



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

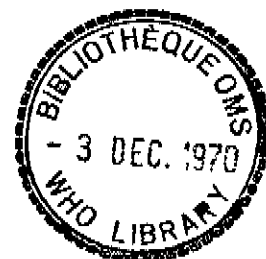
See Add. 1+2
ISCD/WP/70.4

ENGLISH ONLY

COMMITTEE ON INTERNATIONAL
SURVEILLANCE OF COMMUNICABLE DISEASES

Geneva, 30 November - 5 December 1970

INTERNATIONAL HEALTH REGULATIONS (1969)



1. Position of States and Territories

Under Article 100, paragraph 1, of the International Health Regulations adopted by the World Health Assembly on 25 July 1969, the period for rejection or reservation was nine months from the date of the notification by the Director-General of the adoption of the Regulations. By the expiry date - 8 May 1970 - submissions had been received from the Governments of Australia, Cuba, India, Indonesia, Netherlands (in respect of Surinam), Pakistan, Singapore, South Africa, Turkey and United Arab Republic.

The reservations received were considered at the Twenty-third World Health Assembly, by a Working Group established by Committee B, and the decisions of the Assembly¹ were notified to the governments concerned. The situation, at the time of preparation of this document, is recorded in Annex I.

2. Items referred to the Committee

In its report the Working Group referred to the Committee on International Surveillance of Communicable Diseases a number of items which it felt required further consideration and these are contained in Annex II, together with other comments on the Health Regulations received by the Director-General.

¹ Off. Rec. Wld Hlth Org., 184, WHA23.57, p. 31, and Report of the Working Group, p. 83.

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

ANNEX I

Position of States and Territories under the International Health Regulations

Australia. The Assembly considered that the reservations submitted by the Government of Australia were tantamount to a rejection of the Regulations and they were therefore not accepted.

Consequently, Australia is not bound by the International Health Regulations.

India. The following communication, dated 15 September 1970, has been received from the Government: "With reference to your letter 14/439/2(2) dated 30 June 1970, intimating that India's reservations to Articles 1,¹ 7 para. 2(b) and 43 have been accepted for a period of three years by WHO.

The Government of India concurs with the decision of the Twenty-third World Health Assembly, provided that the option to extend the period of three years is given if the epidemiological situation at that time so demands."

Indonesia. In its letter dated 14 July 1970, the Government confirmed that the "reservations" submitted in its letter of 18 April 1970 were based on the limited availability of facilities in Indonesia and that they should not be regarded as reservations in the sense of the International Health Regulations.

Indonesia is therefore bound by the International Health Regulations without reservations.

Pakistan

(a) Letter dated 26 October 1970 received from the Government of Pakistan

1. "I am directed to refer to your letter 14/439/2(2), dated 30 June 1970 and to inform the Organization that the decisions of the Assembly in so far as they refer to reservations against Articles Nos 43, 44, 75 and 94 are concerned are acceptable to the Government of Pakistan.

2. In regard to the decision of the Assembly to our reservation to Article 1, the following observations are furnished for the consideration of the Organization:

Our reservation to Article 1 was proposed after giving careful consideration to the Articles of the Regulations in respect of yellow fever and having come to the conclusion that we cannot accept these without exposing Pakistan to a serious risk of importation of yellow fever into the country. It is further observed that this reservation was in line with our original reservation to Article 70 of ISR 1951 unamended. As such, we feel that there should have been no objection to the acceptance of this reservation.

The World Health Assembly has partly accepted our reservation and suggested that this may be applied to Article 3, paragraph 1 and Article 4, paragraph 1. We believe that the second part of our reservation to Article 1 could have also been partly covered if the World Health Assembly had suggested a reservation in the following terms to Article 7, 2(b) of the International Health Regulations:

¹ The reservation submitted to this article was accepted by the Assembly as a reservation to Article 3, paragraph 1 and Article 4, paragraph 1.

Annex I

'The Government of Pakistan reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow fever infection has been completely eradicated from that area.'

We have observed that similar reservations have been accepted by the World Health Assembly in respect of some Member States, as such the fact that a similar reservation has not been suggested to us by the World Health Assembly may be due to an oversight and not in consideration of its being not acceptable to the Organization.

3. Since amendments and alterations were suggested to our original reservations by the World Health Assembly, we believe that in the light of our above noted observations there should be no procedural difficulty for the Organization to reconsider our reservation and propose to us that second part of our original reservation to Article 1 be accepted against Article 7, 2(b) in the terms stated above. Although such a reservation would not completely meet our requirements but we are proposing this course of action as an indication of our sincere desire to accept these Regulations and not be placed in a situation where we have no option but to reject them."

(b) Reply from the Director-General

"I have the honour to acknowledge receipt of your letter of 26 October 1970 concerning your reservations to the International Health Regulations.

Your concern as to the risk of the importation of yellow fever into Pakistan is clearly understood. Therefore I propose to submit your reservation to Article 7, 2(b), stated hereunder, to the Committee on International Surveillance of Communicable Diseases:

'The Government of Pakistan reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow fever infection has been completely eradicated from that area.'

This reservation, together with such comments that the Committee may have, would be included in its report for presentation to the Twenty-fourth World Health Assembly.

In the appropriate annex of the forthcoming annotated edition of the International Health Regulations, therefore, the position of Pakistan will appear as undefined.

Until this situation has been resolved to your satisfaction, I am sure that you will continue to implement the Regulations in the correct and co-operative manner that has been your practice in the past."

Singapore. The communication received from the Government of Singapore under Article 100 of the International Health Regulations was construed as a rejection.

Consequently, Singapore is not bound by the International Health Regulations.

South Africa. In its letter, dated 21 October 1970, the Permanent South African Mission transmitted the following communication from the Government of South Africa concerning the decisions of the Twenty-third World Health Assembly:

"(a) Yellow fever. South Africa is not prepared to withdraw its reservations.

Annex I

(b) Foreign ships. As this subject is still under discussion, the South African Department of Health is prepared to wait for the decision of the Committee on International Surveillance of Communicable Diseases.

(c) Use of non-medical staff. South Africa is prepared to withdraw its reservations in this respect.

(d) Plague. South Africa is not prepared to withdraw its reservations."

Consequently, South Africa is not bound by the International Health Regulations.

Surinam. The reservation to Articles 17, paragraph 2, and 58, submitted by the Government of the Netherlands on behalf of Surinam, was accepted.

Consequently, Surinam is bound by the IHR with a reservation to Articles 17, paragraph 2, and 58.

Cuba, Turkey, United Arab Republic. At the time of preparation of this working paper no reply had been received to the Director-General's letter.

Items referred to the Committee for its consideration

Article 1: Definitions

"Disinsecting". The definition does not cover the disinsecting of persons, although this is necessary since Article 58 expressly mentions the disinsecting of suspects. (France)

"Aerosol dispenser". The introduction of this definition is not justified, for the term is not mentioned elsewhere in the Regulations. (France)

"Diseases subject to the Regulations". For Indonesia the quarantinable diseases remain as is mentioned in the International Sanitary Regulations 1951, namely six diseases until such time as the Indonesian law of quarantinable diseases is changed (is passed by Parliament).

"Free pratique". The definition of "free pratique" is not acceptable under Australian quarantine practice. Australia employs two kinds of pratique, "limited" and "full" pratique, and in addition may allow a vessel to proceed around the Australian coastline in quarantine. It considers that the definition of "free pratique" would not allow this practice to be continued.

"Infected area". The concept and definition of "infected area" is too broad and general to be effective and meaningful for the application of control against introduction of external disease. (Singapore)

"Infected person". For Indonesia the old definition of ISR-1951 remains, i.e. "infected person means a person who is suffering from a quarantinable disease, or who is believed to be infected with such a disease".

This definition will be handled in the first place by the Port Medical Officer in charge and it will be very difficult for him to find out what is stated in the new definition, namely, who is subsequently shown to have been incubating such a disease.

"In quarantine". The words ". . . or to which by the health authority concerned has not yet been given free pratique" should be added at the end of the definition. (Indonesia)

"International voyage". Difficulties are experienced by the South African authorities with international fishing vessels visiting ports under the jurisdiction of the Republic of South Africa and which come into regular contact with foreign ships on the open sea and from which source they may convey infection to the above-mentioned ports and so to the Republic and to ports under its jurisdiction. For these reasons, the South African authorities would prefer that the words "including a ship" be added after "has relations with the territory of any other State . . .".

While recognizing that the problem raised exists and may become increasingly important in future, the Assembly did not accept the reservation submitted by South Africa, but referred the problem involved to the Committee for its consideration.

Article 4

It is not clear whether "immediately" means that each health administration on the receipt of the new Regulations has to inform the Organization of the extent of the enzootic areas of yellow fever and plague in its territory or whether this simply requires the immediate notification of new isolations of yellow fever virus or of the plague bacillus or serological evidence of their presence. In other words, does the paragraph refer to the known extent of the enzootic areas or to active foci arising within them? If the latter, then it seems to be covered in other articles. If the former, then the paragraph should have been redrafted to make its meaning clear. (South Africa)

Annex II

Article 7(2)(b)

While accepting the following reservation submitted by the Government of India, the Assembly referred the technical problems involved to the Committee for its consideration:

"The Government of India reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow fever infection has been completely eradicated from that area."

Article 20

(a) The minimum distance of 400 meters laid down in this Article for delimiting the protective area is very inadequate as concerns Anopheles. Although malaria is not among the diseases subject to the Regulations it would have been wise to provide for a more extensive protective area. In any case, it would be desirable for the attention of health administrations to be drawn to this matter. (France)

(b) At present Indonesia is not yet in a position to carry out paragraphs 1 and 2, especially as Indonesia now has 41 ports where international traffic is allowed and while also no specifications are available concerning:

(i) how much of the port area should be kept free of Aedes aegypti and of mosquito vectors of malaria and other diseases of epidemiological significance in international traffic;

(ii) effective methods to be used.

Article 22

(a) Although the certifications provided for in this Article are subject to periodic review, they have no real value except at a given moment. The clause calling for the periodic review of these certifications does not offer a sufficient guarantee as concerns, in particular, airports situated within a yellow fever infected area. Attestation of a negative fact is, moreover, practically impossible. (France)

(b) A certification of sanitary ports and airports by external agencies imposes powers beyond the scope of health administrations. (Singapore)

Article 39

The following sentence should be added at the end of the article: "Such removal, if required by the person in charge of the means of transport should not be insisted upon in ports and airports where adequate facilities for the reception of such a person cannot be expected to be available." These facilities are not yet available to all ports open to international traffic. (Indonesia)

Article 43

While accepting the following reservations submitted by the Governments of India and Pakistan, the Assembly referred the technical problems involved to the Committee for its consideration.

Annex II

1. "The Government of India reserves the right immediately to disinsect on arrival an aircraft which, on its voyage over infected territory, has landed at a sanitary airport which is not itself an infected area, if an unprotected person from the surrounding infected area has boarded the aircraft and if the aircraft reaches India within a period during which such a person is likely to spread yellow fever infection."

"The above reservation will not apply to the aircraft which are fitted with sound DDVP system and the same is compulsorily operated. The aircraft not fitted with the said system shall be subject to the above reservation."

2. "The Government of Pakistan reserves the right to disinsect immediately on arrival an aircraft which, on its voyage over infected territory, has landed at a sanitary airport which is not itself an infected area."

Article 50

The inspection of containers will undoubtedly present great difficulty. The application of the measures envisaged necessitates a knowledge of their contents and of their real provenance. An information system should be organized so as to enable the health services to follow the container from the moment of loading until it is opened at its destination. (France)

Article 58

Paragraph 3. This paragraph illustrates the problem pointed out above; the application of the measures it calls for poses difficulties since the containers do not necessarily have the same provenance as the ship and are generally not inspected in the port of arrival. If plague-infected rats have entered the container at the time of loading, infected fleas may still be present. Such a container may therefore be infected whereas the ship itself is free from murine plague. The question of containers transported by air should also be studied, for such containers are not hermetically sealed.

It would seem necessary, for the effective application of most of the provisions dealing with containers that this question be thoroughly studied from the technical viewpoint and subsequently form the subject of practical guidelines issued by the World Health Organization. (France)

Paragraph 4. For Indonesia, the words "or suspected of being infected" should be added after the word "infected". It is very difficult for the Port Medical Officer in charge to make a diagnosis at the airport that a rodent is infected with plague without a laboratory examination, and to wait for the result of the laboratory examination in Indonesia lasts a relatively long time.

Article 70

The reservation submitted by the United Arab Republic was rejected since the terms of Article 70 are permissive. The Assembly, however, referred the following comments of the UAR to the Committee's attention.

The Government of the United Arab Republic finds the new provisions impracticable for the following reasons:

- (i) taking samples for laboratory examination from food to be unloaded in a port, an airport or a frontier post, will cause delay to the means of transport. The ship, aircraft or other means of transport has to be detained until the health authority makes sure by laboratory examination that there is no risk of infection being carried to the population in this way;

Annex II

- (ii) negative laboratory results of random samples of food cannot be a sure evidence that the whole quantity of food is free of pathogenic vibrios.

The Government of the United Arab Republic suggests the amendment to give power to the health authority owing to its own discretion to apply one of the following two measures:

- (a) either to take samples of food to be unloaded for laboratory examination to exclude any possibility of infection being carried to the population. The master of the means of transport has to accept waiting for the results of the procedure;
- (b) or to prohibit the unloading of the food within the territory of the country.

Articles 72 and 73

It is felt that the period of infectivity in the case of yellow fever should be nine days. It is also our view that any person leaving a yellow fever endemic area should be in possession of a valid yellow fever certificate. (Singapore)

Article 74

Paragraph 3. A footnote would be useful to define the conditions for the application of the provisions of paragraph 3, which lays down that ships leaving a port in an area where Aedes aegypti still exists and bound for an area where Aedes aegypti has been eradicated shall be kept free of Aedes aegypti in its immature and adult stages. (France)

Paragraphs 3 and 4. Indonesia has not sufficient facilities available at present for the implementation of these paragraphs.

Article 75

While accepting the reservation of the Government of Pakistan to this Article (substitution of "nine days" for "six days"), the Assembly referred the technical problems involved to the Committee for its consideration.

Article 77, paragraph 2

For Indonesia, the second sentence should read as follows:

"It shall be regarded as suspected if the health authority is not satisfied with a disinsecting carried out or it finds live mosquitos on board even if a disinsecting is carried out in accordance with paragraph 2 of Article 74."

The original wording does not mention other disinsecting methods and the wording is not clear.

Article 86

The inclusion of linen and clothes under paragraph 1(c)(ii) would be justified in view of the importance of these Articles as a source of contamination. (France)

Article 92, paragraph 5

For Indonesia, the words "and no photograph shall be included" should be replaced by the words "but a recent photograph may be included". In Indonesia it is very difficult to depend only on a man's name, since it is allowed to change one's name in important circumstances.

Annex IIArticle 95

Isolation expenses should be chargeable to carriers and this is currently being done in respect of quarantine of deck passengers. Provision also exists in respect of other passengers should the need arise. (Singapore)

Article 96, paragraphs 1 and 2

Indonesia has not sufficient facilities available at present for the implementation of these paragraphs.

Article 97

(a) This article could be in contradication with Article 24 and gives possibilities of excessive measures (as in a certain State concerning pilgrims). It is suggested that this Article read:

"Migrants, nomads, seasonal workers or persons taking part in periodic mass congregations, and any ship, in particular small boats for international coastal traffic, aircraft, train, road vehicle or other means of transport carrying them, may be subjected to additional health measures conforming to any agreement concluded between the importing and the exporting States."

Indonesia experienced many difficulties to fulfil the requirements of a certain country, which were in excess of the International Sanitary Regulations, during the pilgrimage season.

(b) It is necessary to take additional quarantine measures against deck passengers, barter traders and other travellers who, having regard to the epidemiological situation prevailing in South-East Asia, still pose a high risk in the transmission of dangerous infectious disease. (Singapore)

International Certificate of Vaccination or Revaccination against Cholera

It is suggested that an additional column be included to provide information on the origin and batch number of the vaccine, as for smallpox. (Portugal)

1
2
3



4
5
6

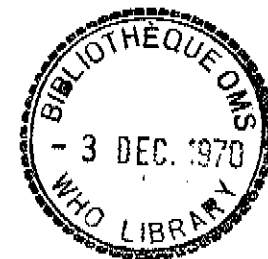


COMMITTEE ON INTERNATIONAL SURVEILLANCE
OF COMMUNICABLE DISEASES

Geneva, 30 November - 5 December 1970

INTERNATIONAL HEALTH REGULATIONS (1969)

Position of States and Territories under the IHR



United Arab Republic

Letter dated 31 October 1970 received from the United Arab Republic

"Considering the report of the Working Group of Committee B of the Twenty-Third World Health Assembly as regards reservations to International Health Regulations, I have the pleasure to inform you that our reservations to Articles 1, 22, 70(a) as regards taking samples of food for laboratory examination, 71, 73, 90, 92 & 97 are withdrawn on the basis of the explanation given by the Working Group.

On the other hand, we retain the following reservations:

1. Article 70(b)

The health authority may prohibit the unloading of food within the territory of a country if it is of the opinion that such food is contaminated, since negative laboratory results of random samples of food can't be a sure evidence that the whole quantity of food is free from infection.

2. Article 71

Persons on an international voyage arriving from a cholera infected area within the incubation period of the disease may be required to submit to stool examination.

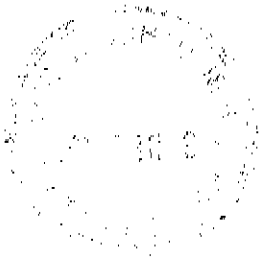
It is clear that during the last epidemics the carrier state proved to be the chief factor for spreading the disease.

I still assure you that these reservations will be applied only in the case of absolute necessity."

As the United Arab Republic maintains the above reservations which had not been accepted by the Assembly, this country is not bound by the IHR.

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.



WORLD HEALTH ORGANIZATION

ISCD/WP/70.4 Add.2

ORGANISATION MONDIALE DE LA SANTÉ

ANNEX I

COMMITTEE ON INTERNATIONAL SURVEILLANCE
OF COMMUNICABLE DISEASES

ENGLISH ONLY

Geneva, 30 November - 5 December 1970

INTERNATIONAL HEALTH REGULATIONS (1969)

Position of States and Territories under the IHRTurkeyLetter dated 30 November 1970 received from Turkey

"Considering that in view of the fact that, on the one hand, the provisions of the Lausanne Peace Treaty of 24 July 1923 and the Montreux Convention of 20 July 1936 cannot be suspended, amended or rescinded except by agreement between the High Contracting Parties and, as far as the said Convention is concerned, in accordance with the procedure laid down for that purpose; and, on the other hand, that the said Treaty and the said Convention establish a particular set of regulations which therefore contains special rules, the provisions in question will continue to be applied within the framework established by this particular set of regulations, the Turkish Government has now reached the conclusion that an express reservation made in accordance with Article 1 of the International Health Regulations is not necessary on this point - as it was not necessary in the past - and accordingly decides to withdraw the reservation which was communicated to the Director-General by the telegram of 29 April 1970 from the Minister of Health and Social Welfare of Turkey."

Turkey is therefore bound by the International Health Regulations.