

N° 958.

LETTONIE ET POLOGNE

**Convention sanitaire, signée à Var-
sovie, le 7 juillet 1922.**

LATVIA AND POLAND

**Sanitary Convention, signed at War-
saw, July 7, 1922.**

¹ TRADUCTION. — TRANSLATION.No. 958. — SANITARY CONVENTION² BETWEEN LATVIA AND POLAND,
SIGNED AT WARSAW, JULY 7, 1922.

French official text communicated by the Latvian Minister for Foreign Affairs. The registration of this Convention took place October 9, 1925.

THE GOVERNMENT OF THE LATVIAN REPUBLIC, of the one part, and THE GOVERNMENT OF THE POLISH REPUBLIC, of the other part, actuated by the desire to protect public health against the occurrence and spread of infectious diseases, have agreed to conclude a Sanitary Convention and for this purpose have appointed as their Plenipotentiaries :

THE GOVERNMENT OF THE LATVIAN REPUBLIC :

- M. Martins NUKŠA, Envoy Extraordinary and Minister Plenipotentiary of Latvia in Poland, and
- Dr. Janis KIVITCKY, Director of the Department of Health in the Ministry of the Interior.

THE GOVERNMENT OF THE POLISH REPUBLIC :

- Dr. Henryk TREKNER, Chief of Section in the Ministry of Public Health ;
- M. Edmund SOBOLEVSKI, Chief Rapporteur in the Ministry for Foreign Affairs.

Who, having exchanged their full powers, found in good and due form, have agreed upon the obligations the Contracting States are prepared to assume in the event of the outbreak of infectious diseases within their territories.

I.

OBLIGATIONS ASSUMED BY THE CONTRACTING PARTIES IN THE EVENT OF THE OUTBREAK OF
INFECTIOUS DISEASES WITHIN THEIR TERRITORIES.*Article I.*

The Contracting Parties undertake to notify each other immediately by telegram of the first appearance of cases of cholera and plague and also of suspected cases, and to inform each other in writing of any epidemic or relapsing fever or typhus which may occur.

¹ Traduit par le Secrétariat de la Société des Nations.

¹ Translated by the Secretariat of the League of Nations.

² The exchange of ratifications took place at Warsaw, April 7, 1925.

Article 2.

The notification of the diseases mentioned in Article 1 shall contain the following particulars:

- (1) The name of the disease (scientific name in Latin) and the form in which it appears.
- (2) The place and date of the appearance of the disease.
- (3) The origin and source of the disease.
- (4) The number of cases and deaths.
- (5) The infected administrative area (Article 8).
- (6) Action taken.

In order that it may be possible to form an estimate of the mortality, the return of the total number of cases should also include the number of deaths reported.

Article 3.

In addition to the notifications provided for in Article 1 which are to be made immediately, weekly returns relating to the subsequent development of the diseases specified in Article 1, together with a statement of the measures taken in this connection and any circumstances which may be of epidemiological importance, must also be supplied. These returns shall rectify any errors or inaccuracies which may be contained in the earlier notifications.

Article 4.

Each of the Contracting Parties undertakes to communicate at regular intervals to the other Contracting Party all information published by the Central Public Health Authorities.

When an infectious disease which does not as a rule take an epidemic form makes its appearance within the territory of one of the Contracting States, or when the disease shows a tendency to become epidemic, the State in question shall be bound to notify the other Contracting State and inform it of all the relevant particulars.

Article 5.

The notifications referred to in Article 1 and also the returns referred to in Articles 3 and 4 shall be made by the Central Public Health Authorities of one State direct to the Central Public Health Authorities of the other Contracting State. The same statement shall also be forwarded to the diplomatic representative of the other Contracting State and to the Health Section of the League of Nations.

Article 6.

The present Convention may, by mutual agreement between the Parties arrived at through diplomatic channels, be extended to infectious diseases other than those specified in Article 1.

Article 7.

When one of the Contracting States has been notified of the appearance of an infectious disease of an epidemic character within a district belonging to a neighbouring State, and has adopted precautionary measures to meet this danger, it shall inform the other Contracting State of the precautionary measures adopted and shall communicate to it the information which led to their adoption.

II.

MEASURES TO BE TAKEN WITH REGARD TO INFECTED AREAS.

Article 8.

Only an administrative unit, viz., a district (powiat, apriņķis) or an urban or rural commune (pagasts) may be declared an infected area. A territory may be declared infected : in the case of cholera when a centre of infection has been formed ; in the case of relapsing fever and typhus, when an epidemic of these diseases has broken out ; and in the case of plague when one or more non-imported cases have been ascertained.

A "centre" of infection shall be said to exist when cases of cholera have appeared outside the immediate radius of the first case or cases, and when it has not been possible to confine the disease to the place of its first appearance.

Notification that a territorial unit is declared to be infected and that the appropriate measures have been taken accordingly shall be made in accordance with the provisions of Article 5.

Article 9.

A commune or district (powiat — apriņķis) which has been declared an infected area under Article 8 shall be regarded as free from all infection, in the case of cholera or plague, on the expiration of a period of five days as from the death or the isolation of the last patient ; as regards typhus and relapsing fever, the area shall be considered free from infection as soon as the decrease in the number of patients or the fact that cases have become sporadic renders it possible to conclude that the disease has lost its epidemic character.

Article 10.

The following measures may be taken to prevent the introduction of the diseases enumerated under Article 1.

- (a) Medical inspection and examination.
- (b) Evacuation and segregation of persons suffering or suspected to be suffering from one of the above-mentioned diseases.
- (c) The disinfection and delousing of persons and baggage, and of railway wagons and infected parts of vessels.
- (d) The disinfection of goods and, in cases of plague, the destruction of rats.
- (e) Refusal to admit persons who have not been vaccinated against cholera.

III.

LAND FRONTIERS.

Article 11.

Persons coming from infected areas and persons whose symptoms show that they are suffering from one of the diseases enumerated in Article 1 shall be liable to personal medical inspection and examination at the frontier. Persons suspected of cholera or plague may in case of need be subjected to a bacteriological examination. Medical inspections and examinations should hamper frontier traffic as little as possible.

Article 12.

Persons who, as a result of a medical examination, are ascertained to be suffering from, or are suspected to be suffering from, one of the diseases enumerated in Article 1 shall be isolated by the public health authorities of the State to which they are proceeding in order that they may be cared for in institutions specially set up for this purpose. They shall remain in these institutions until they are completely cured, or until their case has been finally diagnosed.

It is inadmissible to detain persons in good health for purposes of observation.

Persons coming from infected areas or who have been in contact with persons suffering from one of the diseases enumerated in Article 1 shall, when they have completed their journey, be subject to sanitary surveillance for a period which may not exceed five days in the case of cholera, seven days in the case of plague, eight days in the case of relapsing fever, and fourteen days in the case of typhus, such period to be reckoned as from the date on which the person left the infected area, or on which the existence of the disease was ascertained at the frontier. For this purpose such persons may be ordered to report to the competent sanitary authorities on their arrival at their destination.

Article 13.

Public health and railway officials, and delegates officially authorised by their Governments, shall only be subject to sanitary measures at the frontier if it is clear that they are suffering from one of the diseases specified in Article 1.

Article 14.

Personal luggage shall only be liable to disinfection or delousing when in accordance with Article 11 and in the opinion of the officially authorised medical officer there is reason to suspect that such luggage is infected.

The Contracting States reserve the right, in respect of certain categories of persons travelling in groups and in unhygienic conditions, such as seasonal workers, refugees, pilgrims, emigrants, re-emigrants, repatriated persons, vagrants, gipsies, etc., to apply special health measures, as for instance :

Isolation of the person infected or of the persons who have been in contact with him, disinfection and delousing of persons and baggage, bacteriological examination of passengers, vaccination, hair-cutting, etc.

Article 15.

With a view to the prevention of cholera, prophylactic vaccinations may be carried out at the frontier if the person concerned cannot prove by means of an official certificate that he has been so vaccinated at a sufficiently recent date. If the traveller refuses to submit to the prescribed measures he may be prohibited from crossing the frontier.

Article 16.

Persons arriving at the frontier in trains, and also their baggage, shall be dealt with in accordance with the provisions set out in Article 14. These measures must, however, be carried out in such a way as not to impede railway traffic.

With this object in view, the Contracting States shall organise at their frontier stations suitably equipped posts for purposes of medical surveillance, the capacity of which shall correspond to the volume of traffic usually passing through these frontier stations.

Article 17.

When a person suffering from one of the diseases specified in Article 1 is discovered on a train arriving at the frontier, the wagon or compartment in which that person travelled shall be disinfected by the authorities at the station of destination, and the wagon shall, if necessary, be detached.

Passengers who have been in contact with the patient shall be medically examined. Those who are ascertained to be in good health shall not be detained, but they and their baggage may be disinfected, and, in the case of relapsing fever or typhus, deloused.

Article 18.

The Contracting States undertake :

(1) To see to the cleanliness, disinfection, delousing and, if necessary, deratisation of all trains arriving at the frontier and to take the necessary measures regarding the personnel of these trains.

(2) Constantly to exercise within the precincts of the station strict sanitary surveillance, to take measures to ensure that the station is provided with pure drinking water, to keep the lavatories on trains and in the station and the restaurants clean, and to forbid during a cholera epidemic the sale of products which are likely to contribute to the spread of infection.

(3) To ensure that persons suffering from one of the diseases specified in Article 1 are isolated in time before reaching the frontier, and that the measures to be taken in such circumstances are carried out in conformity with Article 10, paragraphs *c*, *d* and *e*, the Contracting States undertake to notify each other of any cases of this kind which may occur.

Article 19.

The principles and provisions provided for in the present Convention shall apply equally to land routes and to river and aerial navigation with the necessary modifications.

IV.

GOODS.

Article 20.

Goods may only be disinfected when the authorised medical officer is satisfied that there is clear evidence that the goods or their packing are infected.

For the purposes of the present Convention the term sanitary authorities shall be taken to mean doctors officially authorised for the purpose.

Independently of the above provision, the goods mentioned below may be subjected to disinfection if they come from a district infected by one of the diseases specified in Article 1, or their importation may be prohibited without previous disinfection :

(1) Clothing, linen and bedding which have been worn or used.

When these articles are conveyed as personal luggage or are transported in consequence of the owner changing his place of residence, their importation shall not be prohibited, but they shall be dealt with in the manner laid down in Articles 14, 16 and 17.

(2) Rags, excluding pressed rags, packed in bales hooped with iron.

The importation of the following may not be prohibited :

(1) Unused clippings and other waste material coming directly from textile factories, spinning mills, factories engaged in the manufacture of ready-made clothing, and rolling mills, and also artificial wool and pieces of newly made paper.

(2) Letters, post-cards, printed matter, books, pamphlets, commercial documents, etc., excluding postal packets.

The transit of goods across the territory of one of the Contracting States may not be forbidden when these goods are wrapped or packed in such a way as to exclude any risk of infection. These goods shall not be subjected during the journey to any process of disinfection.

The place at which the disinfection of goods may be carried out shall be specified beforehand by the authorities of the country of destination.

Disinfection and delousing shall be carried out by the recognised scientific method appropriate to the nature of the goods.

V.

MEASURES TO BE TAKEN IN FRONTIER ZONES.

Article 21.

An area situated within 5 kilometres of the frontier shall be regarded as constituting the frontier zone. The Contracting States shall communicate to each other a list of the frontier districts (apriņķis) and communes together with a list of the public health authorities of these districts within a period of one month from the coming into force of the present Convention.

In the event of the appearance of cholera, plague, relapsing fever and typhus within the frontier zone the public health authorities shall enter into relations with each other on the lines laid down in Article 5 for the purpose of supplying each other with particulars.

These particulars shall include :

- (1) Notification of the first occurrence of any of the diseases specified above.
- (2) Information at regular intervals regarding the development of these diseases.
- (3) Information as to the measures which have been adopted.

In addition, the public health authorities of the frontier zone shall inform each other of any other infectious diseases which may take an epidemic character.

In the event of the appearance of cholera, plague, relapsing fever and typhus in a frontier zone, or in the event of any other infectious disease assuming the character of an epidemic, the public health authorities of the frontier zone in question shall authorise the public health authorities of the districts on the other side of the frontier to send an official medical officer to obtain information with regard to the epidemic on the spot. In such cases the frontier public health authorities concerned shall specifically inform the public health authorities of the territory infected by the epidemic of the conditions which it considers should be brought under direct observation. On the basis of this statement the competent public health authorities shall inform the public health authorities of the other Contracting State of the day on which the latter's official medical officer in charge of the inspection should proceed to the place in question.

The frontier public health authorities of the two Parties shall co-operate in all matters relating to the protection of public health and to the campaign against infectious diseases and each shall assist the other whenever requested to do so.

Article 22.

The sanitary measures laid down in the present Convention with regard to railways and traffic by other means of communication may be applied in respect of local frontier traffic. Nevertheless,

the Contracting States undertake to facilitate frontier traffic as much as possible, only applying the measures which are indispensable in the spirit of the present Convention.

Article 23.

In the event of cholera appearing in the frontier zone, measures may be taken to prohibit the importation of commodities such as uncooked fruits, vegetables and dairy produce coming from infected frontier districts.

VI.

FRONTIER MEDICAL OBSERVATION POSTS.

Article 24.

With a view to ensuring the application of the measures provided for in the present Convention, sanitary observation posts shall be established at the points where railways cross the frontier. These observation posts shall be established with a view to the isolation and treatment of patients and suspected cases and with a view to their disinfection and delousing, and shall be provided with adequate premises and equipment in order that traffic between the two countries may not be impeded.

Article 25.

The places in which the sanitary observation stations are to be set up shall be determined by agreement between the Central Public Health Authorities of the two Contracting Parties. In the event of the spread of a dangerous epidemic the Contracting States reserve the right temporarily to prohibit the passage of travellers and wagons from an entire district or part of a district of the other country at points on the frontier where it is difficult for the moment to establish sanitary observation posts. The other Contracting State shall be notified of such measures at least eight days beforehand. The Contracting States undertake nevertheless to ensure the free passage of travellers and goods at other points on the frontier.

Article 26.

In virtue of the present Convention, no charge shall be imposed on travellers in respect of any medical attention which may have been given them at the frontier sanitary observation posts or in respect of their segregation in hospital on suspicion of suffering from one of the diseases specified in Article 1, or of any outlay incurred as a result of the application of the measures provided for in the present Convention.

The expenditure mentioned above shall be borne by the country within the territory of which these measures have been adopted, unless in virtue of the local laws they are at the charge of autonomous bodies or other legal or physical persons.

Charges for measures of disinfection and for the destruction of lice and rats undertaken by the public health authorities shall only be imposed in the case of goods which have been subjected to these measures in accordance with the provisions of the present Convention and shall be strictly proportional to the actual cost of the materials employed for this purpose.

The Contracting States shall inform each other in due time of the total amount of the respective charges.

The above conditions shall not apply to persons being repatriated.

Article 27.

The Contracting States shall reciprocally recognise the validity of certificates issued by officially authorised doctors in regard to vaccination, disinfection, delousing, deratisation and all other precautionary measures.

VII.

MARITIME TRAFFIC.

Article 28.

The Contracting States undertake to apply the following measures in their ports with regard to vessels going to sea :

- (a) To prohibit the embarkation of persons showing symptoms of cholera, plague, relapsing fever and typhus.
- (b) To prohibit the embarkation of persons coming from districts infected with cholera unless such persons have undergone prophylactic vaccination within the proper period.
- (c) To prohibit the embarkation of persons coming from districts infected with relapsing fever and typhus unless such persons have been deloused. The delousing of passengers, their dirty linen and the clothing and bedding they have used shall as far as possible be carried out during the 24 hours preceding embarkation.
- (d) In the case of plague, measures shall be taken to prevent rats entering the vessel (vessels to be moored with ropes supplied with guards, gangways and pontoons to be removed except when in use, etc.).
- (e) In the case of cholera it should be seen that the drinking water in the ship's tanks is pure.

Article 29.

A vessel shall be regarded as infected if cases of cholera, plague, typhus and relapsing fever have occurred on board, or if she has had on board cases of cholera or plague within the last seven days, or of typhus or relapsing fever within the last fourteen days.

A vessel shall be regarded as suspect if at the moment of departure or during the voyage cases of cholera, plague, typhus or relapsing fever have occurred on board ; but if no new cases of cholera have occurred within the last five days, of plague within the last seven days, of typhus within the last fourteen days or of relapsing fever within the last eight days, a vessel shall be regarded as free from infection if, although she comes from an infected port, she has had no deaths or cases of any of the diseases specified in Article 1 on board in the three days before departure, during the voyage or at the time of her arrival.

Article 30.

Infected vessels shall be subject to the following measures :

- (1) Inspection and, if necessary, medical examination.
- (2) Sick persons and suspects shall immediately be landed and shall be disinfected and deloused.

(3) Persons who have been in contact with cholera or plague cases shall be kept under observation for a period not exceeding five days from the date of arrival of the vessel.

Persons who have been in contact with cases of typhus or relapsing fever, with the exception of persons enumerated in Article 14, shall not be kept under observation. Persons of the categories enumerated in Article 14 shall, after delousing, be kept under observation for a period not exceeding eight days in the case of relapsing fever and fourteen days in the case of typhus.

(4) Dirty linen and all clothes and articles used by passengers and crew which may be regarded by the sanitary authorities of the port of destination as infected shall be subjected to disinfection.

(5) All parts of vessels which may be regarded by the official medical officer as infected shall be subjected, in the case of cholera and plague, to disinfection, and, in the case of relapsing fever and typhus, to delousing.

(6) In the case of vessels infected with cholera the following additional measures may be ordered : replacement of the drinking water in the tank and complete disinfection of the suspected water and of the bilge water before it is thrown into the port ; human excrements and ship sweepings must not be discharged into the harbour without being previously disinfected.

(7) Vessels infected with plague shall be subjected according to the measures provided for in paragraphs 1 to 5, to deratisation, which shall be carried out before or after the unloading of the vessels, every precaution being taken not to damage the goods or machinery. In the case of vessels in ballast, deratisation shall take place before loading.

Nevertheless, a vessel subject to deratisation shall in no case be detained more than 48 hours.

The measures provided for in Article 28*d* shall also be applicable.

Note : — Isolation of the passenger either on board ship or at a sanitary observation post before he is allowed to go about freely.

Medical supervision. — Passengers will not be isolated and will immediately be allowed to go about freely, but their names will be communicated to the authorities of the places to which they proceed, where they will be subject to medical supervision with a view to ascertaining their state of health.

Article 31.

Vessels suspected of cholera infection shall be dealt with in accordance with paragraphs 1, 3, 4, 5 and 6 of Article 30, vessels suspected of plague infection in accordance with paragraphs 1, 4, 5 and 7 of Article 30, and vessels suspected of relapsing fever and typhus infection in accordance with paragraphs 1, 3, 4 and 5 of Article 30.

Furthermore, passengers and crew shall be kept under medical supervision for a period not exceeding five days in the case of cholera, seven days in the case of plague, fourteen days in the case of typhus and eight days in the case of relapsing fever, as from the date of arrival of the vessel.

Article 32.

Non-infected vessels arriving from infected ports shall be granted free pratique immediately after they have produced their bill of health. The competent health authorities of the port of destination shall be entitled to take the following measures : in the case of cholera, the measures provided for in paragraphs 1, 4 and 6 of Article 30 ; in the case of plague, the measures provided for in paragraphs 1, 4 and 7 of Article 30 ; and in the case of relapsing fever and typhus the measures

provided for in paragraphs 1 and 4 of Article 30. The passengers and crew may be kept under medical surveillance for the periods laid down in Article 30, counting from the date on which the vessel left the infected port.

Article 33.

When an unusual mortality among rats is observed on board a non-infected ship coming from a port infected with plague, the Health Authorities of the port of destination may order a bacteriological examination of the rats. If this examination gives positive results, the vessel shall be subjected to deratisation in conformity with paragraph 7 of Article 30.

As regards the vessel herself, the following measures may be ordered :

- (a) An inspection and, if necessary, a medical examination.
- (b) Disinfection of the parts of the vessel and of the articles which in the opinion of the Health Authorities may be regarded as suspected of infection.
- (c) Medical supervision of the passengers and crew for seven days, counting from the date of arrival of the vessel.

Article 34.

In order to minimise as far as possible all measures likely to hamper maritime traffic, the Contracting States agree, when applying the provisions enumerated in Articles 28 to 33, to take into consideration the measures to which the vessel was subjected on her departure from the infected port and during her voyage, the presence on board the vessel of an officially recognised doctor and the presence of appliances for disinfection, delousing and deratisation.

The competent authorities of the port of destination may at any time call upon the ship's doctor or, in his absence, his substitute, for a sworn certificate to the effect that, when the vessel sailed, no case of cholera, plague, relapsing fever or typhus had occurred on the vessel.

Article 35.

The Contracting States reserve the right to order special measures of disinfection, delousing and cleaning of vessels on which hygienic conditions are obviously unsatisfactory. If possible, a report on these special measures shall be drawn up with the assistance of the competent Consular Authorities and attached to the ship's papers.

Article 36.

Any vessel which does not submit to the measures required by the Health Authorities of the port in virtue of the present Convention shall be entitled to leave the harbour.

Nevertheless, she may be allowed to unload her cargo subject to the following conditions :

- (1) Isolation of the vessel and her passengers and crew.
- (2) If cases of plague have occurred, a declaration must be made that the mortality among rats is not excessive.
- (3) In the case of cholera the drinking water must be replaced by fresh water if it is suspected of being infected, subject to the stipulation contained in paragraph 6 of Article 30.

Passengers may be allowed to go on shore on condition that they comply with the requirements of the local Health Authorities.

Article 37.

The Health Authorities of the port of destination shall be bound to deliver to the captain or owner of the vessel or their agent, if they so request, a certificate concerning the measures taken and the reasons for which they have been taken. The passengers on board the vessel shall be entitled to ask the Health Authorities of the port of destination for a certificate stating the date of their arrival and the measures to which they and their luggage have been subjected.

Article 38.

Each of the Contracting States undertakes to organise a health observation post in at least one of its Baltic ports and to equip it to deal with vessels of all kinds and to carry through the necessary health measures as expeditiously as possible.

VIII.

LEPROSY.

Article 39.

The Contracting States undertake not to allow any leper, whatever his nationality may be, to enter the territory of the other Contracting State without the previous consent of that State.

When one of the Contracting States discovers a national of the other State to be suffering from leprosy, it shall notify that State and isolate the patient in a proper manner.

The patient shall only be exempted from isolation with the consent of the other Contracting State.

The costs of isolation and medical attendance of the patient shall be borne by the State of which he is a national.

Article 40.

Being desirous of settling in a friendly manner all disputes which may arise with regard to the interpretation or application of the present Convention, the Contracting States agree that in the event of a direct understanding not being reached between the Contracting Parties, they shall resort by common consent to the mediation of the Health Section of the League of Nations, without prejudice to the right of each Contracting State to choose another procedure.

Article 41.

The present Convention shall be ratified and the instruments of ratification shall be exchanged at Warsaw as soon as possible.

The Convention shall come into force 15 days after the exchange of the instruments of ratification.

Should one of the Contracting States denounce the present Convention, it shall nevertheless remain in force for a period of one year as from the date of denunciation.

Done at Warsaw July 7, 1922.

M. NUKŠA.
Dr. J. KIVITCKI.
TRENKNER.
EDMUND SOBOLEVSKI.