

《國際衛生條例》

目 錄

	頁次
修訂《國際衛生條例》	1
第一部份 定義、目的以及範圍、原則和負責當局	4
第二部分 資訊和公共衛生應變措施	10
第三部份 建議	14
第四部分 入境港埠	17
第五部分 公共衛生措施	19
第一章 總則	19
第二章 對交通工具和交通工具營運者的特別條款	20
第三章 對旅客的特別條款	23
第四章 對貨物、貨櫃和貨櫃裝卸區的特別條款	24
第六部分 衛生文件	25
第七部分 收費	27
第八部分 一般條款	28
第九部分 《國際衛生條例》專家名冊、緊急事件委員會和審查委員會	31
第一章 《國際衛生條例》專家名冊	31
第二章 緊急事件委員會	31
第三章 審查委員會	33
第十部份 最終條款	35
附 件	41

國際衛生條例 2005 中英文用字對照表

IHR (英文)	IHR (中文)
Cholera	霍亂
Competent authority	主管當局
Container	貨櫃
Crew	航(船)員
Decontamination	除污
Dengue fever	登革熱
Deratting	除鼠
Director-General	幹事長
Disinfection	消毒
Disinsection	滅蟲
Ebola haemorrhagic fever	伊波拉病毒出血熱
Focal Point	對口單位
Free pratique	入港許可
Health Part of the Aircraft General Declaration	航空器衛生總聲明書
Human influenza caused by a new subtype	新型流行性感冒
Human remains	屍體
Lassa haemorrhagic fever	拉薩病毒出血熱
Marbug haemorrhagic fever	馬堡病毒出血熱
Maritime Declaration of Health	海事衛生聲明書
Member State	會員國
Meningococcal disease	流行性腦脊髓膜炎
Pneumonic plague	肺鼠疫
Poliomyelitis due to wild-type poliovirus	野生型病毒引起的小兒麻痺症
Reservoir	病原窩藪(宿主)
Rife Valley fever	裂谷熱
Severe acute respiratioy syndrome (SARS)	嚴重急性呼吸道症候群
Ship Sanitation Control Certificate	船舶衛生控制證明書
Ship Sanitation Control Exemption Certificate	免予船舶衛生控制證明書
Smallpox	天花
State Party	締約國
West Nile fever	西尼羅熱
Yellow fever	黃熱病

Revision of the International Health Regulations

The Fifty-eighth World Health Assembly,

Having considered the draft revised International Health Regulations;¹

Having regard to articles 2(*k*), 21(*a*) and 22 of the Constitution of WHO;

Recalling references to the need for revising and updating the International Health Regulations in resolutions WHA48.7 on revision and updating of the International Health Regulations, WHA54.14 on global health security: epidemic alert and response, WHA55.16 on global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health, WHA56.28 on revision of the International Health Regulations, and WHA56.29 on severe acute respiratory syndrome (SARS), with a view to responding to the need to ensure global public health;

Welcoming resolution 58/3 of the United Nations General Assembly on enhancing capacity building in global public health, which underscores the importance of the International Health Regulations and urges that high priority should be given to their revision;

Affirming the continuing importance of WHO's role in global outbreak alert and response to public health events, in accordance with its mandate;

Underscoring the continued importance of the International Health Regulations as the key global instrument for protection against the international spread of disease;

Commending the successful conclusion of the work of the Intergovernmental Working Group on Revision of the International Health Regulations,

¹ See document A58/4.

世界衛生組織

第五十八屆世界衛生大會

WHA58.3

議程項目13.1

2005年5月23日

修訂《國際衛生條例》

第 58 屆世界衛生大會，

審議了《國際衛生條例》修訂草案¹；

考慮世衛組織《組織法》第 2（k）條、第 21（a）條和第 22 條；

憶及關於修訂和更新《國際衛生條例》時，有關全球健康保障的 WHA48.7 號決議；對於流行病的預警和反應的 WHA54.14 號決議；關於全球公共衛生在影響健康的核、生、化物質自然發生、意外洩漏或蓄意使用時的應對的 WHA55.16 號決議；關於修訂《國際衛生條例》的 WHA56.28 號決議及關於嚴重急性呼吸道症候群（SARS）的 WHA56.29 號決議，均為確保對全球公共衛生的需求做出反應；

歡迎聯合國大會第 58/3 號決議有關加強全球公共衛生能力，其中強調了《國際衛生條例》的重要意義並敦促將該條例的修訂工作列為高度優先事項；

確認世衛組織根據其職權在全球疾病爆發預警和公共衛生事件應變具有重要意義；

強調《國際衛生條例》在防範疾病國際傳播是重要的關鍵；

讚揚政府間工作小組成功地完成了修訂《國際衛生條例》的工作，

¹ 件文件A58/4。

1. ADOPTS the revised International Health Regulations attached to this resolution, to be referred to as the “International Health Regulations (2005)”;
2. CALLS UPON Member States and the Director-General to implement fully the International Health Regulations (2005), in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3;
3. DECIDES, for the purposes of paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall submit their first report to the Sixty-first World Health Assembly, and that the Health Assembly shall on that occasion consider the schedule for the submission of further such reports and the first review on the functioning of the Regulations pursuant to paragraph 2 of Article 54;
4. FURTHER DECIDES that, for the purposes of paragraph 1 of Article 14 of the International Health Regulations (2005), the other competent intergovernmental organizations or international bodies with which WHO is expected to cooperate and coordinate its activities, as appropriate, include the following: United Nations, International Labour Organization, Food and Agriculture Organization, International Atomic Energy Agency, International Civil Aviation Organization, International Maritime Organization, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, International Air Transport Association, International Shipping Federation, and *Office International des Epizooties*;
5. URGES Member States:
 - (1) to build, strengthen and maintain the capacities required under the International Health Regulations (2005), and to mobilize the resources necessary for that purpose;
 - (2) to collaborate actively with each other and WHO in accordance with the relevant provisions of the International Health Regulations (2005), so as to ensure their effective implementation;
 - (3) to provide support to developing countries and countries with economies in transition if they so request in the building, strengthening and maintenance of the public health capacities required under the International Health Regulations (2005);
 - (4) to take all appropriate measures, pending entry into force of the International Health Regulations (2005), for furthering their purpose and eventual implementation, including development of the necessary public health capacities and legal and administrative provisions, and, in particular, to initiate the process for introducing use of the decision instrument contained in Annex 2;
6. REQUESTS the Director-General:
 - (1) to give prompt notification of the adoption of the International Health Regulations (2005) in accordance with paragraph 1 of Article 65 thereof;
 - (2) to inform other competent intergovernmental organizations or international bodies of the adoption of the International Health Regulations (2005) and, as appropriate, to cooperate with them in the updating of their norms and standards and to coordinate with them the activities of WHO under the International Health Regulations (2005) with a view to ensuring the application

1. **通過**本決議所附修訂的《國際衛生條例》，以後稱為《國際衛生條例（2005 年）》；
2. **要求**會員國和幹事長根據第 2 條規定的目的和範圍以及第 3 條的原則，確實實施《國際衛生條例（2005 年）》；
3. **決定**就《國際衛生條例（2005 年）》第 54 條第 1 項而言，締約國和幹事長應當向 61 屆世界衛生大會提交第一份報告，衛生大會應當在此時考慮以後提交此類報告以及根據第 54 條第 2 款第一次審查本條例實施情況的時間安排；
4. **進一步決定**，就《國際衛生條例（2005 年）》第 14 條第 1 款而言，世衛組織期望酌情與之合作和協調其活動的其他有關政府間組織或國際機構包括：聯合國、國際勞工組織、世界農糧組織、國際原子能機構、國際民用航空組織、國際海事組織、紅十字國際委員會、紅十字會與紅新月會國際聯合會、國際航空運輸協會、國際航運聯合會以及國際獸疫局；
5. **敦促**會員國：
 - （1）建設、加強和維持《國際衛生條例（2005 年）》所要求的能力，並為此目的蒐集必要的資源；
 - （2）根據《國際衛生條例（2005 年）》有關條款，互相並與世衛組織積極合作，以便確保這些條款的有效實施；
 - （3）在建設、加強和維持《國際衛生條例（2005 年）》所要求的公共衛生能力方面，向開發中國家和經濟轉型國家提供支持（如果這些國家有此要求）；
 - （4）在《國際衛生條例（2005 年）》生效前採取一切相關措施，促使其目的和最終實施，包括發展必要的公共衛生能力以及法律和行政規定，尤其是開始使用附件 2 所含決策文件的過程；
6. **要求**幹事長：
 - （1）根據第 65 條第 1 款，及時通報經《國際衛生條例（2005 年）》獲得通過一事；
 - （2）向其他有關政府間組織或國際機構通報《國際衛生條例（2005 年）》獲得通過一事，並酌情與他們合作修訂其規範和標準以即與他們協調世衛組織在《國際衛生條例（2005 年）》之下的活動，以便確保實施適當的措施保護公共衛生和加強全球公共衛生在對疾

of adequate measures for the protection of public health and strengthening of the global public-health response to the international spread of disease;

(3) to transmit to the International Civil Aviation Organization (ICAO) the recommended changes to the Health Part of the Aircraft General Declaration,¹ and, after completion by ICAO of its revision of the Aircraft General Declaration, to inform the Health Assembly and replace Annex 9 of the International Health Regulations (2005) with the Health Part of the Aircraft General Declaration as revised by ICAO;

(4) to build and strengthen the capacities of WHO to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide support to countries in detection and assessment of, and response to, public health emergencies;

(5) to collaborate with States Parties to the International Health Regulations (2005), as appropriate, including through the provision or facilitation of technical cooperation and logistical support;

(6) to collaborate with States Parties to the extent possible in the mobilization of financial resources to provide support to developing countries in building, strengthening and maintaining the capacities required under the International Health Regulations (2005);

(7) to draw up, in consultation with Member States, guidelines for the application of health measures at ground crossings in accordance with Article 29 of the International Health Regulations (2005);

(8) to establish the Review Committee of the International Health Regulations (2005) in accordance with Article 50 of these Regulations;

(9) to take steps immediately to prepare guidelines for the implementation and evaluation of the decision instrument contained in the International Health Regulations (2005), including elaboration of a procedure for the review of its functioning, which shall be submitted to the Health Assembly for its consideration pursuant to paragraph 3 of Article 54 of these Regulations;

(10) to take steps to establish an IHR Roster of Experts and to invite proposals for its membership, pursuant to Article 47 of the International Health Regulations (2005).

¹ Document A58/41 Add.2.

病國際傳播的應變；

- (3) 對航空器衛生總聲明書的衛生部份¹建議的修改轉告國際民用航空組織，並在國際民用航空組織完成對其航空器衛生總聲明書的修訂之後，通知衛生大會並以國際民用航空組織修訂的航空器衛生總聲明書的衛生部份取代《國際衛生條例(2005年)》附件9；
- (4) 建設和加強世衛組織的能力以便充分和有效地履行尤其通過在發現、評估和《國際衛生條例(2005年)》所交付的職責，尤其透過在發現、評估和應變突發公共衛生事件方面向國家提供策略性的衛生行動；
- (5) 酌情與《國際衛生條例(2005年)》各締約國合作，包括提供或促進技術合作和後勤支援；
- (6) 盡可能與締約國合作籌措財源以便支持發展中國家建設、加強和維持所要求的能力；
- (7) 與會員國協商，根據第29條為在陸地過境點實施衛生措施擬定準則；
- (8) 根據本條例第50條成立《國際衛生條例(2005年)》審查委員會；
- (9) 立刻採取步驟制訂實施和評估《國際衛生條例(2005年)》所含決策文件的指導方針，包括闡述審查其實施情況的程序，審查結果將根據本條例第54條第3項提交衛生大會供其參考；
- (10) 根據《國際衛生條例(2005年)》第47條採取步驟確立《國際衛生條例》專家名冊，並邀請提出成員組成的建議。

¹ 件文件 A58/41 Add.2。

INTERNATIONAL HEALTH REGULATIONS (2005)

PART I – DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter the “IHR” or “Regulations”):

“affected” means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

“affected area” means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

“aircraft” means an aircraft making an international voyage;

“airport” means any airport where international flights arrive or depart;

“arrival” of a conveyance means:

- (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
- (b) in the case of an aircraft, arrival at an airport;
- (c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;
- (d) in the case of a train or road vehicle, arrival at a point of entry;

“baggage” means the personal effects of a traveller;

“cargo” means goods carried on a conveyance or in a container;

“competent authority” means an authority responsible for the implementation and application of health measures under these Regulations;

“container” means an article of transport equipment:

- (a) of a permanent character and accordingly strong enough to be suitable for repeated use;
- (b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;
- (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and

《國際衛生條例（2005年）》

第一部分— 定義、目的以及範圍、原則和負責當局

第1條 定義

1. 適用於《國際衛生條例》（以下統稱“IHR”或“條例”）：

“受感染”係指受到感染或污染或攜帶感染或污染源以至於構成公共衛生危害的人員、行李、貨物、貨櫃、交通工具、物品、郵包或屍體；

“受感染地區”係指世衛組織依據本條例明確建議採取衛生措施的某個地理區域；

“飛機”係指進行國際航行的航空器；

“機場”係指國際航班到達或離開的任何機場；

交通工具的“到達”係指：

- (a) 遠洋航輪到達或停泊港口的限定地區；
- (b) 飛機到達機場；
- (c) 國際航行中的內陸航行船舶到達入境港埠；
- (d) 火車或公路車輛到達入境港埠；

“行李”係指旅客的個人物品；

“貨物”係指交通工具或貨櫃中運載的物品；

“主管當局”係指根據本條例負責執行和採取衛生措施的當局；

“貨櫃”係指一種運輸設備：

- (a) 具有永久特性，相當堅固，適於反復使用；
- (b) 專門設計，便於以一種或多種運輸方式運送貨物，而無須中途重新裝貨；
- (c) 安裝了便於操作的設備，特別是便於貨櫃從一種運輸方式轉為另一種運輸方式；以及

(d) specially designed as to be easy to fill and empty;

“container loading area” means a place or facility set aside for containers used in international traffic;

“contamination” means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

“conveyance” means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

“conveyance operator” means a natural or legal person in charge of a conveyance or their agent;

“crew” means persons on board a conveyance who are not passengers;

“decontamination” means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

“departure” means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;

“deratting” means the procedure whereby health measures are taken to control or kill rodent vectors of human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;

“Director-General” means the Director-General of the World Health Organization;

“disease” means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;

“disinfection” means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

“disinsection” means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels;

“event” means a manifestation of disease or an occurrence that creates a potential for disease;

“*free pratique*” means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

“goods” mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

(d) 專門設計得便於裝貨和騰空；

“貨櫃裝卸區”係指為裝卸用於國際運輸的貨櫃而專門開闢的地點或設施；

“污染”係指在人體或動物身體表面、在消費產品中/上或在其他無生命物體（包括交通工具）上存在可以構成公共衛生危害的傳染性病原體或有毒因子或物質；

“交通工具”係指用於國際航行的飛機、船舶、火車、公路車輛或其他運輸工具；

“交通工具營運者”係指負責管理交通工具的自然人或法人，或其代理；

“航（船）員”係指交通工具上不是乘客的人員；

“除污”係指採取衛生措施消除在人體或動物身體表面、在消費產品中/上或在其他無生命物體（包括交通工具）上存在可以構成公共衛生危害的傳染性病原體或有毒因子或物質的程序；

“離境”係指人員、行李、貨物、交通工具或物品離開領土的行動；

“除鼠”係指在入境港埠採取衛生措施控制或殺滅行李、貨物、貨櫃、交通工具、設施、物品和郵包中存在的傳播人類疾病的齧齒類病媒的程序；

“幹事長”係指世界衛生組織幹事長；

“疾病”係指對人類構成或可能構成嚴重危害的任何疾病或病症、無論其病因或來源如何；

“消毒”係指採用衛生措施利用化學或物理製劑的直接作用控制或殺滅人體或動物身體表面或行李、貨物、貨櫃、交通工具、物品和郵包中/上的傳染性病原體的程序；

“滅蟲”係指採用衛生措施控制或殺滅行李、貨物、貨櫃、交通工具、物品和郵包中傳播人類疾病的昆蟲病媒的程序；

“事件”係指發生疾病或可能發生疾病的情況；

“入港許可”係指允許船舶進入港口、離岸或登岸、卸載貨物或儲備用品；允許飛機著陸後登機或下機、卸載貨物或儲備用品；允許陸地車輛到達後上車或下車、卸載貨物或儲備用品；

“物品”係指國際航行中運輸的有形產品（包括動物和植物），以及在交通工具上使用的物品；

“ground crossing” means a point of land entry in a State Party, including one utilized by road vehicles and trains;

“ground transport vehicle” means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

“health measure” means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

“ill person” means an individual suffering from or affected with a physical ailment that may pose a public health risk;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

“inspection” means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

“international traffic” means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

“international voyage” means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage;

“intrusive” means possibly provoking discomfort through close or intimate contact or questioning;

“invasive” means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

“isolation” means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

“medical examination” means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person’s health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

“陸地過境點”係指一個締約國內的陸地入境港埠，包括道路車輛和火車使用的港埠；

“陸地運輸車輛”係指國際航行中用於陸地運輸的機動交通工具，包括火車、客車、卡車和汽車；

“衛生措施”係指為預防疾病或污染傳播實行的程序；衛生措施不包括執行法律或安全措施；

“病人”係指患有或感染可造成公共衛生危害的身體疾患的個人；

“感染”係指感染性病原體進入人體和動物體內並發育或繁殖，可能構成公共衛生危害；

“檢查”係指由主管當局或在其監督下檢查地區、行李、貨櫃、交通工具、貨物、設施、物品或郵包（包括相關資料和文件），以確定是否存在公共衛生危害；

“國際交通”係指個人、行李、貨物、貨櫃、交通工具、物品或郵包跨越國際邊境的流動，包括國際貿易；

“國際航行”係指：

(a) 如為交通工具，是指在不只一個國家領土的入境港埠之間的航行，或者在同一國家領土或各管區的入境港埠之間的航行（該交通工具在航行中必須經停任何其它國家，只限於有停靠的航程）；

(b) 如為旅客，是指進入某個國家領土的旅行，而此領土不屬該旅客啓程的國家；

“侵入性”係指通過深入或密切的接觸或盤問可能引起的不適；

“創傷性”係指皮膚被刺傷或切開，或者器具或異物插入身體或體腔。對本條例而言，對耳、鼻、口進行醫學檢查，使用耳內、口腔或皮膚溫度計評估體溫，或者採用紅外線體溫感測儀；醫學檢查；聽診；體外觸診；視網膜檢影；體外採集尿、糞或唾液標本；體外測量血壓；以及心電圖應被視為非創傷性的；

“隔離”係指將病人或受感染者或受感染的行李、貨櫃、交通工具、物品或郵包與其他個人和物體隔離，以防止感染或污染擴散；

“醫學檢查”係指經授權的衛生人員或有關當局直接監督下的人員對個人的初步評估，以確定其健康狀況和對他人的潛在公共衛生危害，這可包括檢查健康證書以及根據個案情況需要而進行的體格檢查；

“National IHR Focal Point” means the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations;

“Organization” or “WHO” means the World Health Organization;

“permanent residence” has the meaning as determined in the national law of the State Party concerned;

“personal data” means any information relating to an identified or identifiable natural person;

“point of entry” means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

“port” means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

“postal parcel” means an addressed article or package carried internationally by postal or courier services;

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations:

- (i) to constitute a public health risk to other States through the international spread of disease and
- (ii) to potentially require a coordinated international response;

“public health observation” means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

“quarantine” means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

“recommendation” and “recommended” refer to temporary or standing recommendations issued under these Regulations;

“reservoir” means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

“road vehicle” means a ground transport vehicle other than a train;

“scientific evidence” means information furnishing a level of proof based on the established and accepted methods of science;

“《國際衛生條例》國家對口單位”係指每一締約國指定的、世衛組織《國際衛生條例》聯絡點按本條例隨時可與之溝通的國家中心；

“本組織”或“世衛組織”係指世界衛生組織；

“永久居留”的含義由有關締約國的國家法律界定；

“個人資料”係指與已確認或可確認的自然人有關的任何資訊；

“入境港埠”係指旅客、行李、貨物、貨櫃、交通工具、物品和郵包入境或出境的國際關口，以及為入境或出境的旅客、行李、貨物、貨櫃、交通工具、物品和郵包服務的單位和區域；

“港口”係指國際航行的船舶到達或離開的一個海港或內陸水路港口；

“郵包”係指由郵件或快遞服務部門進行國際輸送的註明收件地址的物件或包裹；

“有關國際公共衛生的緊急事件”係指按本條例規定所確定的不同尋常的事件：

- (i) 疾病透過國際傳播構成對其他國家的公共衛生威脅；以及
- (ii) 可能需要採取協調一致的國際應對措施；

“公共衛生觀察”係指為了確定疾病傳播的危險性在一段時間內監測旅客的健康狀況；

“公共衛生危害”係指具有造成疾病國際傳播可能性的事件，特別是可在國際上傳播或構成嚴重和直接危險的事件；

“檢疫”係指限制有疑似但無症狀的個人或有嫌疑的行李、貨櫃、交通工具或物品的活動和/或將其與其他的個人和物體隔離，以防止感染或污染的可能傳播；

“建議”和“建議的”係指根據本條例發布的臨時或長期建議；

“病原窩藪”係指感染性病原體通常寄居的動物、植物或物質，其存在可構成公共衛生危害；

“公路車輛”係指火車之外的陸地運輸車輛；

“科學證據”係指根據既定和公認的科學方法提供某一層證據的資訊；

“scientific principles” means the accepted fundamental laws and facts of nature known through the methods of science;

“ship” means a seagoing or inland navigation vessel on an international voyage;

“standing recommendation” means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

“surveillance” means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

“suspect” means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

“temporary recommendation” means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

“temporary residence” has the meaning as determined in the national law of the State Party concerned;

“traveller” means a natural person undertaking an international voyage;

“vector” means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

“verification” means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

“WHO IHR Contact Point” means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.

Article 2 Purpose and scope

The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

“科學原則”係指通過科學方法瞭解的公認基本自然法則和事實；

“船舶”係指國際航行中的遠洋或內河航運船舶；

“長期建議”係指世衛組織根據第16條提出的有關適宜衛生措施的非約束性建議，建議係針對現有的特定公共衛生危害、為防止或減少疾病的國際傳播和儘量減少對國際交通的干擾而需要常規或定期採取的措施；

“監測”係指出於公共衛生目的，有系統地不斷收集、核對和分析數據以及及時傳播公共衛生資訊，以供評估和採取必要的公共衛生應變措施；

“疑似”係指締約國認為個人、行李、貨物、貨櫃、交通工具、物品或郵包已經暴露於或可能暴露於公共衛生危害並且有可能是傳播疾病的可能來源；

“臨時建議”係指世衛組織根據第15條在處理有關國際公共衛生的緊急事件時，提出的特殊的、有時間限定並建立在特定風險基礎上的非約束性建議，以便防止或減少疾病的國際傳播和儘量減少對國際交通的干擾；

“臨時居留”的含義由有關締約國的國家法律界定；

“旅客”係指進行國際旅行的自然人；

“病媒”係指通常傳播構成公共衛生危害的傳染性病原體的昆蟲或其它動物；

“查證”係指一個締約國向世衛組織提供資訊確認該國一處或多處領土內事件的狀況；

“世衛組織《國際衛生條例》聯絡點”係指《國際衛生條例》國家對口單位隨時可與之溝通的世衛組織內的單位。

2. 除非條款中另有規定或定義，提及本條例時包括其附件。

第2條 目的和範圍

本條例的目的和範圍是以針對公共衛生危害和威脅、同時又避免對國際交通造成不必要干擾的適當方式，以預防、抵禦和控制疾病的國際傳播，並提供公共衛生應變措施。

Article 3 Principles

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons.
2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.
3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.
4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Article 4 Responsible authorities

1. Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.
2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:
 - (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12; and
 - (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.
3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.
4. States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

第3條 原則

1. 本條例的執行應充分尊重人的尊嚴、人權和基本自由。
2. 本條例應在聯合國憲章和世界衛生組織《組織法》的指導之下執行。
3. 本條例的執行應以其廣泛用以保護世界上所有人民不受疾病國際傳播之害的目標為指導。
4. 根據聯合國憲章和國際法的原則，國家具有主權權利根據其衛生政策立法和實施法規。這樣做時，他們應遵循本條例的目的。

第4條 負責當局

1. 締約國應當指定或建立《國際衛生條例》國家對口單位以及在各自管轄行政範圍內負責按本條例實施衛生措施的當局。
2. 《國際衛生條例》國家對口單位應隨時能夠同根據本條3項設立的世衛組織《國際衛生條例》聯絡點保持聯繫。《國際衛生條例》國家對口單位的職責應該包括：
 - (a) 代表有關締約國同世衛組織《國際衛生條例》聯絡點就有關本條例實施的緊急情況進行溝通，特別是根據第6條至第12條的規定；以及
 - (b) 向有關締約國的相關行政管理部門傳播資訊，並匯總回饋意見，其中包括負責監測和報告的部門、入境港埠、公共衛生服務機構、診所、醫院和其他政府機關。
3. 世衛組織應當指定《國際衛生條例》聯絡點，後者應與《國際衛生條例》國家對口單位隨時保持聯繫。世衛組織《國際衛生條例》聯絡點應將本條例的執行情況（特別是根據第6條至第12條的規定）及時分送有關締約國的《國際衛生條例》國家對口單位。世衛組織《國際衛生條例》聯絡點可由世衛組織在本組織總部或區域一級任命。
4. 締約國應當向世衛組織提供本國《國際衛生條例》國家對口單位的詳細聯繫方式，同時世衛組織應當向締約國提供世衛組織《國際衛生條例》聯絡點的詳細聯繫方式。以上聯繫細節應不斷更新並每年予以確認。世衛組織應當讓所有締約國瞭解世衛組織按本條規定所收到的《國際衛生條例》國家對口單位的聯繫細節。

PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.
2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.
3. WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.
4. WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.

Article 6 Notification

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.
2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

Article 7 Information-sharing during unexpected or unusual public health events

If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.

第二部分— 資訊和公共衛生應變措施

第5條 監測

1. 每個締約國應當根據本條例附件1的具體規定，儘快但不遲於本條例在該締約國生效後五年內，發展、加強和維持偵測、評估、通報及報告事件的能力。
2. 在進行附件1A第2項所述的評估之後，締約國可根據正當需要和實施計畫向世衛組織報告，從而獲得兩年的延長期以履行本條第1項規定的義務。在特殊情況及新的實施計畫的支持下，締約國可向幹事長要求不超過兩年的進一步延長，幹事長應該考慮按第50條成立的委員會（以下稱“審查委員會”）的專業意見並做出決定。在本條第1項所述的時期後，獲得延期的締約國應每年向世衛組織報告全面執行的進展。
3. 世衛組織應按要求幫助締約國發展、加強和維持本條第1項所述的能力。
4. 世衛組織應當通過監測活動收集有關事件的資訊，並評估事件引起疾病國際傳播的潛力和對國際交通的可能干擾。世衛組織按本項收到的資訊將根據第11條並酌情依第45條來處理。

第6條 通報

1. 每個締約國應當利用附件2的決策文件評估本國領土內發生的事件。並透過《國際衛生條例》國家對口單位，以現有最有效的通訊方式在獲得公共衛生資訊後24小時內向世衛組織通報，通報內容包括在本國領土內發生、有可能構成有關國際公共衛生的緊急事件的所有事件，以及為應對這些事件所採取的任何衛生措施。如果世衛組織接到的通報涉及國際原子能機構的權限，世衛組織應立刻通報國際原子能機構。
2. 通報後，締約國應當繼續及時地向世衛組織報告所通報事件確切和充分詳細的公共衛生資訊，並儘可能包括病例定義、實驗室檢測結果、危險的來源和類型、病例數和死亡數、影響疾病傳播的情況及所採取的衛生措施；必要時，應當報告在可能引起有關國際公共衛生的緊急事件應變時面臨的困難和需要的支援。

第7條 在出乎預料或不尋常公共衛生事件期間的資訊共享

締約國如果有證據顯示在其領土內存在出乎意料或不尋常的公共衛生事件，不論其起源或來源如何，其可能構成有關國際公共衛生的緊急事件，應向世衛組織提供所有相關的公共衛生資訊。在此情況下，第6條的規定得充分適用。

Article 8 Consultation

In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.

Article 9 Other reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

2. States Parties shall, as far as practicable, inform WHO within 24 hours of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

- (a) human cases;
- (b) vectors which carry infection or contamination; or
- (c) goods that are contaminated.

Article 10 Verification

1. WHO shall request, in accordance with Article 9, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide:

- (a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;
- (b) within 24 hours, available public health information on the status of events referred to in WHO's request; and
- (c) information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.

第8條 磋商

若發生在本國領土的事件無需按第6條通報，特別是現有的資訊不足以填寫決策文件，締約國仍可透過《國際衛生條例》國家對口單位隨時讓世衛組織對此事件知情，並與世衛組織就適宜的衛生措施進行磋商。此類聯繫應按第11條第2項至第4項處理。在本國領土發生事件的締約國可要求世衛組織協助評估該締約國獲取的任何流行病學證據。

第9條 其他報告

1. 世衛組織可考慮除通報或磋商外來自其他來源的報告，並根據既定的流行病學原則評估這些報告。然後將事件資訊通報在其領土內據稱發生事件的締約國。在根據這類報告採取任何行動前，世衛組織應當按照第10條規定的程序與據稱在其領土內發生事件的締約國進行協商並設法獲得證實。為此目的，世衛組織應將獲得的資訊通報各締約國，並且只有在充分合理的情況下世衛組織才可對資訊來源進行保密。這類資訊將根據第11條規定的程序加以使用。
2. 締約國應當儘可能地在獲得本國領土外確認發生有可能引起疾病國際傳播的公共衛生威脅的證據後的24小時內報告世衛組織，其依據為出現以下輸出或輸入性：
 - (a) 人的病例；
 - (b) 攜帶感染或污染的病媒；或
 - (c) 受污染物品。

第10條 查證

1. 根據第9條的規定，世衛組織應當要求締約國對除通報和磋商以外其他聲稱該國正發生可能構成有關國際公共衛生的緊急事件的報告來源進行查證。在此情況下，世衛組織應就正設法查證的報告通知有關締約國。
2. 依前項和第9條，當世衛組織提出要求時，每個締約國應當查證和提供：
 - (a) 在24小時內對世衛組織的要求做出初步答復或確認；
 - (b) 在24小時內提供關於世衛組織要求中所提及狀況的現有公共衛生資訊；以及
 - (c) 在第6條所規定評估的前提下向世衛組織報告的資訊，其中包括該條陳述的相關資訊。

3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

4. If the State Party does not accept the offer of collaboration, WHO may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, taking into account the views of the State Party concerned.

Article 11 Provision of information by WHO

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.

2. WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:

- (a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or
- (b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or
- (c) there is evidence that:
 - (i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or
 - (ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or
- (d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.

3. WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if

3. 世衛組織在收到可能構成有關國際公共衛生的緊急事件的資訊後，應當表示願意就評估疾病國際傳播的可能性、對國際交通的可能干擾和控制措施是否適當與有關締約國合作。這種合作可包括與其他制訂標準的組織合作及建議動員國際援助，以支援國家當局展開和協調現場評估。在締約國提出要求時，世衛組織應當提供支援上述建議的資訊。
4. 倘若該締約國不接受合作建議，當公共衛生危害的規模證實有必要時，世衛組織可與其他締約國共用可獲得的資訊，並在考慮到有關締約國意見的情況下鼓勵該締約國接受世衛組織的合作建議。

第11條 世衛組織提供資訊

1. 按照本條第2項，世衛組織應當透過目前最有效的途徑，儘快秘密向所有締約國並酌情向相關政府間組織發送按第5條至第10條規定收到使該締約國能夠應付公共衛生危害所必需的公共衛生資訊。世衛組織應向其他締約國通報可幫助他們防範發生類似事件的資訊。
2. 世衛組織應當利用按第6條和8條及第9條第2項收到的資訊，根據本條例的規定進行查證、評估和援助，但不得將此類資訊廣泛提供給其他締約國，除非與以上條款所涉的締約國另有協議，直至：
 - (a) 按第12條該事件被確定為構成有關國際公共衛生的緊急事件；或
 - (b) 根據既定的流行病學原則，世衛組織確認了證明感染或污染在國際間傳播的資訊；或
 - (c) 有證據顯示：
 - (i) 由於污染、病原體、病媒或病原窩藪的性質，控制國際傳播的措施不可能取得成功；或
 - (ii) 締約國缺乏為防止疾病進一步傳播採取必要措施的實際能力；或
 - (d) 鑒於可能受到感染或污染的旅客、行李、貨物、貨櫃、交通工具、物品或郵包國際流動的性質和範圍，必須立即採取國際控制措施。
3. 世衛組織應當與在其領土內發生事件的締約國就按本條公開資訊的意圖進行協商。
4. 如果有關同一事件的其他資訊已經公開，而且有必要宣傳權威和獨立的資訊，根據本條例，

other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

Article 12 Determination of a public health emergency of international concern

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.

3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) information provided by the State Party;
- (b) the decision instrument contained in Annex 2;
- (c) the advice of the Emergency Committee;
- (d) scientific principles as well as the available scientific evidence and other relevant information; and
- (e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the State Party within whose territory the public health emergency of international concern has occurred, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

Article 13 Public health response

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.

世衛組織在將按本條第2項收到的資訊通報締約國的同時，也可向公眾公開上述資訊。

第12條 有關國際公共衛生的緊急事件的確定

1. 幹事長應當根據收到的資訊，按照本條例規定的標準和程序確定該事件是否構成有關國際公共衛生的緊急事件，特別是從本國領土上正發生事件的締約國收到的資訊。
2. 如果依據本條例規定進行的評估，幹事長認為正發生有關國際公共衛生的緊急事件，則應當與本國領土上發生事件的締約國就初步決定進行磋商。如果幹事長和締約國決議一致，幹事長應當根據第49條規定的程序就適宜的臨時建議，徵求按第48條成立的委員會（以下統稱“緊急事件委員會”）的意見。
3. 在以上第2項的磋商之後，如果幹事長和本國領土上發生事件的締約國未能在48小時內就事件是否構成有關國際公共衛生的緊急事件取得一致意見，應當按照第49條規定的程序做出決定。
4. 在決定某個事件是否構成有關國際公共衛生的緊急事件時，幹事長應當考慮：
 - (a) 締約國提供的資訊；
 - (b) 附件2所含的決策文件；
 - (c) 緊急事件委員會的建議；
 - (d) 科學原則以及現有的科學證據和其他有關資訊；以及
 - (e) 對人類健康危險度、疾病國際傳播風險和對國際交通干擾的評估。
5. 經與本國領土上發生有關國際公共衛生的緊急事件的締約國磋商後，如果幹事長認為一起有關國際公共衛生的緊急事件業已結束，幹事長應當按照第49條規定的程序做出決定。

第13條 公共衛生應變措施

1. 每一締約國應當按照附件1的要求儘速、但自本條例對該締約國生效之日起不遲於五年，發展、加強和維持快速且有效對公共衛生危害和有關國際公共衛生的緊急事件應變的能力。世衛組織應當與會員國協商，發表指導方針以支援締約國發展公共衛生應變能力。

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

5. When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.

*Article 14 Cooperation of WHO with intergovernmental organizations
and international bodies*

1. WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements.

2. In cases in which notification or verification of, or response to, an event is primarily within the competence of other intergovernmental organizations or international bodies, WHO shall coordinate its activities with such organizations or bodies in order to ensure the application of adequate measures for the protection of public health.

3. Notwithstanding the foregoing, nothing in these Regulations shall preclude or limit the provision by WHO of advice, support, or technical or other assistance for public health purposes.

PART III – RECOMMENDATIONS

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be

2. 在附件1A部分第2項所述的評估之後，締約國可根據正當需要和實施計畫向世衛組織報告，從而獲得兩年的延長期以履行本條第1項規定的義務。在特殊情況下並在一項新的實施計畫的支持下，締約國可向幹事長要求不超過兩年的進一步延長。幹事長應該考慮審查委員會的專業意見並做出決定。在本條第1項所述的時期之後，獲得延期的締約國應每年向世衛組織報告全面實施方面的進展。
3. 在締約國的要求下，世衛組織應當通過提供專業指導和援助，以及通過對所採取的控制措施的有效性評估（包括在必要時調動展開現場援助國際專家組）進行合作，以應變公共衛生危害和其他事件。
4. 根據第12條經與有關締約國磋商後，如果世衛組織確定正發生有關國際公共衛生的緊急事件，除本條第3項所示的支援外，它還可向締約國提供進一步的援助，其中包括評估國際危害的嚴重性和控制措施是否適當。這種合作可包括建議動員國際援助以支援國家當局展開和協調現場評估。當締約國提出要求時，世衛組織應當提供支援此類建議的資訊。
5. 在世衛組織的要求下，締約國應當盡最大可能對世衛組織協調的應變活動提供支持。
6. 當有要求時，世衛組織應當向受到有關國際公共衛生的緊急事件影響或威脅的其他國家提供適宜的指導和援助。

第14條 世衛組織與政府間組織和機構的合作

1. 世衛組織在實施本條例時應當酌情與其他有關政府間組織或機構合作並協調其活動，其中包括通過締結協定和其他類似的安排。
2. 如果通報、查證或應變某個事件主要屬於其他政府間組織或機構的職責範圍，則世衛組織應當與該組織或機構協調活動，以便確保為保護公眾健康採取適當的措施。
3. 儘管如前所述，本條例不致阻止或限制世衛組織出於公共衛生目的而提供建議、支持或給予技術或其他援助。

第三部分— 建議

第15條 臨時建議

1. 若按第12條確定正發生有關國際公共衛生的緊急事件，幹事長應當根據第49條規定的程序發布臨時建議。可酌情（包括在確定有關國際公共衛生的緊急事件已經結束後）修改或延續此

modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

2. Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.

Article 16 Standing recommendations

WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

Article 17 Criteria for recommendations

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

- (a) the views of the States Parties directly concerned;
- (b) the advice of the Emergency Committee or the Review Committee, as the case may be;
- (c) scientific principles as well as available scientific evidence and information;
- (d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;
- (e) relevant international standards and instruments;
- (f) activities undertaken by other relevant intergovernmental organizations and international bodies; and
- (g) other appropriate and specific information relevant to the event.

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.

類臨時建議，此時也可按需要發布旨在預防或迅速發現其捲土重來的其他臨時建議。

2. 臨時建議可包括遭遇有關國際公共衛生的緊急事件的締約國或其他締約國對人員、行李、貨物、貨櫃、交通工具、物品和/或郵包擬採取的衛生措施，其目的在於防止或減少疾病的國際傳播和避免對國際交通的不必要干擾。
3. 臨時建議可根據第49條規定的程序隨時撤銷，並應在公布3個月後自動失效。臨時建議亦可修改或展延3個月。臨時建議至多可持續到確定與其有關的有關國際公共衛生的緊急事件之後的下一屆世界衛生大會。

第16條 長期建議

世衛組織可根據第53條提出關於常規或定期採取適宜衛生措施的長期建議。締約國可針對正發生的特定公共衛生危害，對人員、行李、貨物、貨櫃、交通工具、物品和/或郵包採取以上措施，其目的為防止或減少疾病的國際傳播和避免對國際交通的不必要干擾。世衛組織可根據第53條適時修改或撤銷長期建議。

第17條 建議的標準

幹事長在發布、修改或撤銷臨時或長期建議時應當考慮：

- (a) 有直接關係的締約國的意見；
- (b) 視情況，緊急事件委員會或審查委員會的建議；
- (c) 科學原則以及現有的科學證據和資訊；
- (d) 根據符合實際情況的危險度評估所採取的衛生措施對國際交通和貿易的限制，和對人員的干擾並不大於可合理採取並能實現適當程度保護健康的其他措施；
- (e) 相應的國際標準和文件；
- (f) 其他相關國際組織和機構展開的活動；以及
- (g) 其他有關事件的適當和具體資訊。

對於臨時建議，幹事長在本條第(e)和(f)項中的考慮可因情況緊急而受到限制。

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis;
- place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- no specific health measures are advised;
- review manifest and routing;
- implement inspections;
- review proof of measures taken on departure or in transit to eliminate infection or contamination;
- implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
- the use of specific health measures to ensure the safe handling and transport of human remains;

第18條 針對人員、行李、貨物、貨櫃、交通工具、物品和郵包的建議

1. 世衛組織針對人員向締約國發布的建議可包括以下意見：

- 不必採取特定的衛生措施；
- 審查在受感染地區的旅遊史；
- 審查醫學檢查證明和任何實驗室分析結果；
- 需要做醫學檢查；
- 審查疫苗接種或其他預防措施的證明；
- 需要接種疫苗或採取其他預防措施；
- 對疑似病例進行公共衛生觀察；
- 對疑似病例實行檢疫或其他衛生措施；
- 對受感染者實行隔離並進行必要的治療；
- 追蹤與疑似病例或受感染者接觸的人員；
- 不准疑似病例或受感染者入境；
- 禁止未感染的人員進入受感染地區；以及
- 進行出境檢查並/或限制來自受感染地區的人員出境。

2. 世衛組織針對行李、貨物、貨櫃、交通工具、物品和郵包向締約國發布的建議可包括以下意見：

- 不必採取特定的衛生措施；
- 審查載貨清單和航行路線；
- 實行檢查；
- 審查離境或過境時採取消除感染或污染措施的證明；
- 處理行李、貨物、貨櫃、交通工具、物品、郵包或屍體以消除感染或污染（包括病媒和病原窩藪）；
- 採取具體衛生措施以確保安全處理和運輸屍體；

- implement isolation or quarantine;
- seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and
- refuse departure or entry.

PART IV – POINTS OF ENTRY

Article 19 General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

- (a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

Article 20 Airports and ports

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.
2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.
3. Each State Party shall send to WHO a list of ports authorized to offer:
 - (a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
 - (b) the issuance of Ship Sanitation Control Exemption Certificates only; and
 - (c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1

- 實行隔離或檢疫；
- 如果現有的一切處理或操作方法均不成功，則在監控的情況下查封和銷毀受感染或污染或者疑似的行李、貨物、貨櫃、交通工具、物品和郵包；以及
- 不准離境或入境。

第四部分— 入境港埠

第19條 總職責

除本條例規定的其他職責外，每個締約國應當：

- (a) 確保附件1規定的指定入境港埠的能力按第5條第1項和第13條第1項規定期限內得到加強；
- (b) 確定負責本國領土上每個指定入境港埠的主管當局；並
- (c) 當為應對特定的公共衛生危害提出要求時，盡量切實可行地向世衛組織提供有關入境港埠感染或污染源（包括病媒和病原窩藪）的相關資料，因此類感染或污染有可能導致疾病的國際傳播。

第20條 機場和港口

1. 締約國應當指定理應加強附件1規定的能力的機場和港口。
2. 締約國應當確保根據本條例第39條的要求和附件3的示範格式簽發免予船舶衛生控制證明書和船舶衛生控制證明書。
3. 每個締約國應當向世衛組織寄送被授予以下許可權的港口名單：
 - (a) 簽發船舶衛生控制證明書和提供附件1和3提及的服務；或
 - (b) 只簽發免予船舶衛生控制證明書；以及
 - (c) 延長船舶免於衛生控制證書一個月，直至船舶抵達可能收到證書的港口。

每個締約國應當將列入名單的港口情況可能發生的任何改變通知世衛組織。世衛組織應當公布根據本項收到的資訊。

4. 在有關締約國的要求下，世衛組織可以在經適當調查後設法證明：在其領土上的機場或港口

and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.

Article 21 Ground crossings

1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the capacities provided in Annex 1, taking into consideration:

- (a) the volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party's ground crossings which might be designated; and
- (b) the public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.

2. States Parties sharing common borders should consider:

- (a) entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and
- (b) joint designation of adjacent ground crossings for the capacities in Annex 1 in accordance with paragraph 1 of this Article.

Article 22 Role of competent authorities

1. The competent authorities shall:

- (a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;
- (b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;
- (c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;
- (d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;

符合本條第1項和第3項的要求。以上證明材料可由世衛組織在與締約國協商下定期審核。

5. 世衛組織在與相關政府間組織和國際機構的合作下，應當制訂和公布按本條規定為機場和港口頒發證書的準則。世衛組織還應該發布經認證的機場和港口的清單。

第21條 陸地過境點

1. 基於公共衛生的正當考慮，締約國可指定陸地過境點，後者應加強附件1規定的能力，並考慮到：
 - (a) 締約國能指定的陸地過境點與其他入境港埠相比，各類型國際交通的流量和頻率；以及
 - (b) 國際交通起源地或到達特定陸地過境點之前所通過地區存在的公共衛生危害。
2. 擁有共同邊界的締約國應考慮：
 - (a) 根據第57條就預防或控制疾病在陸地過境點的國際傳播達成雙邊或多邊協定或安排；以及
 - (b) 按本條第1項聯合指定具備附件1中所規定能力的鄰近陸地過境點。

第22條 主管當局的作用

1. 主管當局應當：
 - (a) 負責檢測從受感染地區離開或到達的行李、貨物、貨櫃、交通工具、物品、郵包和屍體，以其始終保持無感染或污染源（包括病媒和病原窩藪）的狀態；
 - (b) 盡量確實可行地確保旅客在入境港埠使用的設施維持合乎衛生的狀態並保持無感染或污染源（包括病媒和病原窩藪）；
 - (c) 按本條例要求負責監督對行李、貨物、貨櫃、交通工具、物品、郵包和屍體採取的任何除鼠、消毒、滅蟲或除污措施或對人員採取的任何衛生措施；
 - (d) 盡可能事先告知交通工具營運者對交通工具採取控制措施的意向，並應在有條件的情況下提供有關使用方法的書面資訊；

- (e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;
- (f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway;
- (g) be responsible for supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary;
- (h) have effective contingency arrangements to deal with an unexpected public health event; and
- (i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.

2. Health measures recommended by WHO for travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.

3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.

PART V – PUBLIC HEALTH MEASURES

Chapter I – General provisions

Article 23 Health measures on arrival and departure

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:

- (a) with regard to travellers:
 - (i) information concerning the traveller's destination so that the traveller may be contacted;
 - (ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations; and/or

- (e) 負責監督清除和安全處理交通工具中任何受污染的水或食品、人或動物排泄物、廢水和任何其他污染物；
 - (f) 採取與本條例相符的一切可行措施，檢測和控制船舶排放的污水、垃圾、壓艙水和其他有可能引起疾病的物質，因這些均可污染港口、河流、運河、海峽、湖泊或其它國際水道的水域；
 - (g) 負責監督在入境港埠向旅客、行李、貨物、貨櫃、交通工具、物品、郵包和屍體提供服務的人員，必要時包括實施檢查和醫學檢查；
 - (h) 具備有效的應急措施以應對突發公共衛生事件；並
 - (i) 就按本條例採取的相關公共衛生措施與《國際衛生條例》國家對口單位聯繫。
- 2. 如有確實迹象和/或證據顯示從受感染地區出發時採取的措施並不成功，則可對來自該受感染地區的旅客、行李、貨物、貨櫃、交通工具、物品、郵包和屍體在到達時重新採取世衛組織建議的衛生措施。
 - 3. 在進行滅蟲、除鼠、消毒、除污和其他衛生措施時，應避免傷害個人並盡可能避免造成不適，或避免損害環境以致影響公共衛生，或損壞、行李、貨物、貨櫃、交通工具、物品和郵包。

第五部分— 公共衛生措施

第一章— 總則

第23條 到達和離境時的衛生措施

- 1. 遵循適用的國際協定和本條例各有關條款，締約國出於公共衛生目的可要求在到達或離境時：
 - (a) 對旅客：
 - (i) 瞭解有關該旅客旅行目的地的情況，以便與其取得聯繫；
 - (ii) 瞭解有關該旅客旅行路線以確認到達前是否在受感染地區或其附近旅行或可能接觸感染或污染，以及檢查旅客的健康文件（如果按本條例需要此類文件）；和/或

-
- (iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;
 - (b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.
2. On the basis of evidence of a public health risk obtained through the measures provided in paragraph 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.
3. No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.
4. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.
5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.

Chapter II – Special provisions for conveyances and conveyance operators

Article 24 Conveyance operators

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:
- (a) comply with the health measures recommended by WHO and adopted by the State Party;
 - (b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and
 - (c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.
2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

(iii) 進行能夠實現公共衛生目標的干擾性最小的非創傷性醫學檢查；

(b) 對行李、貨物、貨櫃、交通工具、物品、郵包和屍體進行檢查。

2. 如通過本條第1項規定的措施或透過其他手段取得的證據表明存在公共衛生危害，締約國尤其對疑似或受感染旅客可在個別情況個別處理的基礎上，按本條例採取能夠實現防範疾病國際傳播的公共衛生目標，干擾性和創傷性最小的醫學檢查等額外衛生措施。
3. 根據締約國的法律和國際義務，未經旅客本人或其父母或監護人的事先知情同意，不得進行本條例規定的醫學檢查、疫苗接種、預防或衛生措施，但第31條第2項不在此限。
4. 根據締約國的法律和國際義務，按本條例接種疫苗或接受預防措施的旅客本人或其父母或監護人，應當被告知接種或不接種疫苗以及採用或不採用預防措施引起的任何風險。締約國應當根據該國的法律將此要求通知醫生。
5. 對旅客實行或施行涉及疾病傳播危險的任何醫學檢查、醫學操作、疫苗接種或其它預防措施時，必須根據既定的國家或國際安全準則和標準，以儘量減少這種危險。

第二章— 對交通工具和交通工具營運者的特別條款

第24條 交通工具營運者

1. 締約國應當採取符合本條例的一切可行措施，確保交通工具營運者：
 - (a) 遵守世衛組織建議並經締約國採納的衛生措施；
 - (b) 告知旅客世衛組織建議並經締約國採納的艙內衛生措施；並
 - (c) 經常保持所負責的交通工具無感染或污染源（包括病媒和病原窩藪）狀態。如果發現有感染或污染源的證據，需要採取相應的控制措施。
2. 本條對交通工具和交通工具營運者的具體規定見附件4。在病媒傳播疾病方面，適用於交通工具和交通工具營運者的具體措施見附件5。

Article 25 Ships and aircraft in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied by a State Party to:

- (a) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of that State Party on its way to a port in the territory of another State. Any such ship shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies;
- (b) a ship which passes through waters within its jurisdiction without calling at a port or on the coast; and
- (c) an aircraft in transit at an airport within its jurisdiction, except that the aircraft may be restricted to a particular area of the airport with no embarking and disembarking or loading and discharging. However, any such aircraft shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

Article 26 Civilian lorries, trains and coaches in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied to a civilian lorry, train or coach not coming from an affected area which passes through a territory without embarking, disembarking, loading or discharging.

Article 27 Affected conveyances

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

- (a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and
- (b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

2. If the competent authority for the point of entry is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:

- (a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and

第25條 過境船舶和飛機

按第27條和第43條另有規定或經適用國際協定授權外，締約國對以下情況不得採取衛生措施：

- (a) 不是來自受感染地區、在前往另一國家領土港口的途中經過該締約國領土的沿海運河或航道的船舶。在主管當局監督下應當允許任何此類船舶添加燃料、水、食物和供應品；
- (b) 通過該締約國管轄的航道、但不在港口或沿岸停靠的任何船舶；以及
- (c) 在該締約國管轄的機場過境的飛機，但可限制飛機停靠在機場的特定區域，不得上下人員和裝卸貨物。然而，在主管當局監督下應當允許任何此類飛機添加燃料、水、食物和供應品。

第26條 過境的民用卡車、火車和客車

除第27條和第43條另有規定或經適用的國際協議授權外，不得對來自非疫區並在無人員上下和裝卸貨物的情況下，通過領土的民用卡車、火車或客車採取衛生措施。

第27條 受感染交通工具

1. 如果根據公共衛生危害的事實和證據，發現交通工具艙內存在臨床跡象或症狀和情況（包括感染和污染源），主管當局應當認為該交通工具受感染，並可：
 - (a) 對交通工具進行適宜的消毒、除污、滅蟲或除鼠，或使上述措施在其監督下進行；並
 - (b) 結合每個具體情況決定所採取的技術，以保證按本條例的規定充分控制公共衛生危害。若世衛組織為此程序有建議的方法或材料，應予以採用，除非主管當局認為其他方法也同樣安全和可靠。

主管當局可執行補充衛生措施，包括必要時隔離交通工具，以預防疾病傳播。應該向《國際衛生條例》國家對口單位報告這類補充措施。

2. 如果入境港埠的主管當局不具備執行本條要求的控制措施的實力，受感染交通工具在符合以下條件的情況下可允許離港：
 - (a) 主管當局應當在其離港時向下一個已知入境港埠的主管當局提供第(b)項所須資訊；以及

- (b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.

Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:

- (a) the measures provided in paragraph 1 of this Article have been effectively carried out; and
- (b) there are no conditions on board that could constitute a public health risk.

Article 28 Ships and aircraft at points of entry

1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

2. Subject to Article 43 or as provided in applicable international agreements, ships or aircraft shall not be refused *free pratique* by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination.

3. Whenever practicable and subject to the previous paragraph, a State Party shall authorize the granting of *free pratique* by radio or other communication means to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the State Party is of the opinion that the arrival of the ship or aircraft will not result in the introduction or spread of disease.

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.

5. The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:

(b) 如為船舶，則在船舶衛生控制證明書中應當註明所發現的證據和需要採取的控制措施。

應當允許任何此類船舶在主管當局監督下添加燃料、水、食品和供應品。

1. 主管當局對以下情況表示滿意時，曾被認為受感染的交通工具應不再被如是對待：

(a) 本條第1項規定的措施已得到有效執行；以及

(b) 艙內無構成公共衛生危害的情況。

第28條 入境港埠的船舶或飛機

1. 除第43條或適用的國際協定另有規定之外，不應當因公共衛生原因而阻止船舶或飛機在任何入境港埠停靠。但是，如果入境港埠不具備執行本條例規定的衛生措施的能力，可命令船舶或飛機在自擔風險的情況下駛往可到達的最近適宜入境港埠，除非該船舶或飛機有會使更改航程不安全的操作問題。
2. 除第43條或適用的國際協定另有規定之外，締約國不應當出於公共衛生理由拒絕授予船舶或飛機“入港許可”；特別是不應當阻止它上下人員、裝卸貨物或儲備用品，或添加燃料、水、食物和供應品。締約國可在授予“入港許可”前進行檢查，若艙內發現感染或污染源，則可要求進行必要的消毒、除污、滅蟲或除鼠，或者採取其他必要措施防止感染或污染傳播。
3. 在可行的情況下和按上一項，締約國如根據船舶或飛機到達前收到的資訊，認為該船舶或飛機的到達不會引起或傳播疾病，則應當通過無線通訊或其他通訊方式授予入港許可。
4. 船舶的船長或飛機的機長或其代理人在到達目的地港口或機場前，應當將艙內任何顯示出某種傳染病迹象的患病者的情況或存在公共衛生危害的證據，在船長或機長一獲知存在這類病情或公共衛生危害後便儘早通知港口或機場管制部門。此資訊必須立即告知港口或機場的主管當局。在緊急情況下，船長或機長應直接向有關港口或機場主管當局通報此類資訊。
5. 如由於非機長或船舶船長所能控制的原因，懷疑受感染或受感染的飛機或船舶著陸或停泊於不是原定到達的機場或港口，則應當採取以下措施：

- (a) the pilot in command of the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with the nearest competent authority;
- (b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;
- (c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft or ship shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and
- (d) when all health measures required by the competent authority have been completed, the aircraft or ship may, so far as such health measures are concerned, proceed either to the airport or port at which it was due to land or berth, or, if for technical reasons it cannot do so, to a conveniently situated airport or port.

6. Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority as early as possible concerning any measures taken pursuant to this paragraph.

Article 29 Civilian lorries, trains and coaches at points of entry

WHO, in consultation with States Parties, shall develop guiding principles for applying health measures to civilian lorries, trains and coaches at points of entry and passing through ground crossings.

Chapter III – Special provisions for travellers

Article 30 Travellers under public health observation

Subject to Article 43 or as authorized in applicable international agreements, a suspect traveller who on arrival is placed under public health observation may continue an international voyage, if the traveller does not pose an imminent public health risk and the State Party informs the competent authority of the point of entry at destination, if known, of the traveller's expected arrival. On arrival, the traveller shall report to that authority.

Article 31 Health measures relating to entry of travellers

1. Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis:

- (a) when necessary to determine whether a public health risk exists;
- (b) as a condition of entry for any travellers seeking temporary or permanent residence;
- (c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or

- (a) 飛機機長或船舶船長或其他負責人應當盡一切努力立即與最近的主管當局聯繫；
 - (b) 主管當局一旦得知飛機著陸，可採取世衛組織建議的衛生措施或本條例規定的其他衛生措施；
 - (c) 除非出於緊急情況或與主管當局進行聯繫的需要，或得到主管當局的批准，否則搭乘飛機或船舶的旅客不得離開飛機或船舶附近，也不得從飛機或船舶附近移動貨物；以及
 - (d) 在執行主管當局要求的所有衛生措施後，如果此類措施圓滿完成，飛機或船舶可繼續前往原定著陸或停泊的機場或港口，或如因技術原因不能在這裏著陸或停泊，可前往位置方便的機場或港口。
6. 雖然有本條所含的條款，船舶的船長或飛機的機長可爲了艙內旅客的健康和安全而採取認爲必需的緊急措施。船長或機長應就按本項採取的任何措施儘早告知主管當局。

第29條 入境港埠的民用卡車、火車和客車

世衛組織應與締約國協商，制訂對入境港埠和通過陸地過境點の民用卡車、火車和客車所採取衛生措施的指導原則。

第三章— 對旅客的特別條款

第30條 接受公共衛生觀察的旅客

除第43條另有規定外或按照適用的國際協定の規定，如在抵達時接受公共衛生觀察的可疑旅客不構成直接的公共衛生危害，而締約國將其預期到達的時間通知入境港埠的主管當局（如知道），則該旅客可允許繼續國際旅行。該旅客在抵達後應報告該主管當局。

第31條 與旅客入境有關的衛生措施

1. 不得將創傷性醫學檢查、疫苗接種或其他預防措施作爲任何旅客進入某個締約國領土的條件。但除第32條、第42條和第45條另有規定外，本條例不排除締約國在以下情況中要求實行醫學檢查、疫苗接種或其他預防措施，或者提供疫苗接種或其他預防措施的證明：
- (a) 必要時確定是否存在公共衛生危害；
 - (b) 作爲尋求臨時或長期居留的任何旅客入境的條件；
 - (c) 按照第43條或附件6和7作爲任何旅客入境的條件；或

- (d) which may be carried out pursuant to Article 23.

2. If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42 and 45, deny entry to that traveller. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:

- (a) the least invasive and intrusive medical examination that would achieve the public health objective;
- (b) vaccination or other prophylaxis; or
- (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.

Article 32 Treatment of travellers

In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:

- (a) treating all travellers with courtesy and respect;
- (b) taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers; and
- (c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

Chapter IV – Special provisions for goods, containers and container loading areas

Article 33 Goods in transit

Subject to Article 43 or unless authorized by applicable international agreements, goods, other than live animals, in transit without transshipment shall not be subject to health measures under these Regulations or detained for public health purposes.

Article 34 Container and container loading areas

1. States Parties shall ensure, as far as practicable, that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing.

(d) 按照第23條可予以實行。

2. 如果締約國按本條第1項要求旅客接受醫學檢查、疫苗接種或其他預防措施，而旅客本人不同意採取任何此類措施或拒絕提供第32條第1(a)款提及的資訊或文件，則有關締約國可根據第32條、第42條和第45條拒絕該旅客入境。若有證據顯示存在危急的公共衛生危害，則締約國根據其國家法規並出於控制此危害的必要，可強迫旅客接受或根據第23條第3項建議與旅客接受：

(a) 創傷性和干擾性最小、但可達到公共衛生目的的醫學檢查；

(b) 疫苗接種或其他預防措施；或

(c) 預防或控制疾病傳播的其他常用的衛生措施，包括隔離、檢疫或讓旅客接受公共衛生觀察。

第32條 旅客的待遇

在實行本條例規定的衛生措施時，締約國應當以尊重其尊嚴、人權和基本自由的態度對待旅客，並儘量減少此類措施引起的任何不適或痛苦，其中包括：

(a) 以禮待人，尊重所有旅客；

(b) 考慮旅客在性別、社會文化、種族或宗教方面所關注的問題；以及

(c) 向接受檢疫、隔離、醫學檢查或其他公共衛生措施的旅客提供或安排提供足夠的食品和飲水、適宜的住處和衣服，保護其行李和其他財物，給予適宜的醫療、以能被聽懂的語言（如可能）提供必要的通訊工具和其他適當的幫助。

第四章— 對貨物、貨櫃和貨櫃裝卸區的特別條款

第33條 轉口貨物

除非第43條另有規定或經適用的國際協定授權，否則除活的動物外，無須轉運的轉口貨物不應當接受本條例規定的衛生措施或出於公共衛生目的而被扣留。

第34條 貨櫃和貨櫃裝卸區

1. 締約國應當在可行的情況下確保貨櫃託運人在國際航行中使用的貨櫃保持無感染或污染源（包括病媒和病原窩藪），特別是在打包過程中。

2. States Parties shall ensure, as far as practicable, that container loading areas are kept free from sources of infection or contamination, including vectors and reservoirs.
3. Whenever, in the opinion of a State Party, the volume of international container traffic is sufficiently large, the competent authorities shall take all practicable measures consistent with these Regulations, including carrying out inspections, to assess the sanitary condition of container loading areas and containers in order to ensure that the obligations contained in these Regulations are implemented.
4. Facilities for the inspection and isolation of containers shall, as far as practicable, be available at container loading areas.
5. Container consignees and consignors shall make every effort to avoid cross-contamination when multiple-use loading of containers is employed.

PART VI – HEALTH DOCUMENTS

Article 35 General rule

No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23.

Article 36 Certificates of vaccination or other prophylaxis

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations, or to recommendations and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.
2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

Article 37 Maritime Declaration of Health

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.
2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

2. 締約國應當在可行的情況下確保貨櫃裝卸區保持無感染或污染源（包括病媒和病原窩藪）。
3. 一旦締約國認為國際貨櫃裝卸量非常繁重時，主管當局應當採取符合本條例的一切可行措施（包括進行檢查）評估貨櫃裝卸區和貨櫃的衛生狀況，以確保本條例規定的義務得到履行。
4. 在可行的情況下，貨櫃裝卸區應配備檢查和隔離貨櫃的設施。
5. 如貨櫃裝卸區具有多種用途，貨櫃託運人和受託人應當盡力避免交叉污染。

第六部分— 衛生文件

第35條 一般規定

除本條例或世衛組織發布的建議所規定的衛生文件外，在國際航行中不應要求其他衛生文件，但本條不適用於尋求臨時或長期居留的旅客，也不適用於根據適用的國際協定有關國際貿易中物品或貨物公共衛生狀況的文件要求。主管當局可要求旅客填寫符合第23條所規定要求的通訊地址表和關於旅客健康情況的調查表。

第36條 疫苗接種或其他預防措施證書

1. 按本條例或建議對旅客進行的疫苗接種或預防措施，以及與此相關的證書應當符合附件6的規定，適用時應當符合附件7有關特殊疾病的規定。
2. 除非主管當局有迹象和/或證據顯示疫苗接種或其他預防措施無效，否則持有與附件6和（適用時）附件7相符的疫苗接種或其他預防措施證書的旅客，不應當由於證明中提及的疾病而被拒絕入境，即使該旅客來自受感染地區。

第37條 海事衛生聲明書

1. 船長在到達締約國領土的第一個停靠港口前應當查清船上的健康情況，而且除非締約國不要求，否則船長應當在船舶到達後，或到達之前（如果船舶有此配備且締約國要求事先提交），填寫海事衛生聲明書，並提交給該港口的主管當局；如果有船醫，海事衛生聲明書則應當有後者的副署。
2. 船長或船醫（如果有）應當提供主管當局所要求的有關國際航行中船上衛生狀況的任何資訊。

3. A Maritime Declaration of Health shall conform to the model provided in Annex 8.
4. A State Party may decide:
 - (a) to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or
 - (b) to require the submission of the Maritime Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

The State Party shall inform shipping operators or their agents of these requirements.

Article 38 Health Part of the Aircraft General Declaration

1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9.
2. The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.
3. A State Party may decide:
 - (a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or
 - (b) to require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.

The State Party shall inform aircraft operators or their agents of these requirements.

Article 39 Ship sanitation certificates

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.
2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 27.
3. The certificates referred to in this Article shall conform to the model in Annex 3.
4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.

3. 海事衛生聲明書應當符合附件8規定的示範格式。

4. 締約國可決定：

(a) 免予所有到港船舶提交海事衛生聲明書；或

(b) 根據對來自受感染地區的船舶的建議，要求提交海事衛生聲明書或要求可能攜帶感染或污染源的船舶提交此文件。

締約國應當將以上要求通知船舶營運者或其代理人。

第38條 航空器衛生總聲明書的衛生部分

1. 除非締約國無此要求，飛機機長或其代表在飛行期間或在著陸於締約國領土的第一個機場後，應當填寫並向該機場的主管當局提交航空器衛生總聲明書的衛生部分，後者應符合附件9規定的示範格式。

2. 飛機機長或其代表應當提供締約國所要求的有關國際航行中機艙衛生狀況和飛機採取的衛生措施的任何資訊。

3. 締約國可決定：

(a) 免予所有到達的飛機提交航空器衛生總聲明書的衛生部分；或

(b) 根據對來自受感染地區飛機的建議要求提交航空器衛生總聲明書的衛生部分，或要求可能攜帶感染或污染的飛機提交此文件。

締約國應當將以上要求通知飛機運營者或其代理。

第39條 船舶衛生證書

1. 船舶免於衛生控制措施證書和船舶衛生控制措施證書的有效期最長應為6個月。如果所要求的檢查或控制措施不能在港口完成，此期限可延長一個月。

2. 如果未出示有效的船舶免于衛生控制措施證書或船舶衛生控制措施證書，或在艙內發現公共衛生危害的證據，締約國可根據本條例第27條第1項行事。

3. 本條提及的證書應當符合附件3 的示範格式。

4. 只要有可能，控制措施應當在船舶和船艙騰空時進行。如果船舶有壓艙物，應在裝貨前進行。

5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.

6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.

7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

PART VII – CHARGES

Article 40 Charges for health measures regarding travellers

1. Except for travellers seeking temporary or permanent residence, and subject to paragraph 2 of this Article, no charge shall be made by a State Party pursuant to these Regulations for the following measures for the protection of public health:

(a) any medical examination provided for in these Regulations, or any supplementary examination which may be required by that State Party to ascertain the health status of the traveller examined;

(b) any vaccination or other prophylaxis provided to a traveller on arrival that is not a published requirement or is a requirement published less than 10 days prior to provision of the vaccination or other prophylaxis;

(c) appropriate isolation or quarantine requirements of travellers;

(d) any certificate issued to the traveller specifying the measures applied and the date of application; or

(e) any health measures applied to baggage accompanying the traveller.

2. State Parties may charge for health measures other than those referred to in paragraph 1 of this Article, including those primarily for the benefit of the traveller.

3. Where charges are made for applying such health measures to travellers under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

(a) conform to this tariff;

(b) not exceed the actual cost of the service rendered; and

(c) be levied without distinction as to the nationality, domicile or residence of the traveller concerned.

5. 如需要進行控制措施，並圓滿完成，主管當局應當簽發船舶衛生控制措施證書，註明發現的證據和採取的控制措施。
6. 主管當局如對船舶無感染或污染（包括病媒和病原窩藪）狀況表示滿意，可在本條例第20條規定的任何港口簽發船舶免于衛生控制措施證書。當船舶和船艙騰空時或只剩下壓艙物或其他材料（按其性質和擺放方式可對船艙進行徹底檢查）時，只有對船舶進行檢查後始得簽發證書。
7. 如果執行控制措施的港口主管當局認為，由於執行措施的條件有限，不可能取得滿意的結果，主管當局應當在船舶衛生控制措施證書加註說明。

第七部分— 收費

第40條 針對旅客的衛生措施的收費

1. 除尋求臨時或長期居留的旅客外，並除本條第2項另有規定外，締約國根據本條例對以下公共衛生保護措施不得收取費用：
 - (a) 根據本條例進行的醫學檢查，或締約國為確定被檢查旅客健康狀況而可能要求進行的任何補充檢查；
 - (b) 為到達旅客進行的任何疫苗接種或其他預防措施，如其屬於非經公布的要求或者在進行疫苗接種或其他預防措施之前不足10天公布的要求；
 - (c) 要求對旅客進行的適當隔離或檢疫；
 - (d) 為說明採取的措施和採取措施日期向旅客頒發的任何證書；或
 - (e) 對旅客隨身行李採取的任何衛生措施。
2. 締約國可對除本條第1項提及的衛生措施之外的其他衛生措施，包括主要有益於旅客的措施，收取費用。
3. 對採取本條例規定旅客採取的此類衛生措施收費時，每個締約國對此類收費應只有一種價目表，且每次收費應：
 - (a) 與價目表相符；
 - (b) 不超過提供服務的實際成本；以及
 - (c) 一視同仁，對有關旅客不分國籍、住所或居留地。

4. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.
5. Nothing in these Regulations shall preclude States Parties from seeking reimbursement for expenses incurred in providing the health measures in paragraph 1 of this Article:
- (a) from conveyance operators or owners with regard to their employees; or
 - (b) from applicable insurance sources.

6. Under no circumstances shall travellers or conveyance operators be denied the ability to depart from the territory of a State Party pending payment of the charges referred to in paragraphs 1 or 2 of this Article.

Article 41 Charges for baggage, cargo, containers, conveyances, goods or postal parcels

1. Where charges are made for applying health measures to baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

- (a) conform to this tariff;
- (b) not exceed the actual cost of the service rendered; and
- (c) be levied without distinction as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned. In particular, there shall be no distinction made between national and foreign baggage, cargo, containers, conveyances, goods or postal parcels.

2. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

PART VIII – GENERAL PROVISIONS

Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.

Article 43 Additional health measures

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

- (a) achieve the same or greater level of health protection than WHO recommendations; or

4. 價格表及其任何修訂應當至少在徵收前10 天公布。
5. 本條例絕不阻止締約國尋求收回在採取本條第1項中衛生措施時產生的費用；
 - (a) 向交通工具營運者或所有者收取用於其雇員的費用；或
 - (b) 向有關保險來源收取的費用。
6. 在任何情況下都不得因有待交付本條第1項或第2項中提及的費用，而阻礙旅客或交通工具營運者離開締約國領土。

第41條 針對行李、貨物、貨櫃、交通工具、物品或郵包的收費

1. 對按本條例規定對行李、貨物、貨櫃、交通工具、物品或郵包採取的衛生措施收費時，每個締約國對此類收費應只有一種價目表，且每次收費應：
 - (a) 與價目表相符；
 - (b) 不超過提供服務的實際成本；以及
 - (c) 一視同仁，對有關行李、貨物、貨櫃、交通工具、物品或郵包不分國籍、旗幟、註冊或所有權。特別是不應區分是本國的還是外國的行李、貨物、貨櫃、交通工具、物品或郵包。
2. 價格表及其任何修訂應當至少在徵收前10天公布。

第八部分— 一般條款

第42條 衛生措施的執行

根據本條例採取的衛生措施應當迅速開始和完成，以透明和無歧視的方式實施。

第43條 額外的衛生措施

1. 本條例不應妨礙締約國按照其國家衛生法律和國際法之下的義務，執行為了應變特定公共衛生危害或有關國際公共衛生的緊急事件而採取的衛生措施。此類措施：
 - (a) 可產生與世衛組織的建議相比同樣或更大程度的健康保護；或

- (b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1(c) of Article 31 and Article 33,

provided such measures are otherwise consistent with these Regulations.

Such measures shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.

2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:

- (a) scientific principles;
- (b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and
- (c) any available specific guidance or advice from WHO.

3. A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

4. After assessing information provided pursuant to paragraph 3 and 5 of this Article and other relevant information, WHO may request that the State Party concerned reconsider the application of the measures.

5. A State Party implementing additional health measures referred to in paragraphs 1 and 2 of this Article that significantly interfere with international traffic shall inform WHO, within 48 hours of implementation, of such measures and their health rationale unless these are covered by a temporary or standing recommendation.

6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.

8. The provisions of this Article may apply to implementation of measures concerning travellers taking part in mass congregations.

(b) 按第25條、第26條、第28條第1項和第2項、第30條、第31條第1項(c)和第33條原本禁止使用，

但這些措施需符合本條例。

這些措施對國際交通造成的限制以及對人員的創傷性或干擾性，不應大於可合理採取並能實現適當程度保護健康的其他措施。

2. 再決定是否執行本條第1項提及的衛生措施或第23條第2項、第27條第1項、第28條第2項和第31條第2(c)項規定的額外衛生措施時，締約國的決定應基於：

(a) 科學原則；

(b) 對於人類健康危險的現有科學證據；或者此類證據不足時，現有資訊包括來自世衛組織和其他相關政府間組織和國際機構的資訊；以及

(c) 世衛組織的任何現有特定指導或建議。

3. 執行本條第1項所述並對國際交通造成明顯干擾措施的額外衛生措施的締約國，應當向世衛組織提供採取此類措施的公共衛生依據和有關科學資訊。世衛組織應與其他締約國分享這種資訊並應分享關於所執行衛生措施的資訊。就本條而言，明顯干擾係指拒絕國際旅客、行李、貨物、貨櫃、交通工具、物品等入境或出境或延誤入境或出境24小時以上。

4. 對本條第3項和第5項提供的資訊和其他相關資訊進行評估後，世衛組織可要求有關締約國重新考慮對此類措施的執行。

5. 採取本條第1項和第2項所提及的對國際交通造成明顯干擾的額外衛生措施的締約國，應當在實施48小時內向世衛組織報告此類措施及其衛生方面的理由，但在臨時或長期建議中涵蓋的措施除外。

6. 按本條第1項或第2項執行衛生措施的締約國應當考慮世衛組織的意見和本條第2項的標準，在3個月內對這種措施進行複查。

7. 在不侵害其按第56條所享有權利的情況下，受本條第1項或第2項所採取措施影響的任何締約國可要求執行此類措施的締約國與之協商。協商的目的是為了明確該措施所基於的科學資訊和公共衛生依據並找到共同接受的解決方案。

Article 44 Collaboration and assistance

1. States Parties shall undertake to collaborate with each other, to the extent possible, in:
 - (a) the detection and assessment of, and response to, events as provided under these Regulations;
 - (b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;
 - (c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and
 - (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.
2. WHO shall collaborate with States Parties, upon request, to the extent possible, in:
 - (a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;
 - (b) the provision or facilitation of technical cooperation and logistical support to States Parties; and
 - (c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1.
3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.

Article 45 Treatment of personal data

1. Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept confidential and processed anonymously as required by national law.
2. Notwithstanding paragraph 1, States Parties may disclose and process personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:
 - (a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;
 - (b) adequate, relevant and not excessive in relation to that purpose;
 - (c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
 - (d) not kept longer than necessary.

8. 本條的規定可適用於執行涉及參加定期群眾性集會的旅客的措施。

第44條 合作和援助

1. 締約國應保證盡可能在以下方面相互合作：
 - (a) 對本條例所涉的事件進行檢測和評估並採取應變措施；
 - (b) 提供技術合作和後勤支援或給予方便，特別在發展、加強和維持本條例所要求的公共衛生能力方面；
 - (c) 為促進執行其根據本條例承擔的義務動員財政資源；以及
 - (d) 為執行本條例制訂法律草案和其他法律和行政管理規定。
2. 世衛組織應當盡可能在以下方面與締約國合作：
 - (a) 評價和評估其公共衛生能力，以便促進本條例的有效執行；
 - (b) 向締約國提供技術合作和後勤支援或給予方便；並
 - (c) 動員財政資源以支援發展中國家建設和加強附件1所規定的能力。
3. 本條所涉的合作可通過多渠道（包括雙邊渠道）實施，也可通過區域網路和世衛組織區域辦事處以及透過政府組織和國際機構。

第45條 個人資料的處理

1. 按照國家法律，締約國根據本條例從另一締約國或世衛組織收集或收到的、涉及身份明確或可查明身份的個人的健康資訊，應保守秘密並匿名處理。
2. 雖然有第1項的規定，締約國為了評估和管理公共衛生危害，可透露和處理個人資料，但締約國（根據國家法律）和世衛組織必須確保個人資料：
 - (a) 得到公平、合法處理；並且不以與該目的不一致的方式予以進一步處理；
 - (b) 與該目的相比充分、相關且不過量；
 - (c) 準確且在必要時保持最新；必須採取一切合理措施確保刪除或糾正不準確或不完整的資料；以及
 - (d) 保留期限不超過該目的所需時間。

3. Upon request, WHO shall as far as practicable provide an individual with his or her personal data referred to in this Article in an intelligible form, without undue delay or expense and, when necessary, allow for correction.

*Article 46 Transport and handling of biological substances, reagents
and materials for diagnostic purposes*

States Parties shall, subject to national law and taking into account relevant international guidelines, facilitate the transport, entry, exit, processing and disposal of biological substances and diagnostic specimens, reagents and other diagnostic materials for verification and public health response purposes under these Regulations.

**PART IX – THE IHR ROSTER OF EXPERTS, THE EMERGENCY
COMMITTEE AND THE REVIEW COMMITTEE**

Chapter I – The IHR Roster of Experts

Article 47 Composition

The Director-General shall establish a roster composed of experts in all relevant fields of expertise (hereinafter the “IHR Expert Roster”). The Director-General shall appoint the members of the IHR Expert Roster in accordance with the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the “WHO Advisory Panel Regulations”), unless otherwise provided in these Regulations. In addition, the Director-General shall appoint one member at the request of each State Party and, where appropriate, experts proposed by relevant intergovernmental and regional economic integration organizations. Interested States Parties shall notify the Director-General of the qualifications and fields of expertise of each of the experts they propose for membership. The Director-General shall periodically inform the States Parties, and relevant intergovernmental and regional economic integration organizations, of the composition of the IHR Expert Roster.

Chapter II - The Emergency Committee

Article 48 Terms of reference and composition

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:

- (a) whether an event constitutes a public health emergency of international concern;
- (b) the termination of a public health emergency of international concern; and
- (c) the proposed issuance, modification, extension or termination of temporary recommendations.

2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At

3. 世衛組織應當在可行的情況下，無不當延誤或收取費用之狀況向當事人提供本條中提及的個人資料，且在必要時允許予以糾正。

第46條 診斷用生物物質、試劑和材料的運輸及處理

締約國應當根據國家法律並考慮到有關國際準則，促進按本條例用於查證和公共衛生應變目的的生物物質、診斷標本、試劑和其他診斷材料的運輸、入境、出境、處理和銷毀過程。

第九部分— 《國際衛生條例》專家名冊、 緊急事件委員會和審查委員會

第一章— 《國際衛生條例》專家名冊

第47條 組成

幹事長應當確立由所有相關領域專業的專家組成的名冊（以下統稱“《國際衛生條例》專家名冊”）。除非本條例另有規定，幹事長應當根據世衛組織專家諮詢團和專家委員會條例（以下統稱“世衛組織諮詢團條例”）任命《國際衛生條例》專家名冊成員。此外，幹事長應按每個締約國的要求任命一名成員，並酌情任命有關政府間組織和區域經濟體建議的專家。有意的締約國應將擬推薦為諮詢團成員的每位專家的資歷和專業領域報告幹事長。幹事長應將《國際衛生條例》專家名冊組成情況定期通知締約國以及有關政府間組織和區域經濟體。

第二章— 緊急事件委員會

第48條 職責和組成

1. 幹事長應成立緊急事件委員會，應幹事長要求就以下方面提出意見：
 - (a) 某個事件是否構成有關國際公共衛生的緊急事件；
 - (b) 有關國際公共衛生的緊急事件的結束；以及
 - (c) 建議發布、修改、延續或撤銷等臨時。
2. 緊急事件委員會應由幹事長從《國際衛生條例》專家名冊和酌情從本組織其他專家諮詢團選出的專家組成。幹事長應從保證審議某個具體事件及其後果連續性的角度出發確定委員的任

least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.

3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts to advise the Committee.

Article 49 Procedure

1. The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, “meetings” of the Emergency Committee may include teleconferences, videoconferences or electronic communications.

2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.

3. The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.

4. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.

5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.

6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.

7. States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

期。幹事長應根據任何特定會議所需要的專業知識和經驗並適當考慮地域代表性的公平原則選定緊急事件委員會的成員。緊急事件委員會至少有一名成員應當是在其領土內發生事件的締約國提名的專家。

3. 幹事長根據本人的動議或應緊急事件委員會的要求可任命一名或多名技術專家擔任該委員會的顧問。

第49條 程序

1. 幹事長應按最貼近正發生的具體事件的專業領域和經驗從第48條第2項提及的專家中選出若干專家，召開緊急事件委員會會議。為本條的目的，緊急事件委員會“會議”可包括遠端會議、視訊會議或電子通訊。
2. 幹事長應向緊急事件委員會提供會議議程和有關事件的任何資訊，包括締約國提供的資訊，以及幹事長擬發布的任何臨時建議。
3. 緊急事件委員會應當選出其主席並在每次會議之後編寫關於會議進程和討論（包括任何有關建議的意見）的簡短概要報告。
4. 幹事長應邀請在本國領土上發生事件的締約國向緊急事件委員會陳述意見。就此而言，幹事長應按需要提前將緊急事件委員會的開會日期和會議議程通知對方。但有關締約國不可因陳述意見而要求推翻緊急事件委員會會議。
5. 緊急事件委員會的意見應提交幹事長裁量。幹事長應對此做出最終決定。
6. 幹事長應就有關國際公共衛生的緊急事件的確定和結束、有關締約國採取的任何衛生措施、任何臨時建議、此類建議的修改、延續和撤銷以及緊急事件委員會的意見與締約國進行溝通。幹事長應通過締約國向交通工具營運者並向有關國際機構通報此類臨時建議，包括其修改、延續或撤銷。幹事長可隨後向公眾公布此類資訊和建議。
7. 在本國領土上發生事件的締約國可向幹事長提出有關國際公共衛生的緊急事件已經結束和/或建議撤銷臨時建議，並可要求就此向緊急事件委員會陳訴意見。

Chapter III – The Review Committee

Article 50 Terms of reference and composition

1. The Director-General shall establish a Review Committee, which shall carry out the following functions:
 - (a) make technical recommendations to the Director-General regarding amendments to these Regulations;
 - (b) provide technical advice to the Director-General with respect to standing recommendations, and any modifications or termination thereof;
 - (c) provide technical advice to the Director-General on any matter referred to it by the Director-General regarding the functioning of these Regulations.
2. The Review Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulations, unless otherwise provided in this Article.
3. The Members of the Review Committee shall be selected and appointed by the Director-General from among the persons serving on the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization.
4. The Director-General shall establish the number of members to be invited to a meeting of the Review Committee, determine its date and duration, and convene the Committee.
5. The Director-General shall appoint members to the Review Committee for the duration of the work of a session only.
6. The Director-General shall select the members of the Review Committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific opinion, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance.

Article 51 Conduct of business

1. Decisions of the Review Committee shall be taken by a majority of the members present and voting.
2. The Director-General shall invite Member States, the United Nations and its specialized agencies and other relevant intergovernmental organizations or nongovernmental organizations in official relations with WHO to designate representatives to attend the Committee sessions. Such representatives may submit memoranda and, with the consent of the Chairperson, make statements on the subjects under discussion. They shall not have the right to vote.

Article 52 Reports

1. For each session, the Review Committee shall draw up a report setting forth the Committee's views and advice. This report shall be approved by the Review Committee before the end of the

第三章— 審查委員會

第50條 職責和組成

1. 幹事長應當成立審查委員會，其職責如下：
 - (a) 就本條例的修訂，向幹事長提出專業性建議；
 - (b) 向幹事長提出有關長期建議和對其修改或撤消的專業性意見；
 - (c) 向幹事長就所交付與條例的實施有關的任何事宜提供專業性意見。
2. 審查委員會應被視為專家委員會，應服從於世衛組織諮詢團條例，除非本條另有規定。
3. 幹事長應從《國際衛生條例》專家名冊成員和適當時從本組織其他專家諮詢團成員中挑選和任命審查委員會成員。
4. 幹事長應確定應邀參加審查委員會會議的專家人數，決定開會日期和會期，並召集會議。
5. 幹事長任命的審查委員會成員只應在一次會議工作期間任職。
6. 幹事長在挑選審查委員會成員時應遵循地域代表性的公平原則、性別平衡、來自開發國家和開發中國家專家之間的平衡、世界不同地區各種科學意見、做法和實際經驗的代表性以及適當的學科間平衡等原則。

第51條 會議議程的掌握

1. 審查委員會的決定應當以出席和投票的成員多數通過。
2. 幹事長應當邀請會員國、聯合國及其專門機構和其他相關政府間組織或與世衛組織有正式關係的非政府組織指定代表出席委員會會議。以上代表可提交備忘錄，並經主席同意就討論中的議題發言，但無表決權。

第52條 報告

1. 審查委員會應當為每次會議起草申述委員會意見和建議的報告。此報告應在本次會議結束前經審查委員會批准。報告中的意見和建議對世衛組織無約束力，應作為對幹事長的建議提

session. Its views and advice shall not commit the Organization and shall be formulated as advice to the Director-General. The text of the report may not be modified without the Committee's consent.

2. If the Review Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.

3. The Review Committee's report shall be submitted to the Director-General, who shall communicate its views and advice to the Health Assembly or the Executive Board for their consideration and action.

Article 53 Procedures for standing recommendations

When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health risk, the Director-General shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:

- (a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through the Director-General;
- (b) any State Party may submit relevant information for consideration by the Review Committee;
- (c) the Director-General may request any State Party, intergovernmental organization or nongovernmental organization in official relations with WHO to place at the disposal of the Review Committee information in its possession concerning the subject of the proposed standing recommendation as specified by the Review Committee;
- (d) the Director-General may, at the request of the Review Committee or on the Director-General's own initiative, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;
- (e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;
- (f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee;
- (g) standing recommendations shall be submitted by the Director-General to the subsequent Health Assembly for its consideration.

出。報告文本未經委員會同意不可加以修改。

2. 如果審查委員會對審查結果意見不一，任何成員有權在個人或集體報告中表示其不同意的專業觀點，申述堅持不同意見的理由，而此類報告應成為審查委員會報告的一部分。
3. 審查委員會的報告應提交幹事長，而幹事長應將委員會的意見和建議提請衛生大會或執行委員會審議和採取行動。

第53條 長期建議的程序

如果幹事長認為長期建議對於某個特定的公共衛生危害是必要和適當的，幹事長應當徵詢審查委員會的意見。除第50條至第52條的相關條款外，以下條款亦應適用：

- (a) 有關長期建議，其修改或撤銷的提議可由幹事長或由締約國通過幹事長提交審查委員會；
- (b) 任何締約國可提交供審查委員會參考的相關資訊；
- (c) 幹事長可要求任何締約國、政府間組織或與世衛組織有正式關係的非政府組織，向審查委員會提供所掌握的有關審查委員會提議的長期建議問題的資訊，供其參考；
- (d) 幹事長可應審查委員會要求或主動任命一名或數名技術專家擔任審查委員會的顧問。顧問無表決權；
- (e) 任何包含審查委員會有關長期建議的意見和建議的報告應當提請幹事長審議和作出決定。幹事長應當向衛生大會報告審查委員會的意見和建議；
- (f) 幹事長應當將任何長期建議、對此類建議的修改或撤銷以及審查委員會的意見一併通報締約國；
- (g) 長期建議應當由幹事長向隨後一屆衛生大會提交供審議。

PART X – FINAL PROVISIONS

Article 54 Reporting and review

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.
2. The Health Assembly shall periodically review the functioning of these Regulations. To that end it may request the advice of the Review Committee, through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.
3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

Article 55 Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.
2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.
3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.

Article 56 Settlement of disputes

1. In the event of a dispute between two or more States Parties concerning the interpretation or application of these Regulations, the States Parties concerned shall seek in the first instance to settle the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement shall not absolve the parties to the dispute from the responsibility of continuing to seek to resolve it.
2. In the event that the dispute is not settled by the means described under paragraph 1 of this Article, the States Parties concerned may agree to refer the dispute to the Director-General, who shall make every effort to settle it.
3. A State Party may at any time declare in writing to the Director-General that it accepts arbitration as compulsory with regard to all disputes concerning the interpretation or application of these Regulations to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the Permanent Court of Arbitration Optional Rules for Arbitrating Disputes between Two States applicable at the time a request for arbitration is made. The States Parties that have agreed to accept arbitration as compulsory shall accept the arbitral award as binding and final. The Director-General shall inform the Health Assembly regarding such action as appropriate.

第十部分— 最終條款

第54條 報告和審查

1. 締約國和幹事長應當向衛生大會報告本條例的執行情況，由衛生大會決定報告的時間。
2. 衛生大會應當定期審查本條例的實施情況。為此目的，衛生大會可透過幹事長要求審查委員會提出意見。第一次審查應不遲於本條例生效後5年進行。
3. 世衛組織應定期展開研究，以審查和評量附件2的實施情況。第一次審查應不遲於本條例生效後一年開始。此類審查的結果應提交衛生大會供其酌情考慮。

第55條 修正

1. 對本條例的修正可由任何締約國或幹事長提出。修正提案應當提交衛生大會審議。
2. 建議的任何修正案的本文應當由幹事長至少在擬審議此修正案的衛生大會召開前4個月通報給所有締約國。
3. 按本條經衛生大會通過的本條例修正應當以同樣條件在所有締約國中生效，且受制於世衛組織《組織法》第22條和本條例第59條至第64條規定的同樣權利和義務。

第56條 締約國之間爭端的解決

1. 如兩個或兩個以上締約國之間就本條例的解釋或執行發生爭端時，有關締約國應首先通過談判或其自行選擇的任何其他和平方式尋求解決此爭端，包括斡旋、調停或和解。未能達成一致的，並不免除爭端各當事方繼續尋求解決該爭端的責任。
2. 如果通過本條第1項描述的手段未能解決爭端，有關締約國可協商將爭端提交幹事長，幹事長應當盡全力予以解決。
3. 締約國可在任何時候以書面方式向幹事長宣佈，對於以本國為締約國的本條例解釋或執行方面的所有爭端，或對於與接受同樣義務的任何其他締約國有關的某個具體爭端，它認定仲裁是強制性的。進行仲裁時應根據提出仲裁要求時適用的常設仲裁法庭仲裁兩個國家間爭端的任擇規則。同意認定仲裁為強制性的締約國應當認定仲裁裁決具有約束性而且是最終的。幹事長應酌情向衛生大會通報此類行動。

4. Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under any international agreement.

5. In the event of a dispute between WHO and one or more States Parties concerning the interpretation or application of these Regulations, the matter shall be submitted to the Health Assembly.

Article 57 Relationship with other international agreements

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.

2. Subject to paragraph 1 of this Article, nothing in these Regulations shall prevent States Parties having certain interests in common owing to their health, geographical, social or economic conditions, from concluding special treaties or arrangements in order to facilitate the application of these Regulations, and in particular with regard to:

- (a) the direct and rapid exchange of public health information between neighbouring territories of different States;
- (b) the health measures to be applied to international coastal traffic and to international traffic in waters within their jurisdiction;
- (c) the health measures to be applied in contiguous territories of different States at their common frontier;
- (d) arrangements for carrying affected persons or affected human remains by means of transport specially adapted for the purpose; and
- (e) deratting, disinsection, disinfection, decontamination or other treatment designed to render goods free of disease-causing agents.

3. Without prejudice to their obligations under these Regulations, States Parties that are members of a regional economic integration organization shall apply in their mutual relations the common rules in force in that regional economic integration organization.

Article 58 International sanitary agreements and regulations

1. These Regulations, subject to the provisions of Article 62 and the exceptions hereinafter provided, shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of the following international sanitary agreements and regulations:

- (a) International Sanitary Convention, signed in Paris, 21 June 1926;
- (b) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933;

4. 本條例不應侵害可能作為任何國際協定締約國而尋求其他政府間組織或根據任何國際協定建立的爭端解決機制的締約國的權利。
5. 如果世衛組織與一個或多個締約國之間就本條例的解釋或是用發生爭端，此事應提交衛生大會。

第57條 與其他國際協定的關係

1. 締約國應體認《國際衛生條例》和其他相關的國際協定理應理解為是協調一致的。《國際衛生條例》的規定不應當影響任何締約國根據其他國際協定享有的權利和承擔的義務。
2. 按本條第1項，本條例不應妨礙締約國由於衛生、地域和社會或經濟方面的某些共同利益而締結特別條約或協議，以促進本條例的實施，特別在以下方面：
 - (a) 在不同國家的毗鄰領土之間直接快速交流公共衛生資訊；
 - (b) 對國際沿海交通和其管轄範圍水域的國際交通採取的衛生措施；
 - (c) 在不同國家毗鄰領土的共同邊境採取的衛生措施；
 - (d) 用專門改裝的運輸工具運送受感染人員或受感染遺體的安排；以及
 - (e) 除鼠、滅蟲、消毒、除污或使物品無致病因素的其他處理措施。
3. 在不損害本條例規定義務的情況下，作為某個區域經濟體成員國的締約國應該在其相互關係中實行該區域經濟體中施行的共同規則。

第58條 國際衛生協定和條例

1. 除非第62條另有規定並除了下述的例外，在受本條例約束的國家之間以及這些國家和世界衛生組織之間，本條例應當取代下列國際衛生協議和條例：
 - (a) 1926年6月21日於巴黎簽署的國際衛生公約；
 - (b) 1933年4月12日於海牙簽署的國際航空衛生公約；

- (c) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934;
- (d) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934;
- (e) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938;
- (f) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;
- (g) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944;
- (h) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;
- (i) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;
- (j) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965; and
- (k) the International Health Regulations of 1969 and the amendments of 1973 and 1981.

2. The Pan American Sanitary Code, signed at Havana, 14 November 1924, shall remain in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62, to which the relevant part of paragraph 1 of this Article shall apply.

Article 59 Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations or an amendment thereto, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations or of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, except for:

- (a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;
- (b) a State that has made a reservation, for which these Regulations shall enter into force as provided in Article 62;

- (c) 1934年12月22日於巴黎簽署的免予健康證書的國際協定；
 - (d) 1934年12月22日於巴黎簽署的免予健康證書領事簽證的國際協定；
 - (e) 1938年10月31日於巴黎簽署的修正1926年6月21日國際衛生公約的公約；
 - (f) 1944年12月15日於華盛頓開放供簽署的1944年國際衛生公約（修改1926年6月21日的國際衛生公約）；
 - (g) 1944年12月15日於華盛頓開放供簽署的1944年國際航空衛生公約（修改1933年4月12日的國際衛生公約）；
 - (h) 於華盛頓簽署的延長1944年國際衛生公約的1946年4月23日議定書；
 - (i) 於華盛頓簽署的延長1944年國際航空衛生公約的1946年4月23日議定書；
 - (j) 1951年《國際衛生條例》和1955、1956、1960、1963和1965年的補充條例；以及
 - (k) 1969年《國際衛生條例》和1973和1981年的修正。
2. 1924年11月14日於哈瓦那簽署的泛美衛生法典依然有效，但第2條、第9條至第11條、第16條至第53條、第61條和第62條除外，本條第1項的相關部分應對此適用。

第59條 生效；拒絕或保留的期限

1. 依照世界衛生組織《組織法》第22條規定，對本條例或其修正的拒絕或保留的期限應當自幹事長通報衛生大會通過本條例或其修正之日起18個月。幹事長在此期限以後收到的任何拒絕或保留應屬無效。
2. 本條例應當在本條第項提及的通報日後24個月生效，但以下締約國不在此列：
 - (a) 按第61條拒絕本條例或其修正的國家；
 - (b) 雖提出保留、但本條例仍應按第62條規定對其生效的國家；

(c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.

Article 60 New Member States of WHO

Any State which becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of Article 59, and which is not already a party to these Regulations, may communicate its rejection of, or any reservation to, these Regulations within a period of twelve months from the date of the notification to it by the Director-General after becoming a Member of WHO. Unless rejected, these Regulations shall enter into force with respect to that State, subject to the provisions of Articles 62 and 63, upon expiry of that period. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the period provided in paragraph 1 of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

Article 62 Reservations

1. States may make reservations to these Regulations in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.

2. Reservations to these Regulations shall be notified to the Director-General in accordance with paragraph 1 of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.

3. A rejection in part of these Regulations shall be considered as a reservation.

4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:

(c) 在本條第1項提及的幹事長通報日後成為世衛組織會員國並且尚不是本條例締約國的國家，本條例應當按第60條的規定對其生效；以及

(d) 接受本條例、但不是世衛組織會員國的國家，本條例應當按第64條第1項的規定對其生效。

3. 如果一個國家不能在本條第2項規定的期限內完全按照本條例調整其國內立法和行政安排，該國應在本條第1項規定的期限內向幹事長申報有待做出的調整並最遲在本條例對該締約國生效後12個月實現這些調整。

第60條 世衛組織的新會員國

在第59條第1項提及的幹事長通知日以後成為世衛組織會員國、但當時尚不是本條例締約國的任何國家，可在成為世衛組織會員國後自幹事長向其通報之日起的12個月內告知其對本條例的拒絕或任何保留。除非拒絕有效，否則除第62條和第63條另有規定以外，本條例應當在超過12個月的期限後對該國生效。本條例在任何情況下都不得早於第59條第1項提及的通知日期後24個月對該國生效。

第61條 拒絕

如果締約國在第59條第1項規定的期限內通知幹事長拒絕本條例或其修正，則本條例或其修正不應對該締約國生效。但第58條所列、已經由該國簽署的任何國際衛生協定或條例應仍然對該國有效。

第62條 保留

1. 國家可根據本條例對本條例提出保留。這種保留不應與本條例的宗旨和目的不相容。
2. 應酌情根據第59條第1項和第60條、第63條第項獲第64條第1項向幹事長通報對本條例的保留。非世衛組織會員國的國家如有任何保留意見，應在通知接受本條例時通知幹事長。提出保留的國家應向幹事長提供提出保留的理由。
3. 拒絕本條例的部份內容應被視為一種保留。
4. 根據第65條第2項，幹事長應通報按本條第2項燒到的每項保留。幹事長應：

- (a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation, or
- (b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation.

States objecting to a reservation should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. Unless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation.

6. If at least one-third of the States referred to in paragraph 4 of this Article object to the reservation by the end of six months from the date of the notification referred to in paragraph 4 of this Article, the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health Assembly, by a majority vote, objects to the reservation on the ground that it is incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations shall enter into force for the reserving State, subject to its reservation.

Article 63 Withdrawal of rejection and reservation

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

- (a) 如果保留是在本條例生效之前提出的，則要求為拒絕本條例的會員國在6個月內向其報告對保留的任何反對意見，或者
- (b) 如果保留是在本條例生效之後提出的，則要求締約國在6個月內向其報告對保留的任何反對意見。

對一項保留提出反對的國家應向幹事長提供反對的理由。

- 5. 在此期限之後。幹事長應向所有締約國通報其收到的對保留的反對意見。除非在本條第項提及的通報之日起6個月期限結束時一項保留以遭到本條第4項中提及的三分之一國家的反對，否則應認為該保留被接受，而且本條例應對保留國生效，但以保留為條件。
- 6. 如果在本條第款提及的通報之日起個月期限結束時，本條第4款中提及的國家至少有三分之一隊保留提出反對意見，則幹事長應通知保留國以便考慮在幹事長通知之日起3個月內撤回保留。
- 7. 保留國應繼續履行該國在第58條所列的任何國際衛生協議或條例中已經同意的任何與保留事宜相映的義務。
- 8. 如果保留國在本條第款中提及的幹事長通知之日起3個月內不撤回保留，且如果保留國提出要求，則幹事長應徵求審查委員的意見。審查委員會應根據第50條，就該保留對本條例實施工作的實際影響盡快向幹事長提出意見。
- 9. 幹事長應將保留意見和審查委員會的意見（如有）提交衛生大會因為保留意見與本條例的宗旨和目的不相容，以多數票予以反對，則該保留意見將不被接受，而本條例只有在保留國根據第63條撤回其保留後才能對之生效。如衛生大會接受保留意見，則本條例應對保留國生效，但以保留為條件。

第63條 拒絕或保留的撤回

- 1. 國家可在任何時候通知幹事長撤回根據第61條所作的拒絕。如果是那樣，本條例將在幹事長收到通知之日後對該國生效，除非該國在撤回拒絕時提出保留。在此情況下本條例應根據62條的規定生效。本條例在任何情況下都不得早於第59條第1款提及的通知日期後24個月對該國生效。

2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

Article 64 States not Members of WHO

1. Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 58 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.
2. Any State not a Member of WHO which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after the Director-General has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any international sanitary agreement or regulations listed in Article 58 to which it was previously a party.

Article 65 Notifications by the Director-General

1. The Director-General shall notify all States Members and Associate Members of WHO, and also other parties to any international sanitary agreement or regulations listed in Article 58, of the adoption by the Health Assembly of these Regulations.
2. The Director-General shall also notify these States, as well as any other State which has become a party to these Regulations or to any amendment to these Regulations, of any notification received by WHO under Articles 60 to 64 respectively, as well as of any decision taken by the Health Assembly under Article 62.

Article 66 Authentic texts

1. The Arabic, Chinese, English, French, Russian and Spanish texts of these Regulations shall be equally authentic. The original texts of these Regulations shall be deposited with WHO.
2. The Director-General shall send, with the notification provided in paragraph 1 of Article 59, certified copies of these Regulations to all Members and Associate Members, and also to other parties to any of the international sanitary agreements or regulations listed in Article 58.
3. Upon the entry into force of these Regulations, the Director-General shall deliver certified copies thereof to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

2. 有關締約國可在任何時候通知幹事長撤回全部或部分保留。在此情況下，該撤回應在幹事長收到通知之日起生效。

第64條 非世衛組織會員國的國家

1. 非世衛組織會員國的任何國家，如為第58條所列的任何國際衛生協定或條例的締約國，或幹事長已通報本條例得到世界衛生大會通過，可通知幹事長接受本條例後成為本條例的締約國，並除第62條另有規定以外，此接受應當在本條例施行之日開始生效，或者，如果關於接受本條例的通知在此日期後發出，則在幹事長收到通知之日後3個月生效。
2. 成為本條例締約國的非世衛組織會員國的任何國家，可以在任何時候透過通知幹事長的方式撤回對本條例的參加，此撤回應在幹事長收到通知後6個月生效。撤回的國家自此日起應恢復實施第58條所列、以前簽署的任何國際協議或條例的條款。

第65條 幹事長的通報

1. 幹事長應當將衛生大會通過本條例一事通報所有世衛組織會員國和準會員以及第58條所列的任何國際衛生協議或條例的其他締約國。
2. 幹事長還應當將按第60條至第64條世衛組織分別收到的通知，以及衛生大會根據第62條做出的任何決定通報這些國家以及簽署本條例或其任何修正的任何其他國家。

第66條 被認證的文本

1. 本條例的阿拉伯文、中文、英文、法文、俄文和西班牙文文本應具有同等效力。本條例的原文文本應留存於世衛組織檔案。
2. 幹事長應當隨同第59條第1項規定的通報，將經證明無誤的副本寄送給所有會員國和準會員以及第58條所列的任何一項國際衛生協議或條例的其他締約國。
3. 本條例一旦生效，根據聯合國憲章第102條幹事長應當將經證明無誤的副本交聯合國秘書長備案。

ANNEX 1

A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE AND RESPONSE

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:
 - (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
 - (b) their activities concerning designated airports, ports and ground crossings.
2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.
3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.
4. At the local community level and/or primary public health response level

The capacities:

- (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and
- (b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and
- (c) to implement preliminary control measures immediately.

5. At the intermediate public health response levels

The capacities:

- (a) to confirm the status of reported events and to support or implement additional control measures; and
- (b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events

附件 1

A. 監測和應變的核心能力要求

1. 締約國應當利用現有的國家機構和資源，符合本條例的核心能力要求，包括在以下方面：
 - (a) 監測、報告、通報、查證、應變和合作活動；以及
 - (b) 指定機場、港口和陸地過境點的活動。
2. 每個締約國應當在本條例對本國生效後2 年內，評估現有國家機構和資源，以符合本附件所述的最低要求的能力。按評估結果，締約國應制定和實施行動計畫，以確保按第5條第1項和第13條第1項的規定在本國全部領土內使上述核心能力到位，並發揮作用。
3. 締約國和世衛組織應支持本附件所述的評估、計畫和實施過程。
4. 在當地社區層級和（或）基層公共衛生應變層級

具備以下能力：

- (a) 於締約國領土境內的所有地區，於特定時間和地點發現涉及疾病或死亡事件超出預期值；
和
- (b) 立即向所屬衛生主管機關報告所掌握之重要訊息。於社區層級，應該向當地社區衛生保健機構之衛生人員報告（如衛生所）。在基層應變層級，應該根據組織架構立即向地方主管機關（如衛生局）或中央主管機關（衛生署）報告。就本附件而言，重要訊息包括：臨床描述、實驗室結果、危險的來源和類型、病例數及死亡數、影響疾病傳播的條件和所採取的措施；以及
- (c) 立即採取初步控制措施。

5. 在地方衛生主管機關層級

具備以下能力：

- (a) 確認所報告事件的狀況並立即採取初步或額外的控制措施；和
- (b) 立即評估報告的事件，如發現情況緊急，則向國家級機構報告所有重要訊息。就本附

include serious public health impact and/or unusual or unexpected nature with high potential for spread.

6. At the national level

Assessment and notification. The capacities:

- (a) to assess all reports of urgent events within 48 hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

Public health response. The capacities:

- (a) to determine rapidly the control measures required to prevent domestic and international spread;
- (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);
- (c) to provide on-site assistance as required to supplement local investigations;
- (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;
- (e) to provide direct liaison with other relevant government ministries;
- (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;
- (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and
- (h) to provide the foregoing on a 24-hour basis.

件而言，緊急事件的標準包括對公共衛生有嚴重影響和（或）具有不尋常或突然發生具有很強傳染力性質的事件。

6. 在中央衛生主管機關層級

評估和通報。具備以下能力：

- （a） 在48小時內評估緊急事件的所有報告；和
- （b） 當評估結果依第6條第1項和附件2，該事件屬法定報告事件時，則透過《國際衛生條例》國家對口單位立即通報世衛組織，並按第7條和第9條第2項的要求，報告世衛組織。

公共衛生應變。具備以下能力：

- （a） 迅速決定為預防國內和國際傳播必須採取的控制措施；
- （b） 提供專業人員、實驗室檢測分析（國內或通過合作中心）和後勤援助（如設備、供應和交通運輸）等支援；
- （c） 提供必須的現場支援，以增補當地調查；
- （d） 提供與高階衛生官員和其他官員直接業務聯繫的管道，以迅速批准和執行控制措施；
- （e） 提供與其他有關政府部會直接聯繫的管道；
- （f） 以現有最有效的通訊方式與醫院、診所、機場、港口、陸地過境點、檢驗室和其他關鍵的業務領域聯繫，以便傳達從世衛組織收到的關於在締約國本國領土和其它締約國領土上發生的事件的資訊和建議；
- （g） 制定、實施和維持國家突發公共衛生事件應急計畫，包括建立多學科/多部門小組以應變構成有關國際衛生的緊急事件；並
- （h） 晝夜24小時執行上述措施。

B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

1. At all times

The capacities:

- (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
- (c) to provide trained personnel for the inspection of conveyances;
- (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and
- (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern

The capacities:

- (a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;
- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;
- (e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;
- (f) to apply entry or exit controls for arriving and departing travellers; and
- (g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

B. 指定機場、港口和陸地過境點的核心能力要求

1. 隨時

具備以下能力：

- (a) 能利用(i)當地適宜的醫療服務（包括診斷設施），以使患病的旅客得到迅速的診治，並(ii)調動足夠的醫療人員、設備和場所；
- (b) 能調動設備和人員，以便將患病的旅客運送至適當的醫療設施；
- (c) 配備受過培訓的人員檢查交通工具；
- (d) 通過酌情展開檢查項目，確保使用入境港埠設施的旅客擁有安全的環境，包括飲水供應、餐飲點心、班機服務設施、公共洗手間、適宜的固體和液體廢物處理服務和其他潛在的危險領域；以及
- (e) 制定盡可能切實可行的計劃，並提供受過培訓的人員，以控制入境港埠及其附近的病媒和病原窩藪。

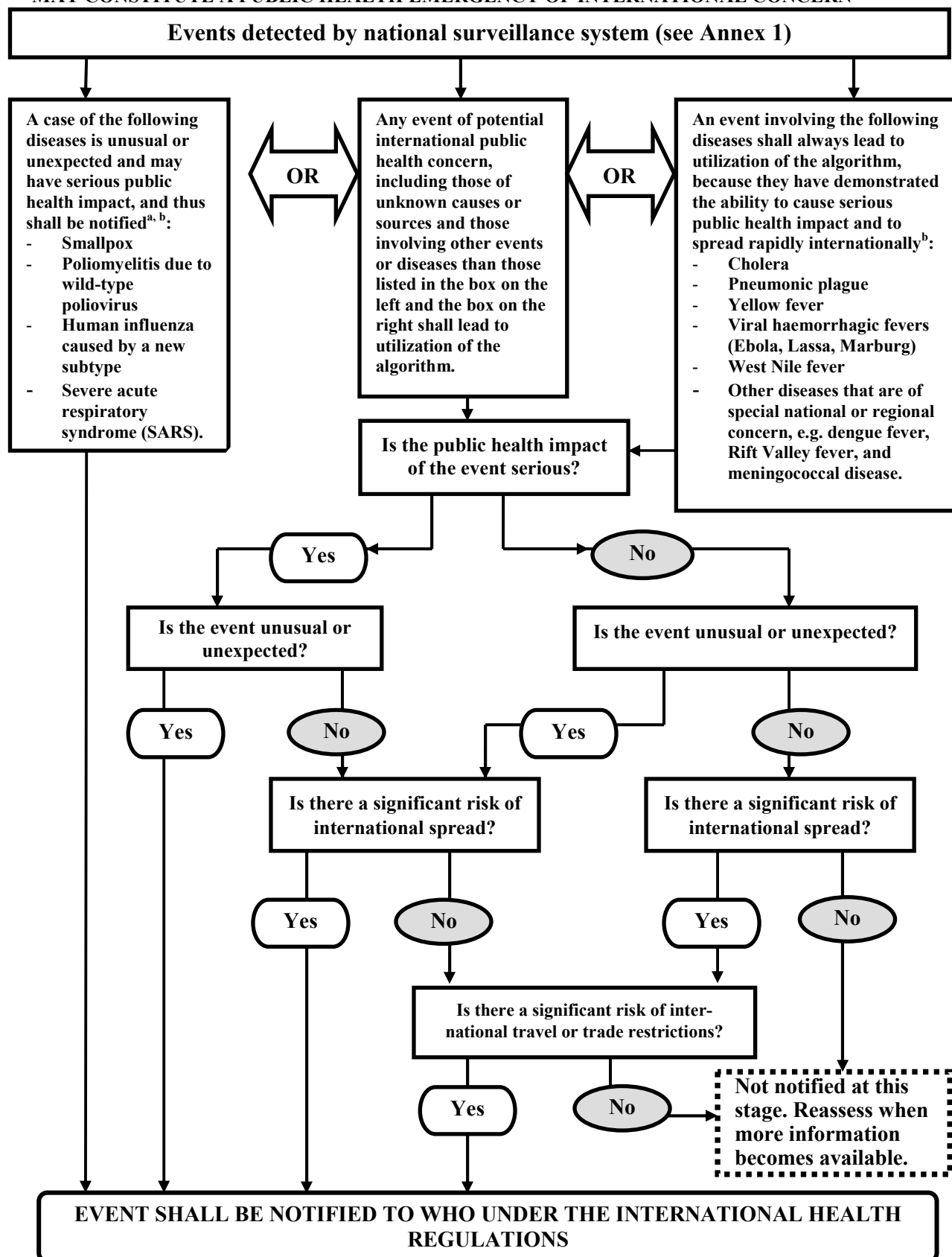
2. 應變可能構成國際關注的公共衛生突發情況的事件

具備以下能力：

- (a) 對突發公共衛生事件採取適當的應變措施，為此，制訂和堅持突發公共衛生事件應急準備方案，包括在入境港埠、公共衛生和其他機構和服務部門任命協調員和指定聯繫點；
- (b) 評估和診治受感染的旅客或動物，為此與當地醫療和獸醫機構就其隔離、治療和可能需要的其他支援性服務做出安排；
- (c) 提供與其他旅客分開的適當場地，以便對疑似受感染或受感染的人員進行訪視；
- (d) 對疑似感染旅客進行評估，必要時進行檢疫，檢疫設施最好遠離入境港埠；
- (e) 採取建議的措施，對行李、貨物、貨櫃、交通工具、物品或郵包進行滅蟲、除鼠、消毒、除污，或進行其他處理，包括適時在為此目的特別指定和裝備的場所採取這些措施；
- (f) 對到達和離境的旅客採取出入境控制措施；並
- (g) 調動專用設備和受過培訓的人員穿戴個人合適的防護服，以便運送可能攜帶感染或污染的旅客。

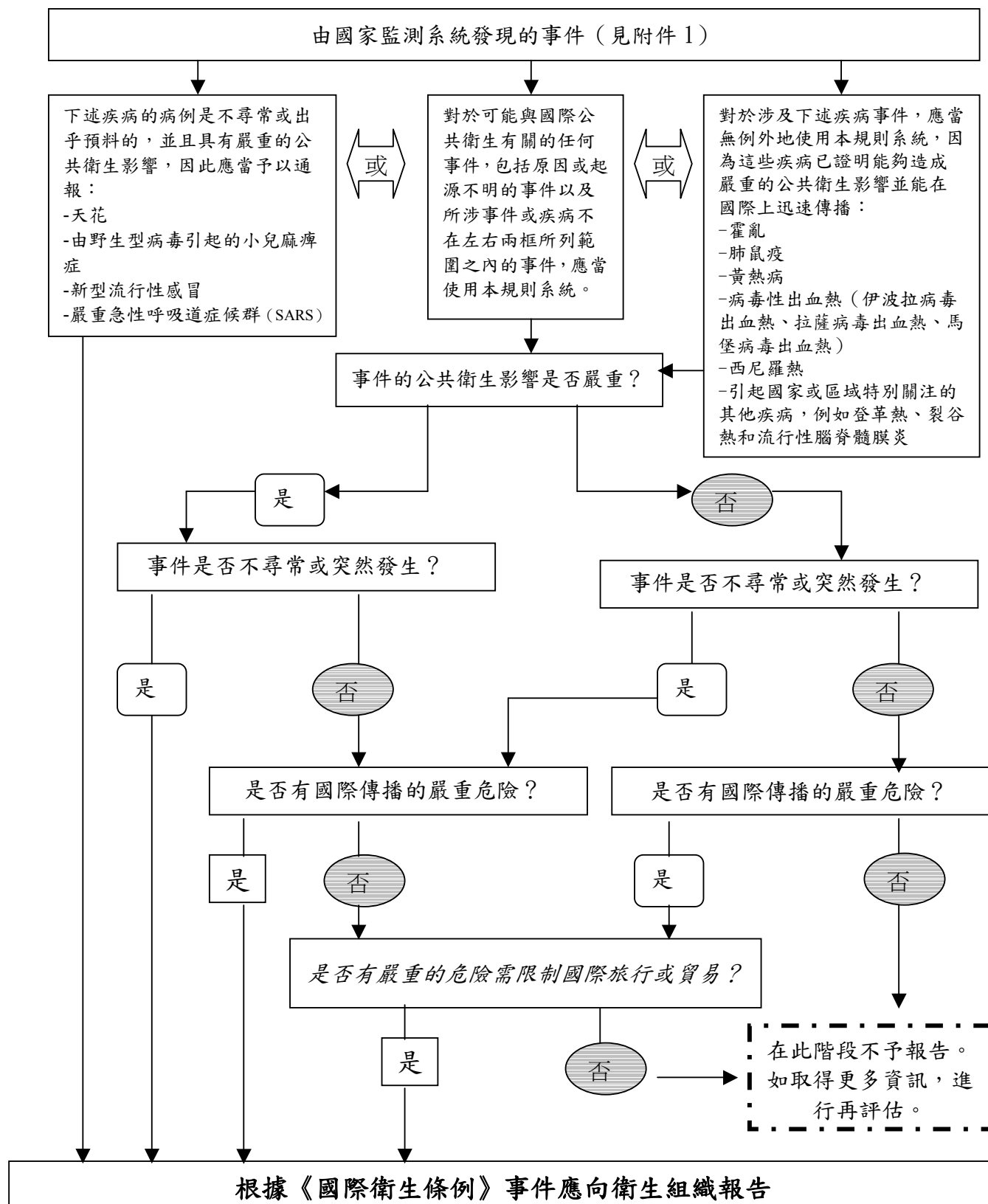
ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

^a As per WHO case definitions.^b The disease list shall be used only for the purposes of these Regulations.

附件 2

評估和通報有可能構成有關國際公共衛生的緊急事件之決策文件



EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.

DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

Is the public health impact of the event serious?	I. Is the public health impact of the event serious?
	1. <i>Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?</i>
	2. <i>Has the event the potential to have a high public health impact?</i> THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:
	<ul style="list-style-type: none"> ✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier). ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure). ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified. ✓ Cases reported among health staff. ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.). ✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party). ✓ Event in an area with high population density. ✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.
	3. <i>Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</i> THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:
	<ul style="list-style-type: none"> ✓ Inadequate human, financial, material or technical resources – in particular: <ul style="list-style-type: none"> – Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources) – Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs – Existing surveillance system is inadequate to detect new cases in a timely manner.
	IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS? Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.

為評估和通報有關國際公共衛生的緊急事件 而適用決策文件的實例

本附件中的實例不具有約束力，係用於指示性的指導目的以協助解釋決策文件的標準

事件是否至少符合以下兩個標準？

事件的公共衛生影響是否嚴重？	一、事件對公共衛生影響是否嚴重？
	1. 此類事件造成的病例數和/或死亡數對某地、某時或某人群是否眾多？
	2. 此事件是否有可能產生重大的公共衛生影響？ <p>以下是導致重大的公共衛生影響的實例：</p> <ul style="list-style-type: none"> ✓ 由很有可能流行的病原體引起的事件（病原體的傳染性、高致死率、多種傳播途徑或帶原者）。 ✓ 治療失敗（新的或再浮現的抗藥性、疫苗無效、對解毒劑有抗藥性或無效）。 ✓ 即使未發生病例或病例很少，此事件仍構成嚴重的公共衛生危害。 ✓ 報告病例發生在醫護人員。 ✓ 危險人群特別易受傷害（難民、接種率低者、兒童、老人、免疫力低下者、營養不良者等）。 ✓ 有可能妨礙或延遲做出反應的伴隨因素（自然災害、武裝衝突、不利的氣候條件、國內有多個發生地）。 ✓ 事件發生在人口十分密集的地區。 ✓ 向環境中釋放化學或感染性物質，使居民和/或大範圍的地理區域受到污染或有可能受到污染。
	3. 是否需要外部援助，以便檢測、調查、應變和控制目前發生事件或防止新病例出現？ <p>以下為可能需要援助的實例：</p> <ul style="list-style-type: none"> ✓ 人力、財力、物質或技術資源不足，特別是： <ul style="list-style-type: none"> — 未有足夠的實驗室或流行病學能力不足對事件展開調查（設備、人員、財政資源） — 解毒劑、藥物和/或疫苗和/或防護設備、消除污染的設備或輔助性設備不足，難以滿足預計的需要 — 現有的監測體系薄弱，難以發現新病例
	事件的公共衛生影響是否嚴重？ 如你對以上1、2或3問題回答“是”，則表示“嚴重”。

Is the event unusual or unexpected?	II. Is the event unusual or unexpected?
	<p>4. <i>Is the event unusual?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms. ✓ Occurrence of the event itself unusual for the area, season or population.
	<p>5. <i>Is the event unexpected from a public health perspective?</i></p> <p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> ✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.
	<p style="text-align: center;">IS THE EVENT UNUSUAL OR UNEXPECTED?</p> <p style="text-align: center;">Answer “yes” if you have answered “yes” to questions 4 or 5 above.</p>

Is there a significant risk of international spread?	III. Is there a significant risk of international spread?
	6. <i>Is there evidence of an epidemiological link to similar events in other States?</i>
	7. <i>Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</i>
	<p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:</p> <ul style="list-style-type: none"> ✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of: <ul style="list-style-type: none"> – international travel (or time equivalent to the incubation period if the pathogen is known) – participation in an international gathering (pilgrimage, sports event, conference, etc.) – close contact with an international traveller or a highly mobile population. ✓ Event caused by an environmental contamination that has the potential to spread across international borders. ✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.
	<p style="text-align: center;">IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?</p> <p style="text-align: center;">Answer “yes” if you have answered “yes” to questions 6 or 7 above.</p>

二、事件是否不尋常或突然發生？	
事件是否不尋常或突然發生？	<p>3. 事件是否不尋常？</p> <p>以下為不尋常事件的實例：</p> <ul style="list-style-type: none"> ✓ 事件由未知因素引起，或其來源、病媒和傳播途徑不尋常或不明。 ✓ 病例的發展比預期的嚴重（包括致病率或致死率），或症狀罕見。 ✓ 事件本身對本地區、本季節或本地居民屬於異常。
	<p>4. 從公共衛生的角度看，事件是否發生突然？</p> <p>以下為事件突然發生的實例：</p> <ul style="list-style-type: none"> ✓ 引起事件的疾病／因素已經在本國消滅或根除，或以前從未報告。
	<p>事件是否不尋常或突然發生？</p> <p>如你對以上4或5問題回答“是”，則表示“不尋常或突然發生”。</p>

三、是否有國際傳播的嚴重危險？	
是否有國際傳播的嚴重危險？	<p>6. 是否有證據表明與其他國家的類似事件存在流行病學關連？</p>
	<p>7. 是否存在任何因素，足以提醒我們，此病原、病媒或病原窩藪有可能跨越國境？</p> <p>以下為有可能引發國際傳播的情況實例：</p> <ul style="list-style-type: none"> ✓ 在有當地傳播證據的地方，存在指標病例（或其他相關病例），並且在上個月內有下述歷史： <ul style="list-style-type: none"> — 國際旅行（或相當於潛伏期的時間，如病原體屬已知） — 參加國際集會（朝聖、體育競賽、會議等） — 與某位國際旅客或某個高度流動的人群有密切接觸。 ✓ 由環境污染引起的事件，有跨越國際邊境而蔓延的潛勢。 ✓ 事件發生在國際交通頻繁的地區，而其衛生控制或環境檢測或消除污染的能力有限。
	<p>是否有國際傳播的嚴重危險？</p> <p>如你對以上6或7問題回答“是”，則表示“有這種危險”。</p>

Risk of international restrictions ?	IV. Is there a significant risk of international travel or trade restrictions?
	8. <i>Have similar events in the past resulted in international restriction on trade and/or travel?</i>
	9. <i>Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?</i>
	10. <i>Has the event occurred in association with an international gathering or in an area of intense international tourism?</i>
	11. <i>Has the event caused requests for more information by foreign officials or international media?</i>
	IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS? Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.

States Parties that answer “yes” to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 6 of the International Health Regulations.

四、是否存在限制旅行或貿易的嚴重危險？	
是否 存在 國際 限制的 危險？	8. 過去類似事件是否導致採取國際貿易和/或旅行限制？
	9. 事件的來源是否懷疑或已知是有可能受污染的食品、水或任何其他物品，而後者已向其他國家出口或從其他國家進口？
	10. 事件是否與某個國際性集會有聯繫，或者發生在國際旅遊頻繁的某個地區？
	11. 事件是否引起或導致外國官員或國際媒體要求更多的資訊？
	<p>是否存在限制國際貿易或旅行的嚴重危險？</p> <p>如你對以上8、9、10或11問題回答“是”，則表示“存在這種危險”。</p>

對事件是否符合以上四個標準（一-四）中的任何2個標準，回答“是”的，締約國應根據《國際衛生條例》第6條通報世衛組織。

MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Port of..... Date:

This Certificate records the inspection and 1) exemption from control or 2) control measures applied

Name of ship or inland navigation vessel.....Flag.....Registration/IMO No.

At the time of inspection the holds were unladen/laden with tonnes of cargo

Ship Sanitation Control Exemption Certificate			
Areas , [systems, and services] inspected	Evidence found ¹	Sample results ²	Documents reviewed
Galley			Medical log
Pantry			Ship's log
Stores			Other
Hold(s)/cargo			
Quarters:			
- crew			
- officers			
- passengers			
- deck			
Potable water			
Sewage			
Ballast tanks			
Solid and medical waste			
Standing water			
Engine room			
Medical facilities			
Other areas specified - see attached			
Note areas not applicable, by marking N/A			

No evidence found. Ship/vessel is exempted from control measures.

Name and designation of issuing officer

¹ (a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health, signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Maritime Declaration of Health).

² Results from samples taken on board. Analysis to be provided to ship's master by most expedient means and, if re-inspection is required, to the next appropriate port of call coinciding with the re-inspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

[illegible]

Control measures indicated were applied on the date below.

Date

免予船舶衛生控制證明書

船舶衛生控制證明書[illegible]

在以下日期采取所示的控制措施。

簽發官員的姓名、職稱..... 簽名和印章..... 日期.....

a) 感染或污染的證據包括：所有生長期的病媒、病媒的動物病原窩藪、能攜帶人類疾病的齧齒類動物或其他類動物、有害人類健康的微生物、化學物和/或其他房舍，說明衛生措施不力的迹象。

b) 有關人間疾病的資訊(列入海事衛生聲明書)。
艙內採樣取得的結果, 以最方便的方式向船長提供分析結果, 如需要再檢查, 則向與證書上標明的再檢查日期相一致的下一個合適的停靠港口提供上述分析結果。免予衛生控制證書和衛生控制證書的最長有效期為6個月, 但如不能在港口進行檢查, 而且未發現感染或污染證據, 則有效期可延長1個月。

ATTACHMENT TO MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Areas/facilities/systems inspected	Evidence found	Sample results	Documents reviewed	Control measures applied	Re-inspection date	Comments regarding conditions found
Food						
Source						
Storage						
Preparation						
Service						
Water						
Source						
Storage						
Distribution						
Waste						
Holding						
Treatment						
Disposal						
Swimming pools/spas						
Equipment						
Operation						
Medical facilities						
Equipment and medical devices						
Operation						
Medicines						
Other areas inspected						

Indicate when the areas listed are not applicable by marking N/A.

免予船舶衛生控制證明書/船舶衛生控制證明書示範格式附件

檢查地區/設施/系統	所見證據	樣品結果	審查的文件	採取的控制措施	再檢日期	有關所見條件的意見
食品						
來源						
除贖						
製備						
服務						
水						
來源						
儲存						
配送						
廢物						
存放						
處理						
銷毀						
游泳池/療養浴池						
設備						
操作						
醫療設施						
設備和醫療儀器						
操作						
藥物						
其他檢查地區						

凡表中不適用的地區，須註明“不適用”

ANNEX 4

TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

Section A Conveyance operators

1. Conveyance operators shall facilitate:
 - (a) inspections of the cargo, containers and conveyance;
 - (b) medical examinations of persons on board;
 - (c) application of other health measures under these Regulations; and
 - (d) provision of relevant public health information requested by the State Party.
2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.
2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

附件 4

對交通工具和交通工具營運者的技術要求

第一節 交通工具營運者

1. 交通工具營運者應為以下活動提供便利：

(a) 檢查貨物、貨櫃及交通工具；

(b) 搭乘者的醫學檢查；

(c) 根據本條例採取其他衛生措施；以及

(d) 應締約國要求提供相關的公共衛生資訊。

2. 交通工具營運者應根據本條例的要求，向主管當局提供有效的免于船舶衛生控制證明書或船舶衛生控制證明書或海事衛生聲明書或航空器衛生總聲明書的衛生部分。

第二節 交通工具

1. 根據本條例對行李、貨物、貨櫃、交通工具和物品採取的控制措施應儘可能避免對個人帶來損傷或不適，或對行李、貨物、貨櫃、交通工具和物品造成損壞。應盡可能和酌情在交通工具和貨艙騰空時採取控制措施。
2. 締約國應當以書面形式說明對貨物、貨櫃或交通工具採取的措施、處理的部分、使用的方法和採取措施的理由。以上訊息應向飛機負責人書面提交，如為船舶則在船舶衛生控制證明書上載明。對於其他貨物、貨櫃或交通工具，締約國應向發貨人、收貨人、運送人、交通工具負責人或其代理人以書面發布此類資訊。

ANNEX 5

SPECIFIC MEASURES FOR VECTOR-BORNE DISEASES

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.
2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinfected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included:
 - (a) in the case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;
 - (b) in the case of ships, on the Ship Sanitation Control Certificates; and
 - (c) in the case of other conveyances, on a written proof of treatment issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent, respectively.
3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods and materials advised by the Organization have been applied.
4. States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used for operations involving travellers, conveyances, containers, cargo and postal parcels, with extension of the minimum distance if vectors with a greater range are present.
5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In the case of ships, this shall be noted on the Ship Sanitation Control Certificate.
6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs if:
 - (a) it has a possible case of vector-borne disease on board;
 - (b) a possible case of vector-borne disease has occurred on board during an international voyage; or
 - (c) it has left an affected area within a period of time where on-board vectors could still carry disease.

附件 5

針對病媒傳播疾病的特定措施

1. 世衛組織應當定期公布一份地區名單，對來自這些地區的交通工具建議採取滅蟲或其他病媒控制措施。這些地區的確定應酌情遵循有關臨時或長期建議的程序。
2. 對離開位於建議採取病媒控制措施地區的入境港埠的每個交通工具，均宜採取滅蟲措施，並保持無病媒狀況。凡是有本組織為此類措施建議的方法和材料時，理應予以採用。交通工具中存在病媒的情況和所採取的消滅病媒的措施應列入以下文件：
 - (a) 如為飛機，航空器衛生總聲明書的衛生部分，除非到達機場的主管當局免除申報單中的衛生部分；
 - (b) 如為船舶，船舶衛生控制證明書；以及
 - (c) 如為其他交通工具，分別向發貨人、收貨人、運送人、交通工具負責人或其他代理人簽發書面處理證明。
3. 如本組織建議的方法和材料得到採用，締約國應接受其他國家對交通工具採取的滅蟲、除鼠和其他控制措施。
4. 締約國應建立規劃，把可傳播構成公共衛生威脅的傳染因子的病媒，控制在離本國領土上所有機場、港口或貨櫃裝卸區地界最近距離400公尺外，如發現較大範圍的病媒，則應延長此最近距離。
5. 如果為了確定所採用的病媒控制措施是否成功需要進行追蹤檢查，則建議採取追蹤檢查的主管當局應將此要求事先通知有檢查能力的下一個已知停靠港口或機場的主管當局。如為船舶，則應在船舶控制證書上註明。
6. 如發現以下情況，交通工具應被視為有疑似，並宜檢查是否存在病媒和病原窩藏：
 - (a) 艙內有可能的病媒傳播疾病的病例；
 - (b) 在國際航行中艙內出現了可能的病媒傳播疾病的病例；或
 - (c) 在離開疫區的時間內，艙內病媒仍可能攜帶疾病。

7. A State Party should not prohibit the landing of an aircraft or berthing of a ship in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However, aircraft or ships coming from an affected area may be required to land at airports or divert to another port specified by the State Party for that purpose.

8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

7. 如本附件第3項提及的控制措施或本組織建議的其他措施業已採用，則締約國不應當禁止飛機在本國領土著陸或禁止船舶在本國領土停泊。但是，可要求來自疫區的飛機著陸於該締約國為此專門指定的機場或轉向前往締約國為此專門指定之另一港口。
8. 如果在某個締約國領土上出現前述疾病的病媒，該締約國可對來自病媒傳播疾病疫區的交通工具採取病媒控制措施。

ANNEX 6

VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

1. Vaccines or other prophylaxis specified in Annex 7 or recommended under these Regulations shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval. Upon request, the State Party shall provide to WHO appropriate evidence of the suitability of vaccines and prophylaxis administered within its territory under these Regulations.
2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the “certificate”) in the form specified in this Annex. No departure shall be made from the model of the certificate specified in this Annex.
3. Certificates under this Annex are valid only if the vaccine or prophylaxis used has been approved by WHO.
4. Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.
5. Certificates shall be fully completed in English or in French. They may also be completed in another language, in addition to either English or French.
6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.
7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.
8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person’s mark and the indication by another that this is the mark of the person concerned.
9. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the supervising clinician shall provide the person with reasons, written in English or French, and where appropriate in another language in addition to English or French, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis in accordance with paragraph 4 of Article 23.
10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:
 - (a) it embodies medical information substantially the same as that required by such form; and
 - (b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

附件 6

疫苗接種、預防措施和相關證書

1. 附件7中規定或根據本條例建議執行的疫苗或其他預防措施，應有適宜的品質；由世衛組織指定的疫苗和預防措施應經其批准。應要求，締約國應當向世衛組織提供適當的證據說明根據本條例在其領土上使用的疫苗和預防措施是適宜的。
2. 對根據本條例接受疫苗接種或其他預防措施的人員，應按本附件限定的示範格式發給預防接種證明或採取預防措施證明（以下統稱“證書”）。不得偏離本附件中規定的證書示範格式。
3. 只有使用的疫苗或預防措施經世衛組織批准，根據本附件簽發的證書才有效。
4. 證書必須由臨床醫師親筆簽字，他應當是從業醫師或其他經授權的衛生人員，負責監督疫苗接種或預防措施。證書也必須有執行中心的公務印章；但印章不應被認為可替代簽字。
5. 證書應用英文或法文填妥。除英文或法文外，也可另用其他語言填寫。
6. 對證書的任何修改或塗抹或不填寫其中的任何部分，均可使之無效。
7. 證書屬於個人，任何情況下不得集體使用。對兒童應發給單獨的證書。
8. 兒童不能書寫時應由父母或監護人在證書上簽字；文盲的簽字應由本人以通常的方式畫押並由他人註明這是他的畫押。
9. 如經主管的臨床醫師評估為疫苗接種或預防措施之禁忌，應向本人說明理由，以英文或法文以及適宜時以英文或法文以外的另一種語言說明其意見，而到達港埠的主管當局應予考慮。主管臨床醫師和主管當局應根據第27條第3項將不接種疫苗或不採取預防措施的任何風險告知本人。
10. 由軍隊發給部隊現役軍人的對等文件應當得到承認，可代替本附件所示格式的國際證書，若：
 - (a) 它包含的醫學資訊與此種格式所要求的基本相同；以及
 - (b) 它包含記錄疫苗接種或預防措施性質和日期的英文和法文說明，適宜時還應有英文或法文以外的另一種語言的說明，其大意是：該文件乃根據本項的規定而簽發。

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name], date of birth, sex,
nationality, national identification document, if applicable
whose signature follows

has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition)

in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from until	Official stamp of administering centre
1.					
2.					

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

國際預防接種或預防措施證明書示範格式

茲證明.....出生日期.....性別.....

國籍.....國家身份證（如有）.....

簽名：.....

根據《國際衛生條例》

在指明的日期接種了疫苗或接受了預防措施：

（疾病或施打原因）.....。

疫苗或預防措施	日期	主管臨床醫師的 簽名和專業評估	疫苗或預防製品的 生產廠商和批號	證書有效期 從.....至.....	執行單位的公 務印章
1.					
2.					

- 只有使用的疫苗或預防措施經世界衛生組織批准，證書才有效。
- 證書必須由臨床醫師親筆簽字，他應當是監督疫苗接種或預防措施的從業醫師或其他經授權的衛生人員。證書也必須有執行中心的公務印章；但印章不應被認為可替代簽字。
- 對證書的任何更改或塗抹或不填寫其中任何一部分，均可使之無效。
- 此證書的有效性將持續至對該特定疫苗接種或預防措施指明的日期。證書應當以英文或法文填寫完整。在同一份文件上也可用除英文或法文外的另一種語言填寫證書。

ANNEX 7

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

(iii) this protection continues for 10 years; and

(iv) the validity of a certificate of vaccination against yellow fever shall extend for a period of 10 years, beginning 10 days after the date of vaccination or, in the case of a revaccination within such period of 10 years, from the date of that revaccination.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

附件 7

對於特殊疾病所要求的疫苗接種或預防措施

1. 除了對疫苗接種或預防措施的任何建議外，作為進入某個國家的條件，旅客可能需要有針對本條例專門規定的以下疾病的疫苗接種或預防措施的證明：

黃熱病疫苗接種

2. 對黃熱病疫苗接種的要求：

(a) 適用於本附件：

(i) 黃熱病的潛伏期為6天；

(ii) 經世衛組織批准的黃熱病疫苗在接種10天後開始發揮防止感染的保護效果；

(iii) 保護效果持續10年；以及

(iv) 黃熱病疫苗接種證書的有效期應為10年，並從接種之日後10天開始或，如果在這10年中重新接種疫苗，則從重新接種之日開始。

(b) 對離開本組織確定存在黃熱病傳播危險的地區的任何旅客均可要求接種黃熱病疫苗。

(c) 如果旅客持有的黃熱病疫苗接種證書尚未生效，可允許該旅客離境，但在抵達時可援引本附件第2（h）項中的規定。

(d) 持有有效的黃熱病疫苗接種證書的旅客不應被視為疑似者，即使他來自本組織確定存在黃熱病傳播危險的地區。

(e) 根據附件6第1項，所用的黃熱病疫苗必須經本組織批准。

(f) 為了保證使用的操作和材料的質量和安全性，締約國可在其領土內指定專門的黃熱病疫苗接種中心。

(g) 凡受雇於本組織確定為黃熱病傳播危險地區的入境港埠的每名工作人員，以及使用任何此類入境港埠的交通工具航（船）員中的每一名成員均應持有有效的黃熱病疫苗接種證書。

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

- (h) 在本國領土上存在黃熱病病媒的締約國可要求來自本組織確定存在黃熱病傳播危險、而又不能出示有效的黃熱病疫苗接種證書的旅客接受檢疫，直至證書生效，或直至不超過6天的期限（從最後可能接觸感染的日期計算）已過，二者中以日期在先者為準。
- (i) 儘管如此，可允許持有由經授權的衛生官員或經授權的衛生人員簽字的免于黃熱病疫苗接種證書的旅客入境，但須服從本附件前面所述的條項，並被告知有關防範黃熱病病媒的訊息。若該旅客未接受檢疫，可要求其向主管當局報告任何發熱或其它有關症狀並接受監測。

ANNEX 8

MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of Date

Name of ship or inland navigation vessel Registration/IMO No. arriving from sailing to
(Nationality)(Flag of vessel) Master's name

Gross tonnage (ship)
Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? yes no Issued at date

Re-inspection required? yes no

Has ship/vessel visited an affected area identified by the World Health Organization? yes no

Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name joined from: (1) (2) (3)

(2) Name joined from: (1) (2) (3)

(3) Name joined from: (1) (2) (3)

Number of crew members on board

Number of passengers on board

Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? yes no
If yes, state particulars in attached schedule. Total no. of deaths
- (2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? yes no If yes, state particulars in attached schedule.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected? yes no
How many ill persons?
- (4) Is there any ill person on board now? yes no If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted? yes no If yes, state particulars of medical treatment or advice provided in attached schedule.
- (6) Are you aware of any condition on board which may lead to infection or spread of disease? yes no
If yes, state particulars in attached schedule.
- (7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes no
If yes, specify type, place and date
- (8) Have any stowaways been found on board? yes no If yes, where did they join the ship (if known)?
- (9) Is there a sick animal or pet on board? yes no

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed

Master

Countersigned

Ship's Surgeon (if carried)

Date

附件 8

海事衛生聲明書示範格式

填寫者為由從外國港口到達的船舶船長，填寫後提交主管當局。

提交的港口..... 日期.....

海輪或內陸船舶的名稱..... 登記/國際海事組織編號..... 來自..... 駛往.....

(國籍)(船舶的旗幟)..... 船長姓名.....

總噸位(海輪).....

噸位(內河船舶).....

是否持有有效的免予衛生控制/衛生控制證書？ 有..... 無..... 簽發於..... 日期.....

是否需要復查？ 是..... 否.....

海輪/內河船舶是否訪問過世衛組織確定的受感染地區？ 是..... 否.....

訪問的港口和日期.....

列出從開始航行後或最近4 周內停靠的港口名單以及離港日期，二者中以較短者為準：

按到達港埠主管當局的要求，列出自國際航行開始以來或在最近30天內（二者中以較短者為準）登上海輪/內河船舶的船員、旅客或其他人員的名單，其中包括在此期間訪問的所有港口/國家（補充名單請在附錄中填寫）：

(a) 姓名..... 登船：(a).....(b).....(c).....

(b) 姓名..... 登船：(a).....(b).....(c).....

(c) 姓名..... 登船：(a).....(b).....(c).....

船上船員人數.....

船上旅客人數.....

健康問題

(a) 在航行中，船上是否有人死於非意外事故？ 是..... 否.....

如果是，請在附錄中說明細節。死亡總人數.....

(b) 在船上或在國際航行中是否有或曾有懷疑為患有傳染性疾病的病人？ 是..... 否.....

如果是，請在附錄中說明細節。

(c) 旅行中患病旅客的總人數是否超過正常/預期人數？ 是..... 否..... 有多少病人？.....

(d) 目前在船上是否有任何病人？ 是..... 否..... 如果是，請在附錄中說明細節。

(e) 是否請醫師會診？ 是..... 否..... 如果是，請在附錄中詳細說明治療情況或提出的醫療意見。

(f) 你是否意識到船上存在可導致感染或疾病傳播的情況？ 是..... 否..... 如果是，請在附錄中說明細節。

(g) 在船上是否曾採取任何衛生措施（例如，檢疫、隔離、消毒或除污）？ 是..... 否.....

如果是，請說明類型、地點和日期.....

(h) 船上是否發現任何偷渡者？ 是..... 否..... 如果是，他們在何處登船（如知道）？.....

註：在沒有船醫的情況下，船長應視以下症狀為患有傳染性疾病的疑似：

(a) 持續數天發燒，或伴有①虛脫；②意識減退；③腺體腫脹；④黃疸；⑤咳嗽或呼吸短促；⑥不尋常出血或⑦癱瘓。

(b) 有或無發燒：①任何急性皮膚發紅或發疹；②嚴重嘔吐（不屬於暈船）；③嚴重腹瀉；或④反復驚厥。

我謹申明：健康申報單（包括附錄）中填寫的專案和對問題的回答均竭盡我的知識和認識，是真實而正確的。

簽名.....

船長

副簽.....

船醫（如有）

日期.....

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs medicines or other treatment given to patient	Comments

* State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

海事衛生聲明書示範格式附頁

姓名	等級	年齡	性別	國籍	上船的港口、日期	疾病性質	開始出現症狀的日期	是否向港口醫官報告？	病人的處理情況*	向病人提供的藥物或藥品	意見

* 說明：(1)病人是否康復，仍身患疾病或已死亡；及(2)病人是否仍在船上，已撤離（包括港口或機場的名稱），或已海葬。

ANNEX 9

**THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION,
PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION¹**

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

Declaration of Health

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight

.....

Any other condition on board which may lead to the spread of disease

.....

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

.....

.....

Signature, if required:

Crew member concerned

Eighth plenary meeting, 23 May 2005
A58/VR/8

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¹ An informal working group met during the second session of the Intergovernmental Working Group and recommended changes to this document which WHO will transmit to the International Civil Aviation Organization for appropriate consideration.

附件 9

本文件是國際民用航空組織發布的航空器衛生總聲明書的一部分¹

航空器衛生總聲明書的衛生部分

衛生聲明

在機艙內患有除暈機或意外傷害以外疾病的患者（包括出現疾病症狀或體徵，如出疹、發燒、寒顫、腹瀉者）以及在中途離機的患者.....

在機艙內存在可導致疾病傳播的任何其他情況.....

描述飛行中每次滅蟲或衛生處理的詳情（地點、日期、時間、方法）。如在飛行中未採取滅蟲措施，提供最近一次滅蟲的詳情

簽字（如要求）：

有關的機組人員

= = =

¹一次非正式工作小組在政府間工作小組第2次會議期間舉行會議，建議對本文件作出若干修改，並由世衛組織轉交國際民用航空組織供適當審議。