

N° 2635.

**HONGRIE
ET ROYAUME DES SERBES,
CROATES ET SOLVÈNES**

Convention concernant la défense
contre les maladies contagieuses.
Signée à Belgrade, le 22 février
1928.

**HUNGARY AND
KINGDOM OF THE SERBS,
CROATS AND SLOVENES**

Convention regarding the Prevention
of Infectious Diseases. Signed at
Belgrade, February 22, 1928.

¹ TRADUCTION. — TRANSLATION.No. 2635. — CONVENTION² BETWEEN THE KINGDOM OF HUNGARY AND THE KINGDOM OF THE SERBS, CROATS AND SLOVENES, REGARDING THE PREVENTION OF INFECTIOUS DISEASES. SIGNED AT BELGRADE, FEBRUARY 22, 1928.

French official text communicated by the Permanent Delegate of the Kingdom of Yugoslavia accredited to the League of Nations and the Resident Minister, Head of the Hungarian Delegation accredited to the League of Nations. The registration of this Convention took place March 2, 1931.

HIS MAJESTY THE KING OF THE SERBS, CROATS AND SLOVENES and HIS SERENE HIGHNESS THE REGENT OF THE KINGDOM OF HUNGARY, desiring to improve public health in their countries by providing for common measures of protection against infectious diseases, with due regard to the recommendations put forth in Articles 9 and 62 of the International Sanitary Convention³, concluded at Paris on June 21, 1926, to which they have acceded,

Have resolved to conclude a Convention for this purpose, and have appointed as their Plenipotentiaries :

HIS MAJESTY THE KING OF THE SERBS, CROATS AND SLOVENES :

Dr. Voislav MARINKOVITCH, His Minister for Foreign Affairs ;

HIS SERENE HIGHNESS THE REGENT OF THE KINGDOM OF HUNGARY :

Baron Paul FORSTER, His Envoy Extraordinary and Minister Plenipotentiary at Belgrade, and

M. Alfred DE NICKL, Counsellor of Legation, Director of the Economic Section in the Royal Hungarian Ministry of Foreign Affairs,

Who, having communicated their full powers, found in good and due form,

Have declared that the provisions of the International Sanitary Convention concluded at Paris on June 21, 1926, shall be compulsory for the Contracting Parties and, with a view to framing regulations in relation thereto, and to completing and supplementing it, have agreed on the following provisions :

I. MUTUAL NOTIFICATION OF INFECTIOUS DISEASES.

Article 1.

The notifications, information and communications relating to infectious diseases, as laid down in the International Convention mentioned in the Preamble, shall be transmitted direct by

¹ Traduit par le Secrétariat de la Société des Nations, à titre d'information.

¹ Translated by the Secretariat of the League of Nations, for information.

² The exchange of ratifications took place at Budapest, December 2, 1930.

³ Vol. LXXVIII, page 229; Vol. XCII, page 409; Vol. CIV, page 513; and Vol. CVII, page 524, of this Series.

the supreme health authorities of each of the Contracting Parties to the corresponding authorities of the other Party, without having recourse to the diplomatic channel. These central authorities are the Ministry of Public Health, in the Kingdom of the Serbs, Croats and Slovenes, and the Ministry of Social Welfare and Labour, in the Kingdom of Hungary.

The notifications and information referred to in Articles 1 and 2 of the aforesaid International Convention shall be transmitted immediately by telegraph; the subsequent communications referred to in Article 4 of the same Convention shall be transmitted daily by letter.

In the notifications, information and communications drawn up in French, the diseases shall be designated by their scientific name in Latin.

Article 2.

In addition to the notifications provided for in the International Convention several times referred to above, each of the Contracting Parties undertakes to notify to the other the occurrence of epidemics of the following diseases in its territory :

- (1) Relapsing fever (*febris recurrens*) ;
- (2) Typhoid fever (*typhus abdominalis et paratyphus*) ;
- (3) Dysentery (*dysenteria*) ;
- (4) Epidemic cerebro-spinal meningitis (*meningitis cerebro-spinalis epidemica*) ;
- (5) Encephalitis (*encephalitis disseminata epidemica*) ;
- (6) Heine-Medin disease (*poliomyelitis anterior acuta*).

An epidemic of one of the infectious diseases enumerated in the preceding paragraph from 1 to 6 shall be held to prevail if an extensive outbreak of that disease has occurred, that is to say, if the number of cases that have occurred considerably exceeds the number of cases usually observed in that area, or if the disease forms a focus there and the prevalence of an epidemic has been recognised by the competent authorities.

The notifications provided for in the present Article shall be transmitted without delay, as soon as the epidemic character of the disease has been established.

The notifications shall include detailed information as to :

- (1) The place where the first case of the disease occurred, the date of its occurrence and its source ;
- (2) The number of cases recorded and of deaths ;
- (3) The number of germ-carriers detected ;
- (4) The size and the number of inhabitants of the areas affected or which may be considered as affected by the infection ;
- (5) The measures taken to arrest the spread of the epidemic.

The first communication shall be followed at least once a week by subsequent written communications until the epidemic is entirely stamped out. These periodical communications shall contain more especially, within the limits of the details mentioned in Nos. 2-5 of the preceding paragraph, information from which the course of the epidemic and the precautions taken to stay the spread of the disease may be followed.

The notifications and communications provided for in this Article shall also be made in the manner specified in the last paragraph of Article 1.

Article 3.

The two Contracting Parties undertake that the competent authorities of first instance in the frontier zones shall regularly notify the other Party's frontier health authorities of first instance of cases of the following infectious diseases, namely :

- (1) Plague (*pestitis orientalis*) ;

- (2) Cholera (*cholera asiatica*) ;
- (3) Exanthematic typhus (*typhus exanthematicus*) ;
- (4) Smallpox (*variola*) ;
- (5) Relapsing fever (*febris recurrens*) ;
- (6) Typhoid fever (*typhus abdominalis et paratyphus*) ;
- (7) Dysentery (*dysenteria*) ;
- (8) Epidemic cerebro-spinal meningitis (*meningitis cerebro spinalis epidemica*) ;
- (9) Diphtheria (*diphtheria*) ;
- (10) Trachoma (*trachoma*) ;
- (11) Scarlet fever (*scarlatina*) ;
- (12) Malaria (*malaria*) ;
- (13) Encephalitis (*encephalitis disseminata epidemica*) ;
- (14) Rabies (*rabies*) and cases of persons bitten by persons or animals suffering from rabies ;
- (15) Anthrax (*anthrax*) ;
- (16) Glanders (*malleus*).

The exchange of notifications provided for in the previous paragraph shall take place in the following manner :

The health authority of first instance situated in the frontier zone of either of the Contracting Parties shall transmit to the frontier health authority of first instance of the other Contracting Party bulletins in accordance with the specimens annexed to the present Convention, giving information on fresh cases of diseases occurring during the week and on measures taken to prevent the spread of the disease. These bulletins shall be transmitted if possible in the first days of each week, but not later than Saturday.

When plague, cholera, exanthematic typhus or smallpox breaks out in the frontier zone of one of the Contracting Parties, the health authorities of first instance of that Party shall immediately give the frontier health authorities of the other Party direct telegraphic notification of each case occurring in their areas, specifying the place, date and source of the case.

The frontier health authorities of first instance shall be considered, within the meaning of the present Convention, to be the authorities whose areas are contiguous, or whose areas, or even any part thereof, are not more than ten kilometres distant from each other.

The Government health authorities mentioned in Article 1 shall by mutual agreement, within two months after the present Convention comes into force, specify the frontier health authorities of first instance of one of the Contracting Parties to whom the weekly bulletins and telegraphic communications of the health authorities of first instance of the other Party shall be addressed.

II. INFECTED AREAS AND AREAS FREE FROM INFECTION.

Article 4.

As regards infectious diseases not covered by the International Sanitary Convention concluded in Paris on June 21, 1926, the area where the disease has broken out shall be regarded as infected as soon as the disease takes on an epidemic character ; it shall cease to be so regarded when the disease loses this character.

Article 5.

The Contracting Parties undertake to give details, in the mutual communications provided for in Article 2, of the areas which are to be regarded, under Article 4, as entirely or partly infected, or as free from infection. In these communications the administrative category of the area shall be indicated by the term used in the administrative law of the State making the communication.

Should either of the Contracting Parties take preventive measures against any of the infectious diseases which have broken out in the territory of a third State and which are covered by the International Sanitary Convention concluded in Paris on June 21, 1926, or mentioned in Article 2, 1—6, of the present Convention, it shall notify them to the other Party, specifying at the same time the areas of the third State which it regards as infected.

Any change in these measures or their complete cancellation, as well as any change in the extent of the epidemic, shall also be notified to the other Party.

III. SUPERVISION OF TRAVELLERS AND TREATMENT OF INFECTED PERSONS OR PERSONS SUSPECTED OF BEING INFECTED.

Article 6.

The provisions contained in Part I, Chapter II, Section VI, of the International Sanitary Convention concluded in Paris on June 21, 1926, several times mentioned above, shall take effect and shall be supplemented as follows :

(1) Medical inspection shall be limited to travellers arriving in the territory of one of the Contracting Parties and coming from an area situated in the territories of the other Party which is recognised as infected with plague, cholera, exanthematic typhus, smallpox or relapsing fever ;

(2) Travellers who are found, on medical examination, to present symptoms of any of the diseases mentioned in the previous paragraph shall be prevented from continuing their journey and shall be isolated either at the frontier station or at the nearest hospital for infectious diseases ;

(3) The provisions of paragraph 1 of the present Article shall not be applied to the railway and postal staff or to the health service staff or to persons delegated by either of the Contracting Parties and travelling in an official capacity ; the provisions of paragraph 2 shall only be applied to these persons if there is no doubt that they are suffering from one of these diseases ;

(4) Emigrants, refugees, pilgrims and seasonal workers travelling in groups, and vagrants may in any case be subjected to a medical examination at the frontier station. During this examination they may be vaccinated (revaccinated) against cholera and smallpox.

IV. DISINFECTION AND DISINSECTISATION OF TRAVELLERS AND GOODS.

Article 7.

The following persons may be subject to individual disinfection and disintectisation :

(1) The persons referred to in Article 6, paragraph 2, at the place where they are isolated ;

(2) The persons referred to in paragraph 4 of the same Article, at the frontier station or place of destination ;

(3) The persons subject to surveillance under Article 61 of the International Sanitary Convention several times referred to above, whenever the health officer at the place of surveillance so advises.

The provisions of Part I, Chapter II, Section II, of the Paris International Convention, several times mentioned above, shall apply to the disinfection and disinsectisation of luggage and goods. Nevertheless, if there is grave suspicion that goods coming from an area infected by typhus are infested with lice, they may be subjected to disinsectisation, even if they could not be so treated under the general provisions.

V. MISCELLANEOUS PROVISIONS.

Article 8.

The Contracting Parties shall ensure that the railway and shipping staffs are given practical instruction in the prevention of infectious diseases.

Waggons, carriages and boats may not pass the frontier except in a clean condition without insects and rats. If the carriages or boats have been carrying persons suffering from or suspected to be suffering from plague, cholera, exanthematic typhus, smallpox or relapsing fever, the carriage or compartment of the carriage, and the boat or separate part of the boat occupied by such persons shall be disinfected and disinsectised. In this case the carriages shall be temporarily withdrawn from traffic.

The frontier stations shall be provided with a supply of good drinking water, all the premises (in particular the privies) shall be kept clean. The goods offered for sale in the stations shall be unexceptionable from a health point of view.

Article 9.

In order to facilitate the application of the defensive measures laid down in Articles 6 to 8, the Contracting Parties undertake to provide the frontier stations on the main railway and shipping lines with the sanitary equipment necessary for medical inspection, isolation, disinfection and disinsectisation.

Three months at latest after the date of the exchange of ratifications of the present Convention, the supreme health authorities of the Contracting Parties shall inform each other of the frontier stations at which they will apply the provisions laid down in Articles 6 to 9 in case of an epidemic.

Article 10.

If wide-spread epidemic entailing a high rate of mortality prevails in the territories of one of the Contracting Parties, the other Party shall have the right to restrict to a single line the traffic in persons and goods coming from that territory. The supreme health authorities of the Contracting Party applying this measure shall immediately inform the other Party thereof by telegraph.

Article 11.

The present Convention shall not in any way affect existing and future international sanitary arrangements relating to navigation on the Danube.

Article 12.

In frontier traffic, a person passing the frontier may be subjected to medical examination if the area situated in the frontier zone from which he arrives is recognised as infected.

Frontier cards must bear an attestation by the competent authorities to the effect that the bearer has been examined for trachoma by the official medical officer. If, during this examination, the person is found to be suffering from infectious trachoma, the frontier card must also certify that the person is being medically treated for trachoma in his own territory. The Contracting Parties shall take steps to ensure that the medical inspections carried out and the certificates issued by the medical officer in their territory shall be free of charge.

Article 13.

The expenses involved by the preventive measures provided for in the preceding articles shall be borne by the State which applies them. Travellers or other persons to whom these measures have been applied may therefore not be charged any fees. The Contracting Parties shall not be responsible for damage caused by disinfection, disinsectisation, deratisation or surveillance.

Article 14.

In accordance with the recommendation of the Health Section of the League of Nations, each of the Contracting Parties undertakes to provide the other Party regularly with fortnightly epidemiological reports. These reports shall be copies of the reports sent into the said Section. They shall be sent by both Parties and at the same time as the said reports.

Article 15.

The Contracting Parties express their readiness to assist each other, so far as necessary and possible, in preventing epidemics. In particular, they undertake to place at each other's disposal expert staff, travelling laboratories and instruments, and to transfer to each other sera, vaccines, disinfectants, etc., at a reasonable price.

The supreme health authorities of the Contracting Parties shall determine, either in a general way or as occasion arises, how such assistance is to be afforded.

Article 16.

The Contracting Parties grant each other the right to attach to their Legations permanent or temporary health delegates with a view to collecting information on public health questions in general, health installations and the sanitary police provisions in force, as well as on the application of the provisions of the present Convention.

The two Contracting Parties undertake to furnish these delegates with all information and to lend them such assistance as they may require to carry out their work.

FINAL PROVISIONS.

Article 17.

In the events of any disputes arising in the application of the present Convention, the Contracting Parties shall have recourse to the Office International d'Hygiène Publique.

After the exchange of ratifications, the present Convention shall be communicated to that Office and to the Health Section of the League of Nations.

Article 18.

The present Convention shall come into force three months after the exchange of ratifications and shall remain in force until it is denounced by either of the Contracting Parties. The denunciation shall be notified to the other Contracting Party one year in advance.

In faith whereof the Plenipotentiaries have signed the present Convention and have thereto affixed their seals.

Done at Belgrade in two original copies, February 22, one thousand nine hundred and twenty-eight.

(L. S.) (Signed) Dr. V. MARINKOVITCH.

(L. S.) (Signed) FORSTER.

(L. S.) (Signed) NICKL.

Annex to the Convention concluded between the Kingdom of Hungary and the Kingdom of the Serbs, Croats and Slovenes regarding measures of protection against infectious diseases.

..... Province (megye, oblast) District (járás, srez)

MONTHLY BULLETIN

on cases of infectious diseases occurring during the week from to

1.	2.	3.	4.	5.	6.	7.
Name of the disease	Place where the disease occurred	Number of cases carried over from the previous week. (To be filled in only in the case of cholera and plague.)	Fresh cases	Number of deaths	Information regarding the source of the disease and the measures taken	Remarks

..... 193..., the

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District Medical Officer

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Head of the District