

INTERNATIONAL HEALTH REGULATIONS

(1969)

SECOND ANNOTATED EDITION



WORLD HEALTH ORGANIZATION

GENEVA

1974

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*

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CONTENTS

| | Page |
|---|-------------------|
| Foreword | 5 |
| INTERNATIONAL HEALTH REGULATIONS (1969) | |
| | Article Page |
| Part I. Definitions | 1 7 |
| Part II. Notifications and epidemiological information | 2-13 10 |
| Part III. Health organization | 14-23 15 |
| Part IV. Health measures and procedure | |
| Chapter I. General provisions | 24-30 19 |
| Chapter II. Health measures on departure | 31 21 |
| Chapter III. Health measures applicable between ports or airports of departure and arrival | 32-35 22 |
| Chapter IV. Health measures on arrival | 36-46 23 |
| Chapter V. Measures concerning the international transport of cargo, goods, baggage and mail | 47-50 26 |
| Part V. Special provisions relating to each of the diseases subject to the Regulations | |
| Chapter I. Plague | 51-61 27 |
| Chapter II. Cholera | 62-65 32 |
| Chapter III. Yellow fever | 66-76 32 |
| Chapter IV. Smallpox | 77-82 36 |
| Part VI. Health documents | 83-88 37 |
| Part VII. Charges | 89 40 |
| Part VIII. Various provisions | 90-92 41 |
| Part IX. Final provisions | 93-101 43 |
| Appendix 1. Deratting Certificate—Deratting Exemption Cer- tificate | 48 |
| Appendix 2. International Certificate of Vaccination or Revac- cination against Yellow Fever | 50 |

| | Page |
|--|------|
| Appendix 3. International Certificate of Vaccination or Revaccination against Smallpox | 52 |
| Appendix 4. Maritime Declaration of Health | 54 |
| Appendix 5. Health Part of the Aircraft General Declaration . . | 56 |

ANNEXES

| | |
|--|----|
| I. Position of States and territories under the International Health Regulations (1969) on 17 September 1973 | 59 |
| II. Reservations to the International Health Regulations (1969) | 61 |
| III. Obligations of health administrations under the International Health Regulations (1969) | 64 |
| IV. WHO epidemiological information service to Member States | 69 |
| V. Standards of hygiene on pilgrim ships and on aircraft carrying pilgrims | 70 |
| VI. Recommendations on the disinsecting of aircraft (based on the seventh, eleventh and twentieth reports of the WHO Expert Committee on Insecticides) | 76 |
| VII. Vaccination and revaccination against smallpox : Definitions, techniques and contraindications | 79 |
| VIII. International Certificate of Vaccination or Revaccination against Cholera | 82 |
| IX. Model of a correctly completed international certificate of vaccination <i>facing</i> | 84 |
| <i>Index to the International Health Regulations.</i> | 87 |

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CONTENTS

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| Foreword | 5 |
| INTERNATIONAL HEALTH REGULATIONS (1969) | |
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| Part I. Definitions | 1 7 |
| Part II. Notifications and epidemiological information | 2-13 10 |
| Part III. Health organization | 14-23 15 |
| Part IV. Health measures and procedure | |
| Chapter I. General provisions | 24-30 19 |
| Chapter II. Health measures on departure | 31 21 |
| Chapter III. Health measures applicable between ports or airports of departure and arrival | 32-35 22 |
| Chapter IV. Health measures on arrival | 36-46 23 |
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| Part V. Special provisions relating to each of the diseases subject to the Regulations | |
| Chapter I. Plague | 51-61 27 |
| Chapter II. Cholera | 62-65 32 |
| Chapter III. Yellow fever | 66-76 32 |
| Chapter IV. Smallpox | 77-82 36 |
| Part VI. Health documents | 83-88 37 |
| Part VII. Charges | 89 40 |
| Part VIII. Various provisions | 90-92 41 |
| Part IX. Final provisions | 93-101 43 |
| Appendix 1. Deratting Certificate—Deratting Exemption Cer- tificate | 48 |
| Appendix 2. International Certificate of Vaccination or Revac- cination against Yellow Fever | 50 |

| | Page |
|--|------|
| Appendix 3. International Certificate of Vaccination or Revaccination against Smallpox | 52 |
| Appendix 4. Maritime Declaration of Health | 54 |
| Appendix 5. Health Part of the Aircraft General Declaration . . | 56 |

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| | |
|--|----|
| I. Position of States and territories under the International Health Regulations (1969) on 17 September 1973 | 59 |
| II. Reservations to the International Health Regulations (1969) | 61 |
| III. Obligations of health administrations under the International Health Regulations (1969) | 64 |
| IV. WHO epidemiological information service to Member States | 69 |
| V. Standards of hygiene on pilgrim ships and on aircraft carrying pilgrims | 70 |
| VI. Recommendations on the disinsecting of aircraft (based on the seventh, eleventh and twentieth reports of the WHO Expert Committee on Insecticides) | 76 |
| VII. Vaccination and revaccination against smallpox : Definitions, techniques and contraindications | 79 |
| VIII. International Certificate of Vaccination or Revaccination against Cholera | 82 |
| IX. Model of a correctly completed international certificate of vaccination <i>facing</i> | 84 |
| <i>Index to the International Health Regulations.</i> | 87 |

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.³

This volume contains the text of the International Health Regulations in force as of 1 January 1974, 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 sanitary and quarantine matters",⁴ and approved by the World Health Assembly.⁵

This volume also contains the text of the 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 *Off. Rec. Wld Hlth Org.*, 176, 22 (resolution WHA22.46) and 37.

² See *Off. Rec. Wld Hlth Org.*, 209, 29 (resolution WHA26.55).

³ For the unamended text of the Regulations, see first annotated edition (1971).

⁴ *Off. Rec. Wld Hlth Org.*, 56, 70.

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.

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 ;

^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. (*Off. Rec. Wld Hlth Org.*, 95, 474)

^b The public health facilities would include those listed in Articles 14 and 19 of the International Health Regulations (1969). (*Off. Rec. Wld Hlth Org.*, 209, 74)

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

(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, smallpox, including variola minor (alastrim), 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 ;

^a Small parcels and boxes shall not be considered as containers. (*Off. Rec. Wld Hlth Org.*, 177, 554)

^b (1) A direct transit area may be established in an airport which is not a sanitary airport. (*Off. Rec. Wld Hlth Org.*, 72, 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. (*Off. Rec. Wld Hlth Org.*, 56, 54)

“*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 ;

“*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 ;

^a (1) A list of infected areas notified by health administrations is published in the Organization's *Weekly Epidemiological Record*.

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

“ *medical examination* ”^a includes visit to and inspection of a ship, an aircraft, a train, road vehicle, other means of transport, and container, and the 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 or 3.

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^b

1. Each health administration shall notify the Organization by telegram or telex within twenty-four hours of its being informed that the first case

^a “ 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. (*Off. Rec. Wld Hlth Org.*, 56, 46)

(2) questioning travellers on their movements prior to disembarkation. (*Off. Rec. Wld Hlth Org.*, 87, 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. (*Off. Rec. Wld Hlth Org.*, 56, 57)

^b (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,

of a disease subject to the Regulations, that is neither an imported case nor a transferred case, has occurred in its territory, and, within the subsequent twenty-four hours, notify the infected area.

2. In addition each health administration shall 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 — Cuba, Egypt, India, Pakistan
(for text, see Annex II, pages 61 and 62).

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,

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. (*Off. Rec. Wld Hlth Org.*, 177, 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. (*Off. Rec. Wld Hlth Org.*, 135, 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. (*Off. Rec. Wld Hlth Org.*, 135, 36 ; 143, 45)

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

^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. (*Off. Rec. Wld Hlth Org.*, 64, 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. (*Off. Rec. Wld Hlth Org.*, 56, 47 ; 64, 38)

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 — Cuba, Egypt, India, Pakistan
(for text, see Annex II, pages 61 and 62).

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.

Article 6

1. During an epidemic the notifications and information required under Article 3 and Article 5 shall be followed by subsequent communications sent at regular intervals to the Organization.
2. These communications shall be as frequent and as detailed as possible. The number of cases and deaths shall be communicated at least once a week. The precautions taken to prevent the spread of the disease, in particular the measures which are being applied to prevent the spread of the disease to other territories by ships, aircraft, trains, road vehicles, other means of transport, and containers leaving the infected area, shall be stated. In the case of plague, the measures taken against rodents shall be specified. In the case of the diseases subject to the Regulations which are transmitted by insect vectors, the measures taken against such vectors shall also be specified.

Article 7^a

1. The health administration for a territory in which an infected area has been defined and notified shall notify the Organization when that area is free from infection.
2. An infected area may be considered as free from infection when all measures of prophylaxis have been taken and maintained to prevent the recurrence of the disease or its spread to other areas, and when:

^a (1) The period stipulated in paragraph 2 should begin when the last case is identified as a case, irrespective of the time at which the person may have been isolated. (*Off. Rec. Wld Hlth Org.*, 127, 33)

(2) The time-limits in paragraph 2 (a), equal to twice the incubation period of the disease, are minimum limits and health administrations may extend them before declaring an infected area in their territory free from infection and continue for a longer period their measures of prophylaxis to prevent the recurrence of the disease or its spread to other areas. (*Off. Rec. Wld Hlth Org.*, 72, 38 ; 79, 499)