Public Health (COVID-19 Vaccines for Emergency Use) Regulations 2021

GN No. 20 of 2021
Government Gazette of Mauritius No. 9 of 25 January 2021

THE PUBLIC HEALTH ACT

Regulations made by the Minister under sections 79A and 193of the Public Health Act

1. These regulations may be cited as the **Public Health (COVID-19 Vaccines for Emergency Use) Regulations 2021.**

2. In these regulations —

"Act" means the Public Health Act;

"COVID-19 Vaccination Centre" means such health institution or such other specified area as the Minister may designate;

"eligible person" means a person who -

(a) is examined by a Government medical officer and found to be medically eligible for the vaccine; and

(b) meets such eligibility criteria as the Minister may determine, having regard, inter alia, to the specifications of the vaccine, availability of the vaccine in Mauritius, the priority groups to be vaccinated and other relevant considerations;

"vaccine" means the COVID-19 MRNA Vaccine BNT 162b2 (Pfizer/BioNTech) or the COVID-19 Vaccine AstraZeneca, (ChAdox L-S [recombinant] or such other vaccine as the Minister may approve for emergency use.

3. Any eligible person who wishes to be vaccinated shall -

(a) sign the Registration and Consent Form for COVID-19 Vaccination set out in the Schedule; and

(b) undertake to abide by all the terms and conditions specified in the Schedule.

4. Any person who contravenes these regulations shall commit an offence and shall, on conviction, be liable to a fine not exceeding 50,000 rupees and to imprisonment for a term not exceeding 5 years.

5. For the purposes of these regulations, any person who wilfully provides false or misleading information shall commit an offence and shall, on conviction, be liable to a fine not exceeding 50,000 rupees and to imprisonment for a term not exceeding 5 years.

Made by the Minister on 25 January 2021.

SCHEDULE

[Regulation 3]

MINSTRY OF HEALTH AND WELLNESS REGISTRATION AND CONSENT FOR COVID-19 VACCINATION

PART I - REGISTRATION FORM

<table>
<tr><td colspan="2">Recipient name</td><td colspan="3">National Identity Card no./ Passport no.</td></tr>
<tr><td>Date of birth</td><td>Gender</td><td colspan="3">Married/Unmarried</td></tr>
<tr><td colspan="2">Age</td><td colspan="3">Details pertaining to parent/guardian</td></tr>
<tr><td colspan="2">Address</td><td colspan="3">Details pertaining to next of kin</td></tr>
<tr><td colspan="2">Occupation</td><td colspan="3">Email address</td></tr>
<tr><td colspan="2">Parent/guardian (if applicable)</td><td>Phone no.</td><td colspan="2">Preferred language</td></tr>
<tr><td colspan="5">Name of COVID- 19 Vaccination Centre</td></tr>
</table>

ELIGIBILITY SCREENING QUESTIONNAIRE (to be filled by a Government medical officer)				
		If yes, please provide details		
1.	Are you feeling sick today? (Any temperature)	□ **Yes**	□ **No**	
2.	In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due to COVID- 19 infection or exposure?	□ **Yes**	□ **No**	
3.	Have you been treated with antibody therapy for COVID- 19 in the past 90 days (3 months)? If yes, when did you receive the last dose?	□ **Yes**	□ **No**	Date of last dose
4.	Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or shot?	□ Yes	□ No	
5.	Have you had any vaccine in the past 14 days (2 weeks), including flu shot such as influenza vaccine? If yes, how long ago was your most recent vaccine?	□ Yes	□ No	Date of last vaccine
6.	Are you pregnant or considering becoming pregnant? (Health Personnel should explain patient that the vaccine is not recommended during pregnancy)	□ Yes	□ No	Last LMP
7.	Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?	□ Yes	□ No	Other comorbidities
8.	Do you take any medications that affect your immune system, such as cortisone, prednisone	□ Yes	□ No	

	or other steroids, anticancer drugs, or have you had any radiation treatments?			

Emergency Use Authorisation

The Ministry of Health and Wellness has made the COVID-19 vaccine available following regulatory approval of its use in the United States, United Kingdom, India and other countries as circumstances justify its use in an emergency such as the COVID-19 pandemic. This vaccine has not completed the same type of review and process in those countries as would have been the case in normal circumstances and the Ministry of Health and Wellness is making the vaccine available due to existence of a public health emergency and on the basis of the totality of scientific evidence available for the time being, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

PART II- CONSENT FORM

1. I have been provided with and have read/have been explained in my own language*, the explanations regarding the nature of and implications of the vaccine, the fact sheet about the said vaccine which has been provided to me. I understand that if this vaccine requires 2 doses, the 2 doses of this vaccine shall be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction/have ensured that the person named above for whom I am authorised to provide consent was also given a chance to ask questions*. I understand the benefits and risks of the vaccine.

2. I request that the vaccine be administered to me/the person named above for whom I am authorised to make this request and provide consent*. I understand there will be no cost to me for this vaccine. I have been informed that after administration of the vaccine, I will be kept under observation for a period of at least 30 minutes. I authorise release of all information needed, including but not limited to medical records, such information provided by me for the purposes of this form as may be required for other public health purposes, including reporting to any public health institution.

Waiver, Release and Hold Harmless Agreement

3. I, together with my parent or guardian, if I am under the age of 18 or under a legal disability, represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows -

(a) I acknowledge that as a result of the vaccination certain risks are involved and that any adverse event following immunisation which might include injuries and death could occur to me. I accept and voluntarily incur and assume all risks of any adverse event following immunisation, including injuries and death that arise during or result from the administration of the vaccine;

(b) without limiting my assumption of the general risks described above, I specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19 -

(i) COVID-19 has been declared a worldwide pandemic by the World Health Organization;

(ii) COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;

(iii) those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;

(iv) COVID-19 can cause serious and potentially life threatening illness and even death;

(v) COVID-19 has recently shown signs of mutation in several countries like the United Kingdom, Brazil, South Africa and Japan.

4. Notwithstanding the foregoing, I hereby choose to accept, and freely and voluntarily assume, the risks set out in this Form.

5. I waive all claims against the State of Mauritius, the Global Health Partnership also known as GAVI Alliance, donor States or organisations, manufacturers of the vaccine and their agents or preposés for any adverse event following immunisation, including injuries and death, whether known or unknown, foreseen or unforeseen, which arise from during or as a result of the vaccine, regardless of whether or not caused in whole or part by the negligence or other fault on their part, I release and forever discharge them from all claims.

6. I agree to indemnify and hold the above parties harmless from and against any and all losses, liabilities, damages, costs or expenses, including but not limited to reasonable attorneys' fees and other litigation costs and expenses incurred by any of these parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of them to recover any losses, liabilities, costs, damages, or expenses that arise during or result from the vaccine.

7. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement/The above has been carefully explained to me in my own language* and given assistance in responding to questions set out in the Screening Questionnaire, which is governed by the laws of Mauritius.

8. I have read and fully understand the contents of this Form/ have been explained in my own language* and fully understand the contents of this Form and I execute it voluntarily.

9. I undertake to —

(a) attend the same vaccination centre on the date scheduled for the second dose as specified in this Form and in such COVID-19 Vaccination Record Card as may be provided to me;

(b) attend the same vaccination centre where the vaccine was administered in case

any adverse event following immunisation; and

(c) bring and produce the COVID- 19 Vaccination Record Card provided to me.

.....	.....	.....
Signature of recipient/ Parent/guardian	Name	Relationship to patient, if other than recipient
.....		.....
Date		Time

PROCEED TO VACCINE ADMINISTRATION STATION

First dose vaccine		
Date	Brand of vaccine** AstraZenea □ Pfizer □	Other □ (please specify)
Dosage given		
Time of Vaccination	Batch no.	
	Date of expiry	

I have reviewed the contents of this Registration and Consent Form with patient/ parent /guardian.

I confirm that the patient/parent/guardian was given an opportunity to ask questions about the vaccine, and I have answered all the questions asked by them to the best of my ability.

I confirm that recipient of the vaccine is an eligible person.

……	……
Name of recipient / parent / guardian	Signature of recipient /parent / guardian
……	……
Name of Doctor who explained the above	Name of Doctor who explained the above
……	……
Name of Vaccinator	Signature of Vaccinator
……	……
Name of witness	Signature of witness

……..

Date

Observation Period at Vaccination Centre (To be filled by health care personnel)		
Observation period at Vaccination centre	Time in	Time out
Adverse Event Following Immunisation noted		
Expected date of second dose		

Second dose vaccine		
Date	Brand of vaccine** AstraZenea □	Other □

Dosage given	Pfizer □	(please specify)
Time of Vaccination	Batch no.	
	Date of expiry	

I have reviewed the contents of this Registration and Consent Form with patient /parent /guardian.

I confirm that the patient/parent/guardian was given an opportunity to ask questions about the vaccination, and all the questions asked by them have been answered correctly and to the best of my ability.

I confirm that recipient of the vaccine is an eligible person.

…… ……

Name of recipient / parent / guardian Signature of recipient /parent / guardian

…… ……

Name of Doctor who explained the above Signature of Doctor who explained the above

…… ……

Name of Vaccinator Signature of Vaccinator

…… ……

Name of witness Signature of witness

……

Date

Observation Period at Vaccination Centre (To be filled by health care personnel)		
Observation period at Vaccination centre	Time in	Time out
Adverse Event Following Immunisation noted		

Notes

**Delete as appropriate*

***Tick as appropriate*