

ANTIGUA AND BARBUDA



PUBLIC HEALTH ACT (DANGEROUS INFECTIOUS DISEASE) (AMENDMENT)

(NO. 17) REGULATIONS 2021

STATUTORY INSTRUMENT

2021, No. 90

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PUBLIC HEALTH ACT (DANGEROUS INFECTIOUS DISEASE) (AMENDMENT) (No. 17) REGULATIONS 2021, made by the Board pursuant to Section 102 of the Public Health Act, Cap. 353.

1. Citation and commencement

- (a) These Regulations may be cited as the Public Health Act (Dangerous Infectious Disease) (Amendment) (No. 17) Regulations, 2021.
- (b) These Regulations shall come into effect on Friday the 1st day of October, 2021.

2. Interpretation

In these Regulations –

“principal Regulations” means the Public Health Act (Dangerous Infectious Disease) Regulations 2020, Statutory Instrument No. 16 of 2020

3. Amendment of Regulation 5A of the principal Regulations

Regulation 5A of the principal Regulations is amended as follows –

- (a) in paragraph 5 (Mandatory Vaccination for all Government employees, employees of statutory corporations, state-controlled enterprises and law enforcement etc.) by repealing subparagraphs 2 and 3 thereof and replacing these as follows:

“(2) An employee to whom subparagraph (1) applies shall submit his or her vaccination card to the Permanent Secretary or Head of Department of the Ministry or Department in which he or she is employed.

(3) Subject to subparagraphs (4) and paragraph 5A of this regulation, an employee who is unvaccinated shall be required to remain at home until such time as the employee is able to provide proof of having received at least one dose of an approved vaccine against COVID-19; provided that

an employee who received one dose of a two dose COVID-19 vaccine shall not be regarded as being in compliance with subparagraph (1) if a period of six (6) months elapses since having received the first dose without the employee having received his or her second dose of a COVID-19 vaccine.”

(b) in paragraph 5A – Exemptions from the requirement of mandatory vaccination

(i) at subparagraph (1) –

(A) by deleting the words “approved by the Board” appearing at (a) and replacing these with the words “approved by the Ecclesiastical Commission”;

(B) by inserting after (d) the following:

“(e) employees of the Fiennes Institute;

(f) employees of the ClareVue Psychiatric Hospital;

(g) employees of the Emergency Medical Services;

(h) employees of the Medical Benefits Pharmacy;

(ii) by inserting after subparagraph (2) the following:

“(3) A person who has previously tested positive for the COVID-19 disease shall be exempted from the vaccine requirement for a period of ninety (90) days after the date on which he or she was clinically cleared by the Health Authorities, thereafter, that person shall be required to comply with the requirement to be vaccinated against COVID-19.”

(4) A person who is required to be vaccinated pursuant to these regulations may apply for an exemption from the requirement to be vaccinated by submitting a request in Form III for a medical exemption or in Form IV for a religious exemption as set out in these Regulations.

(5) A person who is an employee of the Government, a Statutory Corporation, or a state controlled enterprise shall,

(a) in writing, notify the Permanent Secretary or Head of Department of his or her intention to seek a medical or religious exemption by no later than Wednesday 6th October, 2021; and

(b) complete and submit the request for medical or religious exemption in Form III or Form IV not later than Friday 8th October, 2021

all other persons who are required to be vaccinated pursuant to these Regulations shall make a request for a medical exemption or a religious exemption in accordance with the guidelines outlined in the applicable Form attached to these Regulations.”

(c) in paragraph 8 (Regulations applicable to Educational institutions) –

(i) by repealing subparagraph (3) and replacing it as follows:

“(3) From 4th October, 2021 and for the remainder of the school term thereafter, a school shall be permitted to offer face to face instructions if –

- (a) all of its teachers and students over the age of 12 years are fully vaccinated; or
- (b) any unvaccinated teacher on its staff, or unvaccinated student enrolled at the school, are in possession of an approved exemption from the appropriate authority.

(ii) by inserting after subparagraph (4) the following:

“(5) A student who is 18 years or older, or a parent on behalf of a minor student, may –

- (a) obtain a medical exemption from the requirement to take the COVID-19 vaccine from a registered and licensed medical practitioner in Antigua and Barbuda; or
- (b) obtain a religious exemption by sending a request to the Office of the Ecclesiastical Commission in Form IV.

(6) A person who –

- (i) knowingly makes a false statement, or
- (ii) assist someone by making a false statement

with the intention of securing for himself or the other person a medical or religious exemption from taking the COVID-19 vaccine commits an offence and is liable on summary conviction to a fine of \$2,000.00.”

(d) in paragraph 11A (Prohibition on excursions to off-shore islands used for recreational purposes) by repealing subparagraph (1) and replacing it as follows:

“(1) For the period 1st October, 2021 to 15th October, 2021, no excursion shall be permitted around the coastal waters of Antigua and Barbuda, no pleasure craft fetes, parties and other entertainment events nor excursions to the off-shore islands in and around the waters of Antigua and Barbuda shall be permitted except with the approval of the Ministry of Tourism after consultation with Cabinet.”

(e) in paragraph 20 (Mandatory vaccination for frontline tourism workers and stakeholders, public transport operators, tour operators etc.) –

(i) at subparagraph (1) by:

- (A) deleting the words “approved by the Chief Medical Officer or her designee” and replacing these with the words, “approved by a registered and licensed medical practitioner in Antigua and Barbuda;
- (B) deleting the words “approved by the Board” and replacing these with the words, “approved by the Ecclesiastical Commission”;

(ii) at subparagraph (2) by:

- (A) deleting the words approved by the Chief Medical Officer or her designee” and replacing these with the words, “approved by a registered and licensed medical practitioner in Antigua and Barbuda;
- (B) deleting the words “approved by the Board” and replacing these with the words, “approved by the Ecclesiastical Commission”

(iii) by deleting subparagraph (3) in its entirety.

4. Insertion of Form III and Form IV into the principal Regulations

The principal Regulations are amended by inserting after Form II the following new forms prescribed herein for the purpose of allowing an individual who is required by these Regulations to be vaccinated against the COVID-19 disease to obtain an approved exemption pursuant to these Regulations.

FORM III

(Regulation 5A para. 5A(1) and (4))



GOVERNMENT OF ANTIGUA AND BARBUDA

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

In accordance with the Public Health Act (Dangerous Infectious Disease) (Amendment) (No. 16) Regulations 2021, the Government of Antigua and Barbuda has mandated that all persons employed:

- (a) within the public service;
- (b) by or within a Statutory Corporation;
- (c) within any company where the Government of Antigua and Barbuda owns a 50% or more share in the business; or
- (d) by or with the Customs and Excise Division, Immigration Department, Antigua and Barbuda Police Force, Antigua and Barbuda Defense Force, Office of National Drug and Money Laundering Control Policy (ONDCP), or Port Authority,

shall be required to be vaccinated against COVID-19.

To be considered for an exemption from this requirement, an employee must complete PART 1 of this Form, have a registered and licensed medical practitioner, not related to the employee, complete PART 2. The completed Form shall be submitted by the employee to the Permanent Secretary or Head of Department **in a sealed envelope** addressed to the Chief Medical Officer, Ministry of Health Headquarters, High Street, St. John's, Antigua and Barbuda.

IMPORTANT: A COPY OF THIS PAGE SHALL BE SUBMITTED BY THE EMPLOYEE TO THE PERMANENT SECRETARY OR HEAD OF DEPARTMENT WHO SHALL KEEP THIS PAGE AS PART OF THE EMPLOYEES RECORD.

Note that an employee who receives an exemption shall be required under the provisions of the Public Health Act (Dangerous Infectious Disease) (Amendment) (No. 16) Regulations 2021 to provide a negative test for COVID-19 once in every 14-day period beginning on the 1st day of October, 2021.

PART 1: EMPLOYEE INFORMATION AND CERTIFICATION

Employee Name:

Government Ministry/Department/Statutory Body/Government controlled enterprise:

.....

Employee Contact details:

Email address: **Telephone No:**

Initials are required next to each declaration

	I request exemption from the COVID-19 immunization requirements due to my current medical condition/contraindication. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from the Government of Antigua and Barbuda to the required immunization.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance including the wearing of masks, physical distancing and social distancing.
	Should I be granted an exemption and I contract COVID-19, I will <u>immediately</u> report it to my supervisor and comply with all isolation and quarantine procedures specified by the Ministry of Health Wellness and the Environment.
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization.
	I understand that this exception is only valid for the approved period, and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.

I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

By signing this Form I understand and grant permission for my medical records and information to be shared with the Chief Medical Officer or her designate.

.....
Employee Name

.....
Employee Signature

.....
Date

PART 2: MEDICAL EXEMPTION REQUEST FROM COVID-19 VACCINATION**(To be completed by a registered and licensed medical practitioner in Antigua and Barbuda)**

A registered and licensed medical practitioner must complete Section A and where possible, Section B, and provide their provider information in Section C.

SECTION A. Medical Practitioner Certification of Contraindication

I certify that my patient, should be exempted from receiving the COVID-19 vaccine because of the following reason:

Documented severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, including Polyethylene Glycol (PEG).

(Describe reaction/response below and any contraindication to alternative COVID-19 vaccines.)

Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of a COVID-19 vaccine. **(Describe reaction/response below and contraindication to any alternative COVID-19 vaccine.)**

Please note that **NONE** of the following are considered contraindications to the COVID-19 vaccine.

- Local injection site reactions to previous COVID-19 vaccines (erythema, induration, pruritus, pain).
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphedema, diarrhoea, myalgia, arthralgia).
- Previous COVID-19 infection.
- Vasovagal reaction after receiving a dose of any vaccination.
- Being an immunocompromised individual or receiving immunosuppressive medications.
- Autoimmune conditions.
- Allergic reactions to anything not contained in COVID-19 vaccines, including injectable therapies, food, pets, oral medications, latex etc. (Please note the COVID vaccine does not contain egg or gelatin).
- Alpha-gal Syndrome.
- Pregnancy, undergoing fertility treatment, intention to become pregnant or breast-feeding.
- The medical condition of a family member or other residing in the same household as the employee.

Additional details on the selected option(s) above (to be completed by the medical provider):

SECTION B. Registered and Licensed Medical Practitioner Certification of Health Condition That Makes COVID-19 Vaccination Detrimental to the Employee’s Health

I certify that my patient, has the following health condition that prevents him/her from taking the COVID-19 vaccine at this time.

.....

Additional details on why the health condition¹ listed above prevents him/her from taking the COVID-19 vaccine at this time.

The patient’s health condition as stated above is:

Permanent

Temporary², and the expected end date is: _____

SECTION C. Registered and Licensed Medical Practitioner Information

I certify that the information provided in Part 2 of this form is correct.

¹ Supporting documentation should also be submitted or should be readily available.

² A new application is required after the expiration date.

I understand that by making a false declaration, I may be subject to disciplinary action as outlined in the Medical Practitioner's Act, 2009.

Physician's Name: _____

Physician's Phone: _____

Physician's Signature: _____ Date of Signature: _____

Physician's Stamp:

FORM IV

(Regulation 5A para. 5A(1) and (4), para. 8 and para. 20)



GOVERNMENT OF ANTIGUA AND BARBUDA
(Office of Ecclesiastical Commission)

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

This form is for your use in applying for a religious exemption from the legal requirement under the Public Health Act (Dangerous Infectious Disease) (Amendment) (No. 16) Regulations 2021 that you be vaccinated against COVID-19. A religious exemption is granted on the basis of a sincerely held religious belief as professed and taught by the body or religious organization or group with which you are affiliated and not on the basis of your personal, political, scientific or sociological objection to the COVID-19 vaccine.

All parts of this form must be completed and the Declaration must be signed by you.

The Ecclesiastical Commission reserves the right to request further information from you before making a decision on your request. If further information is requested, it must be provided within the time specified or your request will be regarded as incomplete. Incomplete requests will not be considered.

The completed request form is to be sent to the Office of the Ecclesiastical Commission which is located at the Ministry of Social Transformation, Human Resource Development, Gender & Youth Affairs, John Henry Building, Popeshead & Dickerson Bay Streets, St. John's, Antigua

Note: You are not permitted to work, or if a student, to attend face to face classes, until you have received a response to your request. **Approval is not guaranteed.** If you are granted a religious exemption you are required to provide a negative test for COVID-19 once in every 14-day period beginning on the 1st day of October, 2021 and to comply with such other preventive measures as may be imposed by the Board.

PART 1: OBSERVANT INFORMATION AND CERTIFICATION

Name of Observant:

Age: **Date of Birth:**

Contact detail of Observant:

Place of Employment/ School Attending (if applicable):

.....

Address of Employer/School:

I am a practising member of (Name of Religious Organization/Body or Group):

.....

Name of Religious Leader and Title:

Contact details of Religious Organization/Body/Group:

Email address: **Telephone No:**

Initials are required next to each declaration

	I request exemption from the COVID-19 immunization requirements due to my sincerely held religious beliefs. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from the government of Antigua and Barbuda to the required immunization.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive measures including the wearing of masks, physical distancing/social distancing and frequent sanitization.
	Should I be granted an exemption and I contract COVID-19 I will <u>immediately</u> report it to the health authorities and comply with all isolation and quarantine procedures specified by the Ministry of Health Wellness and the Environment.

I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

.....
Name of Observant

.....
Name of Parent/Legal Guardian
(if applicable)

.....
Signature of Observant/Parent/Legal Guardian

.....
Date

PART 2. OBSERVANT PERSONAL STATEMENT

Name of Observant:

Please give a written statement of the nature of your sincerely held religious belief. Your statement should include the following:

1. A description of your sincerely held religious belief;
2. How long have you held this belief;
3. What is the source of your belief;
4. Are you opposed to all immunisation or only to the COVID-19 vaccine; and if only the COVID-19 vaccine;
5. Why does your belief prohibit you from taking the COVID-19 vaccine specifically;
6. How long have you been a member of the particular religious organization/body/group;
7. Any other information that you want the Commission to consider as part of your request.

Please add the following certification at the end of your statement

I hereby sincerely declare and affirm that the foregoing statement that I have made in support of my request for a religious exemption are true and correct and I further acknowledge that if I have knowingly made or given any false or misleading information in this my personal statement I can be prosecuted.

.....
Signature of Observant/Parent or Guardian

.....
Date

PART 3. For the Leader of the religious organisation/Body/Group

(The Statement required to be given below is to be given by the Leader of the religious organization/body or group)

Name of Observant:

Name and address of Religious Organization/Body/Group

.....

RELIGIOUS ORGANISATION/BODY/GROUP STATEMENT

Please provide a written and signed statement supporting the basis of the observant’s sincerely held religious belief. Your statement **MUST** include the following:

1. How long has this Religious Organization/Body/Group been in existence;
2. Are you established – Registered as a Church/Religious Organisation/Friendly Society/Charity;
3. What are the tenets of the Religious Organisation/Group/Body;
4. Does the religious organization/body/group have a constitution; if so, please attach it to your statement;
5. Is the Organization oppose to all immunization/vaccination or only to the COVID-19 vaccination;
6. Is the objection to the COVID-19 vaccine based on any particular teaching of the Organisation/body/group (please specify which belief);

Please add the following certification at the end of your statement

I certify that (name of Observant) is a member of my religious organization/body/group and has been for..... years.

I further certify that the statement that I have given is true and correct and I acknowledge that I can be prosecuted if I have made or given any false statement with the intent of securing an exemption for the Observant.

Name of Leader of Religious Organisation/Body/Group

Signature

Date

Made the ~~1st~~ October 2021.

—
Eustace Lake
Chairman of the Central Board of Health