The International Health Regulations

A Practical Guide

P. J. DELON

WORLD HEALTH ORGANIZATION
GENEVA

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GENEVA

1975

ISBN 92 4 258002

PRINTED IN SWITZERLAND

The World Health Organization (WHO) is one of the specialized agencies in relationship with the United Nations. Through this organization, which came into being in 1948, the public health and medical professions of more than 140 countries exchange their knowledge and experience and collaborate in an effort to achieve the highest possible level of health throughout the world. WHO is concerned primarily with problems that individual countries or territories cannot solve with their own resources—for example, the eradication or control of malaria, schistosomiasis, smallpox, and other communicable diseases, as well as some cardiovascular diseases and cancer. Progress towards better health throughout the world also demands international cooperation in many other activities: for example, setting up international standards for biological substances, for pesticides and for pesticide spraying equipment; compiling an international pharmacopoeia; drawing up and administering the International Health Regulations; revising the international lists of diseases and causes of death; assembling and disseminating epidemiological information; recommending nonproprietary names for drugs; and promoting the exchange of scientific knowledge. In many parts of the world there is need for improvement in maternal and child health, nutrition, nursing, mental health, dental health, social and occupational health, environmental health, public health administration, professional education and training, and health education of the public. Thus a large share of the Organization's resources is devoted to giving assistance and advice in these fields and to making available—often through publications—the latest information on these subjects. Since 1958 an extensive international programme of collaborative research and research coordination has added substantially to knowledge in many fields of medicine and public health. This programme is constantly developing and its many facets are reflected in WHO publications.

The International Sanitary Regulations of 1951 were enacted as a compromise, in order "to ensure the maximum security against the international spread of diseases with a minimum interference with world traffic". Experience has shown that this objective was often not attained during certain severe epidemics. Only an increase in the efficiency of national systems of epidemiological surveillance and prevention should enable it to be achieved, and it can be foreseen that active cooperation between the Member States will then be able to replace the mere observance of international rules.

Since 1951, requirements under the Regulations have been progressively reduced in response to the improvement of national public health services, the disappearance of certain diseases and the progress made in certain fields of knowledge but, though they are destined to lapse one day, the present Regulations remain the most acceptable means of trying to attain the objective referred to above. Perhaps, therefore, a useful purpose will be served by making them better known in order to facilitate their application, and at the same time explaining the resolutions on notification of "diseases under surveillance" adopted in 1969 by the World Health Assembly. That is the object of the present publication, which is intended as a practical guide and is concerned with the spirit rather than the letter. If it helps to ease the task of public health administrators and of all those responsible for implementing the Regulations, it will have attained its goal.

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FOREWORD

The International Sanitary Regulations of 1951 were enacted as a compromise, in order "to ensure the maximum security against the international spread of diseases with a minimum interference with world traffic". Experience has shown that this objective was often not attained during certain severe epidemics. Only an increase in the efficiency of national systems of epidemiological surveillance and prevention should enable it to be achieved, and it can be foreseen that active cooperation between the Member States will then be able to replace the mere observance of international rules.

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THE INTERNATIONAL HEALTH REGULATIONS

The purpose of the present study[1] is to present the International Health Regulations of 1969 amended in 1973 (former Regulations of 1951), together with resolutions WHA22.47 and WHA22.48 of the World Health Assembly, in the form of a practical guide for the use of public health administrators and all persons responsible for applying these Regulations. In line with this purpose, only certain essential provisions of the Regulations have been taken into account, and the reader must not expect to find here a complete exposition of the contents of the Regulations.

THE 1969 REGULATIONS
(1951 Regulations as amended)

1. STUDY OF THE REGULATIONS

These Regulations cover *plague, cholera, yellow fever* and *smallpox,* now designated by the term "diseases subject to the Regulations", whereas prior to 1969 they were known as "quarantinable diseases". The study which follows takes account of the further amendments introduced by resolution WHA26.55 of the Twenty-sixth World Health Assembly, which adopted the additional Regulations of 1973.[2]

To begin with, three important features of the Regulations should be pointed out:

(*a*) They are binding on all Member States of WHO except South Africa, Australia and Singapore, some other States having also submitted reservations to these Regulations or rejected the Additional Regulations of 1973.[3]

[1] The subject dealt with is part of an annual teaching course given by the author at the National School of Public Health of France (Rennes).

[2] *Off. Rec. Wld Hlth Org.,* 1973, No. 209, pp. 29-30. The updating of the Regulations consequent upon the adoption of resolution WHA26.55 was done in: World Health Organization (1974) *International Health Regulations (1969) Second Annotated Edition,* Geneva.

[3] See *International Health Regulations (1969) Second Annotated Edition,* Annexes I and II.

(*b*) They represent a compromise, for their purpose is to ensure the maximum possible protection against infection while causing only minimum interference with international traffic.

(*c*) They seek to ensure this protection by preventing infection from leaving the countries where it exists and by containing it upon arrival; the provisions of the Regulations are accordingly based on the transmission characteristics of the four diseases subject to the Regulations: direct person-to-person transmission in the case of *smallpox,* transmission by direct means or through faecal contamination of the environment (particularly water and food) in the case of *cholera,* transmission by mosquitos (especially *Aedes aegypti*) in the case of *yellow fever,* and in the case of *plague* rodent-flea-man transmission (for classical bubonic plague) or direct person-to-person transmission (for pulmonary plague).

The Regulations create, for those countries which have accepted them, obligations in three spheres which we shall consider in turn: notifications; health organization at frontiers, particularly in ports and airports; and measures authorized with regard to individuals' goods and means of transport.

1.1 Notifications (Articles 2-13)

1.1.1 When infection occurs, the process of exchange of notifications can be summarized as follows:

> The Member State concerned notifies WHO of the infection → WHO communicates the information to all Member States → Member States decide on any special measures to be taken and notify these to WHO → WHO communicates to all Member States the information received concerning these measures.

WHO communicates the information through the *Weekly Epidemiological Record* (dispatched by air mail) and through the automatic telex reply service. It is required to publish, at least once a year, data on the epidemiological trends of the diseases subject to the Regulations, illustrated with maps showing the infected and free areas of the world. As regards notifications of measures concerning vaccination, which are published regularly in the *Weekly Epidemiological Record* (in addition, summary lists are distributed several times a year), they are also published every year by WHO in the booklet entitled *Vaccination Certificate Requirements for International Travel,* which gives up-to-date information on the requirements of all Member States.

Notifications concerning infection are of three kinds:

(*a*) Notification of the presence of infection: human cases, cases of infection in rodents (*plague*) or monkeys (*yellow fever*), or presence of virus in mosquitos (*yellow fever*).

(*b*) Notification of the infected area: an "area" is defined as an epidemiological entity whose boundaries are decided by the national health administration; it becomes infected when *locally infected* human cases of a disease subject to the Regulations are reported, or when the presence of the plague bacillus is detected in domestic or wild rodents (but in the latter case only in the vicinity of ports or airports), or else when the presence of yellow fever virus is detected in mosquitos or in monkeys (or other vertebrates); an area shall not therefore be considered as infected as a result of the importation of one or more human cases from a foreign country, or of the transfer of one or more human cases from another area in the same country, such cases not being due to local transmission of the infection.

(*c*) Notification of the source and conditions of spread of the infection, i.e. of the epidemiological context and in particular the environmental factors, together with the measures taken to combat that spread.

1.1.2 When the infection has disappeared, the process of exchange of notifications can be summarized as follows:

The Member State apprises WHO that the area concerned has again become free → WHO communicates the information to all Member States → the Member States withdraw any special measures they had taken and notify WHO of the fact → WHO disseminates the information concerning the withdrawal of such measures.

A health administration has the right to declare that an infected area has become free again:

(*a*) where human cases of *smallpox, plague* or *cholera* are concerned, when twice the incubation period has elapsed since the death, recovery or isolation of the last case;

(*b*) in the case of rodent *plague,* when three months have elapsed since the last sign of plague in wild rodents near ports or airports, or one month since the last sign in domestic rodents;

(*c*) in the case of *yellow fever,* when three months have elapsed since