

INTERNATIONAL
HEALTH REGULATIONS
(1969)

THIRD ANNOTATED EDITION



WORLD HEALTH ORGANIZATION

GENEVA

INTERNATIONAL HEALTH REGULATIONS (1969)

*adopted by the Twenty-second World Health Assembly in 1969 and
amended by the Twenty-sixth World Health Assembly in 1973
and the Thirty-fourth World Health Assembly in 1981*

THIRD ANNOTATED EDITION



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FOREWORD

The International Health Regulations adopted by the Twenty-second World Health Assembly on 25 July 1969¹ represent a revised and consolidated version of the previous International Sanitary Regulations.

The purpose of the International Health Regulations is to ensure the maximum security against the international spread of diseases with a minimum interference with world traffic. Following the increasing emphasis on epidemiological surveillance for communicable disease recognition and control, the new Regulations are intended to strengthen the use of epidemiological principles as applied internationally, to detect, reduce or eliminate the sources from which infection spreads, to improve sanitation in and around ports and airports, to prevent the dissemination of vectors and, in general, to encourage epidemiological activities on the national level so that there is little risk of outside infection establishing itself.

The Twenty-sixth World Health Assembly in 1973² amended the Regulations, particularly as regards the provisions for cholera. The Thirty-fourth World Health Assembly in 1981³ amended the Regulations in order to exclude smallpox, in view of its global eradication.

This volume contains the text of the International Health Regulations in force as of 1 January 1982, together with interpretations and recommendations made by the Twenty-second and subsequent World Health Assemblies, as well as those made by the Committee on International Surveillance of Communicable Diseases (formerly the Committee on International Quarantine), in accordance with its duty "to submit recommendations on practice, methods and procedure relating to international surveillance of communicable diseases",⁴ and approved by the World Health Assembly.⁵

This volume also contains the text of reservations made to the Regulations and other information annexes.

Important current notifications received by the Organization under the Regulations are made available on the automatic telex reply service⁶ and published in its *Weekly Epidemiological Record* together with all other notifications and information concerning the application of the Regulations.

¹ See WHO Official Records, No. 176, 1969, p. 22 (resolution WHA22.46) and p. 37 for the text as it was reproduced in the first annotated edition.

² See WHO Official Records, No. 209, 1973, p. 29. (resolution WHA26.55)

³ See document WHA34/1981/REC/1, p. 10 (resolution WHA34.13); see also WHO Official Records, No. 217, 1974, pp. 21, 71 and 81, and document EB67/1981/REC/1, p. 55.

⁴ See WHO Official Records, No. 217, 1974, p. 73. The Regulations of the Committee were amended in 1977, although not in respect of this provision. (WHO Official Records, No. 240, 1977, p. 62)

⁵ Where appropriate, editorial changes have been made to the interpretations and recommendations which originally referred to the International Sanitary Regulations.

⁶ See Annex IV.

Discontinuation of vaccination against smallpox

On 8 May 1980, the Thirty-third World Health Assembly accepted the finding of the Global Commission for the Certification of Smallpox Eradication that smallpox had been eradicated throughout the world. It also endorsed the Commission's recommendations with respect to post-eradication policy and urged Member States to give immediate effect to the recommendations that international certificates of vaccination against smallpox should no longer be required of any traveller and that smallpox vaccination should be discontinued in every country except for investigators at special risk (resolution WHA33.4).

All countries throughout the world then rapidly ceased requiring international certificates of vaccination against smallpox from travellers. But some embassies and consulates, as well as travel agencies, apparently unaware that such certificates can no longer be required of travellers, went on as in the past giving the same, now erroneous, information to travellers. In March 1982 WHO was therefore requested, by the Committee on Orthopoxvirus Infections, set up to advise it on the implementation of the policy for the post-eradication era, to make more widely known the fact that international certificates of vaccination against smallpox are no longer required.

With regard to the discontinuation of routine vaccination, almost all the Member States of WHO had officially discontinued compulsory vaccination by 1982.

At the above-mentioned meeting the Committee, referring to the fact that the complications of smallpox vaccination can be extremely serious and sometimes fatal, also emphasized that there is now no justification for vaccinating anyone except investigators whose work in orthopoxvirus research places them at special risk and persons involved in smallpox vaccine production. The Committee at the same time placed on record the view that unnecessary vaccination may be regarded as medical malpractice.

INTERNATIONAL HEALTH REGULATIONS (1969)

PART I — DEFINITIONS

Article 1

For the purposes of these Regulations—

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

“*aerosol dispenser*” means a dispenser holding a pressurized formulation which produces an insecticidal aerosol when the valve is opened;

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

“*airport*” means any 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,^b animal and plant quarantine and similar procedures are carried out;

“*arrival*” of a ship, an aircraft, a train, or a road vehicle means—

(a) in the case of a seagoing vessel, arrival at a port;

(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 85 or under the laws and regulations in force in the territory of entry, may determine;

^a If it is not practicable to examine all the houses in an area, examination should be made of a random sample of a size not less than that indicated in the table below:

CONFIDENCE INTERVAL FOR THE *Aedes aegypti* INDEX OF ONE PER CENT.
IN RELATION TO SIZE OF LOCALITY AND SAMPLE
(95 PER CENT. PROBABILITY LEVEL)

Number of houses		Confidence interval
Locality	Sample	
700	500	0.7 to 1.7%
1000	700	0.7 to 1.5%
1500	1000	0.7 to 1.5%
2000	1000	0.7 to 1.6%
over 2000	1500	0.6 to 1.6%

A minimum of two inspections should be carried out; any additional inspection would increase the validity of the results. (WHO Official Records, No. 95, 1959, p. 474)

^b The public health facilities would include those listed in Articles 14 and 18 of the International Health Regulations (1969). (WHO Official Records, No. 209, 1973, p. 74)

(d) in the case of a train or road vehicle, arrival at a frontier post;

“*baggage*” means the personal effects of a traveller or of a member of the crew;

“*container (freight container)*”^a 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;

“*crew*” means the personnel of a ship, an aircraft, a train, a road vehicle or other means of transport who are employed for duties on board;

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

“*direct transit area*”^b means a special area established in connexion 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;

“*diseases subject to the Regulations*” (quarantinable diseases) means cholera, including cholera due to the *eltor* vibrio, plague, and yellow fever;

“*disinsecting*” means the operation in which measures are taken to kill the insect vectors of human disease present in ships, aircraft, trains, road vehicles, other means of transport, and containers;

“*epidemic*” means an extension of a disease subject to the Regulations by a multiplication of cases in an area;

“*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 over the whole of a territory to which these Regulations apply for the implementation of the health measures provided herein;

^a Small parcels and boxes shall not be considered as containers. (WHO Official Records, No. 177, 1969, p. 554)

^b (1) A direct transit area may be established in an airport which is not a sanitary airport. (WHO Official Records, No. 72, 1956, p. 36)

(2) Transfers of passengers between an airport and a direct transit area outside the precincts of the airport will be in conformity with the Regulations if they are made under the direct supervision and control of the health authority. (WHO Official Records, No. 56, 1954, p. 54)

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

“*imported case*” means an infected person arriving on an international voyage;

“*infected area*”^a is defined on epidemiological principles by the health administration reporting the disease in its country and need not correspond to administrative boundaries. It is that part of its territory which, because of population characteristics, density and mobility and/or vector and animal reservoir potential, could support transmission of the reported disease;

“*infected person*” means a person who is suffering from a disease subject to the Regulations or who is subsequently shown to have been incubating such a disease;

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

“*in quarantine*” means that state or condition during which measures are applied by a health authority to a ship, an aircraft, a train, road vehicle, other means of transport or container, to prevent the spread of disease, reservoirs of disease or vectors of disease from the object of quarantine;

“*international voyage*” means—

(a) in the case of a ship or an aircraft, a voyage between ports or airports in the territories of more than one State, or a voyage between ports or airports in the territory or territories of the same State if the ship or aircraft has relations with the territory of any other State on its voyage but only as regards those relations;

(b) in the case of a person, a voyage involving entry into the territory of a State other than the territory of the State in which that person commences his voyage;

“*isolation*”, when applied to a person or group of persons, means the separation of that person or group of persons from other persons, except the health staff on duty, in such a manner as to prevent the spread of infection;

“*medical examination*”^b includes visit to and inspection of a ship, an aircraft, a train, road vehicle, other means of transport, and container, and the

^a (1) Countries receiving travellers from infected areas should keep the measures applied to a necessary minimum. (WHO Official Records, No. 217, 1974, p. 55)

(2) A list of infected areas notified by health administrations is published in the Organization's *Weekly Epidemiological Record*.

(3) See notes to Article 3, pp. 10 and 11.

^b “Preliminary examination” may include:

(1) the physical examination of any person, but the exercise of that right should depend on the circumstances of each individual case. (WHO Official Records, No. 56, 1954, p. 46)

(2) questioning travellers on their movements prior to disembarkation. (WHO Official Records, No. 87, 1958, p. 411)

(3) inspection of the passport, as being probably the best source of information when tracing the movements of a passenger during the course of a voyage which has involved changes in the mode of transportation. (WHO Official Records, No. 56, 1954, p. 57)

preliminary examination of persons, including scrutiny of vaccination certificates, but does not include the periodical inspection of a ship to ascertain the need for deratting;

“*Organization*” means the World Health Organization;

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

“*ship*” means a seagoing or an inland navigation vessel making an international voyage;

“*suspect*” means a person who is considered by the health authority as having been exposed to infection by a disease subject to the Regulations and is considered capable of spreading that disease;

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

“*valid certificate*”, when applied to vaccination, means a certificate conforming with the rules and the model laid down in Appendix 2.

PART II — NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

Article 2

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 notification or 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.

Article 3^a

1. Each health administration shall notify the Organization by telegram or telex within twenty-four hours of its being informed that the first case of a disease subject to the Regulations, that is neither an imported case nor a

^a (1) The notification of an infected area by a health administration must be limited to the territory of that health administration. The initial notification of the extent of the infected area may in certain cases be provisional in nature. When, on epidemiological investigation, redefinition of the infected area is indicated, the health administration should inform the Organization as soon as possible of any change in the initial notification. (WHO Official Records, No. 177, 1969, p. 554)

(2) In the absence of information on the origin of infection, as required under subparagraph 2 (a), a negative report is in conformity with the Regulations. It is then for the health administration to follow up the notification with such information as may later become available, as soon as possible. (WHO Official Records, No. 135, 1964, p. 32)

(3) 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. (WHO Official Records, No. 135, 1964, p. 36, and No. 143, 1965, p. 45)

(4) See note to Article 1, definition of “infected area”, p. 9.

transferred case, has occurred in its territory, and, within the subsequent twenty-four hours, notify the infected area.

2. In addition each health administration will notify the Organization by telegram or telex within twenty-four hours of its being informed:

(a) that one or more cases of a disease subject to the Regulations has been imported or transferred into a non-infected area—the notification to include all information available on the origin of infection;

(b) that a ship or aircraft has arrived with one or more cases of a disease subject to the Regulations on board—the notification to include the name of the ship or the flight number of the aircraft, its previous and subsequent ports of call, and the health measures, if any, taken with respect to the ship or aircraft.

3. The existence of the disease so notified on the establishment of a reasonably certain clinical diagnosis shall be confirmed as soon as possible by laboratory methods, as far as resources permit, and the result shall be sent immediately to the Organization by telegram or telex.

Reservations—Egypt, India, Pakistan
(for text, see Annex II, page 53).

Article 4^a

1. Each health administration shall notify the Organization immediately of evidence of the presence of the virus of yellow fever, including the virus found in mosquitos or in vertebrates other than man, or the plague bacillus, in any part of its territory, and shall report the extent of the area involved.

2. Health administrations, when making a notification of rodent plague, shall distinguish wild rodent plague from domestic rodent plague and, in the case of the former, describe the epidemiological circumstances and the area involved.

Reservations—Egypt, India, Pakistan
(for text, see Annex II, page 53).

Article 5

Any notification required under paragraph 1 of Article 3 shall be promptly supplemented by information as to the source and type of the disease, the number of cases and deaths, the conditions affecting the spread of the disease, and the prophylactic measures taken.

^a (1) See Article 1, definition of “infected area”, p. 9.

(2) One of the following criteria should be used in determining activity of the virus in vertebrates other than man:

(i) the discovery of the specific lesions of yellow fever in the liver of vertebrates indigenous to the area or

(ii) the isolation of yellow fever virus from any indigenous vertebrates. (WHO Official Records, No. 64, 1955, p. 69)

(3) Measures need not normally be taken against an area which has been notified as infected with wild-rodent plague, unless there is evidence that the wild-rodent plague has infiltrated or is tending to infiltrate into the domestic rodent population, and thus threatens international traffic. (WHO Official Records, No. 56, 1954, p. 47, and No. 64, 1955, p. 38)