

N° 1499.

ALLEMAGNE ET LETTONIE

Convention sanitaire. Signée à Berlin, le 9 juillet 1926.

GERMANY AND LATVIA

Sanitary Convention. Signed at Berlin, July 9, 1926.

¹ TRANSLATION.

No. 1499. — SANITARY CONVENTION BETWEEN LATVIA AND GERMANY. SIGNED AT BERLIN, JULY 9, 1926.

THE LATVIAN REPUBLIC, of the one part, and THE GERMAN REICH, of the other part, being equally desirous of promoting public health in the two countries, have decided to conclude a Sanitary Convention and for this purpose have appointed as their Plenipotentiaries :

THE PRESIDENT OF THE LATVIAN REPUBLIC :

Dr. Oskar WOIT, Envoy Extraordinary and Minister Plenipotentiary of the Latvian Republic at Berlin ;

THE PRESIDENT OF THE GERMAN REICH :

Dr. Erich WALLROTH, Directeur in the Ministry of Foreign Affairs ;

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

I.

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

Article 1.

The Contracting Parties undertake to notify each other immediately by telegram of the first recognised or suspected case of Asiatic cholera (*cholera asiatica*) or plague (*pestis*) and to give each other information in writing of any epidemic of smallpox (*variola*), relapsing fever (*febris recurrens*) or typhus (*typhus exanthematicus*) which may occur.

Article 2.

The notification of the diseases mentioned in Article 1 shall specify :

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

¹ Translated by the Secretariat of the League of Nations.

Article 3.

In addition to the notifications provided for in Article 1, which are to be made immediately, the Contracting Parties undertake to send one another weekly returns showing the subsequent development of the diseases specified in Article 1, together with a statement of the measures taken and any circumstances which may be of epidemiological importance. These weekly returns shall rectify any errors or inaccuracies that may be contained in the earlier notifications.

Article 4.

Each of the Contracting Parties undertakes to communicate regularly to the other all epidemiological information published by its 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 the Contracting States, or shows a tendency to become epidemic, the State in question shall be bound to notify the other Contracting State and to give it full particulars.

Article 5.

The notifications and particulars referred to in Articles 1, 3 and 4 shall be forwarded by the Central Public Health Authorities of one State direct to those of the other. The same statement shall also be forwarded to the diplomatic representative of the other State.

Article 6.

The present Convention may, by mutual agreement between the respective Governments, 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 the other State, and has accordingly adopted precautionary measures, it shall inform the other Contracting State of these precautionary measures and shall communicate to it the information which led to their adoption.

II.

CONDITIONS UNDER WHICH A LOCAL AREA MAY BE REGARDED AS INFECTED OR AS HAVING CEASED TO BE INFECTED.

Article 8.

Only an administrative area, *e. g.*, a district, town or rural commune may be declared an infected area. Such an area may only be declared infected : in the case of cholera, when a focus of infection¹ has been formed ; in the case of smallpox, relapsing fever or typhus, when an epidemic

¹ A " focus " 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 where it first appeared.

of these diseases has broken out ; and, in the case of plague, when one or more non-imported cases have been observed.

Notification that an area is declared to be infected and that the appropriate measures have been taken shall be effected in accordance with the provisions of Article 5.

Article 9.

In order that an administrative area may cease to be regarded as infected, it must be officially established :

(1) (a) In the case of plague or cholera, that no case of death or fresh infection has occurred within five days.

(b) In the case of smallpox, typhus or relapsing fever, that a decrease in the number of cases or the fact that cases have become sporadic makes it possible to conclude that the disease has lost its epidemic character.

(2) That all measures of disinfection and delousing have been enforced ; further, in the case of smallpox, that preventive vaccination has been carried out and in the case of plague that measures of deratisation have been adopted.

III.

MEASURES OF DEFENCE AGAINST INFECTED AREAS.

Article 10.

The following measures may be taken to prevent the introduction of the diseases enumerated in Article 1 :

(a) Medical inspection and examination.

(b) Evacuation and segregation of persons suffering or suspected¹ to be suffering from one of the above-mentioned diseases and also of persons suspected of infection² who have been in direct contact with one so suffering.

(c) The disinfection and, in the case of typhus or relapsing fever, the delousing of persons and baggage and of railway wagons and parts of vessels, and also, in the case of smallpox, vaccination.

(d) The disinfection and, in the case of plague, the deratisation of goods.

(e) In the case of cholera or smallpox, refusal to admit persons who have not been inoculated or vaccinated against these diseases.

¹ The term " suspected to be suffering " shall apply to sick persons whose symptoms are such that there is reason to believe that the disease is about to declare itself.

² The terms " suspected of infection " shall apply to persons who do not yet exhibit such symptoms, but in regard to whom there is reason to believe that the germ of the disease is present. A distinction is made between persons indirectly and directly suspected of infection. Indirect suspicion of infection applies as a rule to members of the family and persons living with a patient and also to persons who have used infected objects. The present Convention accordingly lays down stricter measures for such persons than for persons who are only indirectly suspected of infection.

IV.

TREATMENT OF INCOMING AND TRANSIT TRAFFIC.

Article 11.

Persons coming from infected areas, and, more particularly, persons in whom symptoms of one of the diseases mentioned in Article 1 are detected, shall be liable to thorough individual examination at the frontier. Persons suspected of cholera or plague may, in case of need, be subjected to bacteriological examination. Inspection and medical examination should hamper frontier traffic as little as possible.

Passengers who have been in contact with sick persons shall be subjected to medical inspection. Persons found to be free of infection, unless directly suspected of infection, shall not be detained, but may be required, like their luggage, to undergo disinfection, and, in the case of relapsing fever or typhus, delousing.

Article 12.

Persons who, as the result of medical examination, are ascertained to be suffering from, or are directly suspected to be suffering from, one of the diseases mentioned in Article 1, may be isolated by the public health authorities of the State to which they are proceeding, and treated and kept under observation¹ in an establishment specially equipped for this purpose; they shall remain there until they are completely cured or until their case has been finally diagnosed.

Persons coming from infected areas or who have been only in indirect contact with persons suffering from one of the diseases mentioned in Article 1 may be kept under medical supervision² for a period which may not exceed five days for cholera, seven days for plague, eight days for relapsing fever, and fourteen days for typhus or smallpox, counting as from the date on which the person concerned left the infected area or the existence of the disease was ascertained at the frontier. Such persons may be required, for this purpose, to report to the competent public health authorities on arrival at their destination.

Article 13.

Public health and railway officials, and persons travelling in the official service of their Governments, shall only be subjected to sanitary measures if they are proved to be suffering from one of the diseases specified in Article 1.

Article 14.

Personal luggage shall be liable to disinfection, and, if necessary, delousing, when, in accordance with the provisions of Article 11 and in the opinion of the competent medical officer, there is reason to suspect that it is infected.

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

² The term "under medical supervision" means that persons will not be isolated but will be allowed to move about freely; their names will, however, be notified to the authorities in the various places to which they are proceeding, where they will be subject to medical inspection for the purpose of ascertaining their state of health.

Article 15.

The Contracting States reserve the right, in respect of certain categories of persons travelling in parties and under unhygienic conditions, such as seasonal workers, refugees, pilgrims, emigrants, returning emigrants, repatriated persons, vagrants, gypsies, etc., to apply special health measures, as, for instance : isolation of infected persons or of all who have been in contact with an infected person, disinfection and delousing of persons and baggage, bacteriological examination of passengers, vaccination, haircutting, etc.

Article 16.

With a view to the prevention of cholera and smallpox, prophylactic vaccination may be carried out at the frontier, if the person concerned cannot prove by means of an official certificate that he has been vaccinated at a sufficiently recent date.

Article 17.

Persons arriving at the frontier by train, and also their baggage, shall be dealt with in accordance with the provisions laid down in Articles 11-16. These measures shall always be carried out in such a way as not to impede railway traffic.

With this object in view, the Contracting States undertake to erect at their frontier stations premises suitably equipped for medical examination and of a capacity corresponding to the volume of traffic usually passing through these stations.

Article 18.

When a person suffering from one of the diseases specified in Article 1 is discovered on a train arriving at the frontier, the wagon shall be disinfected or deloused. It shall, if necessary, be detached.

Article 19.

The foregoing provisions shall apply *mutatis mutandis* to air traffic.

Article 20.

Any passenger refusing to comply with the provisions laid down in Articles 11-19 may be refused admittance into the country.

V.

MARITIME TRAFFIC.

Article 21.

The Contracting States shall be bound to take the following measures in their ports with regard to sea-going vessels :

(a) To prevent the embarkation of persons showing symptoms of cholera, plague, smallpox, relapsing fever, or typhus, and likewise of persons who have been in direct contact with those suffering from such diseases.

(b) Similarly, to prevent the embarkation of persons coming from cholera or small-pox-infected districts, unless such persons have undergone preventive vaccination within the proper period.

(c) Further, to prohibit the embarkation of persons coming from districts in which relapsing fever or typhus is prevalent, unless such persons have been thoroughly deloused. The delousing of passengers, their soiled linen, clothing and used bedding, shall, as far as possible, be carried out within the 24 hours preceding embarkation.

(d) In the case of plague, measures shall be taken to prevent rats from gaining access to vessels. (Vessels shall be moored with ropes equipped with "guards"; gangways and floating bridges shall be disconnected, when not in use, etc.)

(e) In the case of cholera, care should be taken that the drinking water brought on board should be absolutely pure.

Article 22.

A vessel shall be regarded as infected if cases of cholera, plague, smallpox, typhus or relapsing fever are found on board or if it has had on board cases of cholera within the last five days, plague within the last seven days, relapsing fever within the last eight days or smallpox or typhus within the last fourteen days, or if, as the result of a systematic search or in any other way, plague-carrying rats have been found on board.

A vessel shall be regarded as suspect if at the moment of departure or during the voyage cases of cholera, plague, relapsing fever, smallpox or typhus, 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 relapsing fever within the last eight days or of smallpox or typhus within the last fourteen 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 within the three days before departure, during the voyage or at the time of her arrival, and if neither the presence of plague-carrying rats nor unusual mortality among rats has been discovered as the result of a systematic search or in any other way.

Article 23.

Infected vessels shall be subjected to the following measures :

(1) Inspection and medical examination.

(2) Sick persons and persons suspected of suffering from the disease in question or of direct infection (*Vide* Article 10 (b)) shall immediately be landed and isolated; they shall be disinfected and deloused and in the case of smallpox shall also undergo preventive vaccination.

(3) Persons who have only been in indirect contact with cases of cholera, smallpox or plague, shall be subjected to medical supervision (*Vide* Article 12, paragraph 2) and in the case of smallpox shall also undergo immediate preventive vaccination. The period of supervision shall not exceed, in the case of cholera, five days, plague seven days and smallpox fourteen days, reckoned as from the vessel's arrival.

Persons who have only been in indirect contact with cases of typhus or relapsing fever shall not as a rule be subjected to medical supervision. Persons of the categories mentioned in Article 15 shall, however, after delousing, be kept under medical super-

vision for a period not exceeding eight days in the case of relapsing fever and fourteen days in the case of typhus.

(4) Soiled linen and all clothes and articles used by the passengers or crew which may be regarded as infected by the sanitary authorities of the port of destination shall be disinfected or, if necessary, deloused.

(5) All parts of a vessel declared by the competent medical official to be infected shall be subjected in the case of cholera, smallpox and plague to disinfection and in that of relapsing fever or typhus to delousing.

(6) In the case of cholera-infected vessels, the following additional measures may be ordered : disinfection of suspect drinking water, bilge water and ballast water before it is thrown into the port ; disinfection of tanks, renewal of the drinking water carried on board. Human excrements and waste water must not be discharged into the harbour or allowed to reach it in any other way without first being disinfected.

(7) In the case of plague infected vessels, in addition to the measures laid down in paragraphs 1 to 5, deratisation shall be carried out either before or after the unloading of the cargo, every precaution being taken not to damage the goods or machinery. In the case of vessels in ballast, deratisation shall take place before loading.

Vessels shall be subjected to deratisation within forty-eight hours after arrival.

Article 24.

Vessels suspected of cholera infection shall be dealt with according to paragraphs 1-6 of Article 23, those suspected of plague infection according to paragraphs 1-5 and 7 of Article 23, and those suspected of relapsing fever or typhus infection according to paragraphs 1-5 of Article 23. Furthermore, the passengers and crew shall be kept under medical supervision for a period not exceeding five days for cholera, seven days for plague, eight days for relapsing fever and fourteen days for smallpox or typhus, counting as from the date of the vessel's arrival.

Article 25.

Non-infected vessels arriving from non-infected ports shall be granted " free pratique " immediately. They shall not be required to produce a clean bill of health.

Non-infected vessels, even when they come from infected ports, may be granted " free pratique " after they have presented their papers. The competent public health authorities in the port of destination shall have the right to take the following measures :

In the case of cholera, the measures laid down in paragraphs 1, 4 and 6 of Article 23 ; in the case of plague, the measures laid down in paragraphs 1, 4 and 7 of Article 23, and in the case of smallpox or typhus the measures laid down in paragraphs 1 and 4 of Article 23. The passengers and crew may be kept under medical supervision for the periods laid down in paragraph 3 of Article 23, counting from the date on which the vessel left the infected port.

¹ By these are meant the ship's muster-roll and log-book, from which the public health authorities can obtain precise information as to the civil status of the crew and any special occurrences affecting health during the voyage. If the vessel carries a ship's doctor, such information shall be supplemented by a report from the latter.

Article 26.

When unusual mortality among rats is observed on board a non-infected vessel coming from a plague infected port, the public health authorities of the port of destination may order the bacteriological examination of these animals. If this examination gives positive results, deratisation shall be carried out in accordance with paragraph 7 of Article 23.

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

- (a) Medical inspection, and, if necessary, medical examination.
- (b) Disinfection of the various parts of the vessel and of articles which, in the opinion of the public 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 the vessel's arrival.

Article 27.

In order to limit as far as possible all measures likely to hamper maritime traffic, the Contracting Parties agree to take into consideration the economic requirements of the shipping trade, to refrain from imposing drastic obstacles to traffic, and when applying the provisions laid down in Articles 23-25, to take into consideration the measures to which the vessel has been subjected on departure from the infected port and during the voyage, and, likewise, the presence on board of an officially-recognised doctor and 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, failing such, on the captain, for a sworn statement to the effect that no case of cholera, plague, relapsing fever, smallpox or typhus has occurred on board since the vessel sailed.

Article 28.

The Governments of the Contracting States reserve the right to order special measures for the disinfection, delousing and cleansing of vessels which are obviously in an insanitary condition. If possible, a report on these special measures shall be drawn up with the assistance of the competent consular authorities and shall be attached to the ship's papers.

Article 29.

Any vessel that declines to submit to the measures required by the public health authorities of the port, in virtue of the present Convention, shall be free to put to sea again.

She may, however, be allowed to unload her cargo, subject to the following conditions :

- (1) Isolation of the vessel and her crew and passengers.
- (2) If cases of plague have occurred, a declaration must be made by the ship's doctor, or, failing such, by the captain, that no unusual mortality among rats has been observed.
- (3) In the case of cholera, the drinking water must be replaced by pure water, after the tanks and the water carried in them have been disinfected as provided in paragraph 6 of Article 23.

Passengers may be allowed to go on shore if they comply with the requirements of the local public health authorities.

Article 30.

The public health authorities shall be bound to deliver to the captain or to the owner of the vessel or his agent, on 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 public 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 31.

Each of the Contracting States undertakes to set up a health observation post in one of its Baltic ports and to equip it so that it can deal with vessels of all kinds and carry out the necessary health measures as expeditiously as possible.

VI.

GOODS.

Article 32.

I. Goods may only be disinfected when in the opinion of the competent medical officer there is clear evidence that they or their packing are infected.

Independently of the above provision, the following goods may be subjected to disinfection if they come from districts infected by one of the diseases mentioned in Article 1 :

(1) Used body linen, old used clothing (wearing apparel in daily use), used bedlinen.

When such articles are being conveyed as personal luggage or in consequence of a change of residence, admittance may not be refused :

(2) Rags, excluding pressed rags packed in hooped bales for wholesale trade.

Disinfection and delousing shall be carried out by a recognised scientific method suitable for every category of goods.

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

II. The importation of the goods mentioned in paragraph I, sub-paragraphs 1 and 2, may be prohibited if the said goods have not first been disinfected.

The import prohibition shall not apply to the following :

(1) Unused waste material coming directly from textile factories, spinning mills, ready-made clothing factories or bleaching establishments, and also artificial wool (" shoddy ") and clippings of newly-made paper ;

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

III. The transit of the goods mentioned in paragraph I, sub-paragraphs 1 and 2 through the territory of one of the Contracting States may not be forbidden when such goods are wrapped or packed in such a way as to exclude all risk of infection. The goods shall not be subjected during the journey to any process of disinfection.

VII.

LEPROSY.

Article 33.

Each of the Contracting States undertakes not to allow any leper, whatever his nationality may be, to cross over into the territory of the other Contracting State without the previous consent of that State.

Should one of the Contracting States discover a national of the other State to be suffering from leprosy, it shall notify that State and shall isolate the patient in a proper manner. The State of which the leper is a national shall be bound to take charge of the patient at the request of the other Contracting State.

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

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

VIII.

Article 34.

Disputes concerning the interpretation or application of this Convention which cannot be settled through the diplomatic channel shall be submitted for settlement to an arbitral tribunal.

The arbitral tribunal shall consist of three members and shall be constituted as follows for every dispute : each of the Contracting Parties shall appoint one of its nationals as arbitrator. The umpire shall be designated by the two Parties jointly. Should the Parties fail to agree as to the choice of the umpire, the Norwegian Central Public Health authorities will be requested to appoint him.

Article 35.

The present Convention, drawn up in two original copies, in Latvian and German respectively, shall be ratified and the instruments of ratification shall be exchanged at Berlin as soon as possible.

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

Should either of the Contracting Parties give notice of its desire to denounce the Convention, the latter shall remain in force for one year after its denunciation.

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

Done at Berlin, July 9, 1926.

(L. S.) (Signed) Dr. O. WOIT.

(L. S.) (Signed) E. WALLROTH.