DELEGAÇÃO DOS ESTADOS UNIDOS DO BRASIL

CPC
DEC

Nº 8/~~1148~~

UNRRA. Resoluções sôbre saúde pública a serem apresentadas a 2a. Reuniao do Conselho.

S. DE E. DAS RELAÇÕES EXTERIORES
SERVIÇO DE COMUNICAÇÕES
22 AGT 1944
Nº 12265

954.(00) Ll

Ao Senhor Ministro de Estado das Relações Exteriores o Representante do Brasil junto ao Comitê de Suprimentos da Administração de Assistência e Rehabilitação das Nações Unidas apresenta respeitosos cumprimentos e tem a honra de encaminhar a Sua Excelência, acompanhada dos respectivos anexos, a inclusa nota em que o Diretor Geral daquela Organização solicita o ponto de vista do Govêrno brasileiro relativamente às resoluções sôbre saúde pública a serem adotadas durante a próxima Reunião do Conselho, a realizar-se em Montreal.

Washington, em 22 de Julho de 1944.

UNITED NATIONS
RELIEF AND REHABILITATION ADMINISTRATION
WASHINGTON

15 July 1944

Excellency:

I have the honor to place before you for the consideration of your Government two draft agreements which have been prepared by committees of the Council of the United Nations Relief and Rehabilitation Administration as a first step toward carrying out the recommendation of the Council set forth in Paragraph 2 of Resolution No. 8 of its First Session. I enclose also the report of the Expert Commission on Quarantine, appointed by the European Technical Advisory Subcommittee on Health, with reference to the draft agreements, and a memorandum from the Secretary of the Council's Standing Technical Committee on Health setting forth the various steps in the preparation of the enclosed draft agreements.

His Excellency

The Minister of Foreign Affairs of

Brazil

In view of the Council's strong recommendation of prompt action by Governments on the subjects covered by the proposed agreements, as expressed in Resolution No. 8, I am bringing the draft agreements immediately to the attention of the member governments. I understand that it is the hope of the committees of the Council which participated in the drafting of these proposals that member governments may be in a position to become signatories of the agreements at the time of the Second Session or shortly thereafter.

Should your Government wish to raise any questions or to offer any suggestions regarding the phrasing of the drafts it will be most helpful if such questions or suggestions can reach me by the 26th of August so that they may be placed before the Standing Technical Committee on Health at its meeting a fortnight before the opening of

the Second Session of the Council. In any event I shall appreciate it if you will inform me at the earliest possible date as to the action which your Government will be prepared to take concerning the proposed agreements.

Accept, Excellency, the assurances of my most distinguished consideration.

Herbert H. Lehman
Director General

Enclosures:

Two draft agreements
Report of the Expert Commission
on Quarantine
Memorandum

CONFIDENTIAL

TO: Herbert H. Lehman, Director General

FROM: James A. Crabtree, M.D., Secretary, Standing Technical Committee on Health

SUBJECT: Draft Emergency International Sanitary Agreements

In furtherance of the terms of Resolution No. 8 (2) adopted by the Council of the United Nations Relief and Rehabilitation Administration at Atlantic City in November 1943, an Expert Commission on Quarantine was appointed by the Subcommittee on Health for Europe at their second meeting on May 12, 1944, with instructions to draft, for consideration by the Subcommittee on Health, International Sanitary Agreements of an emergency nature designed to take effect at the earliest possible date and to continue through the immediate post-war period.

The report of this Expert Commission was transmitted through the Subcommittee on Health for Europe to the Committee of the Council for Europe, which recommended that it be transmitted to the Standing Technical Committee on Health for further action. In the meantime the original draft was discussed in Washington by the Chairman of the Expert Commission with representatives of the U. S. Public Health Service and the Pan-American Sanitary Bureau, and a number of amendments in the original drafts were unanimously agreed to. These were incorporated in two draft agreements which were submitted to the Standing Technical Committee on Health and considered by them at their meeting on June 19, when the following resolution was adopted, on the motion of the United States representative on the Committee, Surgeon General Parran of the United States Public Health Service and seconded by Professor Bigwood, the Belgian representative on the Committee:

> WHEREAS, the Standing Technical Subcommittee on Health for Europe established an Expert Commission on Quarantine to devise emergency measures of quarantine and epidemic control in pursuance of recommendations contained in Resolution 8 of the first session of the Council;
>
> WHEREAS, the expert commission has completed and has submitted proposals on measures on quarantine and epidemic control in accordance with Resolution 8;
>
> BE IT RESOLVED that the Standing Technical Committee on Health hereby approves the substance of the proposals of said expert commission on quarantine and requests the Director General to circulate said proposals among the member governments for their views in such form as the Director General may deem most desirable.

Accordingly, I attach the report of the Expert Commission on Quarantine and two draft agreements which embody the initial recommendations of the Commission and the subsequent amendments agreed to with the experts of the United States

Public Health Service and the Pan-American Sanitary Bureau. Appended to the report of the Commission are the names of the members, together with those of the experts of the United States Public Health Service and the Pan-American Sanitary Bureau who were consulted.

It should be noted that the draft agreements provide for many procedures relating to quarantine and epidemic disease control which were actually in effect prior to the war under terms of the International Sanitary Convention of 1926 and the International Sanitary Convention for Aerial Navigation of 1933 to which a substantial majority of the United Nations were adhering. On the other hand, the drafts include certain procedures which are to some extent at variance with the provisions of the existing Sanitary Conventions, but which in the judgment of the Expert Commission and the Standing Committee on Health are necessary by reason of more recent acquisition of new knowledge in respect to methods of disease control, and also because of the growing volume and the increasing speed of air traffic.

I would like to point out the fact that the proposed draft agreements are temporary in character to meet the present emergency and are without prejudice to the future status of the International Office of Public Health.

Having in mind these considerations and the obvious necessity of reestablishing a reliable international epidemiological service at the earliest possible moment, particularly in view of the epidemiological problems in connection with the movements of displaced persons, I believe that in transmitting the drafts to the member governments for their consideration, it is essential to convey to them the hope of the Committee on Health that they may be in position to become signatories of the Agreements at the time of the Second Session of the Council or shortly thereafter.

In view of the professional competence of the Expert Commission and of others who were consulted in developing the technical aspects of the draft agreements, the Health Committee are encouraged to believe that on technical grounds, the Agreements will be favorably considered by all the member governments. If however there are any technical points which a member government may wish to raise, the Committee would urge that these be communicated to you, if necessary by cable, at least three weeks before the Second Session of the Council in order that they may be given appropriate consideration by the Committee at its meeting a fortnight before the Council Session.

CONFIDENTIAL

EMERGENCY INTERNATIONAL SANITARY AERIAL AGREEMENT, 1944

The governments and authorities signatory hereto,

Having in mind the serious danger of the spread of epidemic or other communicable diseases as a consequence of the international movement of peoples immediately following the cessation of hostilities;

Having found that the Office International d'Hygiene Publique, created by the Agreement of the 9th of December 1907, located at Paris, France, is now unable, by reason of the war, to carry out the duties and functions assigned to it by the International Sanitary Convention for Aerial Navigation of 1933;

Having in mind the recent rapid progress in knowledge and the increase in use and the speed of travel of aircraft;

Cognizant that the United Nations Relief and Rehabilitation Administration (hereinafter to be called "UNRRA") is charged, among other duties, with aiding the population of areas liberated by the armed forces of the United Nations in the prevention of pestilence and in the recovery of the health of the people, and in planning, coordinating, administering or arranging for the administration of measures of relief of victims of war in any area under the control of any of the United Nations through the provision of medical and other essential services;

Having determined that emergency health conditions necessitate international action which cannot be delayed until the resumption of the functions of the Office International d'Hygiene Publique, and that UNRRA is in a position to undertake the necessary functions for an emergency period; and

Acting on the recommendations in Resolution No. 8 of the First Session of the Council of UNRRA that "governments and recognized national authorities cooperate fully with the Administration in establishing at the earliest possible date regional and other

emergency agreements and arrangements for the notification within the limits of military security of diseases likely to become epidemic, uniformity in quarantine regulations and for other measures of prevention";

Have agreed as follows:

Part I--General Provisions

Article I

For the purposes of this agreement the Governments adopt the following definitions:

I. The word aircraft includes any machine which can derive support in the atmosphere from the reactions of the air and is intended for aerial navigation.

The present agreement applies only to aircraft:

1. of which the place of departure and place of final landing are situated in different territories;

2. which, although the place of departure and place of final landing are situated on the same territory, make an intermediate landing on a different territory;

3. which fly without landing over more than one territory, whether these territories are placed under the sovereignty, suzerainty, mandate, or authority of the same power or of different powers.

II. The words authorized aerodrome denote a customs or other aerodrome specially designated as such by the competent authority of the state in which it is situated and on which aircraft may make their first landing on entering a territory or from which they may depart on leaving a territory.

III. The words sanitary aerodrome denote an authorized aerodrome organized and equipped in accordance with the terms of article 5 of the present agreement and designated as such by any competent authority of the country.

IV. The word crew includes any person having duties on board in connection with the flying or the safety of the flight of the aircraft, or employed on board, in any way, in the service of the aircraft, the passengers, or the cargo.

V. The words local area denote a well-defined area, such as a province, a government, a district, a department, a canton, an island, a commune, a town, a quarter of a town, a village, a port, an agglomeration, etc., whatever may be the extent and population of such areas.

Subject to the conditions laid down in article 8 of the present agreement, an aerodrome may constitute a local area.

VI. The word observation means the isolation of persons in a suitable place.

The word surveillance means that persons are not isolated, that they receive free pratique immediately, but that the sanitary authorities of the place or places to which they are proceeding are notified of their coming. They may be subjected in the places of arrival to a medical examination and such inquiries as are necessary with a view to ascertaining their state of health; and in any territory where the competent authority thinks fit, surveillance may include requirement to report on arrival and afterwards at such intervals during continuance of surveillance as may be specified, to the Health Officer of the city, town, district, or place to which they proceed.

VII. The word day means an interval of 24 hours.

VIII. The term typhus fever shall be deemed to relate only to epidemic louse-borne typhus.

IX. An endemic yellow fever area is a region in which yellow fever exists in a form recognizable clinically, biologically, or pathologically.

X. A valid anti-yellow fever inoculation certificate is one certifying that the bearer has been inoculated against yellow fever, with a vaccine and by a method approved by UNRRA, if there have elapsed:

(1) More than 10 days and less than 4 years from the date of the inoculation.

(2) Less than 4 years from the date of a re-inoculation performed within 4 years of the previous inoculation.

(3) More than 10 days and less than 4 years from the date of re-inoculation performed after an interval of more than 4 years.

XI. The word governments is intended to denote both governments and authorities.

Article 2

Whatever relates in the present agreement to aerodromes is to be understood as applying mutatis mutandis to places for the landing on water of hydroplanes and similar craft.

Section I--Aerodromes in General and Their Staff

Article 3

Each Government undertakes to provide its authorized aerodromes with a sanitary organization adapted to the current needs of prophylaxis which as a minimum shall consist of definite arrangements to insure the attendance of a medical practitioner at such times as may be necessary for the medical examinations contemplated by the present agreement.

Article 4

It rests with each Government, taking into account the risks of infectious disease to which its territory may be exposed, to decide whether or not to establish sanitary aerodromes and which authorized aerodromes shall be selected for this purpose.

Article 5

The sanitary aerodrome shall at all times have at its disposal:

(a) an organized medical service, with one medical officer at least and one or more sanitary inspectors, it being understood that this staff will not necessarily be in permanent attendance at the aerodrome;

(b) a place for medical inspection;

(c) equipment for taking and dispatching suspected material for examination in a laboratory, if such examination cannot be made on the spot;

(d) facilities in the case of necessity, for the isolation, transport, and care of the sick, for the isolation of contacts separately from the sick, and for carrying out any other prophylactic measure in suitable premises, either within the aerodrome, or in proximity to it;

(e) apparatus necessary for carrying out disinfection, disinsectization, and deratization, if required, as well as any other measures laid down in the present agreement.

The aerodrome shall be provided with a sufficient supply of wholesome drinking water and with a proper and safe system for the disposal of excreta and refuse and for the removal of waste water. The aerodrome shall, as far as possible, be protected from rats.

Article 6

The medical officer of the sanitary aerodrome shall be an official of or approved by the competent sanitary authority.

Article 7

Each Government shall communicate to UNRRA a list of its sanitary aerodromes in order that it may be brought to the knowledge of the other Governments. The communication shall include, in the case of each aerodrome, details as to its situation, its sanitary equipment, and its sanitary staff.

The notification to UNRRA provided for in the present article, as well as in articles 8, 37, 39, 51, 52 and 53 of the present

agreement, may in the case of those Governments who have adhered to the Pan American sanitary code, be made through the intermediary of the Pan American Sanitary Bureau.

Article 8

In order that a sanitary aerodrome may be designated as a local area for the purpose of notification of infectious diseases and for other purposes as provided by the present agreement, it must be so organized that:

1. the entry or exit of any person is under the supervision and control of the competent authority;

2. in the case of a disease specified in article 18 of this agreement occurring in the surrounding territory, access to the aerodrome by any route other than the air is forbidden to persons suspected of being infected, and measures are applied, to the satisfaction of the competent authority, with a view to preventing persons who are resident in or passing through the aerodrome from being exposed to the risk of infection, either by contact with persons from outside or by any other means.

In order that an authorized aerodrome which is not a sanitary aerodrome may similarly be designated a local area, it it necessary, in addition, that it shall be so situated topographically as to be beyond all probable risk of infection from without.

The Governments shall notify to UNRRA aerodromes which have been constituted local areas in accordance with the terms of the present article, and UNRRA will communicate the notification to the other Governments.

Section II--Aircraft Sanitary Documents

Article 9

1. All passengers traveling by aircraft on international flight shall, at the point of final disembarkation, or, if required, at any aerodrome where the journey is broken, complete a

"Personal Delcaration of Origin and Health".

2. The Commander of an aircraft on international flight shall, on or just before the arrival of the aircraft at the first authorized aerodrome in the country of entry, complete an "Aircraft Declaration of Health" to be handed to the aerodrome authority on arrival.

3. Aircraft shall not be required to carry bills of health.

Section III--Merchandise and Mail

Article 10

In addition to the measures prescribed in articles 25, 29, 33, 40, 42 and 44 of the present agreement, merchandise in aircraft may be subjected to the laws of the country as regards measures to be applied to merchandise imported by whatever means of transport.

Article 11

Letters and correspondence, printed matter, books, newspapers, business documents, postal packages, and anything sent by post, shall not be subject to any sanitary measure, unless they contain articles coming within the terms of article 33 of the present agreement.

Part II--Sanitary Regulations Generally Applicable

Article 12

In the case of sanitary or authorized aerodromes, the medical officer attached to the aerodrome has the right, either before the departure or after the landing of aircraft, to proceed to inspect the sanitary condition of passengers and crew, whenever circumstances justify this measure.

This visit should, however, be so arranged in relation to the other ordinary administrative and customs operations, as to avoid any delay or interference with the continuation of the voyage. No fees shall be charged for this inspection.

Article 13

The competent authority of any aerodrome may, on the advice of the medical officer attached to the aerodrome, prohibit the embarkation of persons with symptoms of infectious disease, except in the case of the transport of sick persons by aircraft specially allocated for the purpose.

In the absence of a medical officer, the competent authority of the aerodrome may defer the departure of such persons until the advice of a doctor has been obtained.

The embarkation of persons who do not present adequate sanitary guarantees may be prohibited, until the sanitary measures, delousing, disinfection of clothing, etc., or any other measures that are, in the opinion of the sanitary authority necessary to prevent the carriage of the disease by aircraft, have been carried out.

Article 14

Aircraft in flight are forbidden to throw or to let fall, matter capable of producing the outbreak of infectious disease.

Article 15

If the commander of the aircraft wishes to disembark a sick person he shall, so far as he is able, notify the aerodrome of arrival in good time before landing.

Article 16

If there is on board an aircraft a case of an infectious disease, duly verified by the medical officer attached to the aerodrome, not being a disease specified in part III of the present agreement, the usual measures in force in the country in which the aerodrome is situated shall be applied. The sick person may be landed and, if the competent sanitary authority considers it desirable, isolated in a suitable place; the other passengers and the crew shall have the right to continue the

voyage, after medical inspection and, if necessary, the carrying out of the appropriate sanitary measures including cleansing.

Such of these sanitary measures as can be carried out at the aerodrome shall be so arranged in relation to the administrative and customs operations that the aircraft may be detained as short a time as possible.

Article 17

Except as expressly provided for in the present agreement, aircraft shall be exempt from sanitary formalities at the aerodromes both of call and of final destination.

Part III--Sanitary Regulations Applicable in the Case of Certain Diseases

Article 18

The diseases which are the subject of the special measures prescribed by this part of the agreement are: Plague, cholera, yellow fever, typhus fever and smallpox.

Article 19

(a) For the purposes of the present agreement, the period of incubation is reckoned as:

6 days in the case of plague;

5 days in the case of cholera;

6 days in the case of yellow fever;

12 days in the case of typhus fever; and

14 days in the case of smallpox.

(b) In applying the provisions of this agreement, the Governments will, so far as possible, adopt the international forms of Personal Declaration of Origin and Health, Aircraft Declaration of Health and Certificates of Vaccination against cholera, typhus and smallpox respectively set out in the Annex hereto.

Article 20

(a) Each Government shall immediately notify the other governments and, as the same time UNRRA, of

(1) The first authentic case of plague, cholera, or yellow fever discovered in its territory.

(2) The first authentic case of plague, cholera, or yellow fever which occurs outside the limits of local areas already affected.

(3) The existence of an epidemic of typhus or of smallpox.

(b) Every notification prescribed above shall be accompanied, or very promptly followed, by detailed information as to--

(1) Where the disease has appeared.

(2) The date of its appearance, its source, and its type.

(3) The number of established cases and the number of deaths.

(4) The extent of the area or areas affected.

(5) In the case of plague, the existence of that disease or of an unusual mortality among rats.

(6) In the case of cholera, the number of germ carriers when these have been discovered.

(7) In the case of yellow fever, the presence and relative prevalence (index) of Stegomyia calopus (Aedes aegypti).

(8) The measures taken.

(c) Each Government will, in addition to the diseases specifically mentioned, to wit, plague, cholera, yellow fever, typhus and smallpox, notify outbreaks of such other communicable diseases as, in the opinion of UNRRA, constitute a menace to other countries by their spread or potential spread across frontiers and will keep UNRRA regularly informed of the course of the disease.

(d) In addition to the formal notification required above, the Governments will, so far as possible, send to UNRRA at regular intervals notifications of communicable diseases notified in their countries.

(e) The Governments will make the necessary arrangements with UNRRA for giving prompt information to all the Governments

concerned of the outbreak in any country of a disease which, in the opinion of UNRRA, constitutes a menace to other countries and of the measures which are being taken to prevent the spread of the disease across frontiers by aircraft.

(f) The notifications contemplated in paragraphs a and b are to be addressed to the diplomatic missions or failing them to consular offices in the capital of the infected country and shall be held at the disposition of consular offices established in its territory.

(g) These notifications shall also be addressed to UNRRA which shall communicate them immediately to all diplomatic missions or, failing them, to the consulates, in London or Washington as well as to the principal public health authorities of the participating countries. Those prescribed under Article 18 shall be addressed by telegrams.

(h) The chief health authorities shall transmit to the sanitary and authorized aerodromes of their respective countries all information contained in the epidemiological notifications and communications received from UNRRA (and the regional bureaus with which it has made agreements for this purpose).

(i) In order to facilitate the prompt and scrupulous fulfillment of the foregoing provisions, the Governments will ensure priority for all communications which may enable UNRRA rapidly to appraise the situation concerning the outbreak of a disease and to inform Governments in order that they may take appropriate measures against the spread of the disease across their frontiers.

Article 21

The measures prescribed in this agreement shall be regarded as constituting a maximum, within the limits of which the Governments may regulate the procedure which may be applied to aircraft.

It is for each Government to determine whether measures

should be applied, within the limits of the present agreement, to arrivals from a foreign local area or aerodrome.

In this respect, information received and measures already applied, shall in accordance with article 47 of the present agreement be taken into the fullest possible account.

Article 22

For the purpose of part III of the present agreement a local area is considered to be infected when the conditions specified in the International Sanitary Convention of June 21, 1926* are applicable to it.

Chapter I--Measures Applicable in Case of Plague, Cholera, Typhus, and Smallpox

Section I. Measures on Departure

Article 23

The measures to be applied on the departure of aircraft from a local area infected by one of the diseases mentioned in this chapter are the following:

1. Thorough cleansing of the aircraft, especially the parts liable to be contaminated;

2. Medical inspection of passengers and crew;

3. Exculsion of any person showing symptoms of one of the diseases in question, as well as of persons in such close relation with the sick as to render them liable to transmit the infection of these diseases;

4. Inspection of personal effects, which shall only be accepted if in a reasonable state of cleanliness;

---

* A local area is considered "infected" by one of the diseases in question in the following circumstances: For plague and yellow fever, when the first case recognized as non-imported is reported; for cholera, when forming a "foyer", that is, when the occurrence of new cases outside the immediate surroundings of the first cases proves that the spread of the disease has not been confined to the place where it began; for typhus fever and smallpox when they appear in epidemic form.

5. In the case of plague, deratization, if there is any reason to suspect the presence of rats on board;

6. In the case of typhus fever, disinsectization, limited to persons who, after medical inspection, are considered as likely to convey infection, and to their effects.

The aircraft's papers shall be annotated in accordance with the requirements of article 9.

Section II. Measures on Arrival

Article 24

Aircraft, even when coming from a local area infected by one of the diseases to which this chapter applies, may land at any authorized aerodrome. Nevertheless, each Government, if epidemiological conditions demand such action, has the right to require aircraft coming from particular local areas to land at prescribed sanitary or authorized aerodromes, account being taken of the geographical position of those aerodromes, and of the routes followed by the aircraft, in such manner as not to hamper aerial navigation.

The only measures which, if necessary, may be taken at authorized aerodromes which are not also sanitary aerodromes are the medical inspection of crew and passengers and the landing and isolation of the sick. Passengers and crew may not move beyond the limits prescribed by the aerodrome authority except with the permission of the visiting medical officer. This restriction may continue to be imposed on the aircraft at each landing place until it arrives at a sanitary aerodrome, where it will be subject to the measures laid down in this chapter.

Article 25

The commander of the aircraft is required, on landing, to place himself at the disposal of the sanitary authority to answer all requests for information affecting public health which are

made to him by the competent service and to produce the aircraft's papers for examination.

Should an aircraft, on entering a territory, land elsewhere than on a sanitary or authorized aerodrome, the commander of the aircraft shall, if the aircraft comes from an infected local area or is itself infected, notify the nearest local authority to this effect, and the latter shall take such measures as are appropriate to the circumstances, being guided by the general principles on which the present agreement is based, and shall, if possible, direct the aircraft to a sanitary aerodrome. No cargo shall be unloaded and no passenger or member of the crew may leave the vicinity of the aircraft without the permission of the competent sanitary authority.

Article 26

In the application of the present agreement, surveillance may not be replaced by observation except:

(a) in circumstances in which it would not be practicable to carry out surveillance with sufficient thoroughness; or

(b) if the risk of the introduction of infection into the country is considered to be exceptionally serious; or

(c) if the person who would be subject to surveillance cannot furnish adequate sanitary guarantees.

Persons under observation or surveillance shall submit themselves to any examination which the competent sanitary authority may consider necessary.

A. Plague

Article 27

If there has not been a case of plague on board, the only measures which may be prescribed are:

1. medical inspection of passengers and crew;

2. deratization and disinsectization, if in exceptional

cases these operations are considered necessary, and if they have not been carried out at the aerodrome of departure;

3. the crew and passengers may be subjected to surveillance, not exceeding 6 days, from the date on which the aircraft left the infected local area.

Article 28

If there is on board a recognized or suspected case of plague, the following measures are applicable:

1. medical inspection;

2. the sick shall be immediately disembarked and isolated;

3. all persons who have been in contact with the sick and those whom the sanitary authority has reasons to consider suspect shall be subject to surveillance for a period not exceeding 6 days from the date of arrival of the aircraft;

4. personal effects, linen, and any other articles which, in the opinion of the sanitary authority, are infected shall be disinsectized and, if necessary, disinfected;

5. any parts of the aircraft which are suspected of being infected shall be disinsectized;

6. the sanitary authority may carry out deratization, in exceptional cases, if there is any reason to suspect the presence of rats on board and if the operation was not carried out on departure.

Article 29

If the sanitary authority considers that merchandise coming from an area infected with plague may harbor rats or fleas, such merchandise shall not be discharged except with the necessary precautions.

B. Cholera

Article 30

If there has not been a case of cholera on board, the only

measures which may be prescribed are:

1. medical inspection of passengers and crew;

2. surveillance of passengers and crew for a period not exceeding 5 days from the date on which the aircraft left the infected local area,

Article 31

If a case of disease presenting clinical signs of cholera appears on board during the voyage, the aircraft shall be subject, at places of call or on arrival, to the following procedure:

1. medical inspection;

2. the sick shall be immediately disembarked and isolated;

3. the crew and passengers shall be kept under surveillance for a period not exceeding 5 days from the date of arrival of the aircraft;

4. personal effects, linen, and all other articles which, in the opinion of the sanitary authority, are infected shall be disinfected;

5. the parts of the aircraft which have been occupied by the sick or which are regarded as liable to have been infected shall be disinfected;

6. when the drinking water on board is considered suspect, it shall be disinfected and, if practicable, emptied out and replaced, after the disinfection of the container, by wholesome water.

In countries in which investigation for detection of carriers of the cholera vibrio is prescribed for the inhabitants, persons arriving by aircraft who wish to remain in the country shall submit to the obligations imposed on the inhabitants.

Article 32.

Persons producing proof that they have been vaccinated against cholera within less than 6 months and more than 6 days may be subjected to surveillance only.

Article 33

The unloading from aircraft of the following fresh foods may be prohibited: Fish, shellfish, fruit, and vegetables coming from a local area infected with cholera.

C. Typhus Fever

Article 34

A. If there has not been a case of typhus on board, no sanitary measure may be carried out save those prescribed in article 45 of the present agreement, for persons who have within 12 days left a local area where typhus is epidemic.

B. The following measures are applicable if there is a case of typhus on board:

1. medical inspection;

2. the sick shall be immediately disembarked, isolated, and deloused;

3. any person suspected of harboring lice or having been exposed to infection shall also be deloused and may be subjected to surveillance for a period not exceeding 12 days, reckoned from the date of delousing;

4. the Governments will give favorable consideration to the inoculation against typhus of all persons on board exposed to risk;

5. linen, personal effects, and other articles which the sanitary authority considers to be infected, shall be disinsectized;

6. the parts of the aircraft which have been occupied by persons suffering from typhus and which the sanitary authority considers to be infected shall be disinsectized.

D. Smallpox

Article 35

A. If there has not been a case of smallpox on board, no sanitary measure may be carried out save in the case of persons

who have within 14 days left a local area where smallpox is epidemic and who, in the opinion of the sanitary authority, are not sufficiently immunized. Such persons may be subjected, without prejudice to the terms of article 45, to vaccination, or to surveillance, or to vaccination followed by surveillance, the period of which shall not exceed 14 days from the date of arrival of the aircraft.

B. The following measures are applicable if there is a case of smallpox on board:

1. medical inspection;

2. the sick shall be immediately disembarked and isolated;

3. other persons reasonably suspected to have been exposed to infection and who, in the opinion of the sanitary authority, are not sufficiently protected by recent vaccination, or by a previous attack of smallpox, may be subjected to vaccination or to surveillance, or to vaccination followed by surveillance, the period of surveillance being specified according to the circumstances, but in any event not exceeding fourteen days, reckoned from the date of arrival of the aircraft;

4. linen, personal effects, and other articles which the sanitary authority considers to have been recently infected, shall be disinfected;

5. the parts of the aircraft which have been occupied by persons suffering from smallpox and which the sanitary authority considers to be infected shall be disinfected.

For the purpose of this Article "recent vaccination" shall be taken as meaning evidence of successful vaccination not more than three years or less than fourteen days previously; or evidence of an immune reaction.

Chapter II. Measures Applicable in Case of Yellow Fever

Section I. General Provisions

Article 36

(1) Persons suffering from, or suspected to be suffering from, yellow fever shall not be allowed to embark on aircraft on international flight.

(2) The Governments will take all possible measures to establish the existence or non-existence of yellow fever within their territories. For this purpose, in territories where endemicity of yellow fever is suspected, in cases where the person dies within 10 days from the onset of any undiagnosed febrile illness, it is important that a specimen of liver tissue be taken, if necessary by viscerotome, for histo-pathological examination. In endemic areas a sample of blood for a yellow fever immunity test should, in addition wherever possible, be taken from all persons suffering from an undiagnosed fever, and if the cause of the fever remains doubtful and the patient recovers, a second sample should be collected at the end of the third week from the onset of illness.

(3) For the purpose of quarantine control, UNRRA in consultation with the Governments concerned and, as regards the Western Hemisphere, with the Pan American Sanitary Bureau, shall define the boundaries of endemic yellow fever areas.

(4) The Governments shall use their best endeavors to secure that all persons who are likely to land in an endemic yellow fever area should be inoculated against yellow fever ten days before arrival in the area and that, so long as such persons remain in the area, they shall be inoculated every 4 years.

(5) All persons inoculated in compliance with the provisions of paragraph 4 of this Article shall be furnished with and carry an Inoculation Certificate signed by the Officer carrying out the

inoculation. This Certificate shall conform to the international form of certificate of inoculation against yellow fever set out in the Annex hereto.

(6) Persons in possession of a valid anti-yellow fever Inoculation Certificate shall not, for the purpose of the control of yellow fever, be subjected to quarantine restrictions.

(7) In place of a valid anti-yellow fever inoculation certificate, a certificate that the bearer has recovered from an attack of yellow fever and that his blood contains immune bodies against yellow fever, as proved by a test carried out by an Institute regularly carrying out biological tests for yellow fever, will be accepted.

(8) Any person not in possession of a valid anti-yellow fever inoculation certificate shall be considered to have been exposed to the risk of contracting yellow fever during the period of his stay in an endemic yellow fever area.

(9) (a) Inoculation against yellow fever shall be required for all regular staff employees and crews using authorized aerodromes situated in endemic yellow fever areas.

(b) In areas in which yellow fever does not exist, but in which there may be conditions permitting of its development inoculation of such personnel is recommended.

(10) UNRRA shall lay down standards for yellow fever vaccine. The Governments agree that they will make arrangements to test at frequent intervals the activity of the yellow fever immunising vaccine in use in order to ensure that its immunising properties are satisfactory, and for this purpose agree that UNRRA, in consultation with the Governments concerned and, as regards the Western Hemisphere, with the Pan American Sanitary Bureau, shall designate from time to time Institutes which are approved for the carrying out of such tests.

Article 37

Independently of the notification of the cases of and circumstances relating to recognized cases of yellow fever, as laid down in articles 1, 2, 3, 4, 5 and 8 of the Emergency International Sanitary Maritime Agreement of 1944, each Government undertakes to notify immediately to the other Governments and at the same time to UNRRA the discovery in its territory of the actual existence of yellow fever in the above-mentioned form.

Section II. Provisions Concerning Regions in which Yellow Fever has Occurred or Exists in Endemic Form

Article 38

Notwithstanding article 4 of the present agreement, every aerodrome which receives aircraft to which article 1, I, second paragraph, applies and which is situated in a region, that is to say, a part of a territory, in which yellow fever exists in a form clinically or biologically recognizable shall become a sanitary aerodrome as defined in the present agreement and, in addition, shall be:

(1) situated at an adequate distance from the nearest inhabited center*;

(2) provided with arrangements for a water supply completely protected against mosquitoes, and kept as free as possible from mosquitoes by systematic measures for the suppression of breeding places and the destruction of the insects in all stages of development;

(3) provided with mosquito-proofed dwellings for the crews of the aircraft and for the staff of the aerodrome;

(4) provided with a mosquito-proofed dwelling in which passengers can be accommodated or hospitalized;

---

* For the purpose of mosquito control the perimeter of the aerodrome should be defined as the line enclosing the area containing the aerodrome buildings and any land used or intended to be used for the parking of aircraft. A building-free zone of 400 meters should be maintained around the perimeter of all aerodromes on main air lines of communication within endemic yellow fever areas.

(5) with a view to the elimination of insect vectors of yellow fever, the Governments will render and maintain free from such vectors (a) aerodromes and their surroundings in endemic areas, and (b) aerodromes not situated in endemic areas but exposed to the risk of the introduction of disease;

(6) as an immediate precaution against the carriage of vectors of yellow fever, disinsectisation shall be carried out at each aerodrome within an endemic yellow fever area, particularly on departure of the aircraft from the last aerodrome in an endemic area.

(7) Health Authorities in any territory within a yellow fever endemic area shall be at liberty to impose such quarantine restrictions against other territories within that area as may be authorized by this agreement.

Article 39

(1) Notwithstanding compliance with the requirements of Article 38 of this agreement, aerodromes situated in an endemic yellow fever area shall no longer be regarded as "anti-amaryl aerodromes" and deemed to be a separate local area. Passengers landing at such aerodromes shall submit to the measures laid down in Article 38 (7) of the present agreement.

(2) Detention of healthy passengers and crews not carrying a valid Inoculation Certificate shall not be carried out at the aerodrome of departure. They shall be permitted to depart, the necessary quarantine measures being carried out at the first aerodrome of arrival in an area at risk.

Section III. Provisions in Respect of Territories or Regions in Which Yellow Fever Does Not Exist, But in Which There May Be Conditions Which Permit of its Development

Article 40

1. In territories in which yellow fever does not exist, but in which there may be conditions which permit of its development,

(a) authorized aerodromes shall conform to the requirements set forth in Article 38 of this agreement;

(b) upon arrival at the first aerodrome of call aircraft which have proceeded from endemic yellow fever areas shall be disinsectisized.

2. All persons traveling by air from an endemic yellow fever area to one in which yellow fever does not exist but in which there may be conditions which permit of its development, shall be dealt with in the following manner, at the first recognized stopping place in the latter area:

(a) if they are in possession of a valid anti-yellow fever inoculation certificate they shall be allowed to proceed without any quarantine restrictions with respect to yellow fever;

(b) if they are not in possession of a valid anti-yellow fever inoculation certificate, they may be isolated in properly screened quarters until the certificate becomes valid or until six days have elapsed, whichever is the less.

3. Notwithstanding the preceding provisions of this Article, the Governments may (but only in the most exceptional cases) issue Certificates of Urgency to non-inoculated persons whose unobstructed passage is absolutely and immediately essential on grounds of high policy, certifying that a passage without hindrance to the bearer of the Certificate is urgently necessary.

The precise form and method of issue of the Certificate and the nature of the certifying authority shall be a matter for arrangement and communication between Governments concerned.

The Governments undertake to grant unimpeded passage to bearers of such Certificates but the movements of such Certificate holders will, whenever possible, be restricted during night stops on air routes to adequately screened quarters which will not be left except to re-enter the aircraft.

Article 41

The Governments undertake, save in exceptional circumstances which will require to be justified, not to invoke sanitary reasons for prohibiting the landing in the territories referred to in article 40 of aircraft coming from regions where yellow fever exists, provided that the provisions of section II of this chapter, particularly those concerning the measures to be taken on departure, are observed there.

Article 42

Nevertheless, the Governments may designate particular sanitary aerodromes as those at which aircraft from territories where yellow fever exists shall land for the purpose of disembarking passengers, crew, or cargo.

Section IV. Provisions in Respect of Territories or Regions where the Conditions do not Permit of the Development of Yellow Fever

Article 43

In territories or regions where the conditions do not permit of the development of yellow fever, aircraft coming from regions where yellow fever exists may land on any sanitary or authorized aerodrome.

Article 44

The following measures may be taken on arrival:

1. Inspection of the aircraft and cargo to insure that they do not contain mosquitoes and, if necessary, disinsectization;

2. Medical inspection of passengers and crew.

Chapter III. General Provisions

Article 45

Persons who arrive in aircraft in the territory of any Government, and who have been exposed to risk of infection by one of the diseases referred to in article 18 of the present agreement and who are within the period of incubation, may, subject

to the provisions of chapter II of this Part, be subjected to surveillance until the termination of that period.

In the case of cholera and smallpox, the provisions of articles 32 and 35, relating to immunized persons, equally apply to action under this article.

Article 46

Persons who, on their arrival at an aerodrome, are considered, under the terms of this agreement, liable to surveillance up to the expiration of the period of incubation of the disease may nevertheless continue the voyage, on condition that the fact is notified to the authorities of subsequent landing places and of the place of arrival by some method sufficient to secure that they can be subjected to medical inspection in any subsequent aerodromes on the route.

Persons who are liable to observation under the terms of articles 26 and 40 (paragraph 2) of this agreement shall not be authorized until the expiration of the period of incubation to continue their voyage except, in the case of diseases other than yellow fever, with the approval of the sanitary authorities of the place of their destination.

Article 47

(1) In applying sanitary measures to an aircraft coming from an infected local area, the sanitary authority of each aerodrome shall, to the greatest possible extent, take into account all measures which have already been applied on the aircraft, in another sanitary aerodrome abroad or in the same country, and which are duly noted in the Aircraft Declaration of Health referred to in article 19 of the present agreement.

(2) Aircraft coming from an infected "local area" which have already been subjected to satisfactory sanitary measures shall not be subjected to these measures a second time on arrival

at another aerodrome, whether the latter belongs to the same country or not, provided that no subsequent incident has occurred which calls for the application of the sanitary measures in question and that the aircraft has not called at an infected aerodrome except to take in fuel.

(3) In view of the special risk of conveying insect vectors of malaria and other diseases by aircraft on international flight, all such aircraft leaving affected areas will be disinsectized. Notwithstanding the terms of Article 47, further disinsectization of the aircraft on or before arrival may be required if there is reason to suspect the importation of insect vectors.

Article 48

The aerodrome authority applying sanitary measures shall, whenever requested, furnish free of charge to the commander of the aircraft or any other interested person a certificate specifying the nature of the measures, the methods employed, the parts of the aircraft treated, and the reason why the measures have been applied.

The authority shall also issue, on demand and without charge, to passengers arriving by an aircraft in which a case of one of the infectious diseases referred to in article 18 has occurred, a certificate showing the date of their arrival and the measures to which they and their luggage have been subjected.

Article 49

Save as expressly provided in the present agreement, aircraft shall not be detained for sanitary reasons.

If an aircraft has been occupied by a person suffering from plague, cholera, yellow fever, typhus, or smallpox, its detention shall be limited to the period strictly necessary for it to undergo the prophylactic measures applicable to the aircraft in the case of each disease referred to in the present agreement.

Article 50

Subject to the provisions of chapter II of the present agreement and particularly those of article 40, any aircraft which does not wish to submit to the measures prescribed by the aerodrome authority in virtue of the provisions of the present agreement, is at liberty to continue its voyage. It may not, however, land in another aerodrome of the same country except for purposes of taking in supplies.

An aircraft shall be permitted to land goods on condition that it is isolated and that the goods are subjected, if necessary, to the measures laid down in article 10 of the present agreement.

Aircraft shall also be permitted to disembark passengers at their request, on the condition that such passengers submit to the measures prescribed by the sanitary authority.

Aircraft may also take in fuel, replacements, food, and water while remaining in isolation.

Part IV--Final Provisions

Article 51

Any two or more Governments have the right to conclude between themselves, on the basis of the principles of the present agreement, special agreements relating to particular points concerning aerial sanitary measures, notably as regards the application within their territories of chapter II or part III.

These agreements shall be notified as soon as they come into force, to UNRRA, under the conditions laid down in article 7.

Article 52

The Governments agree to seek the opinion of UNRRA before having recourse to any other procedure, should any disagreement arise between them as to the interpretation of the present agreement.

Article 53

Without prejudice to the provisions of the last paragraph of article 12, the Governments undertake to apply the same tariff of charges to the aircraft of other Governments as they apply to their own national aircraft for sanitary operations in their aerodromes.

This tariff shall be as moderate as possible and shall be notified to UNRRA under the conditions laid down in article 7.

Article 54

This agreement shall come into force as between the signatories as soon as there are subscribed hereto signatures of representatives of ten governments. It shall remain in force for a period of three years from such date.

The Governments hereto agree to consult, not less than six months prior to the expiration of this agreement with a view to determining whether a further extension is necessary or whether the Office International d'Hygiene Publique or some other international organization is in a position to assume the functions herein conferred on the United Nations Relief and Rehabilitation Administration.

Article 55

This agreement shall be open to accession on the part of any government not signatory hereto. Accessions shall be notified to the Government of _____ and shall take effect immediately. The Government of _____ will notify all other parties hereto of any accession.

Article 56

Any Government hereto may on signature or accession declare that this agreement does not apply to all or any of the territories under its sovereignty, suzerainty, protection or mandate. Such Government may subsequently, in accordance with the procedure

set out in Article 55, accede to this agreement in respect of any territory so excluded.

IN WITNESS WHEREOF, etc.

441595

Aircraft Declaration of Health (International form)

(To be completed by the Commander of an arriving aircraft and handed to the Health Officer of the aerodrome)

Airport of Entry

(1) Aircraft Licence No. or Registration Mark Nationality

(2) Aerodrome and Date of Departure

(3) Aerodromes at which the aircraft alighted and from which it departed during the voyage and the dates of arrival and departure from each

Aerodrome	Date	Aerodrome	Date

(4) Number of crew

(5) Number of passengers

(6) Number of passengers disembarking

(7) Has any person left the aircraft during the voyage on account of illness?

(8) Has there been any case of illness during the voyage?

(9) Has the aircraft been disinsectisized?

Give particulars of last three disinsectisations.

By whom	Place	Method	Date

(10) Have any other sanitary measures been carried out on the aircraft during the voyage?

(11) Have you on board any living animals, birds, insects, bacterial cultures, or viruses?

I declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date_____ Signature of Commander_____

Note: The reverse side of this form may be used by the Health Officer for the record of the disposition of aircraft and passengers.

Personal Declaration of Origin and Health
(International Form)
(For passengers on aircraft)

Port of Arrival:

1. Name in full_____
(BLOCK IETTERS, Surname first)

2. Nationality:

3. Passport number:

4. Permanent (home) address:

5. Precise address to which immediately proceeding:

6. State where you spent the fourteen nights prior to arrival in this country:

Last night_____	8 nights ago_____
2 nights ago_____	9 nights ago_____
3 nights ago_____	10 nights ago_____
4 nights ago_____	11 nights ago_____
5 nights ago_____	12 nights ago_____
6 nights ago_____	13 nights ago_____
7 nights ago_____	14 nights ago_____

7. I am in possession of a certificate of vaccination against:

Cholera
Yellow fever
Typhus
Smallpox

8. I declare that I have had no illness within the past fourteen days except as follows:

9. I declare that the information given above is correct to the best of my knowledge and belief.

Signature:_____

Date:_____

International Certificate of Inoculation Against Cholera

THIS IS TO CERTIFY THAT _____
(Age _____ Sex _____) whose signature appears below was on the date indicated inoculated against Cholera.

Date	Material		Inoculating Officer	
	Origin	Batch No. and type	Signature	Official title

_____
(Signature of person inoculated)

Home Address: _____

Date: _____

Official Stamp of Inoculating Officer

(This certificate is not valid for more than 6 months from date of issue)

International Certificate of Inoculation Against Yellow Fever

THIS IS TO CERTIFY THAT _____
(Age _____ Sex _____) whose signature appears below has this day been inoculated by me against yellow fever.

Origin and Batch No. of vaccine _____

Signature of inoculating officer _____

Official position _____

Place _____ Date _____

Official stamp of inoculating officer

_____

Signature of person inoculated _____

Home address _____

FOOTNOTE:

This certificate is not valid:

(a) unless the vaccine and the method employed have been approved by UNRRA
(b) until 10 days after the date of the inoculation except in the case of persons re-inoculated within 4 years
(c) for more than 4 years from the date of the last inoculation

International Certificate of Vaccination against Smallpox

THIS IS TO CERTIFY THAT _____

(Age _____, Sex _____) whose signature appears below, has this day been vaccinated by me against smallpox.

Origin and Batch No. of vaccine _____

Signature of Vaccinator _____

OFFICIAL STAMP

Official Position _____

Place _____ Date _____

Signature of person vaccinated _____

Home Address _____

Important Note. In the case of revaccination the person vaccinated should be warned to report within 48 hours to a medical practitioner for first inspection in order that the result of the vaccination may be recorded on this certificate.

THIS IS TO CERTIFY that the above vaccination was inspected by me on the date(s) and with the results shown hereunder*:

Date of Inspection	Result
_____	_____
_____	_____
_____	_____

OFFICIAL STAMP

Signature of Doctor _____

Official Position _____

Place _____ Date _____

*Use one or other of the following terms in stating the result, viz: 'Reaction of immunity,' 'Accelerated reaction (vaccinoid),' 'Typical primary vaccinia.' A certificate of 'no reaction' will not be accepted.

Signature of person vaccinated _____

This certificate is not valid for more than 3 years from date of issue.

International Certificate of Inoculation Against Typhus Fever

THIS IS TO CERTIFY THAT _____
(Age_____, Sex _____) whose signature appears below was, on the dates indicated, inoculated against Typhus Fever.

Date	Material		Inoculating Officer	
	Origin	Batch No. & Type	Signature	Official Title

_____ Home Address _____
(Signature of person inoculated)

Date _____

OFFICIAL STAMP
OF
INOCULATING OFFICER

(This certificate is not valid for more than one year from date of issue.)

441262

CONFIDENTIAL

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
STANDING TECHNICAL SUB-COMMITTEE ON HEALTH FOR EUROPE
REPORT OF THE EXPERT COMMISSION ON QUARANTINE

THE/E(44)13
18 May 1944
Confidential

1. In furtherance of the terms of Resolution No. 8(2)(a) adopted by the Council of the United Nations Relief and Rehabilitation Administration at Atlantic City in November, 1943, an Expert Commission on Quarantine was appointed by the European Technical Advisory Sub-Committee on Health at their second meeting on May 12th, 1944, with instructions to draft, for consideration by the Sub-Committee on Health, International Sanitary Conventions of an emergency nature designed to take effect at the earliest possible date and to continue through the immediate post-war period.

2. The members of the Commission were:- (b)

Dr. P. G. Stock (Chairman)
Dr. J. A. Doull
Dr. H. B. Jeffs
Dr. Melville Mackenzie
Dr. M. T. Morgan
Professor B. Nowakowski (alternate Dr. L. L. Dmochowski)
Lt. Col. L. A. Scheele (alternate Lt. Col. H. R. Hennessy)
General E. A. Sice (alternate Col. M. Vignal)
Dr. H. Southworth

Dr. N. M. Goodman acted as Medical Secretary and
Miss K. V. Green as Secretary.

3. There exist two principal international treaties relating to quarantine, namely, the International Sanitary Convention signed at Paris in 1926 (as amended by the International Sanitary Convention of 1938) and the International Sanitary Convention for Aerial Navigation signed at the Hague in 1933. The International Office of Public Health, Paris, was made responsible under these Conventions for the receipt of epidemiological information for its distribution to the principal public health authorities of the participating governments and for certain other administrative duties. The functions of the International Office of Public Health are, owing to war conditions, temporarily in abeyance and no official body has been appointed to assume for the time being its duties.

4. Even before the war the International Office of Public Health had recognized the need to revise these two Conventions and its Permanent Committee had in fact begun a preliminary examination of them for that purpose, the general results of which were available to the Expert Commission. In addition, the Commission had before them the Third Report of the British Inter-Departmental Committee on Yellow Fever Control and the evidence presented to that Committee by the U. S. Millitary Attache in London; the Report of the Quarantine Conference held in Trinidad in November, 1943; a summary of the present quarantine procedure in the Americas; and a draft which had been prepared by Dr. Morgan of the revisions he considered necessary to bring the Conventions up to date.

5. After studying the present Conventions and the modifications required to make them conform to the emergency conditions arising from the war, the Commission realized that such modifications must also be of world-wide application if they are to be effective.

(a) Resolution No. 8(2) "That the Council recommends that governments and recognized national authorities co-operate fully with the Administration in establishing at the earliest possible date regional and other emergency agreements and arrangements for the notification within the limits of military security, of diseases likely to become epidemic, uniformity in quarantine regulations, and for other measures of prevention.

(b) See also Appendix.

6. The Commission now have the honour to submit two draft conventions, with an explanatory memorandum, for the modification of the International Sanitary Convention of 1926 and the International Sanitary Convention for Aerial Navigation of 1933. Each draft convention provides for U.N.R.R.A. carrying out the duties and functions assigned to the International Office of Public Health, Paris, without prejudice whatsoever to the future status of that body. The system of notification and the communication of information referred to in the 1926 and 1933 Conventions remain in force but Governments signing the new conventions will undertake also to transmit such notifications and information to U.N.R.R.A. Further, Governments will notify, in addition to the diseases specifically mentioned in the existing Conventions, to wit, plague, cholera, yellow fever, typhus and smallpox, other communicable diseases which, in the opinion of U.N.R.R.A., constitute a menace to other countries, and will keep the Administration regularly informed of the course of the epidemic. In turn, U.N.R.R.A. will promptly inform all Governments of the outbreak of any disease which, in its opinion, constitutes a menace to other countries and of the measures which are being taken to prevent the spread of the disease across frontiers. After careful consideration, the Commission felt that this course was preferable to attempting to draw up a list of diseases only one or two of which might ever have to be dealt with under the conventions.

7. In preparing the drafts which are now submitted, the Commission concluded that whilst wider revisions may be desirable at a later date, to effect these now would necessitate the assembling of a special international conference which would be impracticable in the present circumstances. The proposed alterations have been kept within the terms of the existing Conventions after due allowance has been made for the progress of knowledge since the 1926 and 1933 Conventions were drawn up, particularly in regard to yellow fever and the increasing use and speed of air travel.

8. Nevertheless, having in mind the prevention of wider diffusion of certain exotic species of insect vectors especially dangerous in the transmission of diseases, particularly malaria, it was thought desirable to include an Article dealing with these vectors in the draft convention amending the 1933 Convention.

9. Certain amendments have been made to the Articles of the International Sanitary Convention of 1926 dealing with land frontiers but it was concluded that it might not be appropriate to apply the emigrant clauses to the special problems that will arise from the movements of "displaced persons" and that specific agreements will be necessary to deal with these problems.

10. No attempt has been made to revise Part II of the Convention since it would appear that the special circumstances associated with the transit of "displaced persons" through the Suez Canal may necessitate special arrangements with the Egyptian Government.

11. The Commission have abolished the system requiring the production of Bills of Health and of Consular Visas thereon and for the Bill of Health have substituted a Maritime Declaration of Health. They have appended to the draft amending the 1926 Convention a standard form of Declaration for international use. Many countries no longer require the Bill of Health and others were about to abolish it at the outbreak of hostilities. The system has been rendered obsolete by the improved methods of notification of epidemic diseases, and by the rapid transmission of such notifications to the countries concerned under the arrangements established by the 1926 Convention. Furthermore, it cannot be denied that the system lent itself to usage which was often in no way connected with the protection of the health of the countries concerned. Aircraft, whose speed is so much greater than sea-going vessels, have never been required to carry Bills of Health, and the proposed amendment will bring the two Conventions into line.

12. In regard to the International Sanitary Convention for Aerial Navigation of 1933, considerable alterations are made to the Articles dealing with yellow fever so as to harmonize the requirements with the progress of knowledge to this disease and with the increasing speed of air travel. Restrictions are removed in the case of travellers in possession of valid certificates of inoculation against yellow fever. In order to provide for special and exceptional cases where an unobstructed passage of a non-inoculated person is absolutely and immediately essential on grounds of high policy, the Commission have recommended the issue of "certificates of urgency" to such persons which will permit their rapid passage; in formulating this recommendation, the Commission took into consideration the recommendation contained in the Third Report of the British Inter-Departmental Committee on Yellow Fever Control and the fact that the system to a limited extent is already in force.

13. Further the Commission have made two important changes in procedure, viz:-

(a) that "anti-amaryl" aerodromes in an endemic yellow fever area shall no longer be deemed to be separate "local areas"; and

(b) that the detention in quarantine of healthy passengers and crews not carrying valid inoculation certificates shall be carried out at the first aerodrome of arrival in an area at risk and not at the aerodrome of departure.

14. Reference has been made to valid certificates of inoculation against yellow fever which the Commission consider must be issued under proper authority and be uniform in character if they are to be accepted. They have, therefore, appended to the draft conventions a form of international certificate which governments are urged to adopt. Further, they have prepared forms of certificates dealing with vaccination against cholera, typhus, and smallpox since they feel that the placing of such certificates on a sound basis is long overdue.

15. The Commission considered carefully the best means of carrying out the obligations which will be placed upon U.N.R.R.A. if the proposed conventions are accepted. The Commission felt that U.N.R.R.A. would utilize the Standing Technical Committee on Health of U.N.R.R.A. the members of which it will be recollected are recommended to be accredited representatives of their respective Public Health Services.

16. The Commission would emphasize that these conventions are of world wide application and that the work entailed in the reception of epidemiological information and its transmission to the various countries will necessitate the establishment of a special section of the Health Division of U.N.R.R.A. under the charge of a Medical Officer with the necessary clerical staff.

17. One of the primary reasons for revising the Conventions was to have governmental machinery immediately available to deal with urgent problems, particularly in connection with the repatriation of "displaced persons." Since these problems will largely be limited, in the first instance at any rate, to Europe, the Commission suggest that, to ensure rapidity in action, the special section referred to above should at the start be located in London, with the possibility of transfer elsewhere at a later stage.

18. To make the work of this Section fully effective, it is most important

(i) that information received by the military authorities relating to the occurrence of the principal infectious diseases in civilian populations be made currently available to U.N.R.R.A., this may necessitate special arrangements to keep such information confidential; and

(ii) that the conventions shall be signed or acceded to not only by member Governments but also by neutrals.

19. Finally, the Commission would stress the urgency of bringing these conventions into force with the least possible delay.

P. G. STOCK

J. A. DOULL

H. B. JEFFS

M. D. MACKENZIE

M. T. MORGAN

B. NOWAKOWSKI

L. A. SCHEELE

E. A. SICE

H. SOUTHWORTH

London,

17th May, 1944.

MEMBERS OF THE COMMISSION

Chairman P.G. Stock, C.B., C.B.E., - M.B., F.R.C.P. (Lond.), Hon. F.R.C.S. (Edin), D.P.H. Formerly Director of Medical Services, Union of South Africa, Senior Medical Officer, Ministry of Health, member of Permanent Committee of the International Office of Public Health, Paris.

J.A. Doull, M.C., M.D., C.M. (Dalhousie), Dr. P.H. (Johns Hopkins)D.P.H. (Camb.) Medical Consultant for U.N.R.R.A. Professor of Public Health, Western Reserve University, Cleveland. Senior Surgeon (R.) United States Public Health Service.

H.B. Jeffs, M.C. M.B. (Toronto) Chief Medical Officer in Europe, Canadian Department of Pensions and National Health. Member of the Permanent Committee of the International Office of Public Health, Paris.

Melville D. Mackenzie, M.D. (Lond.), D.P.H.,D.T.M. & H Principal Regional Medical Officer, Ministry of Health. Chairman, Regional Health Sub-Committee for Europe of U.N.R.R.A. British member of the Standing Technical Health Committee of U.N.R.R.A.

M.T. Morgan, M.C., M.D. (Liverpool), D.P.H. Medical Officer of Health, Port of London. Late President of the Permanent Committee of the International Office of Public Health, Paris, and Vice-President of the Health Committee of the League of Nations.

B. Nowakowski, M.D. (Cracow). Professor of Public Health, Polish Medical School, Edinburgh. Member of the Polish Health Council. Professor of Public Health, University of Cracow. Head of the Medical Planning Department of the Polish Ministry of Labour and Social Welfare.

Alternate
L.L. Dmochowski, M.D. (Warsaw). Medical Adviser to the Polish Ministry of Labour and Social Welfare. Member of the Polish Health Council.

Médecin-Général Inspecteur A. Sicé, M.D. (Paris). Director General of Medical Services of Fighting French Forces. Former Professor of Tropical Epidemiology. Ecole de Marseille.

Alternate
Colonel M. Vignal, M.D. (Paris). Deputy Director General of Medical Services of Fighting French Forces.

Lt. Colonel Leonard A. Scheele, U.S.P.H.S., Chief, Preventive Medicine (Civil Affairs). U.S. Army, Supreme H.Qs., Allied Expeditionary Force.

Alternate
Lt. Colonel Harold R. Hennessy, Medical Corps U.S. Army. Displaced Persons Medical Officer, Public Health Sub-Section (Civil Affairs). Supreme H.Qs. Allied Expeditionary Force.

Hamilton Southworth, M.D. (Johns Hopkins), Attache to U. S. Embassy, Representative in the United Kingdom of the Committee on Medical Research, Office of Scientific Research and Development. Surgeon (R) U.S. Public Health Service

Medical Secretary — N.M. Goodman, M.D. (Camb.), D.P.H. (Lond.). Deputy Chief Health Officer, European Division, UNRRA

PERSONS CONSULTED IN THE UNITED STATES

Thomas Parran, M.D., Surgeon General, United States Public Health Service

Hugh Cumming, M.D., Director, Pan-American Sanitary Bureau

G. L. Dunnahoo, M.D., Medical Director, U.S. Public Health Service. Chief, Division of Foreign Quarantine, U.S.P.H.S.

John R. Murdock, M.D., Pan-American Sanitary Bureau

CONFIDENTIAL

DRAFT EMERGENCY INTERNATIONAL SANITARY MARITIME AGREEMENT, 1944

The Governments and Authorities signatory hereto,

Having in mind the serious danger of the spread of epidemic or other communicable diseases as a consequence of the international movement of peoples immediately following the cessation of hostilities;

Having found that the Office International d'Hygiene Publique, created by the Agreement of the 9th of December, 1907, located at Paris, France, is now unable, by reason of the war, to carry out the duties and functions assigned to it by the International Sanitary Convention of 1926;

Having in mind the recent rapid progress in knowledge and the increase in the use and the speed of travel of aircraft;

Cognizant that the United Nations Relief and Rehabilitation Administration (hereinafter to be called "UNRRA") is charged, among other duties, with aiding the population of areas liberated by the armed forces of the United Nations in the prevention of pestilence and in the recovery of the health of the people, and in planning, coordinating, administering or arranging for the administration of measures of relief of victims of war in any area under the control of any of the United Nations through the provision of medical and other essential services;

Having determined that emergency health conditions necessitate international action which cannot be delayed until the resumption of the functions of the Office International d'Hygiene Publique, and that UNRRA is in a position to undertake the necessary functions for an emergency period; and

Acting on the recommendations in Resolution No. 8 of the First Session of the Council of UNRRA that "governments and recognized national authorities cooperate fully with the Administration in establishing at the earliest possible date regional and other emergency agreements and arrangements for the notification within the limits of military security of diseases likely to become epidemic, uniformity in quarantine regulations and for other measures of prevention";

Have agreed as follows:

PRELIMINARY PROVISIONS

For the purposes of this Agreement the Governments and Authorities adopt the following definitions:

1. The word circumscription designates a fully defined part of territory, for example: A province, a government, a district, a department, a canton, an island, a commune, a city, a city district, a village, a port, a community, etc., regardless of the area and population of those parts of territory.

2. The word observation means isolation of the persons either on board a ship or in a sanitary station before they are given free pratique.

The word surveillance means that persons are not isolated, that they receive free pratique immediately, but that the sanitary authorities of the place or places to which they are proceeding are notified of their coming. They may be subjected in the places of arrival to a medical examination and such inquiries as are necessary with a view to ascertaining their state of health; and in any territory where the Government thinks fit, surveillance may include requirement to report on arrival and afterwards at such intervals during continuance of surveillance as may be specified, to the Health Officer of the city, town, district, or place to which they proceed.

3. The word equipage includes all persons who are not on board for the mere purpose of being carried from one country to another, but who are employed in any capacity whatsoever in the service of the ship or persons on board or of the cargo.

4. The word day means an interval of 24 hours.

5. The terms typhus, typhus fever and exanthematous fever shall be deemed to relate only to epidemic (louse-borne) typhus.

6. The word Governments is intended to denote both governments and authorities.

PART I. GENERAL PROVISIONS

Chapter I. Provisions to be Observed by the Governments of the Countries Participating in the Present Agreement on the Appearance of Plague, Cholera, Yellow Fever, or Certain Other Infectious Diseases in Their Territory

Section I. Notification and Subsequent Communications to Other Countries

Article 1

Each Government shall immediately notify the other Governments and, at the same time UNRRA--

(1) The first authentic case of plague, cholera, or yellow fever discovered in its territory.

(2) The first authentic case of plague, cholera, or yellow fever which occurs outside the limits of local areas already affected.

(3) The existence of an epidemic of typhus or of smallpox.

(4) Each Government will, in addition to the diseases specifically mentioned in Article 1 of this Agreement, to wit, plague, cholera, yellow fever, typhus and smallpox, notify outbreaks of such other communicable diseases as, in the opinion of that Government or in the opinion of UNRRA, constitute a menace to other countries by their spread or potential spread across frontiers and will keep UNRRA regularly informed of the course of the disease and the measures taken to prevent its spread. The provisions of this Agreement shall, unless clearly inapplicable, apply to the above-mentioned other communicable diseases.

Article 2

Every notification prescribed in Article 1 shall be accompanied, or very promptly followed, by detailed information as to--

(1) Where the disease has appeared.
(2) The date of its appearance, its source, and its type.
(3) The number of established cases and the number of deaths.
(4) The extent of the area or areas affected.
(5) In the case of plague, the existence of that disease or of an unusual mortality among rats.
(6) In the case of cholera, the number of germ carriers when these have been discovered.
(7) In the case of yellow fever, the presence and relative prevalence (index) of Stegomyia calopus (Aedes aegypti).
(8) The measures taken.

Article 3

The notifications contemplated in Articles 1 and 2 are to be addressed to the diplomatic missions or failing them to consular offices in the capital of the infected country and shall be held at the disposition of consular offices established in its territory.

These notifications shall also be addressed to UNRRA, which shall communicate them immediately to all diplomatic missions in London or Washington, D.C., as well as to the principal public health authorities of the participating countries. Those prescribed under Article 1 shall be addressed by telegrams.

The telegrams addressed by UNRRA to the Governments of countries participating in the present Agreement or to the principal public health authorities of these countries, and the telegrams transmitted by these Governments and by these Authorities under this Agreement, are treated like State telegrams and enjoy the priority accorded to such telegrams by Article V of the International Telegraphic Convention of July 10-22, 1875.

In order to facilitate the prompt and scrupulous fulfillment of the foregoing provisions, the Governments will ensure priority for all communications which may enable UNRRA rapidly to appraise the situation concerning the outbreak of a disease and to inform Governments in order that they may take appropriate measures against the spread of the disease across their frontiers.

Article 4

The notification and the information contemplated in Articles 1 and 2 shall be followed by subsequent communications sent regularly to UNRRA so as to keep the Governments informed of the progress of the epidemic.

These communications, which shall be as frequent and as complete as possible and shall take place at least once a week with regard to the number of cases and deaths, shall indicate in particular the precautions adopted with a view to preventing the spread of the disease. They shall specify the measures enforced upon the departure of vessels to prevent exportation of the disease, and especially the measures taken with regard to rats or insects.

Article 5

(1) In addition to the formal notification required above, the Governments will, so far as possible, send to the Health Organization of UNRRA at regular intervals notifications of communicable diseases notified in their countries.

(2) The Governments will make the necessary arrangements with UNRRA for giving prompt information to all the Governments concerned of the outbreak in their respective countries of a disease which, in the opinion of UNRRA constitutes a menace to other countries and of the measures which are being taken to prevent the spread of the disease across frontiers.

Article 6

Since rats 1/ are the principal agents by which bubonic plague is spread, the Governments undertake to make use of all means in their power to diminish this danger and constantly to keep themselves informed of the condition of the rats in their ports as regards plague infection, by frequent and periodical examinations; and in particular to carry out the systematic collection and the bacteriological examination of rats in every plague-infected area during a period of not less than six months from the finding of the last plague-infected rat.

The methods and the results of those examinations shall be communicated in ordinary circumstances at regular intervals, and in the case of plague every month, to UNRRA in order that Governments may be kept uninterruptedly informed by that office of the condition of ports in regard to plague among rats.

On the first discovery of plague among rats on land, in a port free from infection during the previous six months, the communications shall be sent by the most rapid ways.

1/ The provisions of this Agreement regarding rats are applicable in the case of other rodents, and in general to other animals known to be the means of spreading plague.

Article 7

In order to facilitate the fulfillment of duties put upon it by this Agreement, and having regard to the benefits derived from the information furnished by the Pan-American Sanitary Bureau and other analogous bureaus, UNRRA is empowered to make the needful arrangements with the Pan-American Sanitary Bureau and other similar organizations.

Article 8

As it is of primary importance that the foregoing provisions be promptly and scrupulously complied with, the Governments recognize the necessity of giving instructions to the appropriate services in regard to the application of these provisions.

As notification is of no value unless every Government be itself informed, in good time, of cases of plague, cholera, yellow fever, typhus, or smallpox, and also of suspected cases of these diseases, which occur in its territory, countries participating in the Agreement undertake to make it compulsory to declare such cases.

Article 9

It is recommended that neighboring countries should make special arrangements, with the object of organizing direct exchange of information between the heads of the departments concerned as regards territories that are contiguous or have close commercial relations. These arrangements shall be communicated to UNRRA.

Section II. Conditions which Warrant Considering that the Measures Prescribed by the Agreement are or Have Ceased to be Applicable to Arrivals from Particular Areas

Article 10

The notification of imported cases of plague, cholera, or yellow fever shall not lead to the adoption of the measures prescribed in the following Chapter II in regard to arrivals from the area in which they occurred.

But the measures may be adopted when a first case of plague or yellow fever has occurred which is recognized as a nonimported case, or when the cases of cholera from a foyer 2/ or when typhus or smallpox exists in epidemic form.

2/ A "foyer" exists when the occurrence of new cases outside the immediate surroundings of the first case proves that the spread of the disease has not been limited to the place where it began.

Article 11

In order that the measures prescribed in Chapter II may be limited to places which are actually stricken, Governments must restrict their application to arrivals from defined local areas in which the diseases coming under the present Agreement have appeared under the conditions indicated in the second paragraph of Article 10.

But this limitation of an infected local area must be accepted only on the express condition that the Government of the country in which this area is comprised shall take the measures necessary (1) for checking the spread of the epidemic, and (2) for applying the measures prescribed by Article 13 below.

Article 12

The Government of a country in which an infected area is situated will inform other Governments and UNRRA in the manner specified in Article 3, when the danger of infection from that area has ceased, and when all the preventive measures have been taken. From the time of this information the measures prescribed in Chapter II will no longer be applicable to arrivals from the area in question, except in exceptional circumstances, which must be established.

Section III. Measures at the Ports and on the Departure of Vessels

Article 13

Governments shall take effectual measures--

(1) To prevent the embarkation of persons showing symptoms of plague, cholera, yellow fever, typhus, or smallpox, and of persons in such relations with the sick as to render themselves liable to transmit the infection of these diseases.

(2) In the case of plague, to prevent rats gaining access to ships.

(3) In the case of cholera, to see that the drinking water and foodstuffs taken on board are wholesome, and that water taken in as ballast is disinfected if necessary.

(4) In the case of yellow fever, to prevent mosquitoes from gaining access to ships.

(5) In the case of typhus, to secure the delousing of all suspects before their embarkation.

(6) In the case of smallpox, to subject to disinfection worn garments and rags before they are compressed.

(7) In a country where there exists a communicable disease, the subject of a formal notification under any international sanitary or quarantine agreement

or convention for the time being in force, the Sanitary Authority in that country may prohibit the embarkation on board a ship on international voyage of persons suffering from the disease, and of persons in such relations to the sick as to render them liable to transmit the disease, unless the Medical Officer of the port of embarkation is satisfied that measures can be taken on board the ship to prevent the spread of the disease to the other persons on board. The Medical Officer of the port of embarkation, or other authorized officer of the Sanitary Authority, if he has reason to suspect any clothing, bedding or other article of personal use which belongsto or is intended for use by persons embarking to be infected, may examine and require the disinfection of any such clothing, bedding or article of personal use before it is taken on board.

The above measures shall be taken as far as possible in advance of the sailing date of the ship in order not unduly to delay its departure.

Nothing herein shall affect the power of the Master of the vessel to refuse to embark sick persons.

Article 14

Governments undertake to maintain in and around their large ports and, as far as possible, in and around their other ports, a sanitary service possessing an organization and equipment capable of carrying out the application of the prophylactic measures in the case of the diseases coming under this Agreement and especially the measures laid down in Articles 6, 8, and 13.

The said Governments will supply at least once a year to UNRRA a statement showing in the case of each of their ports the condition of its sanitary organization commensurate with the provisions of the preceding paragraph. The office will forward such information through the proper channels to the principal health authorities of the participating countries either directly or through some other international sanitary organization in accordance with the arrangements concluded under Article 7.

Chapter II. Measures of Defense Against the Diseases Mentioned in Chapter I

Article 15

Any ship, whatever port it comes from, may be subjected by the sanitary authority to a medical inspection and, if circumstances require it, to a thorough examination.

The sanitary measures and action to which a ship may be subjected on arrival shall be determined by the actual condition found to exist on board and the sanitary particulars of the voyage.

It rests with each Government, taking into account the information furnished under the provisions of Section I, Chapter I, and of Article 14 of this Agreement, as well as the obligations placed upon it by Section II, Chapter I,

to determine what procedure is applicable in its own ports to arrivals from any foreign port, and in particular to decide whether, from the point of view of the procedure to be applied, a particular foreign port should be considered as infected.

If on the call or arrival of any vessel at a port there is on board a case of infectious disease duly verified by the port medical officer, not being a case of plague, cholera, yellow fever, typhus or smallpox, the usual measures in force in the country in which the port is situated shall be applied subject always to the provisions of Article 54 of this Agreement.

In carrying out measures for control of the spread of communicable disease across frontiers, particularly in regard to the movement of displaced populations conveyed by international maritime transport, the Governments will not delay any ship at any point of her voyage longer than is necessary for the medical examination of crew and passengers, for the disembarkation (if this is considered necessary) of persons suffering from communicable disease, and of their bedding and personal effects, and for the disinfection of the accommodation they occupied. The ship shall not be employed as a means of isolation of the sick, or of their contacts, unless such isolation can be effected without delaying or unduly interfering with her movements.

The measures as provided in this chapter must be regarded as constituting a maximum within the limits of which Governments may regulate the procedure to be applied to ships on their arrival.

Section I. Notification of Measures Prescribed

Article 16

Each Government shall communicate immediately to the diplomatic mission or, failing that, to the consul of the infected country, residing in its capital, as well as to UNRRA, which shall immediately make them known to the other Governments, the measures which it considers necessary to prescribe with regard to arrivals from that country. Such information will in like manner be held at the disposition of other diplomatic or consular representatives established in its territory.

Each Government shall also communicate, through the same channels, the withdrawal of these measures or any modifications thereof.

In the absence of a diplomatic mission or a consulate in the capital, the communications shall be made direct to the Government of the country concerned.

Section II. Merchandise and Baggage--Importation and Transit

Article 17

Subject to the provisions of the last paragraph of Article 50, the entry of merchandise and baggage arriving by land or by sea for import or for transit

may not be prohibited nor may merchandise or baggage be detained at land frontiers or in ports. The only measures which may be prescribed with regard to such merchandise and baggage are specified in the following paragraphs:

(a) In the case of plague, body linen, wearing apparel, and bedding which have been in recent use may be subjected to disinsectization, and, if necessary, to disinfection.

Merchandise coming from an infected local area and likely to harbor plague-infected rats may be unloaded only on condition that the precautions necessary to prevent the escape of rats and to ensure their destruction are taken as far as practicable.

(b) In the case of cholera, body linen, wearing apparel, and bedding which have been in recent use may be subjected to disinfection.

In derogation of the provisions of this Article, the importation of fresh fish, shellfish, and vegetables may be prohibited unless they have undergone a treatment calculated to destroy cholera vibrios.

(c) In the case of typhus, body linen, wearing apparel, and bedding which have been in recent use, as well as rags not carried as merchandise in large quantities, may be subjected to disinsectization.

(d) In the case of smallpox, body linen, wearing apparel, and bedding which have been in recent use, as well as rags not carried as merchandise in large quantities, may be subjected to disinfection.

Article 18

It rests with the authority of the country to which the merchandise and things are consigned to decide in what manner and at what place disinfection shall be carried out and what shall be the methods adopted to secure the destruction of rats or insects (fleas, lice, mosquitoes, etc.). These operations must be performed in such a fashion as to injure articles as little as possible. Clothes and other articles of small value, including rags not carried as merchandise in large quantities, may be destroyed by fire.

It rests with each Government to settle questions of compensation for damage caused by disinfection, deratization, or disinsectization, or by the destruction of the things referred to above.

If, on account of these measures, charges are levied by the sanitary authority, either directly or indirectly, through a company or an individual, the rates of these charges must be in accordance with a tariff made public beforehand and so drawn up that the Government and the sanitary authority shall, on the whole, derive no profit from its application.

Article 19

Letters and correspondence, printed matter, books, newspapers, business documents, etc., shall not be subject to any sanitary measure. Post parcels shall be subjected to restriction only if their contents include articles on which the measures provided by Article 17 of this Agreement may be enforced.

Article 20

When merchandise or baggage has been subjected to the operations prescribed in Article 17, any interested party can require the sanitary authorities to issue a free certificate showing the measures that have been taken.

Section III. Provisions Relating to Emigrants

Article 21

The sanitary authorities in a country of emigration must subject its emigrants to a medical examination before their departure.

It is recommended that special arrangements be made between the countries of emigration, immigration, and transit, with a view to laying down the conditions under which this examination shall be considered satisfactory by them, so that rejections on medical grounds at the frontier of the countries of transit and destination may be reduced to a minimum.

It is also recommended that these arrangements should determine what preventive measures against infectious diseases shall be applied to emigrants in the country of departure.

Article 22

It is recommended that, at the towns or ports of embarkation for emigrants, there should be an adequate health and sanitary administration having especially (1) a service for medical examination and treatment, as well as the necessary medical and prophylactic equipment; (2) an establishment supervised by the Government where emigrants may be subjected to the health formalities, temporarily housed, and undergo all necessary medical examination and have their food and drinking supplies examined; (3) premises situated at the port where medical examinations shall be made at the time of the final embarkation.

Article 23

It is recommended that emigrant ships be provided with a sufficient quantity of vaccines (anti-smallpox, anti-cholera, etc.) in order to permit, if necessary, of vaccinations during the voyage.

Section IV. Measures at Ports and Marine Frontiers

A. PLAGUE

Article 24

A ship shall be regarded as infected--

(1) If it has a case of human plague on board.
(2) Or if a case of human plague broke out more than six days after embarkation.
(3) Or if plague-infected rats are found on board.

A ship shall be regarded as suspected--

(1) If a case of human plague broke out in the first six days after embarkation.
(2) Or if investigations regarding rats have shown the existence of an unusual mortality without determining the cause thereof.

The ship shall continue to be regarded as suspicious until it has been subjected to the measures prescribed by this Agreement at a suitably equipped port.

A ship shall be regarded as uninfected, notwithstanding its having come from an infected port, if there has been no human or rat plague on board either at the time of departure or during the voyage, or at the time of arrival, and the investigations regarding rats have not shown the existence of an unusual mortality.

Article 25

Plague-infected ships shall undergo the following measures:

(1) Medical inspection

(2) The patients shall immediately be landed and isolated.

(3) All persons who have been in contact with the patients and those whom the health authority of the port has reason to consider suspect shall be disembarked if possible. They may be subjected to observation or surveillance, or to a period of observation followed by surveillance,[2/] provided that the total

---

2/ Surveillance may not be replaced by observation except--

(a) in circumstances in which it would not be practicable to carry out surveillance with sufficient thoroughness; or

(b) if the risk of the introduction of infection into the country is considered to be exceptionally serious; or

duration of these measures does not exceed six days from the time of arrival of the ship.

It rests with the sanitary authority of the port, after taking into consideration the date of the last case, the condition of the ship, and the local possibilities, to take that one of these measures which seems to it preferable. During the same period the crew may be prevented from going ashore except on duty made known to the sanitary authority.

(4) Bedding which has been used, and such soiled linen, wearing apparel, and other articles as are, in the opinion of the sanitary authority, infected, shall be disinsectized and, if there be occasion, disinfected.

(5) The parts of the ship which have been occupied by persons suffering from plague or which, in the opinion of the sanitary authority, are infected, shall be disinsectized and, if there be occasion, disinfected.

(6) The sanitary authority may order deratization before the discharge of cargo, if it is of opinion, having regard to the nature of the cargo, and the way in which it is loaded, that it is possible to effect a total destruction of rats without removing it. In this case, the ship cannot be subjected to a new deratization after discharge. In other cases the complete destruction of rats on board must be effected when the holds are empty. In the cases of ships in ballast, this shall be done as soon as possible before taking cargo.

Destruction of rats shall be carried out so as to avoid, as far as possible, damage to the ship and cargo (if any). The operation must not last longer than 24 hours. All charges made in respect to these operations of deratization, as also all contingent indemnity claims, shall be settled in accordance with the principles laid down in Article 18.

If a ship is only to discharge a part of its cargo, and if the port authorities consider that it is impossible to undertake complete deratization, the said ship shall be allowed to remain in the port for the time required to discharge that part of its cargo, provided that all precautions, including isolation, are taken to the satisfaction of the sanitary authority to prevent rats from passing from ship to shore, either with unladen goods or otherwise.

The discharge of cargo shall be carried out under the supervision of the sanitary authority, who shall take all measures necessary to prevent the men

---

3/ (continued)

(c) if the person who would be subject to surveillance cannot furnish adequate sanitary guarantees.

Persons under observation or surveillance shall submit themselves to any examination which the competent sanitary authority may consider necessary.

employed on this duty from becoming infected. The men shall be subjected to observation or to surveillance for a period not exceeding six days from the time when they have ceased to work at the unloading of the ship.

Article 26

Plague-suspected ships shall undergo the measures indicated in Nos. (1), (4), (5), and (6) of Article 25.

In addition, the crew and passengers may be subjected to surveillance which shall not exceed six days, reckoned from the date of the ship's arrival. The crew may be prevented during the same period from going ashore except on duty made known to the sanitary authority.

Article 27

Ships uninfected with plague shall be given free pratique immediately, with the reservation that the sanitary authority of the port of arrival may prescribe the following measures with regard to them:

(1) Medical inspection to determine whether the condition of the ship corresponds to the definition of a healthy ship.

(2) Destruction of rats on board under the conditions specified in (6) of Article 25 in exceptional cases and for well-founded reasons which will be communicated in writing to the captain of the ship.

(3) The crew and passengers may be subjected to surveillance during a period which shall not exceed six days reckoned from the date on which the ship left the contaminated port. The crew may be prevented during the same period from going ashore except on duty made known to the sanitary authority.

Article 28

All ships, except those employed in national coastwise service, must be periodically deratized, or be permanently kept in such a condition that rat population is reduced to the minimum. In the first case they receive deratization certificates, and in the second deratization exemption certificates.

Governments shall make known through UNRRA those of their ports possessing the equipment and personnel necessary for the deratization of ships.

A deratization certificate or a deratization exemption certificate shall be issued only by the sanitary authority of the aforesaid ports. The certificate shall be valid for six months. One additional month, however, may be allowed in the case of a ship proceeding to its home port.

If no valid certificate is produced, the sanitary authority at the ports mentioned in the second paragraph of this Article may after inquiry and inspection:

(a) Directly perform the deratization of the vessel, or cause it to be done under its direction and supervision. When completed to its satisfaction it shall issue a dated deratization certificate. It shall decide in each case what process shall be employed practically to exterminate the rats on board, particulars of the mode of deratizing applied and of the number of rats destroyed must be entered on the certificate. Destruction of rats must be accomplished in a manner that will as far as possible save the ship and cargo (if any) from injury. The operations must not last longer than 24 hours. In the case of vessels in ballast, it must be done before loading. All charges on account of these operations of deratization and all claims, if any, for damages shall be settled according to the terms of Article 18.

(b) Issue a deratization exemption certificate stating the date and grounds if it is satisfied that the ship is maintained in such a condition that the rat population is reduced to a minimum.

The deratization and deratization exemption certificates shall be drawn up as far as possible in a uniform manner. Forms of such certificates will be prepared by UNRRA.

The competent authority of each country undertakes each year to furnish UNRRA with a statement of the measures taken under this Article and the number of ships which have been subjected to deratization, or which have been granted deratization exemption certificates, at the ports referred to in the second paragraph of this Article.

UNRRA is requested to take in accordance with Article 14 all steps for the interchange of information as to the action taken under this Article and the results obtained.

The provisions of this Article do not affect the rights accorded to sanitary authorities by Articles 24-27 of this Agreement.

The Governments shall see that all requisite and practicable measures are taken by the competent authorities to accomplish the destruction of rats in ports and the dependent and neighboring ports as well as on lighters and coastwise vessels.

B. CHOLERA

Article 29

A ship shall be regarded as <u>infected</u> if there is a case of cholera on board, or if there has been a case of cholera during the five days previous to the arrival of the ship in port.

A ship shall be regarded as <u>suspected</u> if there has been a case of cholera at the time of departure or during the voyage, but no fresh case in the five days previous to arrival. The ship shall continue to be regarded as suspected until it has been subjected to the measures prescribed by the present Agreement.

A ship shall be considered uninfected notwithstanding that it came from an infected port or that it may have on board persons proceeding from an infected area if there has been no case of cholera at the time of departure, during the voyage, or on arrival.

Cases presenting the clinical symptoms of cholera in which no cholera vibrios have been found, or in which vibrios not strictly showing the characteristics of cholera vibrio have been found, shall be subject to all measures required in the case of cholera.

Germ carriers discovered on the arrival of the ship shall be submitted after disembarkation to all the obligations which may be imposed on such a case by the laws of the country of arrival on its own nationals.

Article 30

Cholera-infected ships shall be subjected to the following measures:

(1) Medical inspection.

(2) The patients shall be immediately landed and isolated.

(3) The crew and passengers may also be landed and either be kept under observation or subjected to surveillance during a period not exceeding five days reckoned from the date of arrival.

However, persons who can show that they have been immunized from cholera by vaccination effected less than six months and more than six days before, may be subjected to surveillance but not to observation.

(4) Bedding which has been used, soiled linen, wearing apparel, and other articles, including foodstuffs, which in the opinion of the sanitary authority of the port have been recently contaminated, shall be disinfected.

(5) The parts of the vessel which have been occupied by cholera patients or which are considered by the health authorities as being contaminated, shall be disinfected.

(6) Unloading shall be carried out under the supervision of the sanitary authority, who will take all measures necessary to prevent the infection of the men engaged in unloading. They shall be subjected to observation or to surveillance which shall not exceed five days from the time when they cease unloading.

(7) When the drinking water stored on board is considered suspicious, it shall be turned off after being disinfected and replaced, after disinfection of the tanks, by a supply of water of good quality.

(8) The health authority may prohibit the turning off without previous disinfection of water ballast if it has been taken in at an infected port.

(9) It may be forbidden to let run or throw human dejections, or the residuary waters of the vessel into the waters of the port, unless they are first disinfected.

Article 31

Vessels suspected of cholera shall be subjected to the measures prescribed under Nos. (1), (4), (5), (7), (8), and (9) of Article 30.

The crew and passengers may be subjected to a surveillance not to exceed five days from the arrival of the vessel. It is recommended that the landing of the crew be prevented during the same period except for purposes connected with the service and made known to the sanitary authority of the port.

Article 32

If the ship has been declared infected or suspected only because of cases on board presenting the clinical features of cholera, and two bacteriological examinations, made with an interval of not less than 24 hours between them, have not revealed the presence of cholera or any other suspicious vibrios, it shall be classed as uninfected.

Article 33

Vessels uninfected with cholera shall be granted pratique immediately.

The health authority of the port of arrival may order in their case the measures provided under Nos. (1), (7), (8), and (9) of Article 30.

The crew and the passengers may be subjected to a surveillance not to exceed five days from the date of arrival of the ship. The landing of the crew may be forbidden during the same period, except for purposes connected with the service and made known to the sanitary authority of the port.

Article 34

Since anti-cholera vaccination is a method of proved efficacy in checking epidemics, and consequently in lessening the likelihood of the spread of the disease, it is recommended that sanitary administrations shall, in the largest measure possible, and as often as practicable, apply specific vaccination in cholera hotbeds and grant certain advantages as regards restrictive measures to persons who agree to be vaccinated.

C. YELLOW FEVER

Article 35

A ship shall be regarded as infected if there is a case of yellow fever on board, or if there was one at the time of departure or during the voyage.

A ship shall be regarded as suspected if it had no case of yellow fever but arrives after a voyage of less than six days from an infected port or from an uninfected port in close relation with endemic centers of yellow fever, or if when it arrives having been more than six days out, there is reason to believe that it may carry winged Aedes aegypti or any potential mosquito vectors of yellow fever from the said port.

A ship shall be regarded as uninfected, notwithstanding its having come from a yellow fever infected port, if having had no case of yellow fever on board and arrived after more than six days on the way there is no reason to believe that it carries Aedes aegypti or any potential mosquito vectors of yellow fever, or when it proves to the satisfaction of the sanitary authority of the port of arrival:

(a) That during its stay in the port of departure it kept at a distance of more than 400 meters from the inhabited land and at such a distance from the pontoons as to make the access of Aedes aegypti or any potential mosquito vectors of yellow fever improbable.

(b) Or that at the time of departure it was subjected to effective fumigation in order to destroy mosquitoes.

Article 36

Ships infected with yellow fever shall undergo the following measures:

(1) Medical inspection.
(2) The patients shall be landed, and those of them who are in the first five days of the disease shall be isolated so as to prevent contamination by mosquitoes.
(3) The other persons who land shall be subjected to observation or surveillance not exceeding six days reckoned from the time of landing.
(4) The ship will be moored at least 400 meters from the inhabitated land and at such a distance from the pontoons as will render the access of mosquito vectors of yellow fever improbable.
(5) Mosquitoes at all stages of evolution shall be destroyed on board as far as possible before discharge of cargo. If unloading takes place before the destruction of mosquitoes, the personnel in charge of that work will be subjected to observation or to surveillance for not more than six days from the time when they ceased unloading.

Article 37

Ships suspected of yellow fever may be subjected to the measures specified in (1), (3), (4), and (5) of Article 36.

Nevertheless, if the voyage has lasted less than six days and if the ship meets the conditions specified under letters (a) and (b) in the sub-section of Article 35 relating to uninfected ships, it shall only be subjected to the measures prescribed by Article 36, (1) and (3) and to fumigation.

When 30 days have elapsed after the departure of the ship from the infected port, and no case has occurred during its voyage, the ship may be granted free pratique subject to preliminary fumigation should the sanitary authority deem it necessary.

Article 38

Ships uninfected with yellow fever shall be granted free pratique after medical inspection.

Article 39

The measures prescribed in Articles 36 and 37 concern only those regions in which the Aedes aegypti exists, and they shall be applied with due consideration to the climatic conditions prevailing in the countries concerned and also the Aedes aegypti index.

In other regions they shall be applied to the extent considered necessary by the sanitary authority.

Article 40

The masters of ships which have touched at ports infected with yellow fever are specially advised to cause a search to be made for mosquitoes and their larvae during the voyage and to secure their systematic destruction in all accessible parts of the ship, particularly in the storerooms, galleys, boiler rooms, water tanks and other places specially likely to harbor Aedes aegypti.

With a view to the elimination of Aedes aegypti as an important step in the control of the spread of yellow fever, the Governments will, in the light of their knowledge and experience of the control of the yellow fever vector, render and maintain free from Aedes aegypti (a) ports and their surroundings in endemic areas, and (b) ports not situated in endemic areas but exposed to the risk of the introduction of the disease. They will also use their best endeavors to secure that personnel employed in the handling of ships in ports in endemic areas and in ports specially exposed to risk shall be inoculated against yellow fever.

D. TYPHUS

Article 41

Ships which, during the voyage, have had, or at the time of their arrival have, a case of typhus on board, may be subjected to the following measures:

(1) Medical inspection.
(2) The patients shall immediately be landed, isolated, and deloused.
(3) Other persons reasonably suspected to harbor lice, or to have been exposed to infection, shall also be deloused, and may be subjected to surveillance for a time to be specified, but which shall never be more than 12 days, reckoned from the date of delousing.

(4) Bedding which has been used, and such linen, wearing apparel, and other articles as the sanitary authority of the port considers to be infected, shall be disinfected.

(5) The parts of the ship which have been occupied by persons ill with typhus, and that the sanitary authority regards as infected, shall be disinfected.

The ship shall immediately be given free pratique.

It rests with each Government to take after disembarkation the measures which it considers appropriate to secure the surveillance of persons who arrive on a ship which had no case of typhus on board, but who left an area where typhus was epidemic less than 12 days before.

The Governments will use their best endeavors to secure that ships trading with areas infected with typhus should carry a sufficient quantity of an effective insecticide for the personal protection of the crew and passengers, and will give favorable consideration to the inoculation against typhus of all persons on board exposed to risk.

E. SMALLPOX

Article 42

Ships which have had a case of smallpox on board either during the voyage or at the time of arrival may be subjected to the following measures:

(1) Medical inspection.
(2) The patients shall immediately be landed and isolated.
(3) Other persons reasonably suspected to have been exposed to infection on board, and who, in the opinion of the sanitary authority, are not sufficiently protected by recent vaccination, or by a previous attack of smallpox, may be subjected to vaccination followed by surveillance, the period of surveillance being specified in each case according to the circumstances, but never to exceed 14 days reckoned from the date of arrival.

(4) Bedding which has been used, soiled linen, wearing apparel, and other articles which the sanitary authority of the port considers to be infected, shall be disinfected.

(5) Only those parts of the ship which have been occupied by persons ill with smallpox and which the sanitary authority regards as infected shall be disinfected.

The ship shall immediately be given free pratique.

It rests with each Government to take after disembarkation the measures which it considers appropriate to secure the surveillance of persons who are not protected by vaccination, and who arrive on a ship that had no smallpox on board, but left an area where smallpox was epidemic less than 14 days before.

For the purpose of this Article "recent vaccination" shall be taken as meaning evidence of successful vaccination not more than 3 years or less than 14 days previously; or evidence of an immune reaction.

Article 43

It is recommended that ships calling in countries where smallpox is epidemic, shall take all precautions possible to secure the vaccination or revaccination of the crew.

It is also recommended that Governments should make vaccination and re-vaccination as general as possible, especially in ports and border regions.

F. COMMON PROVISIONS

Article 44

The captain and the ship's physician must answer all questions that are put to them by the sanitary authority with regard to the health of the ship during the voyage.

When the captain and the physician declare that there has not been any case of plague, cholera, yellow fever, typhus or smallpox, and no unusual mortality among rats on the ship since the time of its departure, the sanitary authority may require them to make a solemn or sworn declaration.

Article 45

In applying the measures set forth in the preceding subsections A, B, C, D, and E, the sanitary authority will take into account the presence of a physician on board and the actual preventive measures taken in the course of the voyage, especially for the destruction of rats.

The sanitary authorities of countries that find it convenient to come to an agreement on the matter may exempt from medical inspection and other measures uninfected ships carrying a physician specially commissioned by their country.

Article 46

It is recommended that Governments take into account, as to the treatment to be applied to arrivals from another country, measures taken in the latter country to combat infectious diseases and to prevent their transmission to other countries.

Ships arriving from ports which fulfill the conditions set out in Articles 14 and 51 do not derive from that alone any right to special advantages at the port of arrival, but the Governments agree to take into the fullest consideration the measures already taken in those ports, so that all the measures taken at the port of arrival with regard to ships coming from those ports shall be reduced to a minimum. To that end and in order to put shipping, commerce,

and traffic to as little inconvenience as possible, it is recommended that special arrangements in accordance with Article 57 of this Agreement be made in all cases where it would seem advantageous to do so.

Article 47

Ships arriving from an infected area which have been submitted to sufficient sanitary measures to the satisfaction of the sanitary authority, shall not undergo those measures again on their arrival at another port, whether or not the latter belongs to the same country, provided nothing has happened since which would call for the application of the sanitary measures above referred to and the ships have not called at an infected port, except for coaling.

A ship shall not be considered as having stopped at a port, when without having been in communication with the shore it has landed passengers only and their luggage and the mail, or has taken on board only mails or passengers, with or without their luggage, who have not communicated with the port or with a contaminated area. In the case of yellow fever the vessel must, in addition, have kept wherever possible not less than 400 meters from inhabited land and at such a distance from the pontoons as to make access of Aedes aegypti or any potential vectors of yellow fever improbable.

Article 48

The port authority who imposes sanitary measures shall, whenever requested, deliver to the captain, or any other interested person, a certificate specifying the nature of the measures and the methods employed, the parts of the ship treated, and the reasons why the measures have been applied.

It may also in the same way, on demand, issue free of charge to passengers who have arrived by an infected ship a certificate stating the date of their arrival and the measures to which they and their luggage have been subjected.

Section V. General Provisions

Article 49

The Governments agree that bills of health and consular visas shall be abolished as soon as the conditions of hostilities permit the establishment of effective epidemiological communications. The Master of every foreign-going vessel approaching the first port in a territory shall ascertain the state of health of all persons on board and shall prepare and sign a "Declaration of Health" which shall be countersigned by the ship's surgeon, if one is carried, to be handed to the appropriate authority.

Article 50

It is desirable that the number of ports furnished with an organization and equipment sufficient for the reception of a ship, whatever its health conditions may be, should be, in each country, commensurate with the importance of the

trade and shipping. However, without prejudice to the right of Governments to make agreements for the establishment of common sanitary stations, every country must provide at least one port on each of its sea coasts with the above-mentioned organization and equipment.

Furthermore, it is recommended that all large seaports should be so equipped that uninfected ships at least may undergo, immediately upon their arrival, the prescribed sanitary measures without being sent to another port for this purpose.

Every infected or suspected ship which arrives in a port not equipped for its reception must proceed, at its own risk and peril, to one of the ports opened to ships of the category to which it belongs.

Governments shall make known to UNRRA what ports are open to arrivals from ports infected with plague, cholera, or yellow fever, and in particular those open to infected or suspected ships.

Article 51

It is recommended that there be set up in large seaports--

(a) A regular port medical service and permanent medical surveillance of the health condition of crews and of the inhabitants of the port.

(b) An outfit for the transport of the sick and suitable premises for their isolation, and for keeping suspected persons under observation.

(c) Installations necessary for efficient disinfection and disinsectization, bacteriological laboratory, and a force prepared to attend to urgent vaccination against smallpox or against other diseases.

(d) A supply of drinking water of quality beyond suspicion for the use of the port, and a system affording all possible security for the removal of waste, filth, and waste water.

(e) A competent and adequate staff and necessary equipment for the de-ratization of ships, yards, docks, and warehouses.

(f) A permanent organization for the detection and examination of rats.

It is also recommended that warehouses and docks should as far as possible be rat proof, and that the sewer system of the port be separate from that of the town.

Article 52

Governments will refrain from making any sanitary inspection of ships passing through their territorial waters 4/ without stopping at the ports or on the coasts of their respective countries.

4/ The expression "territorial waters" must be understood in its strictly juridical sense. It does not include Suez, Panama and Kiel Canals.

If the ship, for any reason whatever, should stop at a port or on the coast, it would be subjected to the sanitary laws and regulations of the country to which the port or coast belongs, as far as permitted by this Agreement.

Article 53

Special measures may be prescribed reparding any ship in an exceptionally bad sanitary condition likely to facilitate the spread of the diseases mentioned in this Agreement, especially crowded ships.

Article 54

Ships unwilling to comply with obligations imposed by the port authority, in virtue of the provisions of this Agreement, shall be at liberty to put out to sea.

Such ships may, however, be permitted to land goods if the ship is isolated and if the goods are subjected to the measures provided by Chapter II, Section II, of this Agreement.

Such ships may also be authorized to disembark passengers at their request, on the condition that such passengers submit to the measures prescribed by the sanitary authority.

The ship, while kept isolated, may also take on fuel, stores, and water.

Article 55

Each Government undertakes to have a single sanitary tariff only, which shall be published, and the charges therein shall be moderate. This tariff will be applied in ports to all ships, without distinction being made between the national and foreign flags, and to foreigners in the same conditions as to the country's own nationals.

Article 56

The provisions of Article 28 of the present Agreement shall be applicable to international coasting traffic in all cases.

Article 57

The Governments, taking into account their peculiar situation, may conclude special agreements amongst themselves in order to make the sanitary measures prescribed by this Agreement more efficacious and less cumbersome. The text of such agreements shall be communicated to UNRRA.

The Governments will so far as possible adopt the international forms of vaccination certificate and the international form of declaration of health respectively set out in the Annex hereto.

For the purposes of the present Agreement the period of incubation is reckoned as 6 days in the case of plague, 5 days in the case of cholera, 6 days in the case of yellow fever, 12 days in the case of typhus, and 14 days in the case of smallpox.

Section VI. Measures at Land Frontiers--Travelers--Railways--Frontier Zones--River Ways

Article 58

Observation may, if considered necessary, be enforced at land frontiers. Persons may be directed to the places which have been designated for frontier traffic, and sanitary stations, equipped in accordance with the terms of Article 22, shall be set up at such places. These places and the measures taken shall be notified immediately to the countries concerned and to UNRRA. Individuals who have been in contact with a person suffering from a disease referred to in Article 1 of this Agreement and their bedding and effects may be subjected to the appropriate sanitary measures. In the case of persons suffering from a communicable disease not referred to in Article 1, the measures in force in the country of arrival shall be applied.

Article 59

In trains coming from infected areas it is important that the railway crew keep watch on the way over the state of health of the travelers.

Medical intervention shall be limited to inspection of travelers and care of the sick and the latters' companions if there be occasion. When this inspection is resorted to, it shall, as far as possible, be combined with the customs examination in order that travelers may suffer as little delay as possible.

Article 60

Railway cars running in countries where yellow fever exists must be so arranged as to be as little suited as possible for the transport of Aedes aegypti or any potential mosquito vector of yellow fever.

Article 61

Travelers coming from an area which lies under the conditions coming under the second paragraph of Article 10 of this Agreement may be subjected, on arrival at their destination, to surveillance for not more than 6 days, reckoned from the date of their arrival, in the case of plague, 5 days in the case of cholera, 6 days in the case of yellow fever, 12 days in the case of typhus, or 14 days in the case of smallpox.

Article 62

With respect to diseases coming under this Agreement, Governments, notwithstanding the foregoing provisions, reserve the right in exceptional cases to take special measures in regard to certain classes of persons who do not offer

satisfactory sanitary guarantees, especially persons traveling or crossing the frontier in bands. The provisions of this paragraph are not applicable to emigrants, save the provisions of Article 21.

These measures may include the establishment at frontiers of sanitary stations sufficiently equipped to insure the surveillance and the observation, if necessary, of the persons concerned, as well as for their medical examination, disinfection, disinsectization, and vaccination.

As far as possible these exceptional measures should be made the subject of special arrangements between adjoining countries.

Article 63

Railway carriages for mails or luggage and goods trains may not be detained at the frontier longer than is necessary to apply the necessary sanitary measures for the prevention of the entry of communicable diseases into the country concerned.

Article 64

The measures concerning the crossing of frontiers by railroad and postal employees are within the province of the administration concerned. They shall be combined so as not to hinder the service.

Article 65

The regulation of frontier traffic and questions pertaining thereto shall be left to special arrangements between the contiguous countries in accordance with the provisions of this Agreement.

Article 66

It shall be the province of the Government of the riparian nations to regulate the sanitary regime of lakes and river routes by means of special arrangements.

In the application of Articles 58 to 66 of this Agreement to any persons coming within the category of "displaced persons," the Government shall be entitled to make such modifications as may be required by any special international arrangements under schemes to be organized by Governments and by UNRRA for dealing with such persons.

In framing regulations under Article 65 of this Agreement, the Governments will consult UNRRA and will inform UNRRA of the regulations and of the date of their entry into force.

Section V. Final Provisions

Article 67

This Agreement shall come into force as between the signatories as soon as there are subscribed hereto signatures of representatives of ten Governments. It shall remain in force for a period of three years from such date.

The Governments agree to consult, not less than six months prior to the expiration of this Agreement, with a view to determining whether a further extension is necessary or whether the Office International d'Hygiene Publique or some other international organization is in a position to assume the functions herein conferred on UNRRA.

Article 68

This Agreement shall be open to accession on the part of any Government not signatory hereto. Accessions shall be notified to the Government of and shall take effect immediately. The Government of will notify all other parties hereto of any accession.

Article 69

Any Government may on signature or accession declare that this Agreement does not apply to all or any of the territories under its sovereignty, suzerainty, protection or mandate. Such party may subsequently, in accordance with the procedure set out in Article 68, accede to this Agreement in respect of any territory so excluded.

IN WITNESS WHEREOF, etc.

MARITIME DECLARATION OF HEALTH

(To be rendered by the masters of ships arriving from ports outside the Territory.)

Port of _____ Date _____

Name of Vessel _____ From _____ to _____

Nationality _____ Master's Name _____

Not Registered Tonnage _____

Deratisation of) Certificate _____ Dated _____
Deratisation)
Exemption) Issued at _____

No. of (Cabin _____ No. of crew _____
(
Passengers (Deck _____

List of ports of call from commencement of voyage with dates of departure.

_____

_____

HEALTH QUESTIONS

ANSWER YES OR NO

1. Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever, typhus fever or smallpox? Give particulars in the Schedule. _____

2. Has plague occurred or been suspected amongst the rats or mice on board the voyage*, or has there been an unusual mortality amongst them? _____

3. Has any person died on board during the voyage* otherwise than as a result of accident. Give particulars in Schedule. _____

4. Is there on board or has there been during the voyage* any case of illness which you suspect to be of an infectious nature? Give particulars in Schedule. _____

5. Is there any sick person on board now? Give particulars in Schedule. _____

Note: In the absence of a surgeon, the Master should regard the following symptoms as ground for suspecting the existence of infectious disease; fever accompanied by prostration or persisting for several days, or attended with glandular swelling, or any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse; jaundice accompanied by fever. _____

6. Are you aware of any other condition on board which may lead to infection or the spread of infectious disease? _____

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the Schedule) are true and correct to the best of my knowledge and belief.

Signed _____
Master

Countersigned _____
Ship's Surgeon

Date _____

*If more than six weeks have elapsed since the voyage began, it will suffice to give particulars for the last 6 weeks.

SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board

Name	Class of rating	Age	Sex	Nationality	Port of Embarkation	Date of Embarkation	Nature of Illness	Date of Its Onset	Results of Illness*	Disposal of Case**

* State whether recovered; still ill; died.
** State whether still on board; landed at (give name of port); buried at sea.

International Certificate of Inoculation against Cholera

THIS IS TO CERTIFY THAT .....
(Age..... Sex .....) whose signature appears below was on the dates indicated inoculated against cholera.

Date	Material		Inoculating Officer	
	Origin	Batch No. & Type	Signature	Official Title

..... Home .....
Signature of person inoculated Address

Official Stamp
of
Inocula ting Officer

.....
Date

This certificate is not valid for more than 6 months from date of issue.

International Certificate of Inoculation against Typhus Fever

THIS IS TO CERTIFY THAT.....
(Age.....Sex.....)whose signature appears below was on the dates indicated inoculated against Typhus Fever.

Date	Material		Inoculating Officer	
	Origin	Batch No. and Type	Signature	Official Title

..... Home .....
Signature of persons inoculated Address:

OFFICIAL STAMP OF INOCULATING OFFICER

.....
Date

This certificate is not valid for more than one year from date of issue.

International certificate of inoculation against Yellow Fever.

THIS IS TO CERTIFY THAT .....
(Age ..... Sex .....) whose signature appears below has this day been inoculated by me against yellow fever.

Origin and batch No. of vaccine .....

Signature of inoculating officer .....

Official position .....

Place ..... Date .....

OFFICIAL STAMP

---

signature of person inoculated .....

Home address .....

This certificate is not valid:-

(a) unless the vaccine and the method employed have been approved by UNRRA,

(b) until 10 days after the date of the inoculation except in the case of persons re-inoculated within 4 years,

(c) for more than 4 years from the date of the last inoculation.

International Certificate of Vaccination Against Smallpox

THIS IS TO CERTIFY THAT _____

(Age _____ Sex _____) whose signature appears below, has this day been vaccinated by me against smallpox.

(Origin and Batch No. of vaccine _____)

Signature of Vaccinator _____

OFFICIAL STAMP

Official Position _____

Place _____ Date _____

Signature of person vaccinated _____

Home Address _____

Important Note. In the case of revaccination the person vaccinated should be warned to report within 48 hours to a medical practitioner for first inspection in order that the result of the vaccination may be recorded on this certificate.

THIS IS TO CERTIFY that the above vaccination was inspected by me on the date(s) and with the results shown hereunder:

Date of Inspection	Result
_____	_____
_____	_____
_____	_____

Signature of Doctor _____

Official Position _____

OFFICIAL STAMP

Place _____ Date _____

Use one or other of the following terms in stating the result, viz: - 'Reaction of immunity', 'Accelerated reaction(vaccinoid)', 'Typical primary vaccinia'. A certificate of "No Reaction" will not be accepted.

Signature of person vaccinated _____

This certificate is not valid for more than 3 years from date of issue.

41265