

3. The World Health Assembly may, as a condition of its acceptance of a reservation, request the State making such reservation to undertake that it will continue to fulfill any obligation corresponding to the subject matter of such reservation, which such State has previously accepted under the existing conventions, regulations and similar agreements listed in Article 49.

4. If a State makes a reservation which in the opinion of the World Health Assembly detracts to an insubstantial extent from an obligation or obligations previously accepted by that State under the existing conventions, regulations and similar agreements listed in Article 49, the Assembly may accept such reservation without requiring as a condition of its acceptance an undertaking of the kind referred to in paragraph 3 of this Article.

5. If the World Health Assembly objects to a reservation, and that reservation is not then withdrawn, these Regulations shall not enter into force with respect to the State which has made such a reservation. Any existing conventions, regulations and similar agreements listed in Article 49 to which such State is already a party consequently remain in force as far as such State is concerned.

Article 52

A rejection, or the whole or part of any reservation, may at any time be withdrawn by notifying the Director-General.

Article 53

1. These Regulations shall come into force on the first day of.....
2. Any State which becomes a Member of the Organization after that date and which is not already a party hereto may notify its rejection of, or any reservation to, these Regulations within a period of three months from the date on which that State becomes a Member of the Organization. Unless rejected, these Regulations shall come into force with respect to that State, upon expiry of that period, subject to the provisions of Article 50.

Article 54

1. Any State not a Member of the Organization, which is a party to any conventions, regulations and similar agreements listed in Article 49 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General. Subject to the provisions of Article 50, such acceptance shall become effective upon the date of entry-into-force of these Regulations. If such acceptance is notified after that date, it shall become effective three months after the date of receipt by the Director-General of the notification of acceptance.
2. For the purpose of the application of these Regulations Articles 23, 33, 62, 63 and 64 of the Constitution of the Organization shall apply to any non-Member State which becomes a party to these Regulations.

3. Any non-Member State which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect from six months after it has been received. The State which has withdrawn shall as from that date, resume application of the provisions of any conventions, regulations and similar agreements listed in Article 49 to which it previously was a party.

Article 55

The Director-General shall notify all Members and Associate Members, and also other parties to any conventions, regulations and similar agreements listed in Article 49 of the adoption by the World Health Assembly of these Regulations. The Director-General shall also notify these States as well as any other State, which has become a party to these Regulations, of any additional Regulations amending or supplementing these Regulations, of any notification received by the Director-General under Articles 50, 52, 53 and 54 respectively, and of any decision taken by the World Health Assembly under Article 51.

Article 56

1. Any question or dispute concerning the interpretation or application of these Regulations or of any Regulations supplementary to these Regulations may be referred by any State concerned to the Director-General who shall attempt to settle the question or dispute. If such question or dispute is not thus settled, the Director-General on his/her own initiative, or at the request of any State concerned, shall refer the question or dispute to a Committee of Arbitration established pursuant to the provisions contained in Annex IX of these Regulations.

2. Any State concerned shall be entitled to be represented before the Committee referred to in paragraph 1.

3. The decision of the Committee on the subject matter of dispute shall be final.

4. If a State fails to comply with the decision taken by the Committee of Arbitration, the World Health Assembly may decide to take whatever measures it deems appropriate, including the application of the provisions of Article 7 of the Constitution to the State concerned.

Article 57

1. The English and French texts of these Regulations shall be equally authentic.

2. The original texts of these Regulations shall be deposited in the archives of the Organization. Certified true copies shall be sent by the Director-General to all Members and Associate Members, and also to other parties to one of the conventions, regulations and similar agreements listed in Article 49. Upon the entry-into-force of these Regulations, certified true copies shall be delivered by the Director-General to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

Annex I

**POSITION OF MEMBER STATES, ASSOCIATE MEMBERS AND OTHER STATES
BOUND BY THE INTERNATIONAL HEALTH REGULATIONS**

Unless otherwise indicated, the States listed are bound without reservations

To Be Determined

Annex II

RESERVATIONS TO THE INTERNATIONAL HEALTH REGULATIONS

[To Be Determined]

Annex III

SYNDROMES SUBJECT TO THE INTERNATIONAL HEALTH REGULATIONS

Case Definitions

1. Acute Haemorrhagic Fever Syndrome

Acute onset of fever of less than three weeks duration **and**

any two of the following:

haemorrhagic or purpuric rash
epistaxis
haemoptysis
blood in stool
other haemorrhagic symptom **and**
absence of known predisposing host factors

All cases must be notified immediately, whether occurring singly or in clusters.

2. Acute Respiratory Syndrome

Acute onset of cough **or** respiratory distress **and**
severe illness **and**
age > 5 years **and**
absence of known predisposing host factors

Only clusters of urgent international public health importance must be notified immediately.

3. Acute Diarrhoeal Syndrome

acute onset of diarrhoea **and**
severe illness **and**
age > 5 years **and**
absence of known predisposing host factors

Only clusters of urgent international public health importance must be notified immediately.

4. **Acute Jaundice Syndrome**

Acute onset of jaundice **and**
severe illness **and**
absence of known predisposing host factors

Only clusters of urgent international public health importance must be notified immediately.

5. **Acute Neurological Syndrome**

Acute onset of neurological system dysfunction
defined as one or more of the following:

acute deterioration of mental function (for example, memory impairment, abnormal behaviour, decreased level of consciousness)
acute onset of paralysis
convulsions
signs of meningeal irritation
involuntary movement (for example, chorea, tremor, myoclonus)
other severe symptom thought to be neurological system dysfunction **and**
severe illness **and**
absence of known predisposing host factors

Only clusters of urgent international public health importance must be notified immediately.

6. **Other Notifiable Syndrome**

Any other severe illness not included in the above definitions.

Only clusters of urgent international public health importance must be notified

Disease specific notification should follow as soon as the information becomes available.

Glossary of terms

Severe illness may be characterized by:

hospital admission
circulatory collapse
major organ failure
altered state of consciousness
death

Acute means a period of three weeks or less.

Cluster means an aggregation in time, or in time and place, of a group of cases of a specific syndrome that is believed or perceived to be greater than could be expected by chance.

Urgent International Public Health Importance

Criteria for assessment may include one or more of the following:

- rapid transmission in the community
- unexpectedly high case fatality rate
- newly recognized syndrome
- high political or media profile
- trade and travel restrictions

Annex IV

STANDARDS OF HYGIENE ON CONVEYANCES CARRYING PERSONS TAKING PART IN PERIODIC MASS CONGREGATIONS¹

Ships

1. Ships to which these standards apply when carrying passengers shall comply with the requirements of Part II of the Annex to the Protocol on Space Requirements for Special Trade Passenger Ships, 1973.

2. The requirements of the following paragraphs are minimum requirements and shall apply to all ships. With respect to existing ships² the requirements may be relaxed as provided in paragraph 11 of these standards.

3.1 Every ship shall be provided with wash places for the exclusive use of passengers. Potable or wash water³ is to be piped under pressure to washbasins, showers or taps fitted to the following scale:

- (a) journeys of a duration of 48 hours - one washbasin for every 50 passengers, or part thereof, and one shower or tap for every 50 passengers, or part thereof which the ship is certified to carry;
- (b) journeys of a duration of 24 hours to 48 hours - one washbasin for every 100 passengers or part thereof and one shower or tap for every 100 passengers or part thereof which the ship is certified to carry;
- (c) journeys of a duration of less than 24 hours - at least two wash places each fitted with a washbasin.

For journeys in the category of (a) and (b) above at least two of the required showers or taps shall be supplied with hot water.

3.2 Wash places shall be adequately lighted, ventilated and drained and so arranged as to afford privacy to the user.

¹ Adopted by the Twenty-seventh World Health Assembly in resolution WHA27.45 (WHO Official Records, No. 217 1974, pp. 21 68 and 71). See Article 47, para. 4, p. 21.

² An existing ship is one for which the keel was laid or which is in service prior to the date of publication of these standards (26 July 1974; see *Weekly Epidemiological Record*, 49: 256-258 (1974))

³ For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva

4.1 Every ship shall be provided with a dining space or spaces equipped with sufficient number of tables and chairs to the following scale:

- (a) journeys or a duration of 24 hours or more - 10 square metres for every 100 passengers or part thereof which the ship is certified to carry;
- (b) journeys of a duration of less than 24 hours - 5 square metres for every 100 passengers or part thereof which the ship is certified to carry.

4.2 Every ship, in addition to the requirements contained in paragraph 3.1, shall be provided with washbasins with hot and cold water⁴ under pressure adjacent to the space or spaces to the following scale:

- (a) journeys of a duration of 24 hours or more - one washbasin for every 100 passengers or part thereof which the ship is certified to carry;
- (b) journeys of a duration of less than 24 hours - one washbasin for every 200 passengers or part thereof which the ship is certified to carry.

5.1 Every ship shall be provided with latrines fitted with piped pressure flushing arrangements to the following scale:

- (a) journeys of a duration of 24 hours or more - four latrines for every 100 passengers or part thereof which the ship is certified to carry;
- (b) journey of a duration of less than 24 hours - three latrines for every 100 passengers or part thereof which the ship is certified to carry.

5.2 Latrine spaces shall be adequately lighted, ventilated and drained and so arranged as to afford privacy to the user. Exhaust ventilation shall be independent of ventilation to other passenger spaces.

6.1 A sufficient supply of potable water shall be hygienically stored and made available at all times to passengers in addition to water supplied for other purposes.⁴

6.2 There shall be on board a supply of wholesome food, hygienically stored, sufficient for the journey:⁴

- (a) for journeys in excess of 24 hours' duration - one hospital bed for every 200 passengers or part thereof which the ship is certified to carry;
- (b) for journeys in excess of 48 hours' duration - one hospital bed for every 100 passengers or part thereof which the ship is certified to carry and in addition an isolation hospital fitted with at least two beds.

⁴ For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva

7. On every ship, suitable provision shall be made for the hygienic collection and disposal of both solid and liquid wastes.

8.1 Every ship shall be provided with a room of sufficient size to undertake medical examination and treatment of passengers and the storage of medicaments, medical supplies and equipment referred to in paragraph 9.2.

8.2 In addition to the provisions of paragraph 8.1, every ship shall have a permanent hospital accommodation of sufficient size to provide:

- (a) for voyages in excess of 24 hours' duration, one hospital bed for every 200 passengers or part thereof which the ship is certified to carry;
- (b) for voyages in excess of 48 hours' duration one hospital bed for every 100 passengers or part thereof which the ship is certified to carry and in addition an isolation hospital fitted with at least two beds.

8.3 Hospital accommodation shall be properly equipped, adequately lighted and fitted with mechanical ventilation or air conditioning capable of effective separation from other passenger or crew space ventilation.

8.4 Each hospital shall have an adjacent latrine and a bathroom provided with hot and cold potable or wash water,⁵ with discharges independent of any discharges from other crew or passenger accommodation.

9.1 For journeys in excess of 12 hours' duration every ship carrying more than 100 passengers shall carry one properly qualified and registered medical practitioner as well as a nursing attendant. If the ship is carrying more than 1000 passengers, there shall be two such medical practitioners and two nursing attendants.

9.2 The health administration shall ensure that every ship carries sufficient medicaments and medical supplies and equipment for the treatment of passengers,⁶ and maintenance of hygienic standards.

9.3 Medical attendance and treatment including medicaments shall be provided free of charge to passengers.

10.1 The master and the medical practitioner shall be responsible for ensuring at all times that the necessary standard of ship's hygiene and cleanliness is maintained.

⁵ For all aspects of food and water supply, see World Health Organization (1967) *Guide to Ship Sanitation*, Geneva

⁶ The WHO publication *International Medical Guide for Ships*, 2nd ed. (Geneva, 1988) may serve as a basis for minimum requirements.

10.2 During the journey the medical practitioner or in his absence the master of the ship shall satisfy himself that in particular:

- (a) the latrines, wash places and bathrooms are kept clean, disinfected and in perfect working order;
- (b) solid and liquid wastes are hygienically collected and disposed of;
- (c) in the case of occurrence of any disease of infectious nature all appropriate steps have been taken to contain the infection.

10.3 During the journey the medical practitioner or in his absence the master shall maintain health records and report in accordance with Article 37 of the Regulations.

11. In the case of existing ships⁷ the health administration of the country in which the ship is registered may permit relaxation from the requirements contained in paragraphs 3.1(b), 5.1(b), 8.2(a) and 8.2(b) if it is satisfied that full compliance would be impracticable, provided that the ship at least fully complies with the pertinent provisions of the previous Annex V⁸ which these standards supersede.

12. The health or other appropriate authority of the port of departure should satisfy itself that the minimum standards of these provisions have been met prior to the departure of the ship.

Aircraft

1. The provisions of the Convention on International Civil Aviation (Chicago, 1944) and of the Annexes thereto, governing the transport of passengers by air, the application of which may affect the health of such passengers, shall be equally enforced whether an aircraft is carrying persons taking part in periodic mass congregations or other passengers.

2. A health administration may require aircraft carrying persons taking part in periodic mass congregations to land only at airports in its territory designated by it for the disembarking of such passengers.

⁷ An existing ship is one for which the keel was laid or which is in service prior to the date of publication of these standards (26 July 1974; see *Weekly Epidemiological Record*, 49: 256-258 (1974))

⁸ Third Annotated Edition of the *International Health Regulations* (1969)

ANNEX V

Health Documents, Certificates and Charges Required for International Journeys Under the International Health Regulations

I. Health documents required for international conveyances, as per Article 37:

Documents:

- 1.1 Maritime Declaration of Health
- 1.2 Aircraft General Declaration, Health Part
- 1.3 Deratting Certificate and Deratting Exemption Certificate for ships

Specific document requirements:

1.1 Maritime Declaration of Health

- (a) The master of a seagoing vessel, before arrival at its first port of call in a territory, shall ascertain the state of health on board, and, except when a health administration does not require it, shall complete and deliver to the health authority for that port, a Maritime Declaration of Health.
- (b) The document shall conform with the model specified in Appendix 4.
- (c) A health administration may decide to dispense with this document, or require it only if the ship arrives from an area affected by a Syndrome subject to the Regulations, as determined by the Organization.
- (d) The health administration shall inform shipping operators of any changes in this requirement.
- (e) Every ship leaving a port in an area where *Aedes aegypti* still exists and bound for an area where *Aedes aegypti* has been eradicated shall be kept free of *Aedes aegypti* in its immature and adult stages.

1.2 Aircraft General Declaration, Health Part

- (a) The pilot in command of an aircraft landing at the first airport in a territory shall complete and deliver to the health authority for that airport the Health Part of the Aircraft General Declaration, except when a health administration does not require it.
- (b) The document shall conform with the model specified in Appendix 5.

- (c) The health administration may decide to dispense with this document, or require it only if the aircraft arrives from an area affected by a Syndrome subject to the Regulations, as determined by the Organization.
- (d) The health administration shall inform aircraft operators of any changes in this requirement.
- (e) Every aircraft leaving an airport situated in an area affected by a Syndrome subject to the Regulations shall be disinfected using methods recommended by the Organization, and details of the disinfecting shall be included in the Health Part of the Aircraft General Declaration, unless this requirement is waived by the airport health authority of arrival.
- (f) Member States concerned shall accept disinfecting of aircraft by the methods recommended by WHO and published in the *Weekly Epidemiological Record*, (issue number to be provided).
- (g) An aircraft leaving an airport where *Aedes aegypti* exists and bound for an area where *Aedes aegypti* has been eradicated shall be disinfected, using methods recommended by the Organization, and this information shall be noted on the Health Part of the Aircraft General Declaration.
- (h) A State shall not prohibit the landing of an aircraft at any sanitary airport in its territory if the measures described in item e) above have been applied and so noted in the Declaration.

1.3 Deratting Certificates and Deratting Exemption Certificates

- (a) Every ship shall be permanently kept free of rodents, or periodically deratted.
- (b) A Deratting Certificate or Deratting Exemption Certificate shall only be issued by the health authority for a port designated for that purpose. These certificates shall be valid for six months, but this period may be extended by one month for a ship proceeding to such a port if the deratting or inspection would be facilitated by the operations due to take place there.
- (c) Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 2.
- (d) If a valid certificate is not produced, the health authority for a port, after enquiry and inspection, may derat the ship, or have the ship deratted under its direction and control, or may issue a Deratting Exemption Certificate if it is satisfied that the ship is free of rodents. This certificate will be issued only if the holds are empty, contain ballast or other material unattractive to rodents,

and so disposed as to make a thorough inspection possible. A Deratting Exemption Certificate may be issued to an oil tanker with full holds.

- (e) Deratting shall be carried out so as to avoid, as far as possible, damage to the ship and to any cargo and shall not take longer than is absolutely necessary. Wherever possible deratting shall be done when the holds are empty. In the case of a ship in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the health authority shall issue a Deratting Certificate. If the deratting was carried out under conditions where a satisfactory result could not be obtained, the health authority shall make a note to that effect on the certificate.
- (f) In exceptional circumstances of an epidemiological nature, when the presence of rodents is suspected, an aircraft may be deratted and disinfected, if necessary in quarantine.

II. Health Documents required for travellers:

Documents:

- 1.1 Yellow Fever Vaccination Certificate (see Appendix 3.)

Specific requirements:

- 1.1 Yellow fever

- (a) Proof of vaccination against yellow fever may be required of any person arriving from a yellow fever endemic zone.
- (b) If a vaccinator is of the opinion that vaccination is contraindicated on medical grounds, the reasons for this opinion must be provided in writing for the information of health administrations and authorities.
- (c) A parent or guardian shall sign the international certificate of vaccination when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by a mark, and the indication by another that this the mark of the individual concerned.
- (d) The yellow fever vaccine used must be approved by the Organization, and the vaccinating centre must have been designated by the health administration for the territory in which it is situated.
- (e) Every person employed at a site of international entry situated in a yellow fever endemic zone, and every member of the crew of a ship or an aircraft using any such port or airport, shall be in possession of a valid certificate of vaccination against yellow fever.

- (f) When required, a vaccination document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate as shown in Appendix 3 if it embodies medical information substantially the same as that required by such form and it contains a statement in English or in French recording the nature and date of vaccination and to the effect that it is issued in accordance with this Annex.

ANNEX VI

Measures Applicable to Conveyances and Sites of International Entry

Appropriate measures which may be applied to conveyances departing from an area affected by a Syndrome subject to the Regulations may include the following:

- (i) deratting
- (ii) disinsecting
- (iii) cleansing.

1. If a valid deratting certificate is not produced, the health authority for a site of international entry designated under Article 15, after inquiry and inspection, may proceed in the following manner:

- (a) The health authority may cause the conveyance to be cleared of vectors under its direction and control, or undertake this directly. It shall decide, in each case the technique which should be employed to secure the extermination of the vectors on the conveyance. This activity shall be carried out so as to avoid as far as possible damage to the conveyance and to any freight or cargo and shall not take longer than is absolutely necessary. Whenever possible the elimination of vectors shall be undertaken when the cargo areas are empty. In the case of a vessel in ballast, it shall be done before loading. When the control activity has been satisfactorily completed, the health authority shall issue appropriate documentation as specified in Annex V.
- (b) At any designated port, the health authority may issue appropriate documentation if it is satisfied that the conveyance is free of disease vectors. Such documentation shall be issued only if the inspection of the conveyance has been carried out when the cargo areas are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection possible. Appropriate documentation may be issued for an oil tanker with full holds.

2. If the conditions under which control activities are carried out are such that, in the opinion of the health authority for the site of entry where the operation was performed, a satisfactory result cannot be obtained, the health authority shall make note to that effect on the appropriate documentation.

Every aircraft leaving an airport situated in an area determined to be affected by an outbreak or epidemic of a Syndrome subject to these Regulations and transmitted by an insect shall be disinsected using methods recommended by the Organization and details of the disinsection shall be included in the health part of the Aircraft General Declaration, unless this part of the Aircraft General Declaration is waived by the health authority of the airport of arrival.

For this purpose, active anti-mosquito measures shall be maintained within a protective area extending for a distance of at least 400 metres around the perimeter.

Within a direct transit area provided at any site of entry situated in or adjacent to an area where the vectors referred to in paragraph 1 of this Annex exist, any building such as accommodation for individuals or animals shall be kept mosquito-proof.

3. For the purposes of this Annex, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land used or intended to be used for the parking of aircraft.

ANNEX VII
VECTOR CONTROL MEASURES

To be prepared

ANNEX VIII

WHO EPIDEMIOLOGICAL INFORMATION SERVICE TO MEMBER STATES

Information on syndromes subject to the Regulations and related matters of importance to international public health will be made available to Member States by electronic mail in the form of a news bulletin and in the Weekly Epidemiological Record (WER). A copy of the WER is sent to each health administration as well as to subscribers. It is also available on the Internet and information on how to obtain this is given below:

Users must have Internet access and software that retrieves files by file transfer protocol (FTP) or provides access to the World Wide Web (WWW).

Issues of the WER are available in ADOBE™ ACROBAT™ portable document format (.pdf). To view the WER, the program ACROBAT™ READER¹ is required. Different versions of this program are available free of charge for most operating systems.

Each pdf file represents a single issue of the WER and is named according to the volume and issue number. For example, the file `wer7120.pdf` contains the WER volume 71, number 20.

Where to obtain the WER through Internet:

- (1) WHO WWW server: Use WWW navigation software to connect to the WER pages at the following address: `http://WWW.WHO.CH/WER/WER_HOME.HTM`.
- (2) WHO FTP server: Use FTP to connect to WHO's file server `FTP.WHO.CH`. At the user name prompt enter `anonymous`, and in response to the prompt for password, users should enter their E-Mail address. Select the directory `PUB`, then subdirectory `WER`. From the listing, files of interest can be downloaded.
- (3) E-Mail list: An automatic service is available for receiving notification of the contents of the WER and short epidemiological bulletins. To subscribe, send an E-Mail message to `MAJORDOMO@WHO.CH`. The subject field may be left blank and the body of the message should contain only the line `subscribe wer-reh`. Subscribers will be sent a copy of the table of contents of the WER automatically each week, together with other items of interest.

¹ Acrobat™ Reader is available on the Internet from Adobe™ Inc:WWW Server at `http://adobe.com/Acrobat/AcrobatWWW.html` or FTP Server at `ftp.adobe.com`.

ANNEX IX

COMMITTEE OF ARBITRATION

To be prepared