

ANNOUNCEMENT

NOTE REGARDING THE ADOPTION OF INTERNATIONAL FORMS OF CERTIFICATES FOR VACCINATION AGAINST SMALLPOX AND INOCULATION AGAINST CHOLERA AND YELLOW FEVER.

According to international requirements, certificates of inoculation and vaccination against cholera, smallpox, typhus and yellow fever must be in the internationally prescribed form. Copies of prescribed forms can be obtained from the nearest Administrative Medical Officer. These forms should be filled in by the passenger's doctor very carefully to see that all items have been accurately completed as any defective or incomplete answers to the various items may result in the certificates not being recognised by countries of transit and destination, and the passenger may, in consequence, be placed in quarantine. It is very important, for instance, to put 'in the origin and batch number' of vaccine used in case of smallpox vaccination to record the date and the result of inspection of vaccination in one of the terms prescribed at the bottom of the certificate. The prescribed forms also show the minimum and maximum validity periods of such certificates and passengers should ensure that their certificates are within the prescribed time limits.

2. Considerable difficulty has been experienced recently by Indian passengers going abroad on account of their inoculation and vaccination certificates being found defective by the countries of destination. It is therefore essential in the interest of the passengers themselves to see that they carry with them certificates on the prescribed forms which have been carefully completed by their doctors.

3. As regards certificates of inoculation against yellow fever, the medical profession and the public are hereby warned that on account of certain technical difficulties in the storage and administration of yellow fever vaccine, this vaccine is not available to the doctors or the public and certificates cannot be issued in India by anyone except by the following 5 (five) Government Centres of Inoculation.

1. Haffkine Institute, Bombay.
2. All-India Institute of Hygiene and Public Health, Calcutta.
3. King Institute of Preventive Medicine, Guindy, Madras.
4. Central Research Institute, Kasauli.
5. The Provincial Public Health Laboratory, New Delhi.

Vaccination should be arranged, by appointment, with the nearest of these centres where internationally recognized certificates on the prescribed form will also be issued. The Government of India propose to take legal action against any unauthorised issue of yellow fever certificates. The medical profession are therefore warned not to issue yellow fever vaccination certificates under any circumstances whatsoever and to direct passengers requiring such certificate to one of the above-mentioned centres.

CERTIFICATE OF INOCULATION AGAINST CHOLERA.

This is to certify that.....
 (Age..... Sex.....) whose signature appears below was on the dates indicated inoculated against cholera.

DATE	MATERIAL		INOCULATING OFFICER.	
	Origin	Batch No and Type	Signature	Official Title.

(Signature of person inoculated).

Official Stamp of Inoculating Officer.

.....

(Home Address) Date.

(This certificate is not valid for more than 6 months from the date of issue)

CERTIFICATE OF VACCINATION AGAINST SMALLPOX

This is to certify that
(Age.....Sex.....) whose signature appears below has this day been vaccinated by me against smallpox.

Origin and batch No. of vaccine.....

Official Stamp

Signature of Vaccinator.....

Official Position

.....

Place.....Date.....

Signature of person vaccinated.

Home Address.

Important Note—In the case of primary vaccination the person vaccinated should be warned to report to a medical practitioner between the 8th and 14th day, in order that the result of the vaccination may be recorded on this certificate. In the case of re-vaccination the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

This is to certify that the above vaccination was inspected by me on the date(s) and with the result(s) shown hereunder.

Date of inspection

Result.

.....
.....
.....

Official Stamp.

Signature of Doctor

Official position.

Place.....Date.....

Use one or other of the following terms in stating the result, viz. "Reaction of immunity", "Accelerated reaction (vaccinoid)", "Typical primary vaccinia".

A certificate of "No reaction" will not be accepted.

Signature of persons vaccinated.....

(This certificate is not valid for more than 3 years from the date of issue)

Explanatory note regarding the interpretation of results of vaccination—

(1) Reaction of Immunity—A papule appears on the first day, does not develop into a vesicle and rapidly fades away

(2) Accelerated Reaction (vaccinoid)—A papule appears on the second day, a vesicle on the third, pustule (if present) on the fourth day, scabbing starts on the fifth day and the scab is off by the eighth day.

Typical Primary Vaccinia—A papule appears on the fourth day, becomes a vesicle on the fifth day, and a pustule on the eighth day. Scabbing starts on the eleventh day the scab is off between the sixteenth and twentyfirst day*.