N° 967.

ESTHONIE ET LETTONIE

Convention sanitaire, signée à Tartu, le 24 juin 1922.

ESTHONIA AND LATVIA

Sanitary Convention, signed at Tartu, June 24, 1922.

¹ Translation.

No. 967. — SANITARY CONVENTION BETWEEN ESTHONIA AND LATVIA, SIGNED AT TARTU, JUNE 24, 1922.

The Government of the Latvian Republic of the one part and the Government of the ESTHONIAN REPUBLIC of the other part, desirous of protecting public health against the introduction and spread of infectious diseases, have resolved to conclude a Sanitary Convention, and for this purpose have appointed as their Plenipotentiaries:

THE GOVERNMENT OF THE LATVIAN REPUBLIC:

MM. Janis Kivitcky and Karlis Barons:

THE GOVERNMENT OF THE ESTHONIAN REPUBLIC:

MM. Alfred Möttus, Siegfried Talvik and Herman Hellat;

who, having communicated their full powers, found in good and due form, have agreed as follows:

T.

OBLIGATIONS OF THE CONTRACTING PARTIES IN THE EVENT OF THE OUTBREAK OF INFECTIOUS DISEASES WITHIN THEIR TERRITORIES.

Paragraph 1.

Each of the Contracting Parties shall notify the other Party, telegraphically if possible, of the first appearance of cases of cholera or plague within its territory, as well as of any suspected cases. The Contracting Parties likewise undertake to inform each other of any typhus or relapsing fever epidemics breaking out in their territories.

Paragraph 2.

The notification of these diseases shall contain the following particulars: the name of the disease (the technical Latin designation) and the form in which it appears, the date and place of its appearance, the number of cases and of deaths, the origin of the epidemic, the name of the infected administrative area (see Article 10) and the measures adopted.

Any deaths of which information had been received by the authorities previous to notifica-

tion shall be included in the return of cases.

¹ Translated by the Secretariat of the League of Nations.

Paragraph 3.

In addition to the immediate notification provided for in Paragraph 1, weekly reports shall be communicated with regard to the subsequent course of the diseases mentioned in Paragraph 1.

Paragraph 4.

Each of the Contracting Parties also undertakes to transmit regularly to the other Party any information which it may possess or which may appear in periodical publications in regard to public health conditions and in particular the progress of infectious diseases.

Paragraph 5.

The immediate telegraphic notifications provided for in Paragraph 1, together with the information provided for in Paragraphs 3 and 4, shall be transmitted by the central Public Health Authorities of the country concerned, if possible direct to the central Public Health Administration of the other Contracting Party. A similar communication shall be made simultaneously in all cases to the diplomatic representative of the other Contracting Party.

Paragraph 6.

The present Convention may be extended by a special agreement concluded through diplomatic channels to other infectious diseases not mentioned in Paragraph 1.

Paragraph 7.

In the event of either of the Contracting Parties receiving trustworthy information with regard to the outbreak of an infectious epidemic disease in a locality belonging to a neighbouring country and adopting preventive measures in consequence, that Party shall inform the other Contracting Party of the preventive measures which it has taken and of the circumstances which gave rise to their adoption.

Paragraph 8.

The Contracting Parties undertake to adopt the following measures in their ports in respect of outgoing vessels:

(a) To prohibit the embarkation of persons showing symptoms of plague, cholera, typhus or relapsing fever;

(b) To prohibit the embarkation of persons coming from cholera-infected areas, unless they have undergone preventive vaccination;

(c) To prohibit the embarkation of persons coming from areas infected with typhus or relapsing fever unless they have undergone disinsectisation; the disinsectisation of passengers and of their soiled linen, clothes and used bedding shall if possible be carried out during the 24 hours preceding their embarkation;

(d) In the case of plague, to take steps to prevent rats from entering the vessels (to provide the ropes with guards, to draw up the gangways when not in use, etc.).

(e) In the case of cholera, to see to it that the drinking water in the ship's tanks is free from infection.

II.

MEASURES APPLICABLE TO INFECTED AREAS.

Paragraph 9.

A town, a district or a commune (Wolostj) may be declared infected. In the case of cholera any area in which a centre of infection ¹ has been formed may be declared infected; in the case of typhus or relapsing fever any area in which the disease has assumed an epidemic character; and, in the case of plague, any area in which the existence of one or more non-imported cases has been established.

Notifications to the effect that a territorial unit has been declared infected and that measures have been instituted by one of the Contracting Parties to prevent the spread of the disease outside the infected area shall be made in accordance with the provisions of Paragraph 5.

Paragraph 10.

A town, district or commune which has been declared infected in accordance with Article 9 shall be regarded as free from infection: in the case of cholera or plague, on the expiration of a period of five days from the death or isolation of the last patient; in the case of typhus or relapsing fever, when the decrease in the number of cases and the fact that cases have become sporadic show that the disease has lost its epidemic character.

Paragraph 11.

The following measures may be taken to prevent the spread of the infectious diseases enumerated in Paragraph ${\tt r}$:

(a) Medical inspection and examination;

- (b) Evacuation and isolation of persons suffering or suspected of suffering from one of these diseases;
- (c) Disinfection and disinsectisation of passengers and their luggage and of railway carriages and infected parts of vessels;

d) Disinfection of goods, and, in the case of plague, deratisation;

- (e) Prohibition of persons not vaccinated against cholera from entering the country; and
- (f) Health propaganda.

III.

Goods.

Paragraph 12.

Goods may only be subjected to disinfection if the medical authorities 2 are satisfied that there is clear evidence that the goods or their wrappings are contaminated.

A centre of infection is considered to exist if the appearance of cholera among persons outside the immediate environment of the first case or cases shows that the attempts to restrict the spread of the disease to the place where it first made its appearance have not been successful.

² The expression "medical authorities" in this Convention means a medical officer authorised for the purpose by the State.

Nevertheless, the following goods may, if they come from an area infected with one of the diseases mentioned in Paragraph 1, be subjected to disinfection 1 and their importation may be prohibited until they have been disinfected.

- (a) Clothing and linen and bedding which have been worn or used. If these articles are transported as personal luggage or on account of the owner's change of residence, they shall not be subjected to the import prohibition and shall be treated in accordance with Paragraph 26.
- (b) Rags, excluding compressed rags packed in bales hooped with iron.

The importation of the following goods shall not be prohibited: new clippings, coming direct from spinning or weaving mills, workshops for the manufacture of clothing or laundries, as well as artificial wool and new waste paper.

The passage of goods in transit across the territory of one of the Contracting Parties may not be prohibited if the goods are packed in such a manner as to exclude all risk of infection; such goods shall not be subjected to disinfection.

IV.

MARITIME FRONTIERS.

Paragraph 13.

Classification of Vessels.

A vessel shall be regarded as infected if it has on board persons suffering from cholera, plague, typhus or relapsing fever or if cases of cholera or plague have occurred on board within the last seven days, cases of relapsing fever within the last eight days or cases of typhus within the last fourteen days.

A vessel shall be regarded as suspect on board which there have been cases of cholera, plague, typhus or relapsing fever at the moment of departure or during the voyage but on board which no new case of cholera or plague has occurred within the last seven days, of relapsing fever within the last eight days, or of typhus within the last fourteen days.

A vessel may be regarded as free from infection although coming from an infected port if no case of the diseases in question or death therefrom has occurred at the time of departure, during the voyage or at the time of arrival.

Paragraph 14.

Infected vessels shall be subjected to the following measures:

(a) Medical inspection;

(b) Immediate disembarkation and isolation of the patients, together with disinfection and, if necessary, disinsectisation; the same treatment shall be applied to persons showing suspicious symptoms of these diseases;

¹ Disinfection and disinsectisation are to be carried out according to scientifically recognised methods and in a manner suited to the character of the goods.

- (c) Persons who have been in contact with cholera or plague patients shall be subjected to observation ¹ or to medical supervision ² for a period not exceeding five days from the date of arrival of the vessel. Persons who have been in contact with typhus or relapsing-fever patients shall not be subjected to observation but shall be required, after disinsectisation, to undergo medical supervision for a period not exceeding eight days in the case of relapsing fever or fourteen days in the case of typhus;
- (d) Soiled linen, and all cloths and articles used by the ship's crew and the passengers, which are regarded as infected by the medical authorities of the port of arrival shall be subjected to disinfection or disinsectisation;

(e) All the parts of the vessel which have been occupied by sick persons, together with those parts which are declared infected by the local medical authorities, shall be subjected in the case of cholera or plague to disinfection and in the case of

relapsing fever or typhus to disinsectisation;

(f) The following measures may also be applied in the case of cholera-infected vessels: the replacement of the drinking water in the tanks by absolutely pure water, the disinfection of the bilge water and all suspected drinking water before such water is emptied into the harbour; the prohibiting of the emptying of human excrement and of the vessel's waste water into the harbour until they have been disinfected;

(g) In the case of plague-infected vessels, in addition to the measures enumerated in Points (a) to (e) of this Paragraph, deratisation shall be applied before or after the unloading of the goods, care being taken to avoid damaging the goods or the metal parts or machinery of the vessel; in the case of vessels carrying ballast, deratisation shall be effected before loading; the measures enumerated in Paragraph 8, Point (d), shall also be applicable.

No vessel, however, in respect of which deratisation is carried out shall be detained for more than forty-eight hours.

Paragraph 15.

Suspect vessels shall be subjected in the case of cholera to the measures enumerated in Points (a), (d), (e) and (f) of Paragraph 14; in the case of plague, in Points (a), (d), (e) and (g) of the same Paragraph; and in the case of relapsing fever and typhus, in Points (a), (d) and (e) of the same Paragraph.

In addition, the crew and the passengers may be subjected to medical supervision for a period not exceeding five days in the case of cholera or plague, eight days in the case of relapsing fever

and fourteen days in the case of typhus from the date of arrival of the vessel.

Paragraph 16.

Vessels free from infection coming from an infected port shall at once be given free pratique, irrespective of their bill of health. The competent authorities of the port have, nevertheless, the right to prescribe the following measures: in the case of cholera, the measures enumerated in Points (a), (d) and (!) of Paragraph 14; in the case of plague, the measures set forth in Points (a),

¹ The term "observation" means the isolation of the passengers either on board a vessel or at a health station before allowing them to move about freely.

² Passengers subjected to "medical supervision" are not isolated; they are at once permitted to move about freely but their names are communicated to the authorities of the various localities to which they are proceeding and they are placed under medical supervision there in order that their state of health may be ascertained.

(d) and (g) of the same Paragraph and in the case of relapsing fever or typhus the measures set forth in Points (a) and (d) of the same Paragraph.

The crew and the passengers may be subjected to medical supervision during the period prescribed in Paragraph 14, reckoned from the date of departure of the vessel from the infected port.

Paragraph 17.

In the event of an unusual mortality being observed among the rats on a non-infected vessel coming from a plague-infected port, the medical authorities of the port of arrival may examine the rats in order to ascertain whether they are infected with plague. If the test gives positive results, deratisation shall be carried out in accordance with Point (g) of Paragraph 14.

The following measures may be prescribed in respect of such vessels:

(a) Medical inspection;

(b) Disinfection of the ship's quarters and of all objects which, in the opinion of the medical authorities, might be infected;

(c) Supervision of the crew and the passengers for a period of five days from the date of arrival of the vessel.

Paragraph 18.

With a view to reducing to a minimum all measures likely to hamper maritime traffic on the frontiers, the Contracting Parties agree to take into consideration, in the application of the measures enumerated in Paragraph 13–15, the preventive measures carried out at the time of departure from the infected port and during the voyage, the presence on board of an officially recognised doctor and the existence of equipment for disinfection, disinsectisation and deratisation.

The competent authorities of the port of arrival may at any time ask for a certificate on oath from the ship's doctor or, in the absence of a doctor, from the captain or his representative, to the effect that no cases of cholera, plague, relapsing fever or typhus have occurred on board since the departure of the vessel.

Paragraph 19.

The Contracting Parties reserve the right to prescribe special measures of disinfection, disinsectisation and cleansing in respect of all vessels in a bad sanitary condition.

Paragraph 20.

Any vessel which refuses to submit to the measures prescribed by the Health Authorities of the port on the basis of the present Convention shall be entitled to put to sea.

Such a vessel may be permitted to unload her cargo, subject to the following conditions:

(a) Isolation of the vessel, her crew and passengers;

(b) In the case of plague, information must be given whether there has been unusual mortality among the rats:

(c) In the case of cholera, the drinking water must be replaced by absolutely pure water, if the ordinary supply is declared suspect, in conformity with the provisions of Point (!) of Paragraph 14.

The passengers may be permitted to land, provided that they comply with the regulations of the local medical authorities.

Paragraph 21.

The medical authorities of the port of arrival shall furnish the captain of the vessel, the shipowner, or his agent, at their request, with a certificate as to the measures applied and the reasons for their application. The passengers on board the vessel are entitled to demand from the medical authorities of the port a certificate showing the time of arrival and the measures to which they and their luggage have been subjected.

Paragraph 22.

Each of the Contracting Parties undertakes to establish a medical inspection post in at least one of its Baltic ports, and so to equip it that it may be able to receive vessels of all classes. The post must be so organised that the health control measures can be carried out without delay.

V.

LAND FRONTIERS.

Paragraph 23.

Persons coming from infected areas or showing symptoms of one of the diseases mentioned in Paragraph I shall be subjected at the frontier to individual medical inspection and examination. Persons suspected to be suffering from cholera or plague may, if it should appear necessary, be subjected to a diagnostic bacteriological examination. The medical inspection and examination shall be carried out in such a way as to hamper frontier traffic as little as possible.

Paragraph 24.

Persons who, as a result of medical examination are found to be suffering or are suspected of suffering from one of the diseases mentioned in Paragraph 1 shall be isolated and sent for treatment by the medical authorities of the State of destination to establishments specially equipped for the purpose, where they shall remain until they are cured or until their condition has been finally diagnosed.

Persons in good health may not be detained for purposes of observation. Persons who come from infected areas or who have been in contact with a person suffering from one of the diseases mentioned in Paragraph 1 may, after their arrival at their place of destination, be subjected to medical examination, within 5 days in the case of cholera or plague, within 8 days in the case of relapsing fever or within 14 days in the case of typhus, reckoned from the time of the person's departure from the infected area or of the discovery of the disease at the frontier. For this purpose, such persons may be required to report themselves to the competent health authorities after their arrival at their place of destination.

Paragraph 25.

Railway employees and employees of the Health Service, together with officially accredited delegates of Governments, shall only be subjected to sanitary measures at the frontier if it is evident that they are suffering from one of the diseases in question.

Paragraph 26.

Personal luggage suspected of being infected shall only be subjected to disinfection or disinsectisation when this is considered necessary by the officially authorised medical officer, subject

to the provisions of Paragraph 25.

The Contracting Parties reserve the right to subject certain categories of travellers, such as gipsies, vagrants, seasonal workers, refugees, immigrants, emigrants or persons returning to their homes, pilgrims and, in general, persons travelling in large groups and crossing the frontier under unhygienic conditions, to such special measures as may appear necessary in their case, such as isolation of the patients and of persons who have come into contact with them, disinfection and disinsectisation of the travellers and of their luggage, bacteriological examination of the travellers, vaccination, hair-cutting, etc.

Paragraph 27.

With a view to the prevention of cholera, prophylactic vaccination may be carried out at the frontier in the case of persons who do not produce an official certificate showing that they have been so vaccinated at a sufficiently recent date. In the event of their refusing to submit to the prescribed measures, they shall not be allowed to cross the frontier.

VI.

RAILWAYS AND OTHER TRAFFIC ROUTES.

Paragraph 28.

The measures enumerated in Paragraph 11 shall be applied to persons arriving at the frontier by rail together with their luggage; such measures shall, however, be applied in such a way as not to impede railway traffic. For this purpose the Contracting Parties shall take steps to establish suitable medical control posts at the frontier stations.

Paragraph 29.

The Contracting Parties undertake:

- (a) to ensure the cleanliness and the disinfection, disinsectisation or deratisation of all trains proceeding to the frontier and of the personnel employed therein;
- (b) to establish strict medical control of the sanitary conditions in railway stations within the frontier area, to arrange that pure drinking water is supplied, that the closets, in trains and at stations, and the buffets are kept clean and that in times of cholera the sale of products involving a risk of infection is forbidden;
- (c) to ensure in their respective frontier areas that persons suffering from one of the diseases mentioned in Paragraph I are evacuated in time, and that the measures which are necessary in such cases are carried out. The Contracting Parties undertake to inform each other of such cases according to the terms of Paragraph 5.

Paragraph 30.

In the event of a person suffering from one of the diseases mentioned in Paragraph 1 being found in a train arriving at the frontier, the railway wagon or compartment in question shall be disinfected by the authorities of the station of arrival, the waggon, if necessary, being uncoupled. The passengers who have been in contact with the sick person shall be medically examined. Persons found to be in good health shall not be detained, but they may be cleansed and their luggage disinfected and in the case of relapsing fever or typhus they and their luggage may be subjected to disinsectisation.

Paragraph 31.

The principles and provisions of the present Convention shall also apply subject to the necessary modifications to road traffic and to inland and to aerial navigation.

VII.

MEDICAL CONTROL POSTS AT THE FRONTIERS.

Paragraph 32.

In order to ensure the application of the prescribed measures, medical control posts shall be established at the points where railways, roads and rivers cross the frontier. These control posts must be provided with adequate premises and equipment for undertaking medical examinations, for isolating and treating persons suffering or suspected of suffering from a disease and for carrying out disinfection and disinsectisation without interrupting the ordinary traffic.

Paragraph 33.

The points at which such control posts are to be established shall be determined by agreement between the central health authorities of the two Parties. The Contracting Parties reserve the right, in the event of the breaking out of serious epidemics, temporarily to prohibit the crossing of the frontier to travellers and vehicles coming from the territory or from certain parts of the territory of the other country at the points where the establishment of medical control posts would present serious difficulty. The intention to do this must be communicated to the other Contracting Party at least 15 days in advance.

The Contracting Parties undertake, however, to ensure the free passage of persons and goods

across the other points on the frontier.

VIII.

MEASURES APPLICABLE IN THE FRONTIER AREAS.

Paragraph 34.

The districts situated on the frontier or within 5 kilometres therefrom shall be regarded as forming part of the frontier areas. The Contracting Parties shall communicate to each other, within one month of the coming into force of the present Convention, a list of their frontier districts, together with information as to their sanitary authorities stationed therein. In the event of the outbreak of cholera, plague, typhus or relapsing fever in the frontier areas, the health authorities shall get into touch with each other in accordance with the provisions of Paragraph 5 for the purpose of supplying each other with information.

Information shall be supplied on the following points:

- (a) the first appearance of any of the above-mentioned diseases;
- (b) the further course of the diseases (periodical reports);
- (c) the measures adopted.

In addition, the health authorities of the frontier districts shall inform each other with regard to other infectious diseases, in the event of their assuming an epidemic character. The first notifications shall, if possible, be made telegraphically.

Paragraph 35.

The sanitary measures prescribed in the present Convention in respect of railway and other traffic routes may also be applied to the local frontier traffic. Nevertheless, the Contracting Parties undertake to facilitate frontier traffic as far as possible by only applying such of the measures enumerated in the present Convention as are absolutely necessary.

Paragraph 36.

In the event of the outbreak of cholera in frontier districts, the importation of fresh fruit, vegetables and dairy produce from the infected frontier area may be prohibited.

IX.

SMALLPOX.

Paragraph 37.

The compulsory notification provided for in Paragraphs 1 and 2 of the present Convention shall also apply to smallpox in the event of that disease assuming an epidemic character.

Paragraph 38.

The Contracting Parties reserve the right to prohibit persons coming from places where there is an epidemic of smallpox (see Paragraph 37) from crossing the frontier, unless they can produce a certificate to the effect that they have undergone vaccination within a sufficiently recent period, or are prepared to undergo preventive vaccination.

X.

GENERAL PROVISIONS.

Paragraph 39.

The Contracting Parties shall reciprocally recognise the validity of certificates regarding preventive vaccination, disinfection, disinsectisation, deratisation and any other preventive sanitary measures issued by the official medical officers appointed for the purpose.

Paragraph 40.

The present Convention shall remain in force for five years as from the date of its ratification; it shall be deemed to have been renewed for a further period of five years if neither of the Contracting Parties expresses the desire, six months before the expiration of the period mentioned above, to revise it or to denounce it.

Paragraph 41.

The present Convention shall be ratified and shall come into force after the exchange of the instruments of ratification, which shall take place as soon as possible at Reval.

Paragraph 42.

The present Convention has been drawn up in the German and Esthonian languages, and both texts shall be regarded as authoritative.

In faith whereof the Plenipotentiaries of the Contracting Parties have signed the present Convention in two authentic copies (see Paragraph 42), and have thereto affixed their seals.

TARTU, June 24, 1922.

J. KIVITCKIS. K. BARONS.

A. MÖTTUS.

S. TALVIKS.

H. HELLAT.