

Namibia

International Health Regulations Act, 1974

Act 28 of 1974

Legislation as at 13 June 1975

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International Health Regulations Act, 1974

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Republic of Namibia
Annotated Statutes

International Health Regulations Act, 1974
Act 28 of 1974

Published in [South African Government Gazette no. 4219](#) on 15 March 1974

Assented to on 1 March 1974

Commenced on 15 March 1974

[This is the version of this document from 13 June 1975 and
includes any amendments published up to 6 October 2022.]

[Amended by [Amendment of regulations set out in the Schedule to the International
Health Regulations Act, 1974 \(Proclamation R139 of 1975\)](#) on 13 June 1975]

[APPLICABILITY TO SOUTH WEST AFRICA: Section 1 defines “Republic” to include “the
territory of South West Africa”. Section 5 states “This Act and any amendment thereof
shall apply also in the territory of South West Africa, including the Eastern Caprivi Zipfel.”]

[TRANSFER TO SOUTH WEST AFRICA: The administration of this Act was transferred to South West
Africa by the Executive Powers (Health) Transfer Proclamation, AG 14 of 1977, dated 1 December
1977. There was only one amendment to the Act in South Africa after the date of transfer and
prior to Namibian independence – the Transfer of Powers and Duties of the State President Act
[97 of 1986](#) (RSA GG 10438) – which was not made expressly applicable to South West Africa.]

ACT

**To apply the International Health Regulations, adopted by the World Health Assembly, in the Republic,
and to provide for incidental matters.**

(Afrikaans text signed by the State President)

BE IT ENACTED by the State President, the Senate and the House of Assembly of the Republic of South Africa, as
follows:-

1. Definitions

In this Act, unless the context otherwise indicates -

“**Republic**” includes the territory of South West Africa;

“the International Health Regulations” mean the International Health Regulations adopted by the World Health Assembly at Boston on 25 July 1969, and set out in the Schedule.

[These 1969 regulations have been largely superseded by 2005 regulations. According to the World Health Organisation: “In response to the exponential increase in international travel and trade, and emergence and reemergence of international disease threats and other health risks, 196 countries across the globe have agreed to implement the International Health Regulations (2005). This binding instrument of international law entered into force on 15 June 2007.” <www.who.int/ihr/publications/9789241596664/en/>]

[Namibia is a party to the International Health Regulations (2005). <www.who.int/ihr/legal_issues/states_parties/en/>]

[Article 58(1)(k) of the 2005 regulations states that they “shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of... the International Health Regulations of 1969 and the amendments of 1973 and 1981”. <http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf>.]

2. Application of International Health Regulations in Republic

The International Health Regulations shall, subject to the provisions of this Act, apply in the Republic.

3. Promulgation of proclamations and regulations by State President

- (1) The State President may by proclamation in the Gazette -
 - (a) designate any part in the Republic which shall, for the purposes of Article 17 of the International Health Regulations, be deemed to be an approved port;
 - (b) designate any airport in the Republic which shall, for the purposes of the International Health Regulations, be deemed to be a sanitary airport;
 - (c) apply in the Republic, without any modification or with such modifications as he may deem fit, any regulation adopted by the World Health Assembly, after the commencement of this Act, to amend or supplement the International Health Regulations.
- (2) The State President may make regulations -
 - (a) to give effect to any provision of the International Health Regulations as applicable in the Republic;
 - (b) prescribing fees, and providing for the recovery of any expenditure incurred, in connection with the application in the Republic of the International Health Regulations.
- (3) Any regulation made under subsection (2) may prescribe penalties for any contravention thereof or failure to comply therewith, but no such penalty shall exceed a fine of five hundred rand or imprisonment for a period of six months.
- (4) Any proclamation made under subsection (1) and any regulation made under subsection (2) shall be laid upon the Tables of both Houses of Parliament within fourteen days after promulgation thereof if Parliament is in ordinary session or, if Parliament is not in ordinary session, within fourteen days after the commencement of its next ensuing ordinary session.
- (5) Any proclamation or regulation referred to in subsection (4) or any provision thereof may by resolution passed by both Houses of Parliament during the session in which such proclamation or regulation has been laid upon the Tables, be disapproved of and thereupon the provisions of

section 12(2) of the Interpretation Act, 1957 (Act [No. 33 of 1957](#)), shall apply as if such resolution were a law repealing such proclamation, regulation or provision.

[The Interpretation of Laws Proclamation 37 of 1920 is the Namibian equivalent of the South African Interpretation Act [33 of 1957](#).]

4. Jurisdiction

Any offence contemplated in section 3(3) shall for the purposes of jurisdiction be deemed to have been committed in any place where the accused happens to be.

5. Application of Act in South West Africa

This Act and any amendment thereof shall apply also in the territory of South West Africa, including the Eastern Caprivi Zipfel.

6. Repeal of Act [38 of 1952](#)

The International Sanitary Regulations Act, 1952, is hereby repealed.

7. Short title

This Act shall be called the International Health Regulations Act, 1974.

Schedule

INTERNATIONAL HEALTH REGULATIONS

[RSA Proclamation R.139 of 1975 (RSA GG 4741) amends this Schedule to incorporate the amendments to the International Health Regulations, 1969, adopted by the World Health Assembly on 23 May 1973 (which entered into force internationally on 1 January 1974). There were no amendments to the Schedule in South Africa, South West Africa or Namibia to reflect the amendments to the 1969 regulations adopted by the World Health Assembly on 20 May 1981 (which entered into force internationally on 1 January 1982). Since the 1969 regulations have been largely superseded by the International Health Regulations, 2005, to which Namibia is a party, this Schedule has not been checked against the original texts of the 1969 regulations or their amendments. See the annotation note to the definition of “the International Health Regulations” in section 1 of this Act.]

Part I – Definitions

1

For the purposes of these Regulations—

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

[“Breeding places” is erroneously written as one word in the Government Gazette.]

“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 incidental to customs, immigration, public health, animal and plant quarantine and similar procedures are carried out.

[The definition of “airport” is substituted by RSA Proc. R.139 of 1975. The full stop at the end should be a semicolon.]

“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 98 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)” 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” 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;

“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;

[The word “disinsecting” is misspelt in the Government Gazette, as reproduced above.]

“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;

“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 on arriving on an international voyage;

“infected area” 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” 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 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, 3 or 4.

Part II – Notifications and Epidemiological Information

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.

3

- (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 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.

4

- (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.

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.

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.

7

- (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.

[The word “Organization” is misspelt in the Government Gazette.]

- (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) in the case of plague, cholera or smallpox, a period of time equal to at least twice the incubation period of the disease, as hereinafter provided, has elapsed since the last case identified has died, recovered or been isolated, and there is no epidemiological evidence of spread of that disease to any contiguous area;
 - (b)
 - (i) in the case of yellow fever not transmitted by *Aedes aegypti*, three months have elapsed without evidence of activity of the yellow-fever virus;
 - (ii) in the case of yellow fever transmitted by *Aedes aegypti*, three months have elapsed since the occurrence of the last human case, or one month since that occurrence if the *Aedes aegypti* index has been continuously maintained below one per cent;
- [The word “if” is repeated in the Government Gazette.]
- (c)
 - (i) in the case of plague in domestic rodents, one month has elapsed since the last infected animal was found or trapped;
 - (ii) in the case of plague in wild rodents, three months have elapsed without evidence of the disease in sufficient proximity to ports and airports to be a threat to international traffic.

8

- (1) Each health administration shall notify the Organization of:
- (a) the measures which it has decided to apply to arrivals from an infected area and the withdrawal of any such measures, indicating the date of application or withdrawal;
 - (b) any change in its requirements as to vaccination for any international voyage.
- (2) Any such notification shall be sent by telegram or telex, and whenever possible in advance of any such change or of the application or withdrawal of any such measure.
- (3) Each health administration shall send to the Organization once a year, at a date to be fixed by the Organization, a recapitulation of its requirements as to vaccination for any international voyage.
- (4) Each health administration shall take steps to inform prospective travellers, through the co-operation of, as appropriate, travel agencies, shipping firms, aircraft operators or by other means, of its requirements and of any modifications thereto.

9

In addition to the notifications and information required under Articles 3 to 8 inclusive, each health administration shall send to the Organization weekly:

- (a) a report by telegram or telex of the number of cases of the diseases subject to the Regulations and deaths therefrom during the previous week in each of its towns and cities adjacent to a port or an airport, including any imported or transferred cases;
- (b) a report by airmail of the absence of such cases during the periods referred to in subparagraphs (a), (b) and (c) of paragraph 2 of Article 7.

10

Any notification and information required under Articles 3 to 9 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.

11

- (1) The Organization shall send to all health administrations, as soon as possible and by the means appropriate to the circumstances, all epidemiological and other information which it has received under Articles 3 to 8 inclusive and paragraph (a) of Article 9 as well as information as to the absence of any returns required by Article 9. Communications of an urgent nature shall be sent by telegram, telex or telephone.
- (2) Any additional epidemiological data and other information available to the Organization through its surveillance programme shall be made available, when appropriate, to all health administrations.
- (3) The Organization may, with the consent of the government concerned, investigate an outbreak of a disease subject to the Regulations which constitutes a serious threat to neighbouring countries or to international health. Such investigation shall be directed to assist governments to organize appropriate control measures and may include on-the-spot studies by a team.

12

Any telegram or telex sent, or telephone call made, for the purposes of Articles 3 to 8 inclusive and Article 11 shall be given the priority appropriate to the circumstances; in any case of exceptional urgency, where there is risk of the spread of a disease subject to the Regulations, the priority shall be the highest available under international telecommunication agreements.

13

- (1) Each State shall forward annually to the Organization, in accordance with Article 62 of the Constitution of the Organization, information concerning the occurrence of any case of a disease subject to the Regulations due to or carried by international traffic, as well as on the action taken under these Regulations or bearing upon their application.
- (2) The Organization shall, on the basis of the information required by paragraph 1 of this Article, of the notifications and reports required by these Regulations, and of any other official information, prepare an annual report on the functioning of these Regulations and on their effect on international traffic.
- (3) The Organization shall review the epidemiological trends of the diseases subject to the Regulations and shall publish such data, not less than once a year, illustrated with maps showing infected and free areas of the world, and any other relevant information obtained from the surveillance programme of the Organization.

Part III – Health Organization

14

- (1) Each health administration shall ensure that ports and airports in its territory shall have at their disposal an organization and equipment adequate for the application of the measures provided for in these Regulations.
- (2) Every port and airport 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 ships or aircraft. 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 to verify the observance of this Article. For this purpose and for other sanitary measures, the principles and recommendations set forth in the guides on these subjects published by the Organization shall be applied as far as practicable in fulfilling the requirements of these Regulations.
- (3) Every port and airport shall also be provided with an effective system for the removal and safe disposal of excrement, refuse, waste water, condemned food, and other matter dangerous to health.

15

There shall be available to as many of the ports and airports in a territory as practicable an organized medical and health service with adequate staff, equipment and premises, and in particular facilities for the prompt isolation and care of infected persons, for disinfection, disinsecting and deratting, for bacteriological investigation, for the collection and examination of rodents for plague infections, for collection of water and food samples and their dispatch to a laboratory for examination, and for other appropriate measures provided for by these Regulations.

16

The health authority for each port and airport shall:

- (a) take all practicable measures to keep port and airport installations free of rodents;
- (b) make every effort to extend rat-proofing to the port and airport installations.

17

- (1) Each health administration shall ensure that a sufficient number of ports in its territory shall have at their disposal adequate personnel competent to inspect ships for the issue of the Deratting Exemption Certificates referred to in Article 54, and the health administration shall approve such ports for that purpose.
- (2) The health administration shall designate a number of these approved ports, depending upon the volume and incidence of its international traffic, as having at their disposal the equipment and personnel necessary to derat ships for the issue of the Deratting Certificates referred to in Article 54.
- (3) Each health administration which so designates ports shall ensure that Deratting Certificates and Deratting Exemption Certificates are issued in accordance with the requirements of the Regulations.

18

Each health administration shall designate those airports which possess a direct transit area as defined in Article 1.

19

- (1) Depending upon the volume of its international traffic, each health administration shall designate as sanitary airports a number of the airports in its territory, provided they meet the conditions laid down in paragraph 2 of this Article, and the provisions of Article 14.
- (2) Every sanitary airport shall have at its disposal:
 - (a) an organized medical service with adequate staff, equipment and premises;
 - (b) facilities for the transport, isolation, and care of infected persons or suspects;
 - (c) facilities for efficient disinfection and disinsecting, for the control of vectors and rodents, and for any other appropriate measure provided for by these Regulations;
 - (d) a bacteriological laboratory, or facilities for dispatching suspected material to such a laboratory;
 - (e) facilities within the airport for vaccination against smallpox, and facilities within the airport or available to it for vaccination against cholera and yellow fever.

20

- (1) Every port and the area within the perimeter of every airport shall be kept free from *Aedes aegypti* in its immature and adult stages and the mosquito vectors of malaria and other diseases of epidemiological significance in international traffic. 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.
- (2) Within a direct transit area provided at any airport situated in or adjacent to an area where the vectors referred to in paragraph 1 of this Article exist, any building used as accommodation for persons or animals shall be kept mosquito-proof.
- (3) For the purposes of this Article, the perimeter of an airport means a line enclosing the area containing the airport buildings and any land or water used or intended to be used for the parking of aircraft.
- (4) Each health administration shall furnish data to the Organization once a year on the extent to which its ports and airports are kept free from vectors of epidemiological significance in international traffic.

21

- (1) Each health administration shall send to the Organization:
 - (a) a list of the ports in its territory approved under Article 17 for the issue of:
 - (i) Deratting Exemption Certificates only; and
 - (ii) Deratting Certificates and Deratting Exemption Certificates;
 - (b) [paragraph (b) deleted by RSA Proc. R.139 of 1975]
 - (c) [paragraph (c) deleted by RSA Proc. R.139 of 1975]

- (2) The health administration shall notify the Organization of any change which may occur from time to time in the lists required by paragraph 1 of this Article.
- (3) The Organization shall send promptly to all health administrations the information received in accordance with this Article.

22

- (1) The Organization shall, at the request of the health administration concerned, arrange to certify, after any appropriate investigation, that a sanitary airport in its territory fulfils the conditions required by the Regulations.
- (2) The Organization shall, at the request of the health administration concerned, and after appropriate investigation, certify that a direct transit area at an airport in a yellow-fever infected area in its territory fulfils the conditions required by the Regulations.
- (3) These certifications shall be subject to periodic review by the Organization, in co-operation with the health administration concerned, to ensure that the required conditions are fulfilled.
- (4) In the list which the Organization is required to publish under Article 21, it shall indicate those airports certified under the provisions of this Article.

23

- (1) Wherever the volume of international traffic is sufficiently important and whenever epidemiological conditions so require, facilities for the application of the measures provided for in these Regulations shall be made available at frontier posts, on railway lines, on roads, and where sanitary 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 send promptly to all health administrations the information received in accordance with this Article.

Part IV – Health Measures and Procedure

Chapter I General Provisions

24

The health measures permitted by these Regulations are the maximum measures applicable to international traffic, which a State may require for the protection of its territory against the diseases subject to the Regulations.

25

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

26

- (1) Disinfection, disinsecting, deratting, and other sanitary operations shall be carried out so as:

- (a) not to cause undue discomfort to any person, or injury to his health;
 - (b) not to produce any deleterious effect on the structure of a ship, an aircraft, or a vehicle, or on its operating equipment;
 - (c) to avoid all risk of fire.
- (2) In carrying out such operations on cargo, goods, baggage, containers and other articles, every precaution shall be taken to avoid any damage.
- (3) Where there are procedures or methods recommended by the Organization they should be employed.

27

- (1) A health authority shall, when so requested, issue free of charge to the carrier a certificate specifying the measures applied to a ship, aircraft, train, road vehicle, other means of transport, or container, the parts thereof treated, the methods employed, and the reasons why the measures have been applied. In the case of an aircraft this information shall, on request, be entered instead in the Health Part of the Aircraft General Declaration.
- (2) Similarly, a health authority shall, when so requested, issue free of charge:
 - (a) to any traveller a certificate specifying the date of his arrival or departure and the measures applied to him and his baggage;
 - (b) to the consignor, the consignee, and the carrier, or their respective agents, a certificate specifying the measures applied to any goods.

28

- (1) A person under surveillance shall not be isolated and shall be permitted to move about freely. The health authority may require him to report to it, if necessary, at specified intervals during the period of surveillance. Except as limited by the provisions of Article 71, the health authority may also subject such a person to medical investigation and make any inquiries which are necessary for ascertaining his state of health.
- (2) When a person under surveillance departs for another place, within or without the same territory, he shall inform the health authority, which shall immediately notify the health authority for the place to which the person is proceeding. On arrival the person shall report to that health authority which may apply the measure provided for in paragraph 1 of this article.

29

Except in case of an emergency constituting a grave danger to public health, a ship or an aircraft, which is not infected or suspected of being infected with a disease subject to the Regulations, shall not on account of any other epidemic disease be refused free pratique by the health authority for a port or an airport; in particular it shall not be prevented from discharging or loading cargo or stores, or taking on fuel or water.

30

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.

Chapter II

Health Measures on Departure

31

- (1) The health authority for a port or an airport or for the area in which a frontier post is situated shall take all practicable measures:
 - (a) to prevent the departure of any infected person or suspect;
 - (b) to prevent the introduction on board a ship, an aircraft, a train, a road vehicle, other means of transport, or container, of possible agents of infection or vectors of a disease subject to the Regulations.
- (2) The health authority in an infected area may require a valid vaccination certificate from departing travellers.
- (3) The health authority referred to in paragraph 1 of this Article may, when it considers it necessary, medically examine any person before his departure on an international voyage. The time and place of this examination shall be arranged to take into account any other formalities, so as to facilitate his departure and to avoid delay.
- (4) Notwithstanding the provisions of subparagraph (a) of paragraph 1 of this Article, a person on an international voyage who on arrival is placed under surveillance may be allowed to continue his voyage. The health authority shall, in accordance with Article 28, notify by the most expeditious means the health authority for the place to which he is proceeding.

Chapter III

Health Measures Applicable Between Ports or Airports of Departure and Arrival

32

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

33

- (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) If for any reason such a call is made, the laws and regulations in force in the territory may be applied without exceeding, however, the provisions of these Regulations.

34

- (1) No health measure, other than medical examination, shall be applied to a healthy ship, as specified in Part V, which passes through a maritime canal or waterway in the territory of a State on its way to a port in the territory of another State, unless such ship comes from an infected area or has on board any person coming from an infected area, within the incubation period of the disease with which the area is infected.
- (2) The only measure which may be applied to such a ship coming from such an area or having such a person on board is the stationing on board, if necessary, of a sanitary guard to prevent all unauthorized contact between the ship and the shore, and to supervise the application of Article 30.
- (3) A health authority shall permit any such ship to take on, under its control, fuel, water and stores.

- (4) An infected or suspected ship which passes through a maritime canal or waterway may be treated as if it were calling at a port in the same territory.

35

Notwithstanding any provision to the contrary in these Regulations except Article 76, no health measure, other than medical examination, shall be applied to:

- (a) passengers and crew on board a healthy ship from which they do not disembark;
- (b) passengers and crew from a healthy aircraft who are in transit through a territory and who remain in a direct transit area of an airport of that territory, or, if the airport is not yet provided with such an area, who submit to the measures for segregation prescribed by the health authority in order to prevent the spread of disease; if such persons are obliged to leave the airport at which they disembark solely in order to continue their voyage from another airport in the vicinity of the first airport, no such measure shall be applied to them if the transfer is made under the control of the health authority or authorities.

Chapter IV Health Measures on Arrival

36

Whenever practicable States shall authorize granting of free pratique by radio to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the health authority for the intended port or airport of arrival is of the opinion that its arrival will not result in the introduction or spread of a disease subject to the Regulations.

37

- (1) The health authority for a port, an airport, or a frontier station may subject to medical examination on arrival any ship, aircraft, train, road vehicle, other means of transport, or container, as well as any person arriving on an international voyage.
- (2) The further health measures which may be applied to the ship, aircraft, train, road vehicle, other means of transport, and container shall be determined by the conditions which existed on board during the voyage or which exist at the time of the medical examination, without prejudice, however, to the measures which are permitted by these Regulations to be applied to the ship, aircraft, train, road vehicle, other means of transport, and container if it arrives from an infected area.
- (3) Where a health administration has special problems which could constitute a grave danger to public health, it may require a person on an international voyage to give on arrival a destination address in writing.

38

The application of the measures provided for in Part V which depend on arrival from an infected area as notified by the health administration concerned shall be limited to the ship, aircraft, train, road vehicle, or other means of transport, person, container or article as the case may be, arriving from such an area, provided that the health authority for the infected area is taking all measures necessary for checking the spread of the disease and is applying the measures provided for in paragraph 1 of Article 31.

39

On arrival of a ship, an aircraft, a train, a road vehicle, or other means of transport, an infected person on board may be removed and isolated by the health authority. Such removal by the health authority shall be compulsory if it is required by the person in charge of the means of transport.

40

- (1) Apart from the provisions of Part V, a health authority may place under surveillance any suspect on an international voyage arriving by whatever means from an infected area. Such surveillance may be continued until the end of the appropriate period of incubation specified in Part V.
- (2) Except where specifically provided for in these Regulations, isolation shall not be substituted for surveillance unless the health authority considers the risk of transmission of the infection by the suspect to be exceptionally serious.

41

Any health measure, other than medical examination, which has been applied at a previous port or airport shall not be repeated at a subsequent port or airport, unless:

- (a) after the departure of a ship or an aircraft from the port or airport where the measures were applied an incident of epidemiological significance calling for a further application of any such measure has occurred either in that port or airport or on board the ship or aircraft;
- (b) the health authority for the subsequent port or airport has ascertained on the basis of definite evidence that the individual measure so applied was not substantially effective.

42

Subject to Article 80, a ship or an aircraft shall not be prevented for health reasons from calling at any port or airport. If the port or airport is not equipped for applying the health measures which are permitted by these Regulations and which in the opinion of the health authority for the port or airport are required, such ship or aircraft may be ordered to proceed at its own risk to the nearest suitable port or airport convenient to the ship or aircraft.

43

An aircraft shall not be considered as having come from an infected area if it has landed only in such an area at any sanitary airport which is not itself an infected area.

44

Any person on board a healthy aircraft which has landed in an infected area, and the passengers and crew of which have complied with the conditions laid down in Article 35, shall not be considered as having come from such an area.

45

- (1) Except as provided in paragraph 2 of this Article any ship or aircraft, which is unwilling to submit to the measures required by the health authority for the port or airport in accordance with these Regulations, shall be allowed to depart forthwith, but it shall not during its voyage call at any other port or airport in the same territory. Such a ship or an aircraft shall nevertheless be permitted, while in quarantine, to take

on fuel, water and stores. If, on medical examination, such a ship is found to be healthy, it shall not lose the benefit of Article 34.

- (2) A ship or an aircraft arriving at a port or an airport situated in an area where the vector of yellow fever is present shall not, in the following circumstances, be allowed to depart and shall be subject to the measures required by the health authority in accordance with these Regulations:
 - (a) if the aircraft is infected with yellow fever;
 - (b) if the ship is infected with yellow fever, and *Aedes aegypti* have been found on board, and the medical examination shows that any infected person has not been isolated in good time.

46

- (1) If, for reasons beyond the control of the pilot in command, an aircraft lands elsewhere than at an airport, or at an airport other than the airport at which the aircraft was due to land, the pilot in command or other person in charge shall make every effort to communicate without delay with the nearest health authority or any other public authority.
- (2) As soon as the health authority has been informed of the landing it may take such action as is appropriate but in no case shall it exceed the measures permitted by these Regulations.
- (3) Subject to paragraph 5 of this Article, and except for the purpose of communicating with any such health or public authority or with the permission of any such authority, no person on board the aircraft shall leave its vicinity and no cargo shall be removed from that vicinity.
- (4) When any measure required by the health authority has been completed, the aircraft may, so far as health measures are concerned, proceed either to the airport at which it was due to land, or, if for technical reasons it cannot do so, to a conveniently situated airport.
- (5) The pilot in command or other person in charge may take such emergency measures as may be necessary for the health and safety of passengers and crew.

Chapter V

Measures Concerning the International Transport of Cargo, Goods, Baggage, and Mail

47

- (1) Cargo and goods shall be submitted to the health measures provided for in these Regulations only when coming from infected areas and when the health authority has reason to believe that the cargo and goods may have become contaminated by the agent of a disease subject to the Regulations or may serve as a vehicle for the spread of any such disease.
- (2) Apart from the measures provided for in Article 70, goods, other than live animals, in transit without transshipment shall not be subject to health measures or detained at any port, airport, or frontier.
- (3) The issue of a certificate of disinfection of merchandise which is the subject of trade between two countries may be governed by bilateral agreements between the exporting and the importing countries.

48

Except in the case of an infected person or suspect, baggage may be disinfected or disinfected only in the case of a person carrying infectious material or insect vectors of a disease subject to the Regulations.

49

- (1) Mail, newspapers, books, and other printed matter shall not be subject to any health measures.
- (2) Postal parcels may be subject to health measures only if they contain:
 - (a) any of the foods referred to in paragraph 1 of Article 70 which the health authority has reason to believe comes from a cholera-infected area;
 - (b) linen, wearing apparel, or bedding, which has been used or soiled and to which the provisions of Part V are applicable;
 - (c) infectious material; or
 - (d) living insects and other animals capable of being a vector of human disease if introduced or established.

50

A health administration shall ensure as far as practicable that containers used in international traffic by rail, road, sea or air shall, in packing, be kept free of infectious material, vectors or rodents.

Part V – Special Provisions Relating to each of the Diseases subject to the Regulations

Chapter I Plague

51

For the purposes of these Regulations the incubation period of plague is six days.

52

Vaccination against plague shall not be required as a condition of admission of any person to a territory.

53

- (1) Each State shall employ all means in its power to diminish the danger from the spread of plague by rodents and their ectoparasites. Its health administration shall keep itself constantly informed by systematic collection and regular examination of rodents and their ectoparasites of the conditions in any area, especially any port or airport, infected or suspected of being infected by rodent plague.
- (2) During the stay of a ship or an aircraft in a port or an airport infected by plague, special care shall be taken to prevent the introduction of rodents on board.

54

- (1) Every ship shall be either:
 - (a) permanently kept in such a condition that it is free of rodents and the plague vector; or

- (b) periodically deratted.
- (2) A Deratting Certificate or a Deratting Exemption Certificate shall be issued only by the health authority for a port approved for that purpose under Article 17. Every such certificate 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, as the case may be, would be facilitated by the operations due to take place there.
- (3) Deratting Certificates and Deratting Exemption Certificates shall conform with the model specified in Appendix 1.
- (4) If a valid certificate is not produced, the health authority for a port approved under Article 17, after inquiry and inspection, may proceed in the following manner:
 - (a) If the port has been designated under paragraph 2 of Article 17, the health authority may derat the ship or cause the deratting to be done under its direction and control. It shall decide in each case the technique which should be employed to secure the extermination of rodents on the ship. 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.
 - (b) At any port approved under Article 17, the health authority may issue a Deratting Exemption Certificate if it is satisfied that the ship is free of rodents. Such a certificate shall be issued only if the inspection of the ship has been carried out when the holds are empty or when they contain only ballast or other material, unattractive to rodents, of such a nature or so disposed as to make a thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds.
- (5) If the conditions under which a deratting is carried out are such that, in the opinion of the health authority for the port where the operation was performed, a satisfactory result cannot be obtained, the health authority shall make a note to that effect on the existing Deratting Certificate.

55

In exceptional circumstances of an epidemiological nature, when the presence of rodents is suspected on board, an aircraft may be disinfected and deratted.

56

Before departure on an international voyage from an area where there is an epidemic of pulmonary plague, every suspect shall be placed in isolation by the health authority for a period of six days, reckoned from the date of the last exposure to infection.

57

- (1) A ship or an aircraft on arrival shall be regarded as infected if;
 - (a) it has a case of human plague on board;
 - (b) a plague-infected rodent is found on board.A ship shall also be regarded as infected if a case of human plague has occurred on board more than six days after embarkation.
- (2) A ship on arrival shall be regarded as suspected if:
 - (a) it has no case of human plague on board, but such a case has occurred on board within the first six days after embarkation;

- (b) there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known;
 - (c) it has a person on board who has been exposed to pulmonary plague and has not met the requirements of Article 56.
- (3) Even when coming from an infected area or having on board a person coming from an infected area, a ship or an aircraft on arrival shall be regarded as healthy if, on medical examination, the health authority is satisfied that the conditions specified in paragraphs 1 and 2 of this Article do not exist.

58

- (1) On arrival of an infected or suspected ship or an infected aircraft, the following measures may be applied by the health authority:
- (a) disinsecting of any suspect and surveillance for a period of not more than six days reckoned from the date of arrival;
 - (b) disinsecting and, if necessary, disinfection of:
 - (i) any baggage of any infected person or suspect; and
 - (ii) any other article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated.
- (2) On arrival of a ship, an aircraft, a train, road vehicle or other means of transport having on board a person suffering from pulmonary plague, or if there has been a case of pulmonary plague on board a ship within the period of six days before its arrival, the health authority may, in addition to the measures required by paragraph 1 of this Article, place the passengers and crew of the ship, aircraft, train, road vehicle or other means of transport in isolation for a period of six days, reckoned from the date of the last exposure to infection.
- (3) If there is rodent plague on board a ship, or in its containers, it shall be disinsected and deratted, if necessary in quarantine, in the manner provided for in Article 54 subject to the following provisions:
- (a) the deratting shall be carried out as soon as the holds have been emptied;
 - (b) one or more preliminary derattings of a ship with the cargo in situ, or during its unloading, may be carried out to prevent the escape of infected rodents;
 - (c) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, a ship shall not be prevented from unloading that part, but the health authority may apply any measures, including placing the ship in quarantine, which it considers necessary to prevent the escape of infected rodents.
- (4) If a rodent infected with plague is found on board an aircraft, the aircraft shall be disinsected and deratted, if necessary in quarantine.

59

A ship shall cease to be regarded as infected or suspected, or an aircraft shall cease to be regarded as infected when the measures required by the health authority in accordance with Articles 39 and 58 have been effectively carried out, or when the health authority is satisfied that the abnormal mortality among rodents is not due to plague. The ship or aircraft shall thereupon be given free pratique.

60

On arrival, a healthy ship or aircraft shall be given free pratique, but, if it has come from an infected area, the health authority may:

- (a) place under surveillance any suspect who disembarks, for a period of not more than six days, reckoned from the date on which the ship or aircraft left the infected area;
- (b) require the destruction of rodents on board a ship and disinsecting in exceptional cases and for well-founded reasons which shall be communicated in writing to the master.

61

If, on arrival of a train or a road vehicle, a case of human plague is discovered, the measures provided for in Article 39 and in paragraphs 1 and 2 of Article 58 may be applied by the health authority, disinsecting and, if necessary, disinfection being applied to any part of the train or road vehicle which is considered to be contaminated.

**Chapter II
Cholera****62**

For the purposes of these Regulations the incubation period of cholera is five days.

63

[Article 63 deleted by RSA Proc. R.139 of 1975]

64

- (1) If on arrival of a ship, an aircraft, a train, a road vehicle or other means of transport a case of cholera is discovered, or a case has occurred on board, the health authority—
 - (a) may apply surveillance or isolation of suspects among passengers or crew for a period not exceeding five days reckoned from the date of disembarkation;
 - (b) shall be responsible for the supervision of the removal and safe disposal of any water, food (excluding cargo), human dejecta, waste water including bilge water, waste matter, and any other matter which is considered to be contaminated, and shall be responsible for the disinfection of water tanks and food-handling equipment.
- (2) Upon accomplishment of (b) the ship, aircraft train road vehicle or other means of transport shall be given free pratique.

[Article 64 substituted by RSA Proc. R.139 of 1975 and re-numbered as Article 63.]

65

[Article 65 deleted by RSA Proc. R.139 of 1975]

66

[Article 66 deleted by RSA Proc. R.139 of 1975]

67

[Article 67 deleted by RSA Proc. R.139 of 1975]

68

[Article 68 deleted by RSA Proc. R.139 of 1975]

69

[Article 69 deleted by RSA Proc. R.139 of 1975]

70

Foodstuffs carried as cargo on board a ship, an aircraft, a train, a road vehicle or other means of transport in which a case of cholera has occurred during the journey, may not be subjected to bacteriological examination except by the health authorities of the country of final destination.

[Article 70 substituted by RSA Proc. R.139 of 1975 and re-numbered as Article 64.]

[Articles 71-107 re-numbered as Articles 65-101]

65

- (1) No person shall be required to submit to rectal swabbing.
- (2) A person on an international voyage, who has come from an infected area within the incubation period of cholera and who has symptoms indicative of cholera, may be required to submit to stool examination.

Chapter III Yellow Fever

66

For the purposes of these Regulations the incubation period of yellow fever is six days.

67

[The word "Article" is misspelt in the Government Gazette.]

- (1) Vaccination against yellow fever may be required of any person leaving an infected area on an international voyage.
- (2) If such a person is in possession of a certificate of vaccination against yellow fever which is not yet valid, he may nevertheless be permitted to depart, but the provisions of Article 75 may be applied to him on arrival.
- (3) A person in possession of a valid certificate of vaccination against yellow fever shall not be treated as a suspect, even if he has come from an infected area.
- (4) 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. The Organization shall be assured that the vaccines used for this purpose continue to be of suitable quality.

68

- (1) Every person employed at a port or an airport situated in an infected area, 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.
- (2) Every aircraft leaving an airport situated in an infected area shall be disinfected in accordance with Article 26, 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 part of the Aircraft General Declaration is waived by the health authority of the airport of arrival. States concerned shall accept disinfecting of aircraft by the approved vapour disinfecting system carried out in flight.
- (3) 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.
- (4) An aircraft leaving an airport where *Aedes aegypti* exists and bound for an area where *Aedes aegypti* has been eradicated shall be disinfected in accordance with Article 26, using methods recommended by the Organization.

69

A health authority in an area where the vector of yellow fever is present may require a person on an international voyage, who has come from an infected area and is unable to produce a valid certificate of vaccination against yellow fever, to be isolated until his certificate becomes valid, or until a period of not more than six days reckoned from the date of last possible exposure to infection has elapsed, whichever occurs first.

70

- (1) A person coming from an infected area who is unable to produce a valid certificate of vaccination against yellow fever and who is due to proceed on an international voyage to an airport in an area where the vector of yellow fever is present and at which the means for securing segregation provided for in Article 35 do not yet exist, may, by arrangement between the health administrations for the territories in which the airports concerned are situated be prevented from proceeding from an airport at which such means are available, during the period provided for in Article 75.
- (2) The health administrations concerned shall inform the Organization of any such arrangement, and of its termination. The Organization shall immediately send this information to all health administrations.

71

- (1) On arrival, a ship shall be regarded as infected if it has a case of yellow fever on board, or if a case has occurred on board during the voyage. It shall be regarded as suspected if it has left an infected area less than six days before arrival, or, if arriving within thirty days of leaving such an area, the health authority finds *Aedes aegypti* or other vectors of yellow fever on board. Any other ship shall be regarded as healthy.
- (2) On arrival, an aircraft shall be regarded as infected if it has a case of yellow fever on board. It shall be regarded as suspected if the health authority is not satisfied with a disinfecting carried out in accordance with paragraph 2 of Article 74 and it finds live mosquitos on board the aircraft. Any other aircraft shall be regarded as healthy.

72

- (1) On arrival of an infected or suspected ship or aircraft, the following measures may be applied by the health authority:

- (a) in an area where the vector of yellow fever is present, the measures provided for in Article 75 to any passenger or member of the crew who disembarks and is not in possession of a valid certificate of vaccination against yellow fever;
 - (b) inspection of the ship or aircraft and destruction of any *Aedes aegypti* or other vectors of yellow fever on board; in an area where the vector of yellow fever is present, the ship may, until such measures have been carried out, be required to keep at least 400 metres from land.
- (2) The ship or aircraft shall cease to be regarded as infected or suspected when the measures required by the health authority in accordance with Article 39 and with paragraph 1 of this Article have been effectively carried out, and it shall thereupon be given free pratique.

73

On arrival of a healthy ship or aircraft coming from an infected area, the measures provided for in subparagraph (b) of paragraph 1 of Article 78 may be applied. The ship or aircraft shall: thereupon be given free pratique.

74

A State shall not prohibit the landing of an aircraft at any sanitary airport in its territory if the measures provided for in paragraph 2 of Article 74 are applied, but, in an area where the vector of yellow fever is present, aircraft coming from an infected area may land only at airports specified by the State for that purpose.

75

On arrival of a train, a road vehicle, or other means of transport in an area where the vector of yellow fever is present, the following measures may be applied by the health authority;

- (a) isolation, as provided for in Article 75, of any person coming from an infected area, who is unable to produce a valid certificate of vaccination against yellow fever;
- (b) disinsecting of the train, road vehicle or other means of transport if it has come from an infected area.

76

In an area where the vector of yellow fever is present the isolation provided for in Article 39 and: in this Chapter shall be: in mosquito-proof accommodation.

Chapter IV Smallpox

77

For the purposes of these Regulations the incubation period of smallpox is fourteen days.

78

- (1) A health administration may require any person on an international voyage who does not show sufficient evidence of protection by a previous attack of smallpox to possess, on arrival, a valid certificate of vaccination against smallpox. Any such person who does not produce such a certificate may be vaccinated or, if he refuses vaccination, he may be placed under surveillance for not more than fourteen days, reckoned from the date of his departure from the last territory visited before arrival.

- (2) A person on an international voyage, who during a period of fourteen days before his arrival has visited an infected area and who, in the opinion of the health authority, is not sufficiently protected by vaccination or by a previous attack of smallpox, may be required to be vaccinated, or may be placed under surveillance, or may be vaccinated and then placed under surveillance; if he refuses to be vaccinated, he may be isolated. The period of surveillance or isolation shall not be more than fourteen days, reckoned from the date of his departure from the infected area. A valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection.
- (3) Any health administration may apply the measures provided for in this Article, whether smallpox infection is present in its territory or not.

79

- (1) A ship or an aircraft shall be regarded as infected if, on arrival, it has a case of smallpox on board, or if such a case has occurred on board during the voyage.
- (2) Any other ship or aircraft shall be regarded as healthy, even though there may be suspects on board, but any suspect may on disembarking be subjected to the measures provided for in Article 86.

80

- (1) On arrival of an infected ship or aircraft, the health authority:
 - (a) shall offer vaccination to any person on board who, in its opinion, is not sufficiently protected against smallpox;
 - (b) may, for a period of not more than fourteen days, reckoned from the last exposure to infection, isolate or place under surveillance any person disembarking, but the health authority shall take into account the previous vaccinations of the person and the possibility of his having been exposed to infection in determining the period of such isolation or surveillance;
 - (c) shall disinfect:
 - (i) any baggage of any infected person; and
 - (ii) any other baggage or article such as used bedding or linen, and any part of the ship or aircraft, which is considered to be contaminated.
- (2) A ship or an aircraft shall continue to be regarded as infected until every infected person has been removed and until the measures required by the health authority in accordance with paragraph 1 of this Article have been effectively carried out. The ship or aircraft shall thereupon be given free pratique.

81

On arrival, a healthy ship or aircraft, even when it has come from an infected area, shall be given free pratique.

82

If, on arrival of a train, road vehicle or other means of transport, a case of smallpox is discovered, the infected person shall be removed and the provisions of paragraph 1 of Article 86 shall apply, any period of surveillance or isolation being reckoned from the date of arrival, and disinfection being applied to any part of the train, road vehicle or other means of transport which is considered to be contaminated.

Part VI – Health Documents

83

Bills of health, with or without consular visa, or any certificate, however designated, concerning health conditions of a port or an airport, shall not be required from any ship or aircraft.

84

- (1) The master of a seagoing vessel making an international voyage, 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, he shall, on arrival, complete and deliver to the health authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon if one is carried.
- (2) The master, and the ship's surgeon if one is carried, shall supply any information required by the health authority as to health conditions on board during the voyage.
- (3) A Maritime Declaration of Health shall conform with the model specified in Appendix 5.

A health administration may decide:

- (a) either to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or
 - (b) to require it only if the ship arrives from certain stated areas, or if there is positive information to report.
- (4) In either case, the health administration shall inform shipping operators.

85

- (1) The pilot in command of an aircraft, on landing at the first airport in a territory, or his authorized agent, shall complete and deliver to the health authority for that airport the Health Part of the Aircraft General Declaration which shall conform with the model specified in Appendix 6, except when a health administration does not require it.
- (2) The pilot in command of an aircraft, or his authorized agent, shall supply any information required by the health authority as to health conditions on board during the voyage.

A health administration may decide:

- (a) either to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or
 - (b) to require it only if the aircraft arrives from certain stated areas, or if there is positive information to report.
- (3) In either case, the health administration shall inform aircraft operators.

86

The certificates specified in Appendices 1, 3 and 4 shall be printed in English and in French. An official language of the territory of issue may be added.

- (1)

[paragraph 1 amended by RSA Proc. R.139 of 1975]

- (2) The certificates referred to in paragraph 1 of this Article shall be completed in English or in French. Completion in another language in addition is not excluded.
- (3) International certificates of vaccination must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.
- (4) International certificates of vaccination are individual certificates and shall in no circumstances be used collectively. Separate certificates shall be issued for children.

No departure shall be made from the models of the certificates specified in Appendices 3 and 4, and no photograph shall be included.

(5)

[paragraph 5 amended by RSA Proc. R.139 of 1975]

- (6) 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 his mark and the indication by another that this is the mark of the person concerned.
- (7) If a vaccinator is of the opinion that vaccination is contra-indicated on medical grounds he shall provide the person with reasons, written in English or French, underlying that opinion, which health authorities should take into account.

87

A vaccination document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in Appendix 2, 3 or 4 if:

- (a) it embodies medical information substantially the same as that required by such form; and
- (b) it contains a statement in English or in French recording the nature and date of the vaccination and to the effect that it is issued in accordance with this Article.

88

No health document other than those provided for in these Regulations, shall be required in international traffic.

Part VII – Charges

89

- (1) No charge shall be made by a health authority for:
 - (a) any medical examination provided for in these Regulations, or any supplementary examination, bacteriological or otherwise, which may be required to ascertain the state of health of the person examined;
 - (b) any vaccination of a person on arrival and any certificate thereof.
- (2) Where charges are made for applying the measures provided for in these Regulations, other than the measures referred to in paragraph 1 of this Article, there shall be in each territory only one tariff for such charges and every charge shall:
 - (a) conform with this tariff;
 - (b) be moderate and not exceed the actual cost of the service rendered;

- (c) be levied without distinction as to the nationality, domicile, or residence of the person concerned or as to the nationality, flag, registry or ownership of the ship, aircraft, train, road vehicle, other means of transport, and containers. In particular, there shall be no distinction made between national and foreign persons, ships, aircraft, trains, road vehicles, other means of transport, and containers.
- (3) The levying of a charge for the transmission of a message relating to provisions of these Regulations by radio may not exceed the normal charge for radio messages.
- (4) The tariff, and any amendment thereto, shall be published at least ten days in advance of any levy thereunder and notified immediately to the Organization.

Part VIII – Various Provisions

90

- (1) Every aircraft leaving an airport situated in an area where transmission of malaria or other mosquito-borne disease is occurring, or where insecticide-resistant mosquito vectors of disease are present, or where a vector species is present that has been eradicated in the area where the airport of destination of the aircraft is situated shall be disinfected in accordance with Article 26 using the methods recommended by the Organization. States concerned shall accept disinfecting of aircraft by the approved vapour disinfecting system carried out in flight. Every ship leaving a port in the situation referred to above shall be kept free from the immature and adult stages of the mosquito concerned.
- (2) On arrival at an airport in an area where malaria or other mosquito-borne disease could develop from imported vectors, or where a vector species has been eradicated that is present in the area in which the airport of origin is located, the aircraft mentioned in paragraph 1 of this Article may be disinfected in accordance with Article 26 if the health authority is not provided with satisfactory evidence that disinfecting has been carried out in accordance with paragraph 1 of this Article. Every ship arriving in a port in the situation referred to above should be treated and freed, under the control of the health authority, from the immature and adult stages of the mosquito concerned.
- (3) As far as practicable, and where appropriate, a train, road vehicle, other means of transport, container, or boat used for international coastal traffic or for international traffic on inland waterways shall be kept free of insect vectors of human disease.

91

- (1) Migrants, nomads, seasonable workers or persons taking part in periodic mass congregations, and any ship in particular small boats for international coastal traffic, aircraft, train, road vehicle or other means of transport carrying them, may be subjected to additional health measures conforming with the laws and regulations of each state concerned, and with any agreement concluded between any such States.
- (2) Each State shall notify the Organization of the provisions of any such laws and regulations or agreement.
- (3) The standards of hygiene on ships and aircraft carrying persons taking part in periodic mass congregations shall not be inferior to those recommended by the Organization.

92

- (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:

[The word “particular” is misspelt in the Government Gazette.]

- (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 purposes of any of the health measures to be applied in accordance with these Regulations;
 - (e) arrangements for carrying infected persons by means of transport specially adapted for the purpose.
- (2) The treaties or arrangements referred to in paragraph 1 of this Article shall not be in 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 send immediately to all health administrations information concerning any such treaty or arrangement.

Part IX – Final Provisions

93

- (1) These Regulations, subject to the provisions of Article 101 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;
 - (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.

- (2) The Pan American Sanitary Code, signed at Habana, 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.

94

- (1) The period provided in execution of Article 22, of the Constitution of the Organization for rejection or reservation shall be nine 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 eighteen 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.

95

- (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 it on the ground that it substantially detracts from the character and purpose of these Regulations, until it has been withdrawn.
- (2) A rejection in part of these Regulations shall be considered as a reservation.
- (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 fulfil any obligation or obligations 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 99.
- (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 99, 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 99 to which such State is already a party consequently remain in force as far as such State is concerned.

96

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

97

- (1) These Regulations shall come into force on the first day of January, 1971.
- (2) Any State which becomes a Member of the Organization after that date and which is not already a part 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, subject to the provisions of Article 101 upon expiry of that period.

98

- (1) Any State not a Member of the Organization, which is a party to any conventions, regulations and similar agreements listed in Article 99 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 and, subject to the provisions of Article 101, such acceptance shall become effective upon the date of coming-into-force of these Regulations, or, if such acceptance is notified after that date, 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.

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 six months after he has received it. 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 99 to which it was previously a party.

99

The Director-General shall notify all Members and Associate Members, and also other parties to any conventions, regulations and similar agreements listed in Article 99 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 him under Articles 100, 102, 103 and 104 respectively, as well as of any decision taken by the World Health Assembly under Article 101.

100

- (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 own initiative, or at the request of any State concerned, shall refer the question or dispute to the appropriate committee or other organ of the Organization for consideration.
- (2) Any State concerned shall be entitled to be represented before such committee or other organ.

Any such dispute which has not been thus settled may, by written application, be referred by any State concerned to the International Court of Justice for decision.

101

- (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 99. 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.

[The hyphen between the words “into” and “force”, which appears in the Government Gazette, is superfluous.]

In faith whereof we have set out hands at Boston, this twenty-fifth day of July 1969.

W. H. STEWART,

President of the Twenty-second World Health Assembly

M. G. CANDAU,

Director-General of the World Health Organization

APPENDIX 1

DERATTING CERTIFICATE (a)

DERATTING EXEMPTION CERTIFICATE (a)

Issued in accordance with Article 54 of the International Health Regulations.
(Not to be taken away by Port Authorities.)

Port of

Date

This certificate records the inspection and {deratting exemption} (a) at this port and on the above date of the {ship inland navigation vessel} (a) of {net tonnage for a sea-going vessel tonnage for an inland navigation vessel} (a) (f). At the time of {inspection deratting} (a) the holds were laden with tons of cargo.

COMPARTMENTS (b)	RAT INDICATIONS (c)	RAT HARBOURAGE		DERATTING				
		discovered (d)	treated	by fumigation			by catching, trapping, or poisoning	
				Fumigant	Hours exposure		Traps set or poison put out	Rats caught or killed
Hold 1								
Hold 2								
Hold 3								
Hold 4								
Hold 5								
Hold 6								
Hold 7								
Shelter deck space								
Bunker space								
Engine room and shaft alley								
Forepeak and storeroom								
Afterpeak and storeroom								
Lifeboats								
Charts and wireless rooms								
Galley								
Pantry								
Provision storerooms								
Quarters (crew)								
Quarters (officers)								
Quarters (cabin passengers)								
Quarters (steerage)								
TOTAL								

(a) Strike out the unnecessary indications.

(b) In case any of the compartments enumerated do not exist on the ship or inland navigation vessel, this fact must be mentioned.

(c) Old or recent evidence of excreta, runs, or gnawing.

(d) None, small, moderate, or large.

(e) State the weight of sulphur or of cyanide salts or quantity of HCN acid used.

(f) Specify whether applies to metric displacement or any other method of determining the tonnage.

RECOMMENDATIONS MADE—OBSERVATIONS.—In the case of exemption, state here the measures taken for maintaining the ship or inland navigation vessel in such a condition that it is free of rodents and the plague vector.

APPENDIX 2

INTERNATIONAL CERTIFICATE OF VACCINATION OR
REVACCINATION AGAINST YELLOW FEVER

This is to certify that..... date of birth.....
sex..... whose signature follows.....
has on the date indicated been vaccinated or revaccinated against yellow fever.

Date	Signature and professional status of vaccinator	Manufacturer and batch no. of vaccine	Official Stamp of vaccinating centre	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination, or in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

APPENDIX 3

INTERNATIONAL CERTIFICATE OF VACCINATION OR
REVACCINATION AGAINST SMALLPOX

This is to certify that.....date of birth.....
sex..... whose signature follows.....
has on the date indicated been vaccinated or revaccinated against smallpox with a freeze-dried or
liquid vaccine certified to fulfil the recommended requirements of the World Health Organization.

Date	Show by "X" whether	Signature and professional status of vaccinator	Manufacturer and batch no. of vaccine	Approved stamp	
1 (a)	Primary vaccination performed.....			1 (a)	1 (b)
1 (b)	Read as successful Unsuccessful				
2	Revaccination			2	3
3	Revaccination				

The validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

APPENDIX 4

MARITIME DECLARATION OF HEALTH

(To be rendered by the masters of ships arriving from ports outside the territory.)

Port of..... Date.....

Name of ship..... From..... To.....

Nationality..... Master's name.....

Net Registered Tonnage.....

Deratting or } Certificate..... Dated.....
Deratting Exemption }
 } Issued at.....

Number of } Cabin..... Number of crew.....
passengers } Deck.....

List of ports of call from commencement of voyage with dates of departure:

.....

.....

HEALTH QUESTIONS

- | | Answer
"Yes" or "No" |
|---|-------------------------|
| 1. Has there been on board during voyage* any case or suspected case of plague, cholera, yellow fever, or smallpox? Give particulars in Schedule | |
| 2. Has plague occurred or been suspected among the rats or mice on board during the voyage,* or has there been an abnormal mortality among them? | |
| 3. Has any person died on board during the voyage* otherwise than as a result of accident? Give particulars in Schedule. | |
| 4. Is there on board or has there been during the voyage* any case of disease which you suspect to be of an infectious nature? Give particulars in Schedule. | |
| 5. Is there any sick person on board now? Give particulars in Schedule | |

Note: In the absence of a surgeon, the Master should regard the following symptoms as ground for suspecting the existence of disease of an infectious nature: fever accompanied by prostration or persisting for several days, or attended with glandular swelling; or any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse; jaundice accompanied by fever.

6. Are you aware of any other condition on board which may lead to infection or the spread of disease?

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the Schedule) are true and correct to the best of my knowledge and belief.

Signed.....
Master

Countersigned.....
Ship's Surgeon

Date.....

*If more than four weeks have elapsed since the voyage began, it will suffice to give particulars for the last four weeks.

SCHEDULE TO THE DECLARATION

Particulars of every case of illness or death occurring on board.

Name	Class of rating	Age	Sex	Nationality	Port of embarkation	Date of embarkation	Nature of illness	Date of onset	Results of illness*	Disposal of case†

* State whether recovered; still ill; died.

† State whether still on board; landed at (give name of port); buried at sea.

APPENDIX 5

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

DECLARATION OF HEALTH.

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight.....

Any other condition on board which may lead to the spread of disease.....

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting.....

Signature, if required:

Crew member concerned