

World Health Organization
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JOINT ILO/WHO COMMITTEE
ON THE HYGIENE OF SEAFARERS

Report on the First Session

Geneva, 12-14 December 1949

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WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
SEPTEMBER 1950

JOINT ILO/WHO COMMITTEE ON THE HYGIENE OF SEAFARERS

First Session

Members :

ILO :

- O. Bécu, Président de l'Union des Ouvriers du Transport, Antwerp, Belgium
- Captain O. I. Loennechen, Vice-President, Norwegian Shipowners' Association, Tonsberg, Norway
- R. Snedden, General Manager, The Shipping Federation, London, United Kingdom
- T. Yates, General Secretary, National Union of Seamen, London, United Kingdom

Adviser :

- Dr E. L. Caldwell-Smith, Chief Medical Officer, The Shipping Federation, London, United Kingdom

WHO :

- Dr T. B. H. Anderson, Medical Director, US Public Health Service ; Medical Officer in Charge, US Marine Hospital, Staten Island, N.Y., USA
- Dr K. Evang, Director-General of Public Health, Oslo, Norway (*Chairman*)
- Dr H. N. C. V. Kelaart, Divisional Medical Superintendent of Health, Department of Medical and Sanitary Services, Colombo, Ceylon
- Dr H. D. Reid, Chief, Division of Quarantine, Immigration, Medical, and Sick Mariners' Services, Ministry of National Health and Welfare, Ottawa, Canada

Secretaries :

- Dr G. W. Miller, Assistant to the Director, Division of the Organization of Public Health Services, WHO
- J. L. Mowat, Chief, Maritime Section, ILO

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JOINT ILO/WHO COMMITTEE ON THE HYGIENE OF SEAFARERS

Report on the First Session¹

The first session of the Joint ILO/WHO Committee on the Hygiene of Seafarers took place at the International Labour Office, Geneva, from 12 to 14 December 1949. The first meeting was opened by Mr G. A. Johnston, Treasurer of the International Labour Organization. Dr Evang was unanimously elected Chairman.

The agenda, submitted by the Directors-General of ILO and WHO, was approved, the substantive items being :

- (1) Definition of the problems affecting the health of seafarers, with particular reference to tuberculosis and venereal disease.
- (2) Organization of medical examinations.
- (3) Problem of hospitalization.
- (4) Methods to be used in collecting and utilizing information.
- (5) Suggested additional questions for study at subsequent sessions.

The committee noted that its terms of reference had not been defined in any detail. The First World Health Assembly, June-July 1948, recommended that WHO should establish with ILO a joint committee on the hygiene of seafarers.² The Governing Body of ILO subsequently approved this recommendation,³ and it was decided that four members should be appointed by each Organization. In the absence of any definition

¹ The Third World Health Assembly adopted the following resolution (WHA3.31) :

The Third World Health Assembly

1. NOTES the report of the Joint ILO/WHO Committee on the Hygiene of Seafarers on its first session ;
2. EXPRESSES its gratitude to the joint committee for its work ;
3. AUTHORIZES the publication of the report, and
4. REQUESTS the Executive Board to take into account the recommendations contained in the report when implementing the programme.

² *Off. Rec. World Hlth Org.* 13, 309

³ International Labour Office (1949) *Governing Body, 108th session, minutes of the tenth meeting* (G.B. 108/P.V./10), p. 18

of its terms of reference, the committee understood that it was free to cover all aspects of the hygiene of seafarers, and that its task was also to see that there was no overlapping or duplication of effort between the two Organizations.

1. Definition of Problems Affecting the Health of Seafarers

The health of seafarers is a problem that calls for international attention for a number of reasons. By the nature of his calling, the seafarer is obliged to travel from country to country and is exposed to great changes of climate and to any diseases that may be prevalent in the ports of call. He thus becomes a carrier of disease, so that the protection of his health is of importance not only to himself and other members of the crew, but also to the shore populations of the countries he visits. Yet, on account of the nature of his employment, it is difficult to ensure for the seafarer the same standard of medical service as is generally available for other sections of the population. It was against this general background that the committee had to approach its task.

In a brief discussion, the committee reviewed some of the main problems affecting the health of seafarers, such as medical examinations, medicine chests on board ship, accommodation and food supplies on board, hospital treatment on board and in foreign ports, rehabilitation, and social welfare. It noted that ILO had already adopted Conventions on medical examinations, crew accommodation, and food and catering, and a Recommendation on welfare in ports.⁴

The committee adopted the following resolution :

The Joint ILO/WHO Committee on the Hygiene of Seafarers,

In view of the value attached to the various ILO Conventions dealing with the health and environment of seafarers,

RECOMMENDS that the attention of WHO be drawn to the importance of these Conventions from the point of view of the health of seafarers.

1.1 Tuberculosis

One of the special problems mentioned under the first item on the agenda was tuberculosis. The committee agreed that it would be desirable to obtain information on the extent to which various countries already arrange for x-ray examination either of the whole population or of certain occupational groups. The committee agreed that a thorough examination, including an x ray, is desirable, but it was pointed out that in some countries

⁴ International Labour Office (1949) *International Labour Conference, Conventions and Recommendations, 1919-1949*, Geneva, pp. 67, 362, 605, 633, 642

facilities do not at present exist to make this practicable for the whole of the seafaring population. It was suggested that a start might perhaps be made by examining all new entrants to the occupation. Later the committee could consider to what extent it might be possible to extend the examination to cover all seafarers and to repeat it at regular intervals. It was suggested that it might be desirable to concentrate at the outset on foreign-going seafarers, who were longer away from ports at which they could obtain medical treatment. The committee realized that if an attempt were made to make x-ray examination compulsory, there might be a certain amount of opposition, because the seafarers were sometimes afraid of losing their employment and of having the reports on the examinations communicated to their employers. It was suggested, however, that the desired end could be achieved if such an examination were made a compulsory condition of employment.

The committee also discussed the question of rehabilitation for those who had suffered from tuberculosis. There was general agreement that many sufferers might not afterwards be fit for service at sea although perfectly fit for other less strenuous occupations. The committee noted that sound vocational guidance and training were necessary to ensure that the ex-seafarer could be fitted for other employment.

The committee adopted the following resolution :

The Joint ILO/WHO Committee on the Hygiene of Seafarers

RECOMMENDS

- (1) that WHO be asked to investigate the problem of physical examination of seafarers with a view to preventing the employment of personnel suffering from active pulmonary tuberculosis ;
- (2) that WHO be further asked to present a summary of this information, together with suggestions as to a practical procedure for the examination of all new entrants into the service, a plan for the examination of all those at present employed, and a practical method for ensuring regular periodical examinations thereafter. Due consideration should also be given to a scheme whereby seafarers should be able to obtain follow-up or repeat examinations, when due, in countries other than their own, and on a reciprocal basis ;
- (3) that WHO be asked to present this information to the joint committee at a subsequent session.

1.2 *Venereal disease*

The second problem specifically mentioned under the first item on the agenda was venereal disease. The committee recognized the importance of further national and international measures to control the spread of

venereal diseases by making diagnostic and treatment facilities available to seafarers, and by providing medical services and drugs free of charge to patients in major ports.

The importance of the principles embodied in the establishment of international health regulations, and particularly in their application to venereal-disease control, is generally recognized. Until such regulations have been established, further adherence of maritime nations to the International Agreement of Brussels of 1924 is urged; and the revised editions of the international list of treatment centres for venereal diseases and the individual treatment booklet to be provided under the agreement, should be made available as widely as possible by WHO in 1950.

At the present time wide variation exists in the type and form of treatment provided by venereal-disease centres in various ports of the world. The committee recognized that penicillin and other newer methods of treatment were not yet available everywhere, and that WHO could not be expected to recommend optimum schedules for some time. However, the committee would like to urge that a detailed study be undertaken of the methods actually employed in the various treatment centres contained in the international list of treatment centres, at the same time as information is collected by WHO to bring this list up to date. On the latter point, the committee agreed that it would be practical to revise this list every third year, as proposed by WHO.

From the point of view of shipowners and seafarers, it would be desirable to study the possible effect of the introduction of newer foreshortened methods of treatment of syphilis and gonorrhoea, based on penicillin, on the employability and return to the ship of seafarers immediately following intensive treatment. This consideration was based on the indication of the WHO Expert Committee on Venereal Infections that newer repository penicillin preparations are capable of rendering gonorrhoea and early infectious syphilis non-infectious a few hours after commencement of treatment.⁵ The patient would, under these circumstances, not represent a danger to others when accompanying the ship further on its voyage, although additional instructions would have to be provided by the physician. The social and economic gains of this approach are evident, and would represent a major re-orientation.

The committee noted the various recommendations of the WHO Expert Committee on Venereal Infections in relation to maritime aspects of venereal-disease control,⁶ and would like to refer to this committee for consideration various problems in addition to those stated above. From

⁵ *World Hlth Org. techn. Rep. Ser.* 1950, 13, 12

⁶ *World Hlth Org. techn. Rep. Ser.* 1950, 13, 11

the point of view of hygiene of seafarers, the question of availability of prophylactic kits aboard ships is of importance, and the committee noted the introduction on British, Scandinavian, and other ships, during and following the war, of individual packs and sulfa drugs. In view of the exceedingly well-controlled experiment carried out by the US Navy, employing penicillin tablets, and the significant reduction in gonorrhoea thus obtained, the committee considered that this question should be studied further in the light of the recognized toxic danger existing in taking sulfa drugs, the high percentage of sulfa-resistant gonococci among seafarers, and, on the other hand, the absence of penicillin-resistant gonorrhoea in the male and of untoward reactions to penicillin therapy.

It was suggested that in the more systematic medical examinations of seafarers which appear to be necessary, and which are referred to elsewhere,⁷ there might be included an obligatory serological test for syphilis of new entrants, and that further tests should be made at intervals, along with the chest control procedures suggested for tuberculosis.

The committee also discussed the great importance of tracing venereal-disease contacts, and urged that everything possible should be done in this direction even if results were only partially successful. A further point mentioned in the course of discussion was the desirability or otherwise of providing treatment on board ship when no doctor is carried. The committee felt that in the present transitional stage it was difficult to take any decision on this point or on the further question of the training to be given to any person who might be made responsible for giving treatment on board.

The committee adopted the following resolution :

The Joint ILO/WHO Committee on the Hygiene of Seafarers

RECOMMENDS

- (1) that close liaison be maintained with the WHO Expert Committee on Venereal Infections and the ILO Joint Maritime Commission with regard to venereal-disease control and seamen's welfare in ports ;
- (2) that ILO and WHO draw the attention of governments to the importance of maritime nations adhering to the Brussels Agreement of 1924 as an interim measure until a broader instrument, in the form of international health regulations for venereal-disease control, may be established ;
- (3) that WHO take the opportunity, at the time that the International List of Venereal-Disease Treatment Centres is revised, to study the actual diagnostic and treatment methods applied in different countries :

⁷ See page 8.

(4) that WHO continue to study the effect of recently-introduced foreshortened treatment of syphilis based on repository penicillin as it relates to employability and return of a seafarer to his ship immediately following intensive treatment ; that the question of type and availability of individual kits and other forms of prophylaxis be reviewed in the light of recent developments ; and that WHO be asked to present this information at a subsequent meeting of the joint committee.

2. Organization of Medical Examinations

The committee recognized the need for a thorough medical examination of entrants to the profession and for periodical examinations thereafter. These points have already been dealt with in International Labour Conventions.⁸ The committee considered the desirability of keeping a medical record for each seafarer — not simply filed for reference in some central office but carried by the seaman himself. Such a record is very useful for any doctor who may subsequently have to treat the seaman. The question of the secrecy or confidential nature of all information regarding the seafarer's health record was also discussed. The committee further considered the possibility of adopting international minimum standards of fitness for service at sea. It was pointed out that it had proved difficult to reach agreement, even nationally, on such standards, and that in any case requirements varied for different trades and for different occupations on board.

The committee adopted the following resolutions :

I. The Joint ILO/WHO Committee on the Hygiene of Seafarers

RECOMMENDS

- (1) that WHO be asked to collect from maritime countries throughout the world information regarding permanent medical records for seafarers ;
- (2) that WHO be asked to examine this information and to make a summary of findings, and to submit suggestions as to ways and means of establishing and maintaining a universally acceptable form, or forms, of medical-history record for the seafarer, paying due regard to the confidential nature of the documents involved ;
- (3) that this material be presented at a subsequent session of the joint committee.

⁸ International Labour Office (1949) *International Labour Conference, Conventions and Recommendations, 1919-1949*, Geneva, pp. 67, 633

II. The Joint ILO/WHO Committee on the Hygiene of Seafarers

RECOMMENDS that WHO consider the wider problem of the confidential nature of seafarers' personal papers, certificates, and documents, including medical records, and report back to the joint committee at a subsequent session.

3. Problem of Hospitalization

The questions raised under this head included : the need for isolating, on board ship, persons suffering from certain diseases ; the need for rapid transportation to hospital ; the provision of suitable food for foreign seafarers in countries with a very different type of diet ; the minimum requirements for medical chests on board ship, and the need for their regular inspection. It was suggested that seafarers did not always receive as good hospital treatment as other sections of the population — sometimes because of national, racial, or colour prejudice and sometimes because no one took the necessary steps to have seafarers sent to the best or most appropriate hospitals. It was suggested that it would be in the interests of shipowners and seafarers if a small group of experts could visit a number of ports and study conditions of hospital treatment with a view to eradicating abuses and recommending certain hospitals and doctors as reliable for the treatment of seafarers. It was recognized that in many countries there was an acute shortage of hospital accommodation, and that in some countries the standards of the medical profession were rather low ; these were matters on which countries should be urged to take national action. The committee also discussed the possible extension of existing radio services providing advice on medical questions to ships which do not carry a doctor. It agreed that information should be collected on this subject.

The committee adopted the following resolution :

The Joint ILO/WHO Committee on the Hygiene of Seafarers

RECOMMENDS

- (1) that ILO be asked to collect information from Member States which are maritime nations on the regulations governing the types and contents of medical chests supplied aboard ships ; this information should also include a reference to the medical instructions which accompany the chests ;
- (2) that, after collection of this information, WHO be asked to examine the material collected and to present a summary—together with recommendations for minimal standard contents, maintenance, and regular inspection of medical chests—at a subsequent session of the joint committee ;

(3) that ILO be asked to collect information from Member States which are maritime nations concerning regulations or provisions made for radio appeals from ships for medical advice ; a summary of this information, along with any recommendations for improving the service, should be presented at a subsequent session of the joint committee.

4. Methods to be Used in Collecting and Utilizing Information

The committee decided that it was unnecessary to discuss this question at present, since the methods to be used would necessarily vary in each case.

5. Suggested Additional Questions for Study at Subsequent Sessions

After considering a wide range of subjects which might fall within its terms of reference, the committee selected the following questions, in addition to those already mentioned, as deserving early study at subsequent sessions :

- (1) Standards of fitness for seafarers.
 - (2) Training of personnel (Dr Anderson to prepare a paper).
 - (3) Personal hygiene and other preventive measures.
 - (4) Establishment of supervision and control of medical facilities in major ports.
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