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FOREWORD

The International Health Regulations were adopted by the 22nd World Health Assembly in 1969 in accordance with Article 21(a) of the WHO Constitution, and amended in 1973 and 1981. The Regulations continue to be an international code of practice the purpose of which is to ensure maximum security against the international spread of disease with minimum interference with world traffic.

A revision of the Regulations was requested by the World Health Assembly in May 1995¹ in view of the growing global threat to public health posed by infectious diseases and the increase in emerging and re-emerging diseases. The 1969 Regulations had become a rather ineffective tool for their stated purpose, for example, by limiting immediate reporting to three specified diseases. Additionally, the Regulations were limited with regard to some of the more modern applications of the science of public health. It is now clear that international infectious disease control is more effectively undertaken by surveillance and intervention strategies taking advantage of the considerable evolution in communications technology, laboratory science and diagnosis, treatment and control of infections, rather than by the application of quarantine practices or other measures at sites distant from the source of the infection.

One of the key features in the present, fundamentally revised, Regulations is that defined syndromes of urgent international public health importance should now be immediately reported to the World Health Organization (WHO), with disease specific reporting to follow when appropriate etiological information becomes available. This will allow WHO to offer assistance in the investigation and control of an outbreak or an epidemic at an earlier stage. Important notifications, particularly when relevant to international travel, continue to be made available through the WHO publication *Weekly Epidemiological Record*. In addition, information is provided through the World Wide Web and other Internet sources.

The Regulations comprise a framework of fixed or unchanging elements and principles which are defined in the main body of the Regulations. Technical requirements, which may require revision and modification in response to scientific advances and changing public health needs, are now presented in a series of Annexes. The Annexes form an integral part of the Regulations.

The Regulations will improve global collaboration and coordination which are vitally needed for monitoring, reporting and response to infectious disease threats of urgent international public health importance.

This volume contains the text of the Regulations and the Annexes in force as of, together with the interpretations and recommendations made by the World Health Assembly. It also contains the text of reservations made to the Regulations and other relevant information.

¹ Resolution WHA48.7.

PART I. DEFINITIONS

Article 1

For the purposes of these Regulations:

“*Aedes aegypti index*” means the ratio of the number of houses in a limited well-defined area on the premises of which actual breeding places of *Aedes aegypti* are found, to the total number of houses examined in that area, expressed as a percentage

“*aircraft*” means an aircraft making an international voyage

“*airport*” means an airport designated by the Member State in whose territory it is situated as an airport of entry and departure for international air traffic, where the formalities incident to customs, immigration, public health, animal and plant quarantine and similar procedures are carried out

“*area*” means a defined locality within which a Syndrome subject to the Regulations has been notified

“*arrival*” of a conveyance means:

- (a) in the case of a seagoing vessel, arrival at a seaport
- (b) in the case of an aircraft, arrival at an airport
- (c) in the case of an inland navigation vessel, arrival either at a port or at a frontier post, as geographical conditions and treaties or arrangements among the States concerned, under Article 48 or under the laws and regulations in force in the territory of entry, may determine
- (d) in the case of a train, road or other surface vehicle, arrival at a frontier post

“*chemoprophylaxis*” means the administration of an antimicrobial medication to prevent the development of an infection or the progression of an infection to active disease, or to eliminate the carriage of a specific infectious agent to prevent transmission of disease to others

“*communicability period*” is the period during which an infectious agent may be transmitted directly or indirectly from an infected person to another individual or from an infected animal to a person

“*container (freight container)*” means an article of transport equipment:

- (a) of a permanent character and accordingly strong enough to be suitable for repeated use
- (b) specially designed to facilitate the carriage of goods, by one or more modes of transport, without intermediate reloading
- (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another
- (d) so designed as to be easy to fill and empty

The term “*container (freight container)*” does not include vehicles or conventional packing

“*contact*” means a person who is considered by the health authority as having been in contact with an infectious individual or animal to a degree indicating the possibility of having been infected by an agent associated with a Syndrome subject to the Regulations and who is considered capable of spreading that agent

“*contact tracing*” means the process of identifying contacts, for whom public health control measures may be required

“*contamination*” means the presence of an infectious agent on the surface or within articles including food and water

“*conveyance*” means any vehicle able to transport persons, animals or goods across international borders

“*crew*” means the personnel of a conveyance who are employed for duties on board

“*day*” means an interval of twenty-four hours

“*direct transit area*” means a special area established in connection with an airport, approved by the health authority concerned and under its direct supervision, for accommodating direct transit traffic and, in particular, for accommodating, in segregation, passengers and crews breaking their air voyage without leaving the airport

“*Director-General*” means the Director-General of the Organization

“*disinsecting*” means the operation in which measures are taken to destroy the insect vectors of human disease present upon the person or in the environment, in conveyances or containers

“*epidemic*” means the occurrence in a community of cases of a syndrome which is clearly in excess of normal expectancy

“*expert consensus opinion*” means opinions by international organisations, agencies or groups recognised by the Organization for this purpose

“*free pratique*” means permission for a ship to enter a port, disembark and commence operation, or for an aircraft, after landing, to disembark and commence operation

“*health administration*” means the governmental authority responsible for the whole of a territory to which these Regulations apply for the implementation of the health measures provided herein

“*health assessment*” means the visit to and inspection of any conveyance for health purposes; including a scrutiny of health documents

“*health authority*” means the authority immediately responsible in its jurisdiction for the appropriate health measures permitted or prescribed by these Regulations

“*host*” means an individual or other living animal, including birds and arthropods, that affords subsistence or lodgement to an infectious agent under natural (as opposed to experimental) conditions

“*imported case*” means an infected person arriving from an international journey

“*incubation period*” means the interval of time between exposure to an infectious disease agent and the onset of symptoms associated with that agent

“*infected person*” means an individual who is actively infected with an agent associated with a Syndrome subject to the Regulations or who is subsequently shown to have been infected with such an agent

“*in flight*” means the time elapsing between the closing of the doors of the aircraft before take-off and their opening on arrival

“*quarantine*” means that state or condition during which measures are applied by a health authority to an individual or conveyance to prevent the spread of an agent associated with a Syndrome subject to the Regulations

“*international journey*” means:

- (a) in the case of a conveyance, travel between sites of international entry in the territories of more than one State, or travel between sites of international entry in the territory or territories of the same State if the conveyance has relations with the territory of any other State during its journey but only as regards those relations
- (b) in the case of a person, a journey involving entry into the territory of a State other than the territory of the State in which that person commences the journey

“*isolation*” means the separation, for the communicability period, of infected persons from others, except the health staff on duty, in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the infection to others

“*medical examination*” means the preliminary examination of persons, including scrutiny of health documents

“*notification*” means informing the Organization about the presence of, and relevant epidemiological information relating to, Syndromes subject to the Regulations

“*Organization*” means the World Health Organization

“*outbreak*” means an epidemic limited to a localised increase in the incidence of a syndrome, e.g. in a village, town or closed institution

“*port*” means a seaport or an inland port

“*reservoir*” means any individual, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent normally lives and multiplies

“*sanitary facilities*” means facilities and equipment for the provision of food, water and sanitary services to international conveyances

“*ship*” means a seagoing or an inland navigation conveyance making an international journey

“*site of international entry*” means a location designated by the Member State concerned as a place of entry or departure for international traffic and transit of conveyances or containers

“*surveillance*” means the observation by a health authority of an individual who has or may have been exposed to an infectious agent associated with a Syndrome subject to the Regulations

in *active surveillance*, the health authority undertaking the surveillance makes regular contact with the individual to monitor their clinical state

in *passive surveillance* the individual is expected to report routinely to the health authority

“*suspect case*” means an individual who is considered by the health authority as having been exposed to an infection associated with a Syndrome subject to the Regulations and who is considered capable of transmitting that infection to others

“*syndrome*” means the defined, clinical manifestations of a disease of presumed infectious origin;

“*Syndromes subject to the Regulations*” means syndromes of urgent international public health importance: acute haemorrhagic fever syndrome, acute respiratory syndrome, acute diarrhoeal syndrome, acute jaundice syndrome, acute neurological syndrome and other notifiable syndromes; as described in Annex III of these Regulations

“*transferred case*” means an infected individual whose infection originated in another area under the jurisdiction of the same health administration

“*traveller*” means a person undertaking an international journey

“*universal precautions*” means defined measures intended to prevent or reduce the risk of exposure to blood and body fluids

“*valid certificate*” means a certificate conforming with the recommendations and the models described in Annex V

“*vector*” means an insect or any living carrier that transports an infectious agent

“*yellow fever endemic zone*” means an area designated by the Organization, where there is a potential risk of infection due to the presence of vectors and animal reservoirs

“*zoonoses*” means infections of vertebrate animals transmissible to humans under natural conditions

PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

Article 2

1. Each health administration shall notify the Organization, by the most expedient means possible, of the discovery of a case, or of an outbreak or an epidemic of a Syndrome subject to the Regulations.² When these notifications relate to imported and transferred cases of a Syndrome subject to the Regulations, the notification is to include all information available on the source of the infection. In a situation where a conveyance has arrived carrying one or more cases of a Syndrome subject to the Regulations on board, the notification shall include the details of the conveyance, the previous and subsequent ports of call, and any health measures taken.

2. The existence of the agent associated with the syndrome notified, on the basis of clinical findings or epidemiological investigation, shall be subject to confirmation as soon as possible by laboratory methods, as far as resources permit locally, or through laboratory confirmation elsewhere, and the results shall be sent to the Organization by the most expedient means possible.

3. Laboratory or clinical confirmation of an agent associated with a Syndrome subject to the Regulations and not previously notified as a syndrome, shall be sent by the health administration to the Organization by the most expedient means possible.

4. The notification by a health administration of an area where an epidemic or outbreak is occurring must be limited to the territory of that health administration. The initial notification of the extent of the area may in certain cases be provisional in nature. When, on epidemiological investigation, redefinition of the area is indicated, the health administration shall inform the Organization as soon as possible of any change in the initial notification.

Article 3

Each health administration shall notify the Organization of epidemiological evidence of the presence of vectors of causative agents of diseases that may present as Syndromes subject to the Regulations, in any part of its territory, and shall report the extent of the area involved.

² In an effort to avoid delays, health administrations might consider having certain health authorities, e.g., those at towns and cities adjacent to a port or an airport, notify the Organization directly.

Article 4

1. Any notification required under paragraph 1 of Article 2 shall be promptly supplemented by information as to: the source and type of the syndrome; the number of cases and deaths; extent of the area involved; the conditions affecting the spread of the infection; and the preventive measures taken for containment.
2. The Organization reserves the right to enquire and request immediate information about reports of health problems received from other reputable sources such as the WHO Collaborating Centres; other national authorities in the same State; international organizations working in the same State; or national authorities in a neighbouring State. Public reports may similarly prompt the Organization to enquire and request information from Member States.

Article 5

1. During an outbreak or an epidemic the notifications and information required under Articles 2 and 3 shall be followed by subsequent communications to the Organization sent at regular intervals determined by WHO.
2. These communications shall contain current epidemiological characteristics of the event, results of laboratory investigations, surveillance and control activities undertaken or being applied to limit the spread of the infection, in particular the measures which are being applied to control the spread of the infection to other territories. In the case of a disease presenting as a Syndrome subject to the Regulations which may be transmitted by vectors, the measures taken against such vectors shall also be specified.

Article 6

1. The health administration for a territory in which an outbreak or epidemic of a Syndrome subject to the Regulations has been defined and notified shall advise the Organization when the outbreak or epidemic has ended.
2. An outbreak or epidemic presenting as a syndrome may be considered ended when all preventive measures have been taken and maintained to prevent the recurrence of the infection or the spread of infection to other areas; when a period of time equal to twice the estimated incubation period for the infectious disease presenting as a syndrome has elapsed since the last case was identified and there is no epidemiological evidence of spread of the infectious agent associated with the syndrome to any other area.
3. Where animal reservoirs are involved, an outbreak or epidemic associated with a Syndrome subject to the Regulations will be considered to have ended when at least three months have elapsed without evidence of infection among these reservoirs in sufficient proximity to human habitation or ports or airports to be considered a threat to international public health.

Article 7

1. Each health administration shall notify the Organization³ of:
 - (a) the measures which it has decided to apply to arrivals from an area where an outbreak or epidemic presenting as a Syndrome subject to the Regulations is in progress as well as the withdrawal of any such measures, including the date of application or withdrawal;
 - (b) any change in its requirements as to preventive measures for any international journey.
2. Any such notification shall be sent by the most expedient means possible, and whenever possible in advance of any change in the application or withdrawal of any such measures.
3. Each health administration shall send to the Organization once a year, on a date to be fixed by the Organization, a recapitulation of its requirements as to preventive measures for any international journey.
4. Each health administration shall send to the Organization a yearly statement of the measures it has decided to apply to individuals and goods arriving from specific countries where syndromes subject to the Regulations have been reported, as well as preventive measures for international travellers entering and exiting its territory. Each health administration will further notify the Organization in advance of any changes in these measures, and the effective date of the changes.
5. Each health administration shall take steps, as appropriate, to inform international travellers, through the cooperation of tour operators, travel agencies, shipping firms, aircraft operators, or by other means, of its requirements and of any modifications thereto.

Article 8

Any notification and information required under Articles 2 to 7 inclusive shall also be sent by the health administration, on request, to any diplomatic mission or consulate established in the territory for which it is responsible, or to any health agency or national health authority.

Article 9

1. The Organization shall provide to all health administrations, and other parties as it deems appropriate, as soon as possible, and by the means appropriate to the circumstances, all epidemiological and other information which it has received under Articles 2 to 7 inclusive, all reports of occurrence of syndromes, together with pertinent epidemiological information, and all reports of

³ (1) The requirements of countries, as notified by health administrations, are published in *International Travel and Health, Vaccination Requirements and Health Advice*, a WHO annual publication. Amendments to this publication appear in the *Weekly Epidemiological Record*.

(2) Measures in excess of the Regulations shall be noted in the publication with the accompanying phrase: "This/these measures are not in conformity with the Regulations agreed upon by Member States, and the Organization has notified the health administration of this."

outbreaks and epidemics that have ended, after verification. Whenever indicated, the Organization will also comment on the reliability of unsubstantiated or incorrect information.

2. Any additional data including reports of inappropriate or unnecessary measures applied or recommended and other information available to the Organization through its surveillance activities shall be made available, when appropriate, to all health administrations.

Article 10

For the application of these Regulations, each State recognizes the right of the Organization to communicate directly with the health administration of its territory or territories. Any information sent by the Organization to the health administration shall be considered as having been sent to the State, and any notification or information sent by the health administration to the Organization shall be considered as having been sent by the State.

PART III. HEALTH ORGANIZATION

Article 11

1. Each health administration shall ensure that the sites of international entry for its territory shall have at their disposal an organization and equipment adequate for the application of the measures provided for in the Regulations.

2. Every site of international entry shall be provided with pure drinking-water and wholesome food supplied from sources approved by the health administration for public use and consumption on the premises or on board conveyances. The drinking-water and food shall be stored and handled in such a manner as to ensure their protection against contamination. The health authority shall conduct periodic inspections of equipment, installations and premises, and shall collect samples of water and food for laboratory examinations in order to verify the observance of this Article.

3. Every site of international entry shall also be provided with an effective system for the removal and safe disposal of sewage, refuse, waste water, condemned food, and other matter dangerous to health.

Article 12

There shall be available at as many of the sites of international entry in a territory as practicable, an organised medical and health service with adequate staff, equipment and premises. This should include facilities for the prompt and appropriate care of infected individuals, vector control, the collection and examination of vectors and samples for laboratory investigation and methods for their transport.

Article 13

The health authority at each site of international entry shall verify that all practicable measures have been taken to keep the site free of vectors of human disease.

Article 14

Each health administration shall ensure that a sufficient number of sites of international entry in its territory shall have at their disposal adequate personnel competent to inspect conveyances and sanitary facilities for the purposes of these Regulations.

Article 15

1. The health administration shall designate a number of sites of international entry, depending upon the volume of its international traffic, as having at their disposal the equipment and personnel necessary to undertake appropriate vector control.
2. Should a health administration require specific vector control measures to be undertaken, those measures shall conform to procedures specified in Annex VII of these Regulations.
3. Should a health administration require certification and verification of adequate vector control, the documentation shall conform to the model and requirements defined in Appendix of these Regulations.
4. Depending upon the volume of its international traffic, each health administration shall designate a number of airports and ports in its territory as sanitary, provided that they meet the conditions laid down in paragraph 5 of this Article.
5. Every sanitary airport or port shall have at its disposal:
 - (a) an organized medical service and adequate staff, equipment and premises;
 - (b) facilities for the transport, isolation, and care of infected individuals or those suspected to be infected;
 - (c) facilities for the efficient application of vector control practices for controlling vectors of human disease, and for any other appropriate measures provided for by these Regulations;
 - (d) or facilities for dispatching suspect material to a diagnostic laboratory;
 - (e) a safe food and water supply and adequate disposal of sewage and refuse.

Article 16

Every site of international entry and the areas within the perimeter of the site shall be kept free from immature and adult stages of disease vectors of diseases of epidemiological significance in international traffic, especially mosquitos. For this purpose, vector control measures shall be maintained within a protective area extending for a distance defined in Annex VII of the Regulations.

Article 17

1. The national health administration concerned should arrange to certify, after any appropriate investigation, that a sanitary airport or other site of international entry in its territory fulfills the conditions required by the Regulations.
2. These certifications may be subject to periodic review by the Organization, in cooperation with the health administration concerned, to ensure that the required conditions are fulfilled.

Article 18

1. Wherever the volume of international traffic is sufficiently great and conditions exist where an outbreak of a Syndrome subject to the Regulations could potentially cross borders, facilities for the application of the measures provided for in these Regulations shall be made available at frontier posts, crossings for land conveyances and, where health control over inland navigation is carried out at the frontier, on inland waterways.
2. Each health administration shall notify the Organization when and where such facilities are provided.
3. The Organization shall provide to all health administrations the information so received in accordance with this Article.

PART IV. HEALTH MEASURES AND PROCEDURES

Chapter I. General Preventive Activities

Article 19

Whenever international spread of a Syndrome subject to the Regulations is of concern, the Organization will offer to collaborate with the Member States in the investigation and control of an outbreak or epidemic of the syndrome. The Organization may act with the acquiescence of the governmental authorities of the Member State.

Article 20

1. Cases and suspect cases shall be identified as rapidly as possible, using standard clinical or laboratory methods.
2. The management and control of Syndromes subject to the Regulations shall follow standard epidemiological and infection control practices.

Article 21

In situations where there may be person to person spread of the syndrome, isolation, infection control practices and treatment shall be carried out in accordance with expert consensus opinion.

Article 22

1. The health authority for a port, an airport, or a frontier station may subject any conveyance on arrival from an international journey to a health assessment and may subject any individual arriving on an international journey to a medical examination.

2. Where special situations arise which could constitute a grave danger to public health, a health administration may require an individual on an international journey to give, on arrival, a destination address in writing.

Article 23

Cargo, goods, baggage, mail and other postal items shall be submitted to the health measures provided for in these Regulations only when coming from areas where an outbreak or epidemic is occurring and when the health authority, on the basis of scientific evidence established by the Organization, considers that these items may have become contaminated by the agent of a Syndrome subject to the Regulations, or may serve as a vehicle for the spread of any such infection.

Article 24

In situations involving the confirmed or potential exposure of international travellers to sources of infection of urgent international public health importance, standard methods of contact tracing and investigation reflecting expert consensus opinion shall be undertaken.

Chapter II. Measures Related to the Interruption of Transmission of Syndromes Subject to the Regulations

Article 25

When appropriate and depending on the Syndrome subject to the Regulations, measures to interrupt transmission shall be based on principles of scientific risk assessment and public health. Whenever possible these measures should reflect expert consensus opinion.

Article 26

Preventive measures may include, but are not limited to, appropriate vaccination, the use of chemoprophylaxis or therapeutic medications and measures designed to reduce or eliminate exposure to disease vectors.

Article 27

The health authority for a site of international entry shall take all practicable measures to prevent the departure of any person infected with, or suspected of being infected with, an agent associated with a Syndrome subject to the Regulations.

Article 28

1. Any measure recommended or required for travellers leaving from an area in which a Syndrome subject to the Regulations occurs or arriving from such an area be based on an assessment of risk and reflect expert consensus opinion. Factors to be considered during the assessment of risk should include, but may not be limited to, the real or potential exposure to infection, infected hosts, reservoirs or vectors.

2. Any measures recommended or required for exposed travellers shall be based on standard principles, taking into consideration the duration of the exposure, the proximity to and type of contact with a potential source of infection.

Article 29

1. Appropriate measures for managing individuals arriving from an international journey with real or potential exposure to an agent associated with a Syndrome subject to the Regulations may include the following measures reflecting expert consensus opinion:

- (a) medical treatment including the use of universal precautions;
- (b) isolation;
- (c) vaccination or passive immunization;
- (d) chemoprophylaxis;
- (e) contact tracing;
- (f) medical surveillance.

2. An individual under medical surveillance shall not be isolated and shall be permitted to move about freely. The health authority may require the individual to report to it, if necessary, at specified intervals during the period of surveillance.

Article 30

If, after departure from an area affected by a Syndrome subject to the Regulations, an individual undertaking an international journey presents with such a syndrome, appropriate measures may be undertaken following the arrival of the conveyance. Those measures may include those defined in Article 29 above.

**Chapter III. Measures and Practices Related to Conveyances
and Sites of International Entry**

Article 31

Measures undertaken or recommended for application to conveyances or goods carried shall reflect the suspected mode of transmission of the infectious agent associated with the Syndrome subject to the Regulations. All activities so undertaken must minimize risk to employees, officials, individuals undertaking an international journey and other travellers.

Article 32

Following the determination of the mode of transmission of a Syndrome subject to the Regulations, appropriate measures, as described in Annex VI of the Regulations reflecting expert consensus opinion shall be implemented to eliminate or reduce suspected sources of infection - hosts, reservoirs or vectors - at sites of international entry and on board conveyances. Such measures shall only be applied in accordance with the advice of the Organization and must be limited to the duration of the risk posed by the infectious agent concerned.

Article 33

A health authority may take all practicable measures to control the discharge, from any ship, of sewage and refuse which might contaminate the waters of a port, river or canal.

Article 34

No material capable of causing any illness shall be thrown or allowed to fall from an aircraft when it is in flight.

Article 35

1. No health measure shall be applied by a State to any ship which passes through waters within its jurisdiction without calling at a port or on the coast.
2. A ship suspected of carrying an infectious agent associated with a Syndrome subject to the Regulations which passes through a maritime canal or waterway may be treated as if it were calling at a port in the same territory.
3. If such a call is made, the laws and regulations in force in the territory may be applied provided they do not exceed the provisions of these Regulations.

Article 36

If measures as defined in Article 32 of the Regulations have been undertaken prior to departure of a conveyance from an area affected by a Syndrome subject to the Regulations, no further

action is required on arrival. If evidence shows that the measures taken on departure were substantially unsuccessful, a health authority may, after notifying the Organization, repeat individual measures as necessary to reduce or eliminate agents, hosts or vectors associated with a Syndrome subject to the Regulations.

PART V. HEALTH DOCUMENTS AND CHARGES

Health documents for conveyances

Article 37

1. The operators of international conveyances or their authorized agents may be required to provide evidence of the state of health on board to the health authority at sites of international entry. The evidence requested may be in the form of health documents or other information from the operator, and shall only be required in accordance with the advice of the Organization.
2. The international health documents required by the Regulations are set out in Annex V.
3. These health documents shall conform with the models specified in the Appendices, and shall be printed in English and French. An official language of the territory may be added.
4. The health administration shall inform shipping operators of the requirement for health documents.

Health documents for travellers

Article 38

1. International Certificates of Vaccination, such as the Yellow Fever Vaccination Certificate, may be required by health administrations only in respect to vaccination against diseases presenting as Syndromes subject to the Regulations, and only in accordance with the advice of the Organization. Such requirements must be limited to the duration of the risk posed by the disease concerned.
2. The list of diseases requiring international vaccination certification is shown in Annex V.
3. International certificates of vaccination are individual certificates, and shall in no circumstances be used collectively.
4. These certificates shall be signed by a medical practitioner or other person authorized by a health administration; a stamp is not an accepted substitute.
5. The certificate of vaccination shall conform with the model specified in Appendix 3.

Article 39

No health documents shall be required other than as provided for in these Regulations.

Charges

Article 40

1. No charge shall be made by a health authority for the following requirements for travellers:
 - (a) any medical examination provided for in these Regulations or any supplementary analysis or examination to determine the status of health of the person examined;
 - (b) any vaccination of a person arriving;
 - (c) the issuance of a vaccination certificate.
2. Where charges are made to conveyances for applying the measures provided for in these Regulations the charges applied shall:
 - (a) not exceed the actual cost of the service rendered;
 - (b) be without distinction as to the nationality, flag, registry or ownership of the conveyances or containers; and without distinction as to the nationality or residence of the person concerned;
 - (c) not distinguish between national and foreign persons or conveyances.
3. Health administrations and authorities proposing charges for measures for which the Regulations make provision shall publish these proposals at least thirty days in advance of their application, for the information of international conveyance operators.

PART VI. GENERAL PROVISIONS

Article 41

The health measures provided for by these Regulations are the maximum measures applicable to international journeys which a State may require for the protection of its territory.

Article 42

Health measures shall be initiated forthwith, completed without delay, and applied without discrimination.

Article 43

Specialised details and technical information on public health methods and procedures appear in the Annexes which form an integral part of these Regulations. These Annexes shall be regularly reviewed by the Organization and any amendments thereto shall be submitted to the Executive Board for approval.

Article 44

The Organization may, when appropriate, issue specific instructions or guidelines regarding the introduction and use of additional preventive measures to assist in the control of specific outbreaks or epidemics of syndromes of urgent international public health importance. The Organization may also issue statements and reports regarding inappropriate or unnecessary measures implemented or planned to limit the extent of outbreaks or epidemics.

Article 45

Except in the case of an emergency constituting a grave danger to public health, on the basis of scientific evidence recognized by the Organization, a conveyance shall not be required to submit to any other health measures or limitations. Declarations of such emergencies shall be made in consultation with the Organization.

Article 46

1. Special treaties or arrangements may be concluded between two or more States having certain interests in common owing to their health, geographical, social or economic conditions, in order to facilitate the application of these Regulations, and in particular with regard to:

- (a) the direct and rapid exchange of epidemiological information between neighbouring territories;
- (b) the health measures to be applied to international coastal traffic and to international traffic on inland waterways, including lakes;
- (c) the health measures to be applied in contiguous territories at their common frontier;
- (d) the combination of two or more territories into one territory for the purpose of any health measures to be applied in accordance with these Regulations;
- (e) arrangements for the transport of infected individuals or other potential sources of infection by conveyances specially adapted for the purpose.

2. The treaties or arrangements referred to in paragraph 1 of this Article shall not conflict with the provisions of these Regulations.

3. States shall inform the Organization of any such treaty or arrangement which they may conclude. The Organization shall inform all health administrations of any such treaty or arrangement.

Article 47

1. Additional health measures conforming with the laws and regulations of each State concerned and with any agreement concluded between any such States which meet accepted public health standards, may be applied to migrants, nomads, seasonal workers or persons taking part in periodic mass congregations, and to any conveyance carrying them.
2. These measures shall not conflict with the provisions of these Regulations.
3. Each State shall notify the Organization of the provisions of any such laws and regulations or agreements.
4. The standards of hygiene on conveyances carrying persons taking part in periodic mass congregations shall not be inferior to those recommended by the Organization which are detailed in Annex IV.

Article 48

The provisions of these Regulations do not prejudice the rights and obligations of the parties bound by the World Trade Organization Agreement on Sanitary and Phytosanitary Measures⁴ which entered into force on 1 January 1995 or any subsequent amendment to that Agreement.

PART VII. FINAL PROVISIONS

Article 49

1. These Regulations, subject to the provisions of Article 51 and the exceptions hereinafter provided, replace, as between the States bound by these Regulations and as between these States and the Organization, the provisions of the following existing International Sanitary Conventions, Regulations and similar agreements:
 - (a) International Sanitary Convention, signed in Paris, 3 December 1903;
 - (b) Pan American Sanitary Convention, signed in Washington, 14 October 1905;
 - (c) International Sanitary Convention, signed in Paris, 17 January 1912;
 - (d) International Sanitary Convention, signed in Paris, 21 June 1926;
 - (e) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933;
 - (f) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934;
 - (g) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934;

⁴ Incorporated in the Annex to the Marrakesh Agreement Establishing the World Trade Organization.

- (h) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938;
 - (i) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;
 - (j) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944;
 - (k) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;
 - (l) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;
 - (m) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965.
 - (n) International Health Regulations (1969), and the Amendments of 1973 and 1981
2. The Pan American Sanitary Code, signed at Havana, 14 November 1924, remains in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61, and 62, to which the relevant part of paragraph 1 of this Article shall apply.

Article 50

1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly.
2. Such period may, by notification to the Director-General, be extended to twelve months with respect to overseas or other outlying territories for whose international relations the State may be responsible.
3. Any rejection or reservation received by the Director-General after the expiry of the periods referred to in paragraph 1 or 2 of this Article shall have no effect.

Article 51

1. If any State makes a reservation to these Regulations, such reservation shall not be valid unless it is accepted by the World Health Assembly, and these Regulations shall not enter into force with respect to that State until such reservation has been accepted by the Assembly or, if the Assembly objects to the reservation on the grounds that it substantially detracts from the character and purpose of these Regulations, until it has been withdrawn.
2. A rejection in part of the Regulations shall be considered as a reservation.