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WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

IQ/WP/69.3

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COMMITTEE ON INTERNATIONAL QUARANTINE

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# SPECIAL REVIEW OF THE INTERNATIONAL SANITARY REGULATIONS

## Comments received from Member States after 21 November 1968

The report of the Director-General document WHO/IQ/68.149 included the substance of the replies received from Member States as of 21 November 1968.[1] Since that date, comments have been received from eight further Member States. They are summarized in the following pages (sections A and B). Opposite the governments' comments a reference has been made to document WHO/IQ/68.149 if the point had already been raised and considered in the Director-General's report.

The comments received from the International Civil Aviation Organization and the International Air Transport Association have been reproduced in sections C and D for the Committee's consideration.

[1] In accordance with resolution WHA21.53 Member States and Associate Members were invited to give further consideration to the fourteenth report of the Committee on International Quarantine, Volume II (document WHO/IQ/67.147) in the light of the discussions at the Twenty-first World Health Assembly, and to send to the Director-General their views and comments by 31 October 1968.

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## Section A - GENERAL COMMENTS

### Comments from Member States

Netherlands. (1) One could object to the proposed name for the Committee, since "Health Protection" has a much wider scope than is indicated by the proposed title of the Regulations. "Committee on the international control of communicable disease" would seem to be more satisfactory.

(2) Diseases under surveillance:

(a) The Committee's proposal concerning other infectious diseases is attractive in so far as it aims at greater world-wide co-operation in communicable disease control. However, the objection is that the application of the ISR, even in their present form, is not simple and has, moreover, given rise to reservations on the part of a number of countries. The inclusion of other infectious diseases might give rise to an even greater number of reservations, so that the Regulations would in fact no longer serve their purpose. One may ask whether it would not be sufficient to appeal to Member States for world-wide co-operation, on a voluntary basis, as regards infectious diseases which are not subject to the Regulations, and whereby WHO should exclusively play a central part. Such an appeal would however not be part of the Regulations.

(b) The proposal to introduce compulsory notification of influenza cases should be rejected. In the majority of cases, the diagnosis is made without serological or virological research and the clinical symptoms are often not very characteristic.

(c) Concerning the suggestion to have monthly reports for certain diseases giving the number of deaths which occurred during the previous month, mortality statistics are generally not available at such short notice. Arrangements can however be made for the submission of data as soon as they are available.

## Section B - DETAILED COMMENTS

### PART I. DEFINITIONS

**Article 1**
"infected area"

Iran. The concept of the "infected local area" is not realistic; quarantine measures cannot be limited to such local areas.

See comments under "infected area" and proposed definition of this term - WHO/IQ/68.149, pp. 11-12.

Italy. The replacement of the term "local area" by "area" will not facilitate identification of the place of departure. This identification becomes more and more difficult in view of the fact that formalities in international traffic must be accomplished with the minimum delay. For the rapid completion of health formalities, passengers should not be required to locate the exact small area from which they come. A larger area, such as a territory which might cover either a small country or a region in a larger country, should be considered.

The spreading of the most serious diseases, e.g. smallpox and cholera, being strictly connected with international traffic from some countries where these diseases are endemic, health measures should be limited to passengers coming from such countries. In this connexion, it seems necessary to introduce the concept of "endemic regions".

The declaration of an "endemic region" should take into account:

(a) the number of cases;

(b) the persistence of cases in a given period of time;

(c) the distribution of cases within the country.

The following definition is therefore submitted for consideration:

> "Endemic region means a region in which the occurrence and spreading of a quarantinable disease has been observed during the previous ... years. Endemic regions should be declared as such by WHO."

Article 1
"infected area"
(continued)

Italy (continued)

As to the occurrence of a quarantinable disease in a country usually free of that disease, it is suggested that the concept of the "infected zone" with the following definition be considered:

> "Infected zone means an area within the territory of a country, where a multiplication of cases has been recorded following an imported case. The extent of an 'infected zone' is defined by the relevant authorities."

If the above concepts are accepted, it will be necessary to include in the Regulations provisions for the application of health measures to passengers coming from an "endemic region" or an "infected zone".

Netherlands. A definition of the terms "area" and "infected area" is desirable.

Singapore.[1] According to the explanations given during the Twenty-first World Health Assembly,[2] a whole country could be considered as infected when one area is declared infected; this practice would not be in excess of the proposed Regulations. Indeed, Article 6, paragraph 2 (a) states that an area may be considered to be free from infection when ". . . infection from that disease has not occurred in any other area in the vicinity".

United Kingdom. The following addition to the comments reproduced in document WHO/IQ/68.149 (page 14) has been received from the United Kingdom Government:

> A third possible definition would be:
>
> "An infected area is the whole country where a quarantinable disease is endemic and any part of a country in which the health administration considers active control measures to be necessary in connexion with a local prevalence of a quarantinable disease not normally endemic in that country."

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[1] Not bound by ISR.

[2] A21/P&B/IQ/SR/6, page 6.

Article 1
"infected area"
(continued)

United Kingdom (continued)

This definition would perhaps need to be supplemented by a definition of "endemic" such as for example:

> "A quarantinable disease is endemic when new cases occur regularly without relation to recent importation."

"infected person"

Netherlands. This definition causes confusion with that of the term "suspect". The following definition might be considered:

> "Infected person means a person who is believed to be suffering from such a disease."

See proposed re-worded definition of "infected person" - WHO/IQ/68.149, p. 10.

"infectious material"

Netherlands. A definition of this term would be desirable.

## PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

Iran. Provisions should be made for the prompt notification of quarantinable diseases, and observance of such provisions should be strictly controlled.

In view of the fact that some countries do not notify quarantinable diseases promptly, their neighbouring countries are unable to cope with the situation and to take health and quarantine measures in time to prevent the importation of the infection.

Turkey. The Government considers that the Regulations should give wider opportunities and the necessary minimum period of time to enable countries suddenly faced with a serious threat of importation of infection to take the necessary protective measures. In this connexion, the Government reiterates its previous comments based on difficulties experienced in connexion with outbreaks of cholera in neighbouring countries:

> "In this field the time factor plays a key role: this fact in itself makes it possible to arm oneself for the fight against the epidemic by procuring all the equipment, material and supplies necessary and by ensuring availability of vaccines, sera, drugs, etc.

Turkey (continued)

We therefore consider it would be useful for one or more clauses specifying the time necessary for adequate measures against any sudden epidemic that may break out in a given country to be inserted in the International Sanitary Regulations when they are revised, so that it may be possible for the country concerned to make preparations for checking the spread of disease."

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| Article 11 paragraph 3 | Portugal. This paragraph would be more readily acceptable if it were specified that WHO would intervene only at the request of the government concerned. | See proposed re-worded paragraph - WHO/IQ/68.149, pp. 20-21. |
| | Turkey. This is a most useful article. If, however, paragraph 3 is adopted as it stands, the greatest prudence and caution will be necessary in its implementation. | See proposed re-worded paragraph - WHO/IQ/68.149, pp. 20-21. |

## PART III. HEALTH ORGANIZATION

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| Article 14 paragraph 2 and Articles 15 19, and 22(23) | Portugal. Certain reservations must be expressed, since it is not possible, for the time being, to fulfil these provisions. The Portuguese health authorities will however do everything in their power to ensure compliance with these provisions. | |
| Article 14 paragraph 2 and Article 15 | Netherlands. It would perhaps be more accurate to say "chemical and microbiological research" rather than "laboratory examinations" and "examination". | |
| Article 20 | Netherlands. In the last few decades Anopheles atroparvus has occurred much less frequently. The proposed extension of this Article would mean regular, extensive and very costly measures. As there has not been a single case of autochthonous malaria in the Netherlands since 1958, the usefulness of such measures is very questionable. | See proposed re-worded Article - WHO/IQ/68.149, pp. 23-24 |

| | | |
|---|---|---|
| Article 20 (continued) | Portugal. It seems excessive to require the eradication of all mosquito species in ports and airports and their protective areas, as already mentioned by the Portuguese delegation at the Twenty-first World Health Assembly.[1] It is agreed that it is important to achieve and maintain Aedes aegypti eradication, but it does not seem completely justified to require the systematic eradication of other mosquitos, e.g. the genera Anopheles and Culex. This would be expensive and unnecessary in the absence of malaria or other diseases which they could transmit, and could be advantageously replaced by the regular application of suitable insecticides on all buildings in port or airport areas in the event of a case of malaria or other diseases communicated by mosquitos occurring in the region. | See proposed re-worded Article - WHO/IQ/68.149, pp. 23-24. |
| Article 22 (new Article) | Ireland. Presumably it is intended that the request referred to in paragraphs 1 and 2 should be made by the health administration for the territory in which the airport or direct transit area is situated. This point might be clarified. | This point has been clarified in the proposed re-wording of paragraph 1 - WHO/IQ/68.149, p. 24. |
| | Netherlands. The proposed assistance of WHO in judging the quarantine facilities at international ports and airports is approved. One should, however, consider whether the publication by WHO of a list of certified sanitary airports would not make many countries hesitant to accept the new Article. It is therefore recommended that paragraph 3 be deleted. | |
| | Portugal. The existence of two lists, namely a list of airports designated as sanitary airports by the health administration and a second list certified by WHO could lead to awkward situations. | |
| | Singapore.[2] The certification of airports may appear to be a reflection on the capabilities of health administrations. The reason for this in countries where national claims may fall far short of reality is understood, but not as a general rule. The granting of supra-national powers would have to be considered with circumspection. | |
| | Turkey. See comments under Article 11, paragraph 3. | |

[1] A21/P&B/IQ/SR/5, page 4.

[2] Not bound by ISR.

## PART IV. HEALTH MEASURES AND PROCEDURE

### Chapter I - General Provisions

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| Article 28(27) paragraph 2 | Ireland. It would seem desirable that, in addition to the notification prescribed in this paragraph the notifying health authority should, at the same time, notify its health administration which should then notify the health administration of the place to which the person is proceeding. | |
| Article 29(28) | Portugal. There does not seem to be any great advantage in substituting for the word "prevented.," the phrase "refused free pratique". The present text establishes an intermediate situation which permits commerical operations without expressly granting or refusing free pratique, which has the advantage of allowing sanitary inspection that the text now proposed, legally speaking, does not explicitly authorize. | |

### Chapter II - Health Measures on Departure

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| Article 31(30) | Portugal. See comments made under Article 14. | |
| paragraph 2 | Netherlands. "Vaccination certificate" should read "valid vaccination certificate". It is proposed that a sentence by added to advise departing travellers to be vaccinated against diseases that constitute a real risk in the countries to which they are proceeding. | |

### Chapter IV - Health Measures on Arrival

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| Article 37(36) paragraph 3 | Turkey. Although Note [a](2) to Article 1 authorizes the questioning of travellers on their movements prior to disembarkation, it would be desirable to insert the following words in paragraph 3 of this Article, between "required" and "to give a destination address . . .".<br><br>"to state the place or places he has visited during the 14 days preceding his arrival and".<br><br>This declaration in writing would enable the health authorities to ascertain more precisely the health status of any person on an international voyage and to take whatever precautions might be necessary. | See WHO/IQ/68.149, p. 29 (USSR). |

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| Article 38(37) | Turkey. The application of this Article will give rise to considerable difficulty in the absence of any definition of the word "area . . .". | See proposed definition of "infected area" - WHO/IQ/68.149, p. 12. |
| Article 42(41) | Ireland. Clarification is needed on the point whether, in the case of a ship or aircraft ordered to proceed to the nearest suitable port or airport convenient to the ship or aircraft, it is intended that the port or airport to which the ship or aircraft is ordered to proceed should be within the jurisdiction of the health administration so directing the ship or aircraft. | |
| Article 47 (new Article) | Ireland. The reasons for the change in the existing provisions which empower health authorities to apply health measures to cargo or goods where they consider it necessary, irrespective of whether the consignment emanates from an infected area or not, is not clear. | See proposed re-worded Article - WHO/IQ/68.149, p. 33 (United Kingdom). |
| Article 50(48) paragraph 2 | Italy. The provisions contained in this paragraph obviously concern small animals which could be carried in parcels. In this connexion the recent importation of monkeys which were responsible for the transmission of viruses to man, should be born in mind. These outbreaks caused serious difficulties to several European health administrations, particularly because of lack of health provisions. Appropriate measures should therefore be set up concerning the importation of animals (i.e. monkeys) recognized as carriers of human diseases. | See WHO/IQ/67.146, section 119, p. 47. |

## PART V. SPECIAL PROVISIONS RELATING TO EACH OF THE DISEASES SUBJECT TO THE REGULATIONS

### Chapter I - Plague

Article 55(52) paragraph 1

Ireland. (1) Although this Article requires disinsecting of ships, no provision is made for the issue of disinsecting certificates.

(2) The recommendation at the foot of the deratting certificate (Appendix 1) referring to the number of rats being negligible does not seem consistent with the requirement in the proposed Regulations that a ship or aircraft shall be free of rodents and the plague vector. Under the existing ISR (Article 52) "every ship shall be . . . permanently kept in such a condition that the number of rodents on board is negligible".

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| Article 55(52) paragraph 1 (continued) | Netherlands. In view of the addition of the words "and disinsected", consideration should be given to the issue of disinsecting certificates. | |
| | Portugal. See comments under Article 14. | |
| Article 61(58) paragraph (b) | Netherlands. This provision would be clearer if it were formulated as follows:<br><br>"require disinsection and the destruction of rodents on board a ship in exceptional cases and for well-founded reasons . . .". | See comments under Article 55(52) - WHO/IQ/68.149, p. 35 (Canada). |

Chapter II - Cholera

Iran. The Government reiterates its comments submitted in 1966, following the cholera outbreak in its country:

> ". . . Considering the two epidemics of Iran and Iraq and the reactions thereof on the part of adjacent countries, it may be concluded that in the case of cholera El Tor the International Sanitary Regulations cannot play an effective part in the safeguard of a non-infected country . . .".

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| Article 64(61) paragraph 2 and Appendix 2 | Netherlands. "Standards" is used in Article 64(61) and "requirements" in Appendix 2. Uniform terminology should be the objective. |
| Article 64(61) paragraph 3 | Turkey. See comments under Article 38(37). It is often very difficult or even impossible to ascertain whether a person on an international voyage has, during the few days or even hours prior to embarkation, been in an infected area. Greater scope for self-protection should therefore be given to countries that may be threatened with the introduction of the disease. It is therefore proposed that the words "from a country containing an infected area or areas" be substituted for the words "from an infected area". |

Chapter III - Yellow Fever

Article 74(71) — Singapore.[1] Although the incubation period is six days, the period of infectivity extends to three more days when viraemia in subclinical cases could spread the disease. A period of nine days will therefore be taken into consideration by this administration.

Article 75(72) — Singapore.[1] Yellow-fever vaccination certificates will now be necessary for all persons leaving an infected area, whether or not their destination is a receptive area. Certificates should also be required from all persons leaving an endemic zone. (There are still some 20 countries using the endemic zone concept.) Some countries are so limited in health facilities that even human infection has gone undetected for several months. It is not possible to be always aware of and to be able to notify the disease in "vertebrates other than man", as required in Article 7. In fact, the International Quarantine Committee has recommended a surveillance system to be introduced to detect cases of yellow fever as early as possible in areas where the disease may be present.

paragraph 1 — Netherlands. The present wording of this paragraph is preferred to the proposed version.

Article 76(73) — Netherlands. The phraseology of Article 75(72), paragraph 1, equally applies - mutatis mutandis - to Article 76(73), paragraph 1, into which the words "and bound for a yellow-fever receptive area" will have to be re-inserted. It is also recommended that the Committee on International Quarantine be requested to draft directives for the disinsecting of aircraft.

paragraph 3 — Portugal. At first sight it appears excessive to require the disinsecting of ships and especially tankers coming from non-infected ports merely because these ports are situated in areas where Aedes aegypti still exists.

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[1] Not bound by the ISR.

Chapter IV - Smallpox

Article 86(83) paragraph 1

Italy. On the basis of this paragraph some countries such as the United States, Canada and Mexico require a vaccination certificate from passengers arriving from countries which have long been free from infection. In view of the serious complications often arising from a primary smallpox vaccination in adults and taking into account that many passengers refuse to be vaccinated, it is suggested to limit the requirement of a smallpox vaccination certificate to passengers coming from countries where cases have been notified or to passengers who have disembarked in such countries within 14 days prior to arrival.

Netherlands. Vaccination cannot always be offered, for instance, in case of medical contra-indication. It would be more correct, therefore, to replace the sentence "if he refuses to vaccinated" by "and/or".

paragraph 2

Turkey. The last sentence of this paragraph reads:

> "A valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection."

While it is correct that a primary vaccination that "takes" is evidence of sufficient protection, this is not so in the case of a vaccination during the incubation period or of a revaccination that does not "take". It might be desirable to refer this matter for further examination to the Committee or a group of experts.

## PART VI. HEALTH DOCUMENTS

Article 94(98) paragraph 7

Portugal. If it is made compulsory to indicate on the vaccination certificate the reason justifying medical contra-indication, then there is a risk of infringing the principle of medical secrecy. It would be preferable to indicate on the certificate "vaccination could not be carried out because of medical contra-indication". If the traveller should so desire, then the medical reason for contra-indication should be given in a signed letter which could only be seen by another physician.

## PART VII. CHARGES

Turkey. Not knowing the reasons for the deletion of the word "sanitary" from the title of Part VII, and having certain doubts about the new Article 102, the Government reserves the right to comment later on this Article and on Article 97(101).

Article 97(101) paragraph 1

Italy. As no charges shall be made for any vaccination performed or any certificate issued on arrival, a large number of passengers prefer to be vaccinated on arrival rather than before departure. Apart from the fact that this procedure is not advisable for effective protection, it involves undue additional work at health frontier posts. It is suggested therefore that, while vaccination on arrival should remain free of charge, the issue of the relevant certificate should be the subject of a charge against the passenger.

Portugal. Certain reservations will have to be made as regards the provisions preventing health authorities from making certain charges. The Portuguese authorities do not levy any health dues for vaccinations carried out on arrival or for medical examinations or additional examinations, when these are performed by official services. However, special fees are charged for certain special services or work in metropolitan ports, but only when the maritime port stations have to be opened outside the normal working hours, i.e. between sunset and 8.00 a.m. These charges were laid down in 1932 and are very small, being levied moreover in exceptional circumstances.

paragraph 3

Singapore.[1] Countries are bound by the Regulations and not carriers who cannot therefore be required to bear isolation expenses. It is felt that carriers should not try to evade their moral responsibility not to transport infection. Nevertheless, the footnote to Article 31(30) reads: "Operators shall take precautions to the end that passengers hold any control documents required by Contracting States." (Standard 3.26, fifth edition of the ICAO Annex 9 to the Convention on International Civil Aviation; Off. Rec. Wld Hlth Org., 143, 49.) Unless the carrier assumes some responsibility in checking vaccination certificates, conditions are bound to be chaotic when the Boeing 747 carries 400-500 passengers in 1970, and the Air Bus carries over 800 passengers later.

See WHO/IQ/68.149, p. 49 (Canada).

[1] Not bound by the ISR.

## PART VIII. VARIOUS PROVISIONS

Article 98(102) paragraph 2

Italy. This paragraph entitles health authorities to disinsect a ship or aircraft on arrival if they are not satisfied with the disinsection carried out in the port or airport of departure, even if the operation was made in accordance with the methods and products recommended by WHO. It is of no use to lay down detailed regulations (see Article 26(25)) if any health authority may invalidate the operation carried out by another health authority. It is suggested that Article 26(25) be amended so that a ship or aircraft may be disinsected on arrival in a port or airport only if the provisions of the Regulations were not observed or in case of inefficiency of the disinsection previously carried out.

Portugal. Although this Government agrees with the disinsecting (particularly using the DDVP method) of all aircraft coming from areas where transmission of mosquito-borne disease occurs or where such vectors are present, when aircraft are proceeding to areas where such insects might give rise to transmission of the diseases, or where the vectors have already been eradicated, it is considered excessive to call for the systematic disinsection of vessels coming from areas with insect vectors but where the diseases usually transmitted have not occurred, when these vessels are proceeding to areas where the insects in question have already been eradicated.

Article 99(103)

Singapore.[1] Barter traders from neighbouring territories would be covered by this Article and could be subjected to "additional measures" as specific reference has been made to "small boats for international coastal traffic".

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[1] Not bound by the ISR.

# APPENDICES

## APPENDICES 2 and 4 - INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION AGAINST CHOLERA AND SMALLPOX

Italy. As health administrations do not exchange information on their approved stamps, the frontier health authorities do not know whether the stamps used are in fact approved stamps. It frequently happens that only the name of the vaccinator appears on the certificate. This makes it difficult to ascertain its validity as it is impossible to know whether the vaccinator is attached to an organization authorized to deliver such certificates.

This point has been raised by another country in its annual report on the functioning of the ISR - see IQ/WP/69.2, section 51.

The publication by WHO of a catalogue of approved stamps used in each country or the adoption of an official stamp valid for all countries would be useful.

## APPENDIX 4 - INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

United Kingdom. The following addition should be made to the comments previously received from this Government (WHO/IQ/68.149, p. 54):

> ". . . or (c) the revaccination is performed during the period of validity of a previous vaccination or revaccination."

## Section C - COMMENTS OF THE INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)

"The increase in the volume of air traffic and the introduction of high capacity aircraft are matters of considerable concern to ICAO because the handling and clearance of large volumes of passengers, baggage, etc., can pose serious problems of congestion at international airports. All concerned are endeavouring to find solutions and governmental control authorities are seeking new ways and means of expediting clearance formalities by reducing and streamlining documentary requirements and procedures.

As you are aware, these matters will be discussed here next month at the 7th Session of the ICAO Facilitation Division, an international meeting of governmental control and civil aviation authorities from the Contracting States of ICAO. Your Organization has been represented at past sessions of the Division and, I am pleased to note, will also be represented at the coming meeting.

There has also been close co-operation between our two Organizations over the years on other matters, notably the development and amendment from time to time of the International Sanitary Regulations which are designed to ensure the maximum security against the international spread of disease with the minimum interference with world traffic.

In this connexion, we note the view of the Committee on International Quarantine (WHO/IQ/67.147, page 15) that 'We need to assess if the masses of tourists who will encircle the globe in Jumbo Jets spell increased danger in disseminating disease, or whether some less cumbersome health requirements and checks can be exercised at airports without causing chaos.'

We would naturally hope that it would be possible to reduce and simplify health procedures and requirements so as to help expedite the clearance of traffic through international airports. In this connexion, we have the following comments to make concerning the proposals for amendment of the International Sanitary Regulations:

### Disinsection of Aircraft

The Committee on International Quarantine recommends (WHO/IQ/67.147) 'that vapour disinsection by the dichlorvos disinsection system and aerosol disinsection on the ground on arrival be the only disinsection procedures laid down by WHO after 31 December 1969'.

Since the necessary equipment would be installed in aircraft at the time of construction, or major overhaul, we believe that it would not be practicable to have this work completed by 31 December 1969. The recommended alternative, i.e. disinsection on the ground upon arrival, has the disadvantage of causing delays and inconvenience.

In Volume I of its Report (WHO/IQ/67.146), the Committee states:

> 'The Committee recognizes that a reasonable transitional period would be required for equipping aircraft with the dichlorvos disinsection system, during which it will be necessary to continue aircraft disinsection with approved aerosol methods. The Committee also recognizes that there will be a continuing need for suitable aerosol procedures for disinsecting private and small commercial aircraft, in which it may not be practicable to install the dichlorvos disinsection system. For these reasons, the Committee urges that research be continued on the development of new and improved aerosol formulations for such aircraft disinsection.'

We share the views expressed in the above paragraph but consider that 'a reasonable transitional period' would be about two years beyond 31 December 1969. However, we note that there is no indication, at least at the present stage, that all health administrations will accept the dichlorvos system.

"We believe that the use of the DDVP system, or disinsection on the ground upon arrival, should not be made compulsory alternatives, but that the 'blocks-away' method should also continue to be accepted and that, if necessary, more research should be carried out to ensure greater effectiveness of this method.

Increased checking of Vaccination Certificates

The proposal to delete the concept of an infected 'local' area and to amend Article (72) so that travellers are required to be vaccinated, even when not going to a yellow fever receptive area, would appear to merit re-examination with a view to determining whether the risk of spreading yellow fever, as indicated by past records, is so significant as to warrant this change which could lead to the checking of many more certificates.

Similarly, the proposed amendment to Article (30) whereby health authorities may require departing international travellers, regardless of where they are going, to possess certificates of vaccination as proof of their protection against infection, can only lead, and perhaps unnecessarily in many cases, to increased checking of certificates.

Article 30 requires health authorities to 'take all practicable measures to prevent the departure of any infected person or suspect' and this would appear to give the necessary protection against the spread of disease. The insertion of a paragraph permitting health authorities to require certificates of vaccination would appear to be superfluous in view of the above and might be taken as an encouragement to require certificates from persons who are neither infected nor suspect."

## Section D - COMMENTS OF THE INTERNATIONAL AIR TRANSPORT ASSOCIATION (IATA)

### I. Reply to C.L.8.1968

"(1) IATA has examined the 14th Report of the Committee on International Quarantine (WHO/IQ/67.146 and 147). It is noted with satisfaction that the Committee has taken steps to improve airport sanitation and also to remove from the International Sanitary Regulations provisions governing typhus and relapsing fever.

(2) IATA is concerned about several proposed changes to the ISRs which would have serious effects on international travel and trade by air. The following comments deal with the areas of major concern only.

#### Containers

(3) Inclusion of containers in several articles on the basis of the proposed definition will subject virtually all big boxes to the ISRs whether they are "containers" in the meaning of the transport trade or not. IATA suggests that this definition be clarified, e.g., by referring to the purpose of such containers - which are unit load devices - and by giving minimum dimensions and/or cubic capacity, in order not to subject small containers, which present no health hazard, to the Regulations.

(4) From a medical standpoint, it is essential to ensure that any sanitary measures adopted in respect of containers should create no hazard to personnel handling the containers. There is no indication in the draft proposals as to the procedures to be used, or to the dosages to be employed. There is a risk, with the use of an insecticide in a container and the employment of the DDVP system in the aircraft, of an overdose of insecticide and a consequent health hazard to the crew of the aircraft, and to passengers in the case of a combined passenger/cargo aircraft.

#### Disinsecting

(5) The Committee on International Quarantine has recommended that after 31 December 1969, disinsecting on the ground, after arrival, and the dichlorvos system remain the only disinsecting procedures recommended by WHO. This deadline, however, is entirely impractical. A typical airline having a fleet of 19 B-707 and 22 B-727 aircraft, all of which would have to be fitted with the system, would require a minimum period of 24 months to rotate this fleet through a major overhaul which is the only feasible time to install the system. Other carriers have much bigger fleets and will need even more time. IATA suggests, therefore, that further studies are needed for a more realistic deadline, if a deadline is needed at all.

(6) It is important to observe that nowhere in the proposed Regulations is there any assurance that health administrations will accept dichlorvos disinsecting as meeting their requirements under the Regulations. Therefore it can be appreciated that airline operators might be hesitant to install the system into their aircraft. It is only reasonable that the airlines have definite assurance on this point.

(7) From a medical standpoint any procedure for the disinsecting of aircraft on the ground while passengers are still on board presents definite hazards. In a tropical location the cabin temperature of an aircraft on the ground with the air-conditioning and the air circulation systems turned off, will rise to an intolerable level in the time required for effective disinsecting of the cabin. Such high temperature conditions would present a hazard not only to any invalid or sick passengers, but also to many passengers in normal health. In any event, acute discomfort and adverse passenger reaction would be inevitable.

"(8) The blocks-away procedure has been demonstrated to be biologically effective. This method will be useful for a long time to come and should be retained as a disinsecting method recommended by WHO.

Medical Examination

(9) It is submitted that the definition of 'medical examination' and the term 'preliminary examination' as explained in the footnote thereto require reconsideration in view of the development of air transport. The physical examination of a person on board aircraft is wholly impractical. The questioning of passengers prior to disembarkation - in the case of a big jet with perhaps 250 or 500 persons on board - is quite unacceptable. The passport is no longer a good source of information as to the movements of a person because visas are used less frequently and stamps indicating arrival and departure tend to disappear. Also, the passport is being replaced by more simple identity documents.

Yellow Fever Receptive Area

(10) Removal of this designation from the proposed Regulations will subject all passengers leaving an infected area on an international voyage to the requirement of yellow fever vaccination. It is not logical to subject to this requirement passengers bound to areas where yellow fever cannot exist (Article 75(72), para. 1).

(11) Similarly, under Article 76(73), para. 2, every aircraft leaving an airport situated in an infected area shall be disinsected, even if bound to an area where yellow fever cannot exist. This will subject many additional aircraft to disinsecting, although no risk of spread of yellow fever may be involved.

(12) It is suggested that the designation 'yellow fever receptive area' be retained throughout the Regulations.

Departure Health Formalities

(13) New paragraph 2 of Article 31(30) gives a health authority the right to require a vaccination certificate from departing passengers, whether the area under its jurisdiction is infected or not. The existing footnote (a) (1) explains that this requirement may be applied in an infected area. IATA submits that passengers leaving healthy areas should not be subjected to departure health formalities.

(14) New paragraph 3 of this Article should not refer to Customs examination because there is a trend towards elimination of Customs controls at departure. IATA offers the following wording:

. . . to take into account any departure formalities and procedures . . .

. . . . . .

Conclusion

(15) IATA believes that more research and detailed study is required on a number of the proposed changes to the ISRs. Therefore IATA suggests that the amendment of the ISRs be held in abeyance to permit such further examination."

II. Reply to C.L.18.1968

"The comments given below are based on Document WHO/IQ/68.148 and the Third Edition of the International Sanitary Regulations.

Article 1

'disinsecting' - The term 'insect vectors' as used in this definition appears to be too broad since the disinsecting requirements of the draft amended Regulations relate only to mosquito vectors and the plague vector.

'infected local area' - See comments under Article 37 below.

'in flight' - It is suggested that the proper aeronautical term would be 'flight time' as defined by ICAO in Annex 6 to the Convention on International Civil Aviation (Amendment No. 151 dated 22 August 1968). This definition reads as follows:

> 'FLIGHT TIME. The total time from the moment an aircraft first moves under its own power for the purpose of taking off until the moment it comes to rest at the end of the flight.'
>
> 'NOTE. - Flight time as here defined is synonymous with the term 'block to block' time or 'chock to chock' time in general usage which is measured from the time the aircraft moves from the loading point until it stops at the unloading point.'

Footnote (a) to Title of Part IV - In view of difficulties encountered by airlines in various parts of the world it is recommended that the provisions contained in Footnote (a) be incorporated in the Regulations themselves. This Footnote reads:

> 'Vaccination of persons on an international voyage cannot be enforced, but persons refusing vaccination can under certain conditions be submitted to surveillance or to isolation.'

Article 30, Paragraph 2 - It is suggested that the words 'coming from an infected area' be added to this paragraph because there appears to be no need to require vaccination certificates from persons leaving non-infected areas.

Paragraph 3 - In view of the developments which have taken place in the field of departure control formalities, it is suggested that in the second sentence of paragraph 3 the words 'the customs examination and' be replaced by the word 'any'.

Article 37 - There is concern about the consequences which may result from the proposed deletion of the definition of 'local area' and 'infected local area' and the lack of a definition for 'infected area'. Unless an infected area is delineated precisely and this delineation is accepted by all States there may be a danger that some States will impose measures against traffic arriving from areas which they consider infected but are not considered infected by the health administration responsible for the area.

New Article after the Title to Chapter V - It may be useful to change the phrase 'health administration concerned' to 'health administration in whose territory the infected area is situated'.

Article 46 - The reference to live animals in paragraph 2 appears to be inappropriate to the ISR.

"In addition, the reference to transhipment is not in accordance with standard airline procedures which provide for direct transhipment from aircraft to aircraft with or without some handling through a cargo facility. It is submitted that there is no basic difference in the transit of shipments without transfer to another aircraft, with transfer to another aircraft on the ramp, and with transfer to another aircraft through a cargo terminal. Moreover, in view of containerized transport, the reference to transhipment appears to be even more superfluous. Lastly, it is believed that facilities for transhipment without sanitary controls should be available at international airports.

Article 68 - In view of the increasing traffic by air of the cargos envisaged in paragraph 2 it is suggested that this provision refers to the last point of unloading, i.e., destination only. The following wording may be preferable:

> '. . . only the health authority for the port or airport to which such food or beverage is destined may exercise the power to remove it.'

Article 72, Paragraph 1 - There has been no international spread of yellow-fever by air for a very long time. In the light of this favorable experience it is submitted that there is no justification for a requirement whereby international travellers proceeding to a non-receptive area should have a yellow-fever vaccination certificate.

Article 73, Paragraph 2 - In the light of the favorable experience referred to above there appears to be no need to require that all aircraft leaving a yellow-fever infected area, be disinsected irrespective of their routing. In fact, an aircraft proceeding directly from a yellow-fever infected area in Africa to a non-yellow-fever receptive area in Europe presents no yellow-fever hazard to such European country. On a different aspect it is submitted that the proposed text of paragraph 2 of this Article does not provide for disinsecting during flight time, namely blocks away aerosol disinsecting and vapour disinsecting. In view of the expense of equipping aircraft for vapour disinsecting and recurrent operation and maintenance expenses, it is proposed to add to paragraph 2 the following sentence:

> 'States concerned shall accept disinsecting of aircraft carried out during flight time.'

Article 102 - Attention is drawn to the comments made under Article 73, paragraph 2 above and it is suggested that this Article be made consistent with these proposals which, inter alia, suggest that disinsecting, as required by paragraph 1, should be required only when the aircraft is proceeding to an area where malaria or other mosquito-borne diseases could develop from imported mosquito vectors.

Also, in view of the amended provisions of Article 25 which permit disinsecting during flight time, it is suggested that the words 'under the control of the health authority' be deleted from paragraph 1.

Appendix 3 - In the light of recent developments in the field of identity forms and other records, it is suggested that a format for one vaccination only be permitted. This would allow reduction in the size of certificates to approximately that of a passport or credit card and would permit the use of durable material, such as plastic. A vaccination certificate in this form would remain legible during its validity of 10 years while the paper form after 10 years' use would probably be illegible.

Appendix 4 - In line with the comments made under Appendix 3 above, and in view of the fact that a great majority of smallpox vaccinations carried out for international travellers are re-vaccinations it is suggested that a format for Appendix 4, eliminating boxes 1a and 1b, would be acceptable under the Regulations.

Appendix 7 - It appears that the information provided on vapour disinsecting should give more details about the procedure to be used, i.e., it would be desirable to state that the system should be used while at cruise flight, with the ventilation system fully operating, unless for flights of very short duration.

On a matter of principle it is proposed that the implementation deadline for the dichlorvos system be extended by at least two years, i.e., not earlier than 30 December 1972 in view of the time needed to equip airliners during periods of main overhaul."