Record No.1 of 5 January 1968 and No. 2 of 10 January 1969 respectively.

States and Territories not bound by the Regulations

8. Australia, Burma, Chile and Singapore, although not party to the Regulations, apply their provisions in nearly all respects.

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[1] Off. Rec. Wld Hlth Org., 56, 3; 64, 1; 72, 3; 79, 493; 87, 397; 95, 471; 102, 35; 110 31; 118, 35; 127, 27; 135, 29; 143, 41; 168, 51.

9. The correspondence exchanged with the Government of Nauru after this country's accession to independence is reproduced below:

(1) Letter from Director-General to the Government of Nauru dated 24 June 1968:

"..... I would like to congratulate your country on its accession to independence, and take this opportunity to clarify the position of Nauru as regards the International Sanitary Regulations. Prior to the date of independence, the position of Nauru was not defined, since, of the three Administering Powers, Australia was not itself a party to the Regulations. Nevertheless, it is my understanding from the terms of your letter that it would be the intention of Nauru to apply the provisions of the Regulations to international traffic.

As Nauru was a party to a number of earlier International Sanitary Conventions, it would be possible to regularize the situation under Article 110 of the International Sanitary Regulations, which provides as follows:

"1. Any State not a Member of the Organization, which is a party to any of the conventions or agreements listed in Article 105, or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 107, such acceptance shall become effective upon the date of coming-into-force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.

2. For the purpose of the application of these Regulations Articles 23, 33, 62, 63 and 64 of the Constitution of the Organization shall apply to any non-Member State which becomes a party to these Regulations.

3. Any non-Member State which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after he has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any of the conventions or agreements listed in Article 105 to which it was previously a party."

Should your Government wish to avail itself of this provision, it would suffice to send me a notification in due course. I enclose a copy of the Regulations for your convenience."

(2) Letter from the Government of Nauru dated 16 August 1968.

"Further to your letter i4/520/3(68), dated June 24, 1968, I wish to notify you that the Government agrees to adopt the International Sanitary Regulations under the provisions as indicated in your letter.

However, the Government wishes to reserve the right to restrict the application of Articles 17 and 19 as follows:

(i) Article 17. The health administration of the Republic of Nauru reserves the right not to designate any port for the issue of deratting exemption certificates, as referred to in Article 52, nor to approve any port as having at its disposal the equipment and personnel necessary to derat ships.

(ii) Article 19. The health administration of the Republic of Nauru reserves the right not to designate any airport as a sanitary airport."

(3) Reply from the Director-General dated 1 October 1968.

"I have the honour to acknowledge with thanks the receipt of your letter of 16 August 1968 in which you inform me that Nauru agrees to accept the International Sanitary Regulations, subject to the right to restrict the application of Articles 17 and 19 as indicated in your letter.

Under the provisions of the Regulations, these reservations will have to be submitted to the World Health Assembly for acceptance under Article 107, and I shall therefore arrange to have your reservations considered by the Twenty-second World Health Assembly which will meet in Boston in July 1969. However, as the Assembly has already accepted reservations in the same terms submitted by other Governments under similar conditions, I believe that it would be appropriate, for administrative purposes, that in matters of international quarantine the provisions of the Regulations should apply from now onwards in the relations between WHO and Nauru."

The Committee may wish to recommend to the Twenty-second World Health Assembly that these reservations be accepted. It is recalled that similar reservations to Articles 17 and 19 of the Regulations have previously been accepted by the Health Assembly.[1]

THE INTERNATIONAL SANITARY REGULATIONS

PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

10. No notifications as provided for by the Regulations (Articles 3 to 6 and Article 8) have been received from:

(a) China (mainland) (since March 1951);

(b) North Korea (since 1956);

(c) North Viet-Nam (since 1955).

11. United States of America. The Government reports as follows:

"Continued effort is being made by the U.S. Foreign Quarantine Program to maintain quarantine and inspection operations at United States ports-of-entry and at ports outside the country in an effort to meet the complexities and increasing volume of modern international traffic. The program emphasizes the concept of a global epidemiologic surveillance network which can identify changes in trends not only of quarantinable diseases but also of the other communicable diseases.

Data on local infected areas reported daily through the WHO broadcast and weekly through the Epidemiological Record, are summarized into a weekly publication at the National Communicable Disease Center for use of inspection staff at ports-of-entry. Quarantinable disease data on each country obtained from the WHO Weekly Epidemiological Record, have been computerized for the current as well as the previous year and are published weekly. The number of major political subdivisions containing areas indicated to be local infected areas are included in the weekly report. A quarterly Epidemiologic Report is also published, containing data received from WHO on quarantinable diseases and other diseases of importance to the health of the international traveller.

Work has begun on procuring and maintaining a library of morbidity statistics on each country which publishes such data. When complete the library will include maps showing current political boundaries and the most current demographic data available. At present there is no single source anywhere for a complete set of both maps and demographic data."

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[1] International Sanitary Regulations, third annotated edition, 1966, Annex II, pp. 70-77.

Article 8

12. Several countries (Australia, Iraq, Mauritius, New Zealand, Panama) continue to report that a number of arriving travellers do not possess the required vaccination certificates. Thus, in Australia, 102 persons who arrived by air in an unvaccinated state and refused vaccination were detained at a quarantine station. In Mauritius, airline operators and their overseas agents have been requested to ensure, before issuing tickets, that travellers are in possession of the required vaccination certificates.

13. In Central African Republic, the Government has noted a marked improvement in the situation as compared with the previous year; the few travellers who had no vaccination certificates accepted being vaccinated on arrival.

14. See also comments under sections 46, 47 and 48.

Article 11

15. Summaries of information on imported cases and outbreaks of quarantinable and other communicable diseases in the following countries were published in the Weekly Epidemiological Record:

Plague: in Brazil, Indonesia, Lesotho and the United States of America;
Cholera: in West Malaysia, Nepal, West Pakistan, Singapore and Thailand;
Jungle yellow fever: in Brazil; yellow fever in Africa 1940-1967;
Smallpox: in Belgium, Burma, Ceylon, Chad, Sudan, Trucial States and United Kingdom;
Typhus: in Mexico, Peru and United Kingdom;
Relapsing fever: in the Netherlands and in Sudan;
Arthropod-borne encephalitis: in the United States of America;
Dengue haemorrhagic fever: in Thailand;
Fox rabies: in France;
Influenza: summaries of reports on outbreaks, and yearly summary "Influenza in the World" covering the periods October 1966 - September 1967 and October 1967 - September 1968.
Outbreaks in laboratory personnel working with Cercopithecus monkeys: in the Federal Republic of Germany and Yugoslavia (epidemiological aspects and etiology of the disease).
Malaria: in the United States of America;
Salmonella: in Canada and Finland, and summary of data for certain European countries.

Notes were also published on the following subjects: presence of yellow fever virus in mosquitos in Brazil; Aedes aegypti in Africa and in America; Aedes aegypti at international airports; status of malaria eradication (biannual summaries); resistance of A. gambiae to DDT in Upper Volta.

Smallpox surveillance: as from June 1968 summaries have been published at fortnightly intervals.

16. In an effort to make the Weekly Epidemiological Record more useful and interesting, information is being published relating to a far greater number of communicable diseases of international importance as can be seen above. Health administrations are encouraged to submit for publication brief narrative reports relating to any aspect of the epidemiological surveillance of communicable diseases occurring within their country.

17. Separate publications were:

(i) Airports designated in application of the International Sanitary Regulations: Situation as on 1 September 1967;

(ii) Ports designated in application of the International Sanitary Regulations: Situation as on 2 August 1968;

/These two publications show for the first time the aiports and ports which are considered free from the risk of malaria transmission./

(iii) Vaccination Certificate Requirements for International Travel: Situation as on 1 January 1968;

(iv) Yellow-Fever Vaccinating Centres for International Travel: Situation as on 29 November 1968.

Amendments to these publications appeared as usual in the Weekly Epidemiological Record. In addition, lists of amendments to Vaccination Certificate Requirements for International Travel were issued for those addressees (mainly travel agencies) who do not receive the Record.

18. CODEPID Geographical Index and Map Supplement. Revisions of the Geographical Index sections for Dahomey, Niger, Nigeria and West Malaysia (Penang State), and revised maps for Ghana and West Pakistan were published in the Weekly Epidemiological Record.

Article 13

19. In accordance with Article 13, paragraph 1, of the Regulations and Article 62 of the Constitution, the following 113 States and Territories [1] have submitted information concerning the occurrence of quarantinable diseases due to or carried by international traffic, and/or on the functioning of the Regulations and difficulties encountered in their application:

Angola
Argentina
Australia
Austria
Bahrain
Barbados
Belgium
Bermuda
Brazil
British Honduras
Cameroon
Canada
Cape Verde Islands
Central African Republic
Ceylon
Chad
Chile
China
Cocos (Keeling) Islands
Comoro Islands
Congo (Brazzaville)
Costa Rica
Cyprus
Czechoslovakia
Denmark
Dominica
Dominican Republic
Falkland (Malvinas) Islands
Faroe Islands
Federal Republic of Germany
Fiji
Finland
France
French Polynesia
French Territory of the Afars and the Issas
Gibraltar
Gilbert and Ellice Islands
Greece
Greenland
Grenada
Guatemala
Guyana
Haiti
Honduras
Hong Kong
Hungary
Iceland
Indonesia
Iran
Iraq
Ireland
Israel
Italy
Japan
Jordan
Kingdom of the Netherlands (including Netherlands, Surinam and Netherlands Antilles)
Kuwait
Laos
Lebanon
Lesotho
Liberia
Libya
Luxembourg
Macao
Madagascar
Malawi
Malaysia
Maldive Islands
Mali

[1] The inquiry made in connexion with the Special Review of the ISR may account for the decrease in the number of reports on the functioning of the Regulations submitted for the period 1 July 1967 - 30 June 1968.

Mauritius
Monaco
Mozambique
Nepal
New Zealand
Niger
Nigeria
Norfolk Island
Norway
Panama
Papua and New Guinea, Australian Territory of
Philippines
Poland
Portugal
Portuguese Guinea
Portuguese Timor
Republic of Korea
Romania
Sao Tomé and Principe
Singapore
Somalia
Spain
St Helena
St Christopher-Nevis-Anguilla
St Pierre and Miquelon
St Vincent
Swaziland
Sweden
Switzerland
Syria
Thailand
Togo
Tonga
Trinidad and Tobago
Uganda
Union of Soviet Socialist Republics
United Arab Republic
United Kingdom of Great Britain and Northern Ireland
United Republic of Tanzania
United States of America
Upper Volta
Venezuela
Western Samoa
Zambia

PART III. SANITARY ORGANIZATION

Article 14

20. France. The following comments have been received from the Government:

"With regard to the Territory of Saint-Pierre and Miquelon Islands, I wish to inform you that sanitary control is exercised on the arrival of travellers by the Emigration Service. For persons coming from or passing through Canada and the United States, the control exercised by the authorities of those countries provides sufficient guarantees. Similarly, for the sailors calling at the port, it may be supposed that the ship owners and ships' captains comply with the Regulations.

Only aircraft or ships coming from countries in which quarantinable diseases exist in an endemic state offer any risk of infection. In the event of such ships arriving at Saint-Pierre, the Emigration Service could call on the Health Service for an examination of the sanitary documents and in certain cases for inspection of the ship."

21. United States of America. The Government sent the following comments:

"In US Fiscal Year 1968, almost 8 million travellers were inspected at airports in the United States and more than 2 million at seaports. At the Mexican Border, 136 million persons crossing the border were inspected.

To meet the phenomenal rate of increase in international air traffic, the Foreign Quarantine Program, in concert with the three other Federal inspection agencies, and in co-operation with the air transport industry, developed and tested a new inspection system at the John F. Kennedy International Airport. The new system utilizes the training of personnel for dual functions (e.g. immigration officer) to inspect arriving passengers for all four agencies in a primary inspection area. Necessary monitoring and suspects detected on the primary line are handled in a secondary operations area by specialists of each agency. Data for on-going evaluation and for further improvement of inspection

criteria and procedures are provided by an interagency management information system. This accelerated inspection system has reduced passenger waiting time by 50% even at times when over 2000 passengers are processed in a single hour. As a result of the success of this program at the JFK International Airport, the international air transport inspection program is being reorganized to provide accelerated inspection services at all United States international airports. Despite the increasing workload the same or better protection against disease importations is continued without a concurrent increase in manpower."

Article 22

22. Argentina. The Government reports as follows:

"The difficulties encountered in regard to frontier control are the length and inaccessibility of the frontier zones, with the result that at present, particularly in the Health Regions of North-Western Argentina, North-Eastern Argentina and Patagonia, control measures are only minimal.

Periodic visits are made by the health authority to the frontier areas and plans are being made for improving control."

PART IV. SANITARY MEASURES AND PROCEDURE

Chapter I. General provisions

Article 23

23. Indonesia. The Government reports that difficulties have been experienced in connexion with the additional regulations of the Saudi Arabian health administration concerning foodstuffs carried by pilgrims and its requirement of a cholera stool-culture certificate.[1]

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[1] All persons arriving in Saudi Arabia from countries any parts of which are infected are required to submit a certificate, dated not more than seven days before their deparature, recording the negative results of stool culture. This certificate must be delivered by a licensed laboratory and attested to by the health authority.

As regards the importation of foodstuffs, the following restrictions were imposed by Saudi Arabia:

1. Commodities restricted for importation: fresh vegetables, cooked foodstuffs, sweets, figs, raisins, tamarind, miscellaneous nuts, dry lemons, rose water, kadi water, fresh and dry fruits, amba, ishar and similar pickles.

2. Other commodities allowed to enter 15 days after deparature of the cargo from an infected port after ensuring (a) that water available in the ship is not contaminated, and (b) that there are no carriers among the passengers and crew: spices, ginger, cream, rice, sugar, coffee and cardamom.

3. On 3 December 1967, it was agreed to reduce the period mentioned in item 2 above to eight days, particularly in relation to foodstuffs carried by pilgrims for their personal use. These are: rice, cornflour, lentils, beans, spices, curry, cardamom, ginger, pepper and the like, tea, coffee and sugar.

Article 25

24. Mauritius. The Government sent the following comments:

"The practice of 'blocks away' disinsection is now accepted for all airlines operating in this territory. On the whole the system works satisfactorily. But there were frequent instances when the correct procedure was not followed - the usual excuse in such cases being that the instructions in the "Briefings to Personnel" do not mention anything about disinsection or that the crew was operating on this sector for the first time! A circular letter, in which were set out all the details about aircraft disinsection, was sent out to the airline operators and also given to individual crew members.

It is gratifying to note that, as a result, there has been a significant improvement in the situation during the last few months, due largely to the co-operative attitude of the airline operatives and their local representatives."

25. New Zealand. The Government reports as follows:

"The occasional irregularity in observing the requirement for 'blocks away' disinsection of aircraft was reported, with spraying being carried out in flight instead of on the ground prior to take-off."

Article 27

26. Canada. The Government reports that no difficulties have been experienced other than that previously reported in regard to the carrying out of an effective surveillance programme.[1]

27. Iraq. The Government reports that it was not possible to submit suspects to surveillance, particularly pilgrims arriving by sea who cannot give definite addresses; they were therefore detained in a quarantine station.

Chapter IV. Sanitary measures on arrival

Article 35

28. United States of America. The Government reports as follows:

"Pratique by radio will be reintroduced on a national scale for all vessels arriving from foreign ports. This is a seldom used procedure at present, although it is currently provided for in the Foreign Quarantine Program Regulations. Pratique by radio permits quarantine clearance of a vessel based on information received from it prior to its arrival. If the responsible quarantine official at the intended port of arrival considers that the vessel's arrival will not result in the introduction or spread of a quarantinable disease, his vessel receives clearance. Quality control will be maintained by the application of rigorous sampling and evaluation techniques. If successful, implementation of this procedure will be of economic benefit to the quarantine program and utilization of manpower elsewhere will provide additional resources to meet all Foreign Quarantine Program responsibilities."

Article 36

29. Madagascar. The Government has experienced no difficulties, especially since the adoption of a "notice card" requiring the following information from travellers: place of deparature, itinerary, and in the case of international air travellers, address where they can be contacted in Madagascar.

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[1] See WHO/IQ/68.149, p. 3.

PART V. SPECIAL PROVISIONS RELATING TO EACH OF THE QUARANTINABLE DISEASES

Chapter I. Plague

30. Japan. The Government reports that two container-ships entered Tokyo Seaport in November and Yokohama in December 1967, and the dead bodies and traces of rats and mice were found in containers in which gunny bags of pink beans were packed. There was, however, no evidence of the plague bacillus.

In view of the above, the Government is of the opinion that WHO should establish methods for the sanitary control of containers in international traffic.[1]

31. Madagascar. The Government reports that sporadic, indigenous cases of plague are observed in certain regions of Madagascar. All necessary measures are taken to prevent the spread of the infection.

32. United States of America. The Government reports as follows:

"The wild rodent population of the Western United States continues to harbor the plague bacillus. For the period reported, three definite human plague cases and one suspect case were reported, with one death.

On 16 July 1967 a 12 year-old boy from Elbert County, Colorado, died of plague. Specimens obtained at post-mortem were positive for P. pestis. Contact with rodents (prairie dogs) was known, but no rodent die-off was apparent in the area. No secondary cases resulted.

A retrospective diagnosis of P. pestis meningitis was made on a 60 year-old man from Western Colorado, who became ill on 8 September 1967, followed by a long complicated illness with marked neurological involvement. In specimens of spinal fluid sent to the National Communicable Disease Center, Atlanta, Georgia, P. pestis organisms were confirmed. No rodent or flea exposure was known. Residual neurological defects were noted after treatment. There were no secondary cases.

While the cases cited above were in remote areas, thus offering no international threat, the recent report (11 June 1968) of plague in a six-year old girl from Denver, Colorado, posed a potential danger. The diagnosis was confirmed by isolation of P. pestis from her blood stream. She recovered uneventfully following treatment. This case coincided with an epizootic of plague in common tree squirrel (Sciurius niger) in the Denver area. Of 110 S. niger examined, 27 were positive for P. pestis by fluorescent antibody test, and in five of these, P. pestis was isolated. A domestic rodent survey in the Denver area revealed no P. pestis and no oriental rat fleas were detected. No other human cases have been reported.

A case of suspected plague was reported in April 1968 from Fort Riley, Kansas. The patient was a 21-year old veteran of the Vietnam conflict, who is suspected of being infected before leaving Vietnam where contact with rodents was known. He had received plague immunization assumed to be adequate. The clinical picture was consistent with plague, although there was no culture confirmation from blood or lymph node aspiration specimens. He recovered uneventfully without secondary cases.

During the past year, a single rat, found dead in a trap on a ship arriving in the United States was fluorescent antibody positive for plague. This was on 15 April 1968, from a vessel arriving at Port Hueneme, California. However, culture and animal studies failed to confirm plague. Extensive control measures were instituted. No other rats were recovered on the ship."

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[1] Provisions to that effect are included in the proposed Regulations - document WHO/IQ/67.147.

Chapter II. Cholera

33. Denmark. The Government reports that a cholera carrier was discovered in Copenhagen. On 15 March 1968 children coming from Viet-Nam were admitted to the epidemiological hospital in Copenhagen. One child was found positive for El Tor cholera vibrions. The child had no symptoms; he was treated with colimycin and several examinations after treatment were negative.

34. Malaysia. The Government reports that nine cases of cholera were observed in West Malaysia in May-June 1968.

35. Singapore. The Government reports as follows:

> "There is no conclusive evidence of the source of the two episodes of cholera El Tor in April and June 1968 (with a total of 6 cases and 3 carriers), and the possibility of external introduction cannot be ruled out."

36. Thailand. The Government reports one case of cholera imported on 21 July 1967. The patient was an American passenger who arrived in Bangkok by air on 20 July, after breaking his journey in New Delhi for four days (17-20 July). He was in possession of a valid certificate of vaccination. By 2 August the patient had recovered.[1]

37. See also section 23.

Chapter III. Yellow fever

Article 70 (unamended)

38. The locality of Belem (Brazil) which had been excluded from the yellow-fever endemic zone, was reintroduced into that zone in September 1967, the conditions for the exclusion being no longer fulfilled.

Article 73

39. Bermuda. The Government is of the opinion that some airlines are not sufficiently rigorous in carrying out disinsection in flight.

Chapter IV. Smallpox

40. Ceylon. The Government reports one imported case of smallpox in Colombo. The patient, a member of the Ceylonese Hockey Team, travelled in India from 24 November to 13 December 1967, on which date he returned to Colombo by air. He had fever on the 15 December; he developed a rash and was isolated at the Infectious Diseases Hospital on 21 December. Virological confirmation was obtained on 26 December. The direct contacts were quarantined and 110 possible contacts were kept under surveillance. Mass vaccination was carried out and no secondary cases were observed.[1]

41. Chad. The Government reports two importations of smallpox;

(1) In July 1967, an outbreak of 65 cases (18 deaths) was reported in the Lake Prefecture. The primary case was an unvaccinated woman who visited her family in Nigeria and returned to Chad via Niger; she had not passed any sanitary post. A revaccination campaign was carried out in the whole area.

(2) In February 1968, an immigrant from Nigeria was isolated on arrival in Massokari, Chari-Baguirmi Prefecture; he had not passed any sanitary post. No secondary cases were reported.

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[1] See Annex.

42. Finland. The Government reports that a suspected case in a crew member of S.S. MONSUNE has never been confirmed by laboratory tests.[1]

43. Mali. The Government reports as follows:

"The seasonal migrations of the nomadic populations gave rise to epidemics of smallpox in the Districts of Ménaka and Tominian; these epidemics were reported in the weekly bulletins for the periods 16-29 January and 5-11 April respectively.[2] The Ménaka epidemic was followed by a campaign of vaccination by scarification and the Tomanian epidemic by a campaign of vaccination by Pedo Jet."

44. United Kingdom. The Government reports that two cases of smallpox were imported by air traffic. There was one secondary case.[3]

45. United States of America. The Government reports as follows:

"No cases of smallpox, either imported or domestic, were reported in the United States. There is an effective surveillance system co-ordinating efforts of the Foreign Quarantine and Smallpox Programs of the National Communicable Disease Center, Atlanta, Georgia, and the various state health services."

Chapter V. Typhus

46. United Kingdom. The Government reports the importation of one case of louse-borne typhus.[3,4]

PART VI. SANITARY DOCUMENTS

Article 98

47. Australia.[5] The Government reports that the number of air travellers arriving with irregular international certificates of vaccination against smallpox or cholera is still a cause of concern. During the period under review, 2748 persons were vaccinated against smallpox and 919 against cholera on arrival in Australia by air, because of irregular certificates.

48. The submission of invalid vaccination certificates is also reported by the Governments of Iraq, Lebanon and New Zealand.

49. The Organization has continued to receive from several health administrations photocopies of invalid vaccination certificates submitted to their health authorities at points of entry. In each case these irregularities have been referred for the appropriate action to the health administrations of the countries of issue.

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[1] This suspected case was notified on 15 December 1967. The tanker S.S. MONSUNE arrived at Naantali from Novorossiisk (USSR) on 12 December. The patient had been vaccinated on 12 November 1966.

[2] Twenty-one cases were reported for the period 16-29 January and 26 for the period 5-11 April.

[3] See Annex.

[4] This is the first case of louse-borne typhus introduced into Europe in the last five years.

[5] Not bound by the ISR.

PART VII. VARIOUS PROVISIONS

Article 104

50. The Organization has been informed of the conclusion of an arrangement between the Government of the Democratic Republic of the Congo and the Government of Rwanda, for the direct and rapid exchange of information on the occurrence and development of important communicable diseases. Under this arrangement, the control and prophylactic measures are carried out jointly, particularly in the frontier area between the two countries.

APPENDICES 2, 3 and 4

51. Union of Soviet Socialist Republics. The Government sent the following comments:

> "It is desirable that WHO should publish a catalogue of photographs of the stamps officially used in various countries for international certificates of vaccination or revaccination against smallpox, cholera and yellow fever, thus making health and quarantine inspections at the frontier easier."

OTHER MATTERS

Certificate of contra-indication to vaccination

52. The Government of the Union of Soviet Socialist Republics is of the opinion that it would be advisable for WHO to devise a certificate of contra-indication to vaccination or revaccination against smallpox, cholera or yellow fever, with a printed text in English and French and, if possible, in the language of the country of issue, and a statement of the reason for contra-indication in Latin.

Mecca pilgrimage

53. The health administration of Saudi Arabia informed the Organization on 12 March 1968 that the Mecca Pilgrimage for 1968 (year of the Hegira 1387) remained free of quarantinable diseases.

ANNEX

CASES OF QUARANTINABLE DISEASES IMPORTED BY SHIP AND AIRCRAFT

1 July 1967 - 30 June 1968

Ship or aircraft	Date of arrival	Port of arrival	From	Number of case(s)	Remarks
I. CHOLERA					
Aircraft	20.VII.67	Bangkok	Delhi	1 confirmed case	American passenger, member of a tourist group; was hospitalized on 21 July; was in possession of valid vaccination certificate.
II. SMALLPOX					
Aircraft	1.X.67	London	Karachi via Cairo, Rome and Paris	2 confirmed cases (1 imported, one secondary case)	Onset of disease of imported case on 9 October; rash appeared on 10 October and became vesicular on 14 October. Patient isolated together with her mother (secondary case, modified smallpox) on 17 October.
Aircraft	13.XII.67	Colombo	Madras	1 confirmed case	Onset of disease 15 December; rash appeared on 21 and patient isolated on same day. Diagnosis confirmed on 26 December. Member of a Ceylonese sporting team, aged 49; reported to have been vaccinated in 1962 and re-vaccinated without major reaction on 21 November 1967.
Aircraft	24.II.68	London	Karachi via Teheran, Moscow and Frankfurt	1 confirmed case	Boy aged 15; onset of disease 27 February; rash appeared on 28; patient was isolated on 29; diagnosis confirmed on 3 March.
Dhow	? March '68	Dubai	Malabar Coast	1 case	Indian who entered the country illegally; was hospitalized on 10 March.
Dhow	? March '68	Dubai	Kozhikode (Kerala State, India)	1 case	Immigrant who entered the country illegally; was hospitalized on 24 March.
III. TYPHUS					
Aircraft	3.VI.68	London	India via Geneva	1 confirmed case	Teacher in a camp for Tibetan refugee children in India; left the camp on 25 May and India on 29 May. Onset of disease 9 June.