ORGANIZACIÓN SANITARIA PANAMERICANA*

Páíses Miembros

Argentina  Costa Rica  El Salvador  México  Perú
Bolivia  Cuba  Estados Unidos  Nicaragua  República Dominicana
Brasil  Chile  Guatemala  Panamá  Uruguay
Colombia  Ecuador  Haití  Paraguay  Venezuela

CONFERENCIA SANITARIA PANAMERICANA
(Reunión Cuadrienal con Delegaciones de Cada País)

CONSEJO DIRECTIVO
(Reunión Anual con un Representante de Cada País)

COMITÉ EJECUTIVO
(Reunión Bimensual)

Brasil: DR. HEITOR PRAGUER FRÓES  Estados Unidos: DR. THOMAS CERVANTES
Costa Rica: DR. RAÚL BLANCO  México: DR. IGNACIO MORONES PRIETO
Cuba: DR. LUIS ESPINOSA  Uruguay: DR. ENRIQUE CLAYEAUX
Venezuela: DR. ALFREDO ARREAZA GUZMÁN

OFICINA SANITARIA PANAMERICANA

DR. HUGH S. CUMMING  Director Emérito

DR. FRED L. SOPER  Director

DR. JOSEPH D. MURDOCK  Subdirector

DR. MIGUEL E. BUSTAMANTE  Secretario General

Miembros de Honor

DR. CARLOS E. PAZ SOLDÁN  (Perú)

DR. MANUEL MARTÍNEZ BÁEZ  (México)

DR. LUIS GAITÁN  (Guatemala)

DR. JOÃO DE BARROS BARRETO  (Brasil)

DR. EDMUNDO FERNÁNDEZ  (Venezuela)

* La Constitución de la Organización Sanitaria Panamericana fue aprobada por el Consejo Directivo el 1° de octubre de 1947 en Buenos Aires.
HEALTH AGREEMENT BETWEEN ARGENTINA,
BOLIVIA AND PARAGUAY*

Their Excellencies the Presidents of the Republics of Argentina, Bolivia and of Paraguay, desirous of continuing the traditional policy of close collaboration and mutual understanding between their peoples, especially in the field of protection and preservation of health, and having in mind the provisions of the Pan American Sanitary Code, ratified by all the countries represented, having decided to subscribe to the present Agreement which was promoted under the Pan American Sanitary Bureau, designated as their Plenipotentiaries:

Dr. Alberto Zwanck, by His Excellency the President of the Republic of Argentina.

Dr. Humberto Pizarro Aráoz, by His Excellency the President of the Republic of Bolivia.

Dr. Carlos M. Ramírez Boettner, by His Excellency the President of the Republic of Paraguay.

Who, after submitting their respective Credentials, executed in good and due form, have signed the present Agreement, as has Dr. Miguel E. Bustamante, Secretary General of the Pan American Sanitary Bureau.

I—GENERAL PROVISIONS

Article 1—The signatory countries agree to adopt permanent preventive measures insofar as possible which will tend to solve the epidemiological problems along the border regions, with regard to malaria, smallpox, yellow fever, plague, typhus fever, tuberculosis, typhoid fever and venereal disease.

Article 2—In case there should develop, along the border sector of any of the signatory countries, an outbreak of any of the diseases mentioned in the previous Article, or of any other diseases not named, but which would mean a menace or danger to any of said countries, at the request of one of them directly or through the Pan American Sanitary Bureau, joint committees of sanitary experts from said countries may be formed to take action under mutual agreement.

Article 3—The signatory countries may enter into reciprocal technical assistance arrangements, as well as for the interchange of personnel and elements for the control of health situations. These arrangements may be made directly between the sanitary authorities of the countries interested or through the intervention of the Pan American Sanitary Bureau.

* Reached during the Conference called by the Pan American Sanitary Bureau in the City of Salta, Republic of Argentina, from March 16th to 20th, 1948, and signed in the City of Buenos Aires, March 30th, 1948.
Article 4—The signatory countries agree to grant reciprocal administrative and economic facilities for the preparation and training of technical personnel.

Article 5—The signatory countries agree to take necessary measures for the strict compliance of the immediate reporting of the first case or cases of the following diseases: plague, typhus fever, yellow fever, cholera and smallpox, in accordance with the provision established by the Pan American Sanitary Code.

Article 6—The signatory countries agree to the full and regular interchange:

(a) of health officers who are bound to carry out the provisions of this Agreement, at least once a year, in order that they may be informed on the progress achieved in the preventive campaigns against the diseases given in Article 1, and that they may exchange ideas on matters of common interest;

(b) of complete monthly information on the epidemiological situation and measures adopted;

(c) of direct and immediate information on the morbidity and mortality in the frontier towns, regarding tuberculosis, venereal disease and its contacts when these may have public health significance in the corresponding communities; including, furthermore, data on the existence of poliomyelitis, typhoid fever, meningococcic meningitis, diphtheria and other diseases which may be of common interest.

Article 7—The signatory countries agree not to adopt international prophylaxis measures which would involve the total closing of the boundaries with a country, and to limit such measures, when these are indispensable, to the affected area. Said measures may only be taken by the national health authorities.

II—PARTICULAR PROVISIONS

MALARIA

Article 8—The signatory countries agree to carry out, in the endemic malaria areas or in those where malarial outbreaks occur, along their respective borders, anti-malarial campaigns tending to reduce to zero the index of transmission, to a depth of not less than five kilometers in each country. These campaigns are to be based primarily on the use of modern insecticides.

SMALLPOX

Article 9—The signatory countries agree:

(a) to maintain in an intensive and sustained manner in their respective territories, vaccination and re-vaccination against smallpox, on a compulsory basis;

(b) to attain and maintain a high index of immunity in all communities, especially along the border area;

(c) to carry out vaccination and re-vaccination campaigns with intervals of not more than three years in the areas where periodical outbreaks of "true smallpox" have occurred;
(d) to require of international travelers, above three months of age, a certificate of vaccination in accordance with the form approved by the Pan American Sanitary Bureau and to recognize the validity of the certificates with positive reaction for a maximum period of five years, under normal health conditions;
(e) to permit the acceptance of recent certificates of vaccination, without established result, but in that case the health authority of the port of entry should examine the vaccination and note on the certificate the corresponding result.

Article 10—In epidemic situation, any of the signatory countries reserves the right to control the result of the vaccination in persons entering the respective countries.

YELLOW FEVER

Article 11—The signatory countries agree to carry out an intensive and permanent campaign which will insure the eradication of the Aedes aegypti from all their territory, in accordance with the resolution of the Directing Council of the Pan American Sanitary Organization.

Article 12—The signatory countries agree to maintain free from Aedes aegypti, the airports of international traffic, to a distance of not less than a kilometer around the perimeter of the airport.

Article 13—For information on the situation in all river, land and airports, the signatory countries shall communicate every three months to the Pan American Sanitary Bureau the most recent Stegomyia index to be published in the Bulletin of said institution.

Article 14—The signatory countries obligate themselves to systematically administer anti-yellow fever vaccine to all persons residing or in transit through the areas known to be endemic.

Article 15—Until the eradication of the Aedes aegypti is reached, the health authorities of the signatory countries may demand a certificate of vaccination against yellow fever from any person proceeding from an endemic or epidemic area. This certificate, in order that it may be valid, should show an inoculation administered at least seven days before the date of crossing the frontier by that person.

Article 16—The health authorities of the signatory countries shall maintain a permanent service of epidemiological investigation in the endemic or suspect areas and shall transmit the data to the Pan American Sanitary Bureau in order that recent epidemiological maps may be made, copies of which shall be sent to the high health authorities of each one of the signatory countries, as provided in the previous Articles.

PLAGUE

Article 17—The signatory countries agree to maintain, broaden or reorganize the plague epidemiological and prophylaxis services especially in those border territories where cases of plague have occurred during the last ten years. These services shall act permanently and shall consist
fundamentally of campaigns against fleas and rats and of a systematic investigation of the plague infection in reservoirs and transmitters, and these services should cover a distance which would assure proper protection to the neighboring country.

**Typhus Fever**

*Article 18*—The signatory countries agree to maintain permanent services of disinsectization in those border areas where typhus fever is endemic or in which confirmed outbreaks have occurred during the last ten years. These services shall cover a depth of about 50 kilometers on each side of the frontier.

**Tuberculosis**

*Article 19*—For the purpose of intensifying the campaign against tuberculosis along their border areas, the signatory countries agree to establish, insofar as possible within plans they may adopt, measures:
- of X-ray control,
- of assistance and of rehabilitation,
- tending to broaden the use of anti-tuberculosis immunization,
- to improve the general living conditions of the inhabitants.

**Typhoid Fever**

*Article 20*—The signatory countries agree to make vaccination against typhoid fever compulsory in the border townships where the disease exists in an endemic or epidemic nature, at intervals of one year.

**Venereal Disease**

*Article 21*—The signatory countries agree to organize and maintain in the frontier communities, specialized services for venereal disease which act in a permanent form, based on “prophylaxis by treatment” by the most modern means. These services shall coordinate their measures with the health authorities of the border localities, and should intensify the study and treatment of the contacts. Through direct agreement between the health authorities, the services may be installed in the most important demographic center along the border, for the treatment of patients coming from both countries.

**III—SPECIAL PROVISIONS**

*Article 22*—The signatory countries, recognizing the importance of the migrations of laborers on the health of the communities, agree to the formation of joint committees comprised of delegates from among their health authorities, for the medical examination of the laborers moving from one country to another, for the purpose of preventing the propagation of communicable diseases.
Article 23—The signatory countries being aware of the effect on the health of their communities by the traffic of the Pan American highway, agree to apply along it, the provisions of this agreement.

Article 24—The signatory countries agree to assure the purity (chemical and bacteriological) of the water provided to the railways, aircraft and other carriers engaged in international traffic.

Article 25—The signatory countries agree, insofar as possible, to take all measures in order to prevent the pollution of the waterways along the border, for the protection of the health and the economy of the countries.

Article 26—The signatory countries agree to carry out joint campaigns on popular health education, to maintain a permanent interchange of information, and to promote the creation and support the functioning of border medical associations, stimulating the study of public health problems of interest to neighboring countries.

Article 27—The crews of the international transports, aircraft, railways and other carriers, should be obliged to carry an international health certificate approved by the Pan American Sanitary Bureau.

Article 28—As a permanent measure, and in face of the eventual possibility of the transportation of vectors by the airways, it is agreed to demand of the air navigating companies that the airports and the passenger and cargo planes undergo disinsectization measures, through procedures as given below.

Article 29—The international airway companies shall be obliged to apply disinsectization, using the methods and intervals as recommended by the Pan American Sanitary Bureau, to the interior of the aircraft including all its sections at the beginning of the flight at the last port of call before entering the bordering country. Without prejudice to that which has been previously prescribed, the health authorities at the terminal landing may disinsectize the aircraft after the passengers have alighted.

Article 30—The obligations contained in the preceding Article, shall hold also for civil airplanes making international flights and should be applied and controlled by the health authorities of the country of departure of the aircraft, and the health authorities of the country of arrival may demand the corresponding certificate of inspection or control issued by the health authorities of the country of departure.

Article 31—Disinsectization measures shall be adopted for international passenger and freight trains and other land carriers which may transport the Aedes aegypti and other vectors.

Article 32—The health authorities of the signatory countries shall promote the adoption of similar procedures of disinsectization as those given for commercial aircraft, for aircraft of their armed forces crossing the frontiers.

Article 33—Any observation on the data given on the vaccination
certificates and other documents required by this Agreement, should be communicated to the health authorities of the country of origin of the document.

Article 34—The signatory countries, between whose neighboring ports there exists heavy passenger traffic, may, through normal health conditions, set aside the usual health requisites.

Article 35—The officers under the health authorities of each country having the responsibility of the border services, shall be provided with special credentials permitting them to enter into direct contact with their colleagues of the neighboring country, at any point along the border.

Article 36—The signatory countries shall immediately notify the Pan American Sanitary Bureau of all measures taken in regard to this Agreement.

IV—FINAL PROVISIONS

Article 37—The present Agreement is signed in quadruplicate and shall be delivered to the Plenipotentiaries of the signatory countries and to the Pan American Sanitary Bureau.

Article 38—The present Agreement shall be approved by the High Contracting Parties in accordance with the respective constitutional procedures and the Pan American Sanitary Bureau shall be notified. In the meanwhile, it shall enter into force as of the date of its signing and the High Contracting Parties agree to carry it out insofar as their legislative ordinances permit.

In the City of Buenos Aires, Republic of Argentina, on the thirtieth day of the month of March of the year one thousand ninehundred and forty-eight, this Agreement is signed by:

For the Argentine Republic  
(signed) Dr. ALBERTO ZWANCK

For the Republic of Bolivia  
(signed) DR. HUMBERTO PIZARRO ARÁOZ

For the Republic of Paraguay  
(signed) DR. CARLOS M. RAMÍREZ BOETTNER

For the Pan American Sanitary Bureau  
(signed) DR. MIGUEL E. BUSTAMANTE

PAN AMERICAN SANITARY AGREEMENT BETWEEN URUGUAY, ARGENTINA, BRAZIL AND PARAGUAY*

Their Excellencies the Presidents of the Republics of Uruguay, Argentina, Brazil and Paraguay, desirous of continuing the traditional policy of close collaboration and mutual understanding between their

* Reached during the Conference called by the Pan American Sanitary Bureau in the City of Montevideo, Republic of Uruguay, from March 8th to 13th, 1948, and signed in the City of Montevideo, March 13th, 1948.
peoples, especially in the field of protection and preservation of health, and having in mind the provisions of the Pan American Sanitary Code, ratified by all the countries represented, have decided to subscribe to the present Agreement which was promoted under the Pan American Sanitary Bureau, and have designated as their Plenipotentiaries:

Dr. Enrique M. Claveaux, the Minister of Public Health, and Dr. Ricardo Cappeletti, by His Excellency the President of the Republic of Uruguay;

Dr. Ramón Carillo, the Secretary of Public Health, and Dr. Alberto Zwanck, by His Excellency the President of the Republic of Argentina;

Dr. Heitor Praguer Fróes, Director General of the National Department of Health, by His Excellency the President of the Republic of Brazil;

Dr. Raúl Peña and Dr. Carlos Ramírez Boettner, by His Excellency the President of the Republic of Paraguay;

Who, having submitted their respective Credentials, executed in good and due form, have signed the present Agreement and the attached Protocol, also signed by Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau, and Dr. Miguel E. Bustamante, Secretary General of the Pan American Sanitary Bureau.

GENERAL PROVISIONS

I—The signatory countries agree to adopt permanent preventive measures tending to solve the epidemiological problems along the border areas in regard to malaria, smallpox, yellow fever, plague, trachoma, venereal disease, hydatidosis, rabies and leprosy.

II—In case there should develop along the border area of any of the signatory countries an outbreak of any of the diseases mentioned in the preceding Article, or of any other diseases not given, but which may imply a menace or a danger to any of those countries, at the request of one of them, directly or through the Pan American Sanitary Bureau, joint committees may be formed of technical sanitarians of said countries, to act in common accord.

III—The signatory countries may enter into reciprocal technical assistance arrangements, as well as the interchange of personnel and elements to control health situations. These arrangements may be carried out directly between the health authorities of the interested countries or with the intervention of the Pan American Sanitary Bureau.

IV—The signatory countries agree to take all necessary measures in order to comply strictly in the immediate reporting of the first case or cases of the following diseases: plague, cholera, typhus fever, yellow fever and smallpox, in accordance with the provisions established in the Pan American Sanitary Code.
V—The signatory countries agree to the interchange, fully and periodically:

(a) of health officers who are bound to carry out the provisions of this Agreement, at least once a year, in order that they may be informed on the progress achieved in the preventive campaigns against the diseases given in Article I, and that they may exchange ideas on matters of common interest;

(b) of complete monthly information on the epidemiological situation and measures adopted;

(c) of direct and immediate information on the morbidity and mortality in the frontier towns, regarding tuberculosis, venereal disease, and its contacts when these may have public health significance in the corresponding communities; including, furthermore, data on the existence of poliomyelitis, typhoid fever, meningococcic meningitis, diphtheria and other diseases which may be of common interest.

VI—The signatory countries agree not to adopt international prophylaxis measures which would bring about the total closing of the boundaries with any country, and to limit such measures, when these are indispensable, to the affected area.

PARTICULAR PROVISIONS

MALARIA

VII—The signatory countries agree to carry out in the endemic malaria areas or in those where epidemic malaria occurs along their respective borders, anti-malarial campaigns tending to reduce to zero the transmission index within a zone, to a depth of not less than five kilometers in each country; these campaigns to be based mainly on the use of modern insecticides.

SMALLPOX

VIII—The signatory countries agree:

(a) to maintain, in an intensive and sustained form, in their respective territories, the vaccination and revaccination against smallpox, on a compulsory basis;

(b) to attain and maintain a high index of immunity in all the population, especially along the border areas;

(c) to require of international travellers, above three months of age, a certificate of vaccination in accordance with the form approved by the Pan American Sanitary Bureau, and to recognize the validity of the certificates with positive reactions for a maximum period of five years, under normal health conditions;

(d) to permit the acceptance of recent certificates of vaccination, without established results, but in that case, the health authority of the port of entry should examine the vaccination and note on the certificate the corresponding result.

IX—In epidemic situations, any of the signatory countries reserves the right to control the result of the vaccination in persons entering the respective countries.
HEALTH AGREEMENT

YELLOW FEVER

X—The signatory countries agree to carry out an intensive and permanent campaign which will assure the eradication of the *Aedes aegypti* in all their territory, in accordance with the resolution of the Directing Council of the Pan American Sanitary Organization.

XI—The signatory countries agree to maintain the airports of international traffic free from the *Aedes aegypti*, to a distance of not less than one kilometer around the perimeter of the airport.

XII—The signatory countries agree to take antistegomic protective measures in river vessels, and should extend the corresponding certificate as a requisite for departure from the port of call and to enter the first port of another of the signatory countries. This certificate shall be valid for a complete long-run voyage and for no more than a week for the short-run trips.

XIII—For information on the situation in all river and land ports of the countries interested, every three months a report of the most recent Stegomyia index shall be sent to the Pan American Sanitary Bureau to be published in the Bulletin of that Institution.

XIV—The signatory countries obligate themselves to systematically administer anti-yellow fever vaccine to all persons residing in or in transit through the areas known to be endemic.

XV—Until the eradication of the *Aedes aegypti* is accomplished, the health authorities of the signatory countries may demand a certificate of vaccination against yellow fever from any person proceeding from an endemic or epidemic zone. This certificate, in order to be valid, should show an inoculation administered at least seven days before the date the person embarked on his trip.

XVI—The health authorities of the signatory countries shall maintain a permanent epidemiological investigation service in the endemic or suspect areas and shall send the data to the Pan American Sanitary Bureau in order that epidemiological maps may be made, copies of which are to be sent to the high health authorities of each one of the signatory countries, as provided in the preceding articles.

PLAGUE

XVII—The signatory countries agree to maintain, broaden or reorganize the epidemiological and prophylaxis services for plague, especially in those border territories where there have occurred cases of plague during the last ten years. These services shall act permanently on both sides of the border and shall consist fundamentally of campaigns against fleas and rats and of the systematic investigation of plague infection in reservoirs and transmitters, and these services should cover a distance which will assure proper protection to the neighboring country.

TRACHOMA

XVIII—The signatory countries agree to organize and maintain in those bordering areas where trachoma is endemic, specialized services of a
permanent nature in the preventive and curative fight against this disease.

**Hydatidosis**

XIX—The signatory countries, in regard to hydatidosis, re-state their purposes of coordinating their existing regulations; harmonizing the provisions of a social nature as far as possible and maintaining close relations in matters of scientific investigation on the basis of permanent interchange of information and the organization of international archives on the extent and development of the hydatic disease in their territories. In order to facilitate the regulations, the measures in the attached Protocol are suggested.

XX—The signatory countries agree to form a joint Committee composed of physicians and veterinary hygienists to coordinate the action given in the preceding Article.

**Rabies**

XXI—The signatory countries agree to maintain and improve the permanent services against rabies, in all their aspects, mainly in the border areas. These services shall have as bases the points suggested in the attached Protocol.

**Leprosy**

XXII—The signatory countries will propitiate within their territories the census of leprosy and other measures tending to control the disease along the border areas.

**Venereal Disease**

XXIII—The signatory countries agree to intensify all along their frontiers the control of venereal disease, establishing common measures of a preventive and curative nature.

**SPECIAL PROVISIONS**

XXIV—The signatory countries agree to assure the purity (both chemical and bacteriological) of the water furnished to boats, railways, aircraft and other carriers engaged in international traffic.

XXV—The signatory countries agree, insofar as possible, to take all measures necessary to prevent the pollution of the waterways along the borders, for the protection of the health and the economy of the countries.

XXVI—The signatory countries agree to carry out joint campaigns of popular health education, to maintain a permanent interchange of information, and to promote the creation and to support the functioning of frontier medical societies, stimulating the study of public health problems of interest to neighboring countries.
HEALTH AGREEMENT

XXVII—Any health certificate which may be established by any of the signatory countries shall have international validity, when it contains the minimum requisites formulated by the Pan American Sanitary Bureau.

XXVIII—The crews of international carriers, river or seagoing ships, aircraft, railways and other vehicles, should, by compulsion, carry the health certificate mentioned in the preceding Article, or the international health certificate approved by the Pan American Sanitary Bureau.

XXIX—For the purposes of this Agreement, only the health authorities of the signatory countries may issue health certificates.

XXX—As a permanent measure and in the eventuality that vectors may be transported by air, it is agreed to demand of the air navigation companies that airports, and passenger and cargo aircraft undergo disinsectization through procedures given below.

XXXI—The International airway companies are obliged to apply disinsectization treatment, by methods and at intervals recommended by the Pan American Sanitary Bureau, in the interior of the aircraft, including all its sections, at the beginning of the flight at the last airport of landing before entering the neighboring country. Without prejudice to the provisions herein previously stated, the health authorities at the terminal point of the flight may have the aircraft undergo disinsectization after the passengers have alighted.

XXXII—The obligations given in the preceding Article shall be in force also for civil aircraft making international flights and should be applied and controlled by the health authorities of the country of departure of the plane to a neighboring country, and the health authorities of the country of arrival of the plane may also demand the corresponding certificate of inspection or control issued by the health authorities of the country of departure of the plane.

XXXIII—Disinsectization measures shall be adopted for international passenger and freight trains and other land carriers which might transport the Aedes aegypti and other vectors.

XXXIV—The health authorities of the signatory countries shall take steps to adopt similar disinsectization procedures as given for commercial planes, to aircraft of the armed forces crossing the frontiers.

XXXV—Any observation on the data given on vaccination certificates, on the anti-Stegomyia protection certificates, and others referred to in this Agreement, shall be communicated to the health authorities of the country of origin of the certificate.

XXXVI—The signatory countries, between whose neighboring ports there may exist heavy passenger traffic, may, under normal health conditions, waive the usual health requisites.

XXXVII—The officers under the health authorities of each country having the responsibility of the border services, shall be provided with
special credentials permitting them to enter into direct contact with their colleagues of the neighboring country, at any point along the border.

XXXVIII—The signatory countries shall immediately notify the Pan American Sanitary Bureau of all measures taken in regard to this Agreement.

XXXIX—The signatory countries recommend a study of the possibility of eliminating the bill of health in the belief that said document, at present, has no health value whatsoever.

FINAL PROVISIONS

XL—The present document which comprises an Agreement and a Protocol attached, is signed in five originals in the same tenor, four of them in Spanish and one in Portuguese, and which will be delivered to the respective Plenipotentiaries and to the Pan American Sanitary Bureau.

XLI—The present Agreement shall be approved by the contracting parties in accordance with their respective constitutional procedures and this action will be communicated to the Pan American Sanitary Bureau. In the meanwhile, it shall enter into force on the date of the signing and the Contracting Parties agree to carry it out insofar as their legislative ordinances permit.

Therefore, the High Contracting Parties sign the present Agreement in the City of Montevideo, Ministry of Foreign Relations, on the thirteenth day of the month of March of the year one thousand nine hundred and forty eight.

For the Republic of Uruguay
(signed) Dr. Enrique M. Claveaux
(signed) Dr. Ricardo Cappeletti

For the Republic of Argentina
(signed) Dr. Ramón Carillo
(signed) Dr. Alberto Zwank

For the Republic of Brazil
(signed) Dr. Heitor Praquer Fróes

For the Republic of Paraguay
(signed) Dr. Raúl Peña
(signed) Dr. Carlos Ramírez Boettner

For the Pan American Sanitary Bureau
(signed) Dr. Fred L. Soper
(signed) Dr. Miguel E. Bustamante

PROTOCOL ATTACHED TO THE HEALTH AGREEMENT OF MONTEVIDEO

Signed on March 13, 1948

SUGGESTIONS FOR PROCEDURE REGARDING HYDATIDOSIS AND RABIES

HYDATIDOSIS

1—The creation of centers to combat hydatidosis in the areas of greatest infestation in each of the signatory countries.
2—(a) Health control of the meat supply for the Municipalities; (b) Centralization of the slaughtering processes.

3—(a) To consider the hygienic conditions of slaughtering in urban and rural areas and to construct sanitary slaughterhouses on standard procedures. (b) To promote sanitary vigilance and legal sanctions tending to prevent clandestine slaughtering.

4—To unify municipal slaughtering taxes.

RABIES

1—The national authorities of the respective countries shall see to the efficient and permanent compliance of the general ordinances on the prevention of rabies.

2—The respective authorities shall not permit the passage of dogs from one country to another, unless their owners present a certificate of vaccination against rabies for the animal, issued by proper official authorities. The validity of these certificates shall be for a period of six months after the last vaccination.

3—In case an epizootic of rabies should occur in any of the adjacent areas, the local health authorities shall immediately report the news to the health authorities of the bordering areas and while the epizootic lasts, the transit of dogs shall be absolutely prohibited, even with a certificate of vaccination, between the regions.

For the Republic of Uruguay
(signed) Dr. Enrique M. Claveaux
(signed) Dr. Ricardo Cappelli

For the Republic of Argentina
(signed) Dr. Ramon Carrillo
(signed) Dr. Alberto Zwanch

For the Republic of Brazil
(signed) Dr. Héctor Práguer Fröes

For the Republic of Paraguay
(signed) Dr. Raúl Peña
(signed) Dr. Carlos Ramírez Boettner

For the Pan American Sanitary Bureau
(signed) Dr. Fred L. Soper
(signed) Dr. Miguel E. Bustamante
PUBLICACIONES DISPONIBLES DE LA OFICINA SANITARIA PANAMERICANA

AVAILABLE PUBLICATIONS OF THE PAN AMERICAN SANITARY BUREAU

Actas de la Tercera Conferencia Sanitaria Internacional de las Repúblicas Americanas. Español.
Actas de la Cuarta Conferencia Sanitaria Internacional de las Repúblicas Americanas. Inglés y español.
Actas de la Quinta Conferencia Sanitaria Internacional de las Repúblicas Americanas. Inglés y español.
Actas de la Sexta Conferencia Sanitaria Internacional de las Repúblicas Americanas. Español.
Actas de la Séptima Conferencia Sanitaria Panamericana. Inglés y español.
No. 2—Código Telegráfico. 94 páginas.
No. 3—Ordenanza Modelo para Lecho. 11 páginas.
No. 7—Organización del Servicio de Sanidad Pública de los Estados Unidos. 28 páginas.
No. 8—La Profilaxis del Bocio Endémico. 10 páginas.
No. 11—Higiene de la infancia. 6 páginas.
No. 19—Colección, Examen e Identificación de las Pulgas Murinas. 11 páginas.
No. 23—Meningocele Cerebroespinal Epidémica (Meningocócica). 4 páginas.
No. 37—El Interrogatorio en el Diagnóstico Precoz de la Tuberculosis Pulmonar. 3 páginas.
No. 43—Código Sanitario Panamericano. 23 páginas.
No. 46—La Difteria en el Tropico. 15 páginas.
No. 47—Los Censos en Sanidad y en Epidemiología. 18 páginas.
No. 48—Higiene Comunal para el Pre-escolar. 5 páginas.
No. 49—El Diagnóstico de la Fiebre Amarilla. 14 páginas.
No. 50—Acta Final, II Conferencia Panamericana de Directores Nacionales de Sanidad. 18 páginas.
No. 51—Milk. 8 páginas.
No. 57—Diagnóstico Retrospectivo de la Fiebre Amarilla. 6 páginas.
No. 59—Inmunización Profiláctica de los Recién Nacidos con BCG. 22 páginas.
No. 62—Epidemiología de la Lepra. 5 páginas.
No. 63—Fumigante. 21 páginas.
No. 65—La Higiene Mental. 11 páginas.
No. 67—Dominio de la escarlatiná. 8 páginas.
No. 85—Antirratización de los Buques. 46 páginas.
No. 90—Control de las Enfermedades Transmisibles. 70 páginas.
No. 94—Tratamiento quirúrgico del ofidismo. 11 páginas.
No. 95—Health Suggestions for Travelers in the Americas.
No. 97—Acta Final, Novena Conferencia Sanitaria Panamericana. 20 páginas.
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