

## BACKGROUND DOCUMENT

### MANDATORY COVID-19 VACCINATIONS IN CERTAIN WORKPLACES.

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#### 1. Introduction

The recent Direction by the Minister of Labour regarding COVID-19 vaccination in certain work places<sup>1</sup> has raised the question of whether employees in such places may be compelled to be vaccinated. At the outset it is highlighted that certain workplaces requiring mandatory vaccinations is not a new concept, for example, employers require healthcare workers to be vaccinated with hepatitis B vaccine as a condition of employment.

The Direction states that employers need to educate and counsel health care personnel, and the general public, on the need to take the vaccine for two main reasons:

- (a) To ensure their own safety, because the country cannot afford to lose people to the virus, or to have its hospitals overcrowded with hundreds of COVID-19 patients in distress; and
- (b) To reduce onward transmission and contribute to wider protection of the community, without which we are likely to continue under lock-downs each time a new wave or variant emerges - resulting in continuing contracting of the economy, unacceptably high unemployment, and restrictions on our Constitutional rights and freedoms.

For instance, the Direction defines 'COVID-19 vaccines' as 'a vaccine that has been scientifically evaluated and recommended by the WHO and approved by the South African Health Products Regulatory Authority to be effective in preventing severe disease and death, and likely to reduce SARS-CoV-2 viral transmission in order to contribute to herd immunity' (section 1).

This Background Document will deal with the applicable general legal principles as set out in the Constitution,<sup>2</sup> the National Health Act,<sup>3</sup> the Disaster Management Act COVID-19 regulations<sup>4</sup> and the Common law. In addition, reference will be made to the practice in selected countries as according to the Constitution the courts may have regard to foreign law when interpreting the Bill of Rights (section 39(1)(c)). This will be followed by focusing specifically on how the above law, the Occupational Health and Safety Act,<sup>5</sup> the Ministerial Direction and the Common law apply to employment situations in South Africa.

#### 2. General legal principles

##### 2.1 The Constitution

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The Constitution<sup>2</sup> states that everyone has the right to bodily and psychological integrity which includes the right to security in and control over their body (section 12(2b)). The Constitution also states that everyone is entitled to an environment that is not harmful to their health or well-being (section 24(a)). Furthermore, everyone has the right to freedom of conscience, religion, thought, belief and opinion (section 15(1)). Notwithstanding the above, all rights in the Constitution may be limited, provided the limitation is of general application, and is 'reasonable and justifiable' - which means that it is rational, proportional and the least restrictive means of achieving its objective (section 36(1)).

It could perhaps be argued that a compulsory requirement that certain people who may be exposed to COVID-19 infection must be vaccinated is 'reasonable and justifiable', because it will ensure their own safety and the country cannot afford to lose such people to the virus. The country cannot also afford to have its hospitals overcrowded with hundreds of COVID-19 patients in distress. It could be further argued that the vaccination of such persons will be in the public interest, because it will help to ensure that the country reduces onward transmission and contributes to wider protection of the community as soon as possible, without which lock-downs are likely to continue, each time a new wave or variant emerges. The result would be a continuing contraction of the economy, unacceptably high unemployment rates, and restrictions on other Constitutional rights and freedoms, such as freedom of association (section 18) and freedom of movement (section 21).

The arguments in favour of compelling certain people to be vaccinated, however, would have to be justified by scientific evidence approved by the SAHPRA,<sup>6</sup> and shown to be 'reasonable and justifiable' and the least restrictive means of halting the spread of COVID-19 or reduce onward transmission and contribute to wider protection of the community for the country. For instance, a court would have to be convinced by credible evidence that vaccinations were the least restrictive means, and that the current precautions requiring the wearing of masks, sanitizing or washing of hands, keeping a social distance and ensuring sufficient ventilation are not sufficient to achieve both objectives.

#### *Conclusion:*

It could be argued that the two reasons mentioned above in paras 1(a) and 1(b), if backed by credible scientific evidence, demonstrate that it would be 'reasonable and justifiable' to compel people likely to be exposed to the risk of COVID-19 infection, to take the vaccine available in the country.

### **2.2 The National Health Act**

The National Health Act<sup>3</sup> (NHA) aims to 'take into account the obligations imposed by the Constitution', and this is clear from the Act's objectives and the duties imposed on the National Minister of Health.

The objectives of the Act include 'to protect, respect, promote and fulfil': (a) the rights of 'the people of South Africa to the progressive realization of access to health care services'; and (b) the rights of 'the people of South Africa to an environment that is not harmful to their health or well-being' (section 2(c)). The Act imposes a duty on the Minister of Health, 'within

available resources', to 'determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population' (section 3(c)).

The Act requires all health care personnel to ensure that health care users give an informed consent (section 7), and sets out the information that is required to be provided to such users beforehand (section 6(1)). The Act states that included in the information to be provided must be 'the user's right to refuse health services and an explanation of the *implications, risks, obligations* of such refusal' (section 6(1)(d)). However, in explaining the implications, health practitioners may not manipulate the information in order to persuade patients not to take the vaccine because of such practitioner's personal beliefs that are not supported by credible scientific evidence. Such conduct would be unlawful and unethical.

The Act goes on to state that a health service may not be provided without an informed consent unless: (a) the provision of a health care service without informed consent is authorized in terms of any law or a court order' (section 7(1)(c); (b) 'failure to treat the user, or a group of people which includes the user, will result in serious risk to public health' (section 7(1)(d)). The Act also provides that: 'Subject to any applicable law, every health care establishment must implement measures to minimize ... disease transmission' (section 20(3)(b)).

### *Conclusion*

The two reasons mentioned above in paras 1(a). and 1(b) should be included in the counselling required by the National Health Act, about the implications, risks and obligations of people who refuse the vaccine despite being exposed to the risk of COVID-19 exposure, as set out above in para 2.2. When such persons refuse to take the vaccine, they should also be informed that a possible *risk* of such refusal may be a court application, to compel them to take it, in order to prevent them acquiring the COVID-19 virus and spreading the virus to others. It should be explained to them, that an *implication* of their refusal may be that if a number of their colleagues also refuse to take the vaccine, this may 'result in a serious risk to public health', as mentioned above, and their consent may be dispensed with. Finally, it should be pointed out that a refusal to take the vaccine cannot be used as an excuse to avoid doing certain work, if they have been provided with proper PPE, there is an *obligation* on them to carry out their workplace duties.

### ***2.3 GN 1434 of 15 December 2017: Regulations relating to the surveillance and the control of notifiable medical conditions<sup>7</sup>***

In terms of the Regulations (declared under Reg12) published under the National Health Act, the *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)* is a Category 1 notifiable medical condition requiring immediate reporting to the Department of Health within 24 hours of diagnosis.

The measures contained in the NHA Regulations not only precede but will also follow those of the national state of disaster. As such, it is important to consider their mechanisms and potential impact.

These regulations make provision for voluntary (Reg14) as well as mandatory (Reg 15) medical examination, prophylaxis, treatment, isolation and quarantine.

### **2.3.1 Reg 14. Voluntary medical examination, prophylaxis, treatment, isolation and quarantine**

A case or carrier of a notifiable medical condition 'must' subject himself or herself to further medical examination. Following the medical examination, the health care provider may prescribe prophylaxis, treatment or implement isolation or quarantine procedures, if deemed necessary. The need, nature and extent of the intervention must be assessed, based on the nature of the public health risk and the particular circumstances of the individual. Before voluntary prophylaxis, treatment, isolation or quarantine may be implemented the following conditions must be met: (a) the notifiable medical condition must pose a public health risk; and (b) the person who is a case, carrier or contact of a notifiable medical condition has been offered and encouraged to accept counselling services in order to assist him or her to understand the nature of the voluntary measures, the personal health risk and the public health risk.

### **2.3.2 Reg 15. Mandatory medical examination, prophylaxis, treatment, isolation and quarantine**

The required mandatory medical examination, prophylaxis, treatment, isolation or quarantine procedures must be determined on a case-by-case basis and tailored depending on the public health risk and individual circumstances of the person in question. An application to the High Court for an appropriate order must be made should the person, carrier or contact refuse to consent to a medical examination, admission to a health establishment or mandatory prophylaxis, treatment, isolation or quarantine in order to prevent transmission.

“(5) The following conditions must be fulfilled before mandatory prophylaxis, treatment, isolation or quarantine may be taken-

- (a) the notifiable medical condition must pose a public health risk;
- (b) the person must have expressly, impliedly or by conduct refused voluntary measures to protect public health;
- (c) consent in terms of section 7 of the Act could not be obtained; and
- (d) the person who is a case, carrier or contact of a notifiable medical condition has been offered and encouraged to accept counselling services in order to assist him or her to understand the nature of the voluntary measures, the personal health risk, the public health risk and the procedure that will be followed should he or she refuse voluntary measures.

(6) The head of a provincial department is required-

- (a) to revise the decision to apply for a court order when the conditions of mandatory action change;
- (b) where a court order has been issued, to approach a court to amend a court order as conditions of the mandatory action change.”

Reg 17 provides that persons who refuse to consent to the measures above are expressly entitled to legal representation. Indigent persons are entitled to legal aid provided by the state.

Failure to comply with a provision of the Regulations is an offence and on conviction one could be liable to a term of imprisonment not exceeding 10 years, or imprisonment and a fine.

#### ***2.4 Disaster Management Act COVID-19 regulations***

Disaster Management Act COVID-19 regulations provide that ‘no person who has been in contact with a person who is a carrier of COVID-19 may refuse to submit to mandatory prophylaxis, treatment, isolation or quarantine, in order to prevent transmission’ (regulation 7(1)). The regulations further state that if such persons refuse to consent to prophylaxis, treatment, isolation or quarantine to prevent transmission, the court may compel them to do so (regulation 7(2)). The regulations also provide that any person ‘who intentionally exposes another person to COVID-19 may be prosecuted for an offence, including assault, attempted murder or murder’ (regulation 14(3)).

According to the law, ‘intention’ includes both ‘actual intention’ which occurs when a person directs their will to cause the death of a particular person; and ‘eventual intention’ when a person does not mean to kill a person, but subjectively foresees the possibility that a person may die as a consequence of their conduct, and continues with such conduct.<sup>2</sup>

#### ***Conclusion***

If scientific evidence emerges indicating that a vaccination also prevents the transmission of COVID-19, and people who have been exposed to the virus, have refused to take a COVID-19 vaccination, knowing that it can prevent transmission of the disease, they may run the risk of being prosecuted for having the ‘eventual intention’ to infect others.

#### ***2.5 Common law***

Generally, under the Common law the courts will not compel people to undergo medical treatment without their consent, except in emergencies - provided that the patient has not indicated beforehand that they do want such treatment - and this is consistent with the National Health Act (section 7(1)(e))<sup>8</sup>. The Common law must be aligned to the Constitution, and the Common law rights of patients may be limited if the limitation is ‘reasonable and justifiable’ as provided for in the Constitution (section 36(1)). Thus, the courts have held that an XDR TB patient who is non-compliant regarding their treatment and quarantining, and who poses a threat to the health of the public, may be quarantined without their consent – provided the quarantine facilities do not violate the relevant fundamental rights of patients in the Constitution.<sup>9</sup>

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### 3. Employment principles

The following legal principles apply to employment situations under the Occupational Health and Safety Act,<sup>5</sup> the Ministerial Direction<sup>1</sup> and the Common law.

#### **3.1 The Occupational Health and Safety Act**

The Occupational Health and Safety Act (Occupational Health and Safety Act 85 of 1993) states that employers are required to ensure that the work environment is not harmful to employees by protecting them from 'hazards emanating from listed work' (section 12(1)). The Act requires employers to 'as far as reasonably practicable, prevent the exposure of such employees to the hazards concerned, or where prevention is not reasonably practicable, minimize such exposure' (section 12(1)(b)).

'Reasonably practicable' could mean that if only one particular COVID-19 vaccine is available, and others that are more effective are not available at the time, the employers would be justified in insisting that health care employees who face the risk of COVID-19 infection should take the available vaccine. This is especially so, where the health care employees are likely to be exposed to the risk of COVID-19 infection because their PPEs are not sufficient, and there is the likelihood that they will infect their colleagues at work and others, if they do not take the available vaccine.

The Act also imposes a number of duties on employees at work, including: (a) to 'take reasonable care for the health and safety of [themselves] and of other persons who may be affected by [their] acts or omissions' (section 13(1)(a)); and (b) to 'carry out any lawful order given to [them], and obey health and safety rules and procedures, laid down by [their] employer', or a person authorized by the employer, 'in the interest of health and safety' (section 13(1)(c)).

It could also be argued, for the reasons set out above in paras 1.1 and 1.2, that if such employees take a COVID-19 vaccine, they will have satisfied their duty to 'take reasonable care for the health and safety of [themselves] and of other persons who may be affected by [their] acts or omissions'. Provided that it can be shown to be 'reasonable and justifiable', (as set out above in para 2.1), to compel health care employees who are likely to be exposed to SARS-Cov-2 infection to take a vaccine, such a requirement may be regarded as a 'safety rule or procedure' that must be obeyed by the employee. During the counselling of health workers who refuse to take a COVID-19 vaccination, mention should be made of the *risks* and *obligations* that may flow from COVID-19 Disaster Management or other regulations in force at the time, which may include provisions such as those mentioned above in para 2.4.

#### *Conclusion*

It could be argued that requiring COVID-19 vaccinations for all health care personnel who may be exposed to the risk of infection, is a 'reasonably practicable' method of protecting employees from acquiring the virus. Thus, if the failure to vaccinate certain workers may

cause a ‘serious risk to public health’ - in the unlikely event that the approved PPE is no longer effective - the employers would then be legally obliged to take steps to ensure that their employees are vaccinated – without their consent if necessary. Thus, if the failure to vaccinate such workers may cause a ‘serious risk to public health’ - in the unlikely event that the approved PPE is no longer effective - the employers would then be legally obliged to take steps to ensure that their employees are vaccinated – without their consent if necessary. In any event, a refusal to take the vaccine cannot be used as an excuse to avoid carrying out one’s employment duties. It is submitted that if workers have been provided with proper PPE, there is an obligation on them to engage in the work of their employer.<sup>10</sup>

### ***3.2 The Direction regarding COVID-19 vaccination in certain work places***

The Direction by the Minister of Labour regarding COVID-19 vaccination in certain work places<sup>1</sup> (section 4) requires employers to outline measures to inoculate employees that take into account the constitutional rights of employees to bodily integrity and the right to freedom of religion, belief and opinion in terms of the Constitution (sections 12(2) and 13 respectively). Annexure C of the Direction enjoins employers and employees to treat each other with mutual respect and to take account of ‘essential considerations [of] public health imperatives, employees’ constitutional rights and efficient business operations’ (Guideline 4).

The Direction also lists all the obligations of the employer to protect employees against COVID-19 infection, including the provision of free cloth masks (section 8); providing sanitizers, disinfectant and hand-washing facilities (section 7); the enforcement of social distancing (section 5); measures to screen, monitor, test workers and quarantine workers (section 6); special measures regarding workplaces to which the public has access (section 9); ensuring proper ventilation (section 10); and providing specified personal protective equipment (section 11). Furthermore, the Direction provides that workers must comply with the measures introduced to prevent the spread of COVID-19 (section 13). Workers may, however, refuse to work if proper precautions to protect them against infection have not been taken by the employer (section 14).

Annexure C to the Direction<sup>1</sup> provides Guidelines for employers who wish to make vaccination mandatory for employees.

#### *Conclusion*

The Direction gives employers detailed information about how they must protect their workers and what they must do if they wish to make vaccination mandatory.

### ***3.3 The Common law***

As mentioned in para 2.5, generally, under the Common law the courts will not compel people to undergo medical treatment without their consent, except in emergencies - provided that the patient has not indicated beforehand that they do not want such treatment - and this is consistent with the National Health Act (section 7(1)(e)). The Governments’ decision that people will not be compelled to be vaccinated is in accordance with the Common law rule of not forcing people to undergo medical treatment without their consent. The Common law rights of patients may be limited if the limitation is ‘reasonable and justifiable’ in terms of the Constitution (section 36(1)). For instance, should the COVID-19 pandemic reach the stage where the refusal by health care personnel to take a vaccine poses a ‘serious risk to public

health', the courts may regard the compelling of such persons to take a COVID-19 vaccine as 'reasonable and justifiable'.

Furthermore, according to the Common law, employers may not unilaterally change the conditions of employment of their employees<sup>11</sup> - unless the individual employees agree; it is a 'safety rule or procedure' which is required by statute or any other law; or it is the policy of the employer and drawn to the attention of employees at the time they entered into their employment contract.

### *Conclusion*

Should the COVID-19 pandemic reach the stage where the refusal by health care personnel to take a vaccine poses a threat to the health of the public, the courts are likely to regard the compelling of such persons to take a COVID-19 vaccine as 'reasonable and justifiable'.

#### **4. World Health Organisation: COVID-19 and mandatory vaccination<sup>12</sup>**

The World Health Organization (WHO) does not currently support general mandates for COVID-19 vaccination. The WHO has instead argued that it is better to work on information campaigns and vaccine accessibility. Nonetheless, such policies are not uncommon and the WHO has published a policy brief outlining some of the ethical considerations and caveats that governments and policy-makers should evaluate when deciding on mandates for COVID-19 vaccinations.

The following considerations are highlighted in the policy-brief:

1. Mandatory vaccination should be considered only if it is necessary for, and proportionate to, the achievement of an important public health goal (e.g., reduce onward transmission and contribute to wider protection of the community, protecting the most vulnerable, protecting the capacity of the acute health care system).
2. Data should be available that demonstrate the vaccine being mandated has been found to be safe in the populations for whom the vaccine is to be made mandatory
3. Data on efficacy and effectiveness should be available that show the vaccine is efficacious in the population for whom vaccination is to be mandated and that the vaccine is an effective means of achieving an important public health goal
4. In order for a mandate to be considered, supply of the authorized vaccine should be sufficient and reliable, with reasonable, free access for those for whom it is to be made mandatory
5. Policy-makers have a duty to carefully consider the effect that mandating vaccination could have on public confidence and public trust, and particularly on confidence in the scientific community and public trust in vaccination generally
6. Transparency and stepwise decision-making by legitimate public health authorities should be fundamental elements of ethical analysis and decision-making about mandatory vaccination. Reasonable effort should be made to engage affected parties and relevant stakeholders, and particularly those who are vulnerable or marginalized, to elicit and understand their perspectives.

The policy brief concludes by emphasising that arguments based on the benefit and safety of vaccines should be made to encourage voluntary vaccination against COVID-19, before contemplating mandatory vaccinations.

## 5. Comparative Law

A severe increase in new coronavirus infections and a decrease in vaccine uptake has forced governments in many countries to make COVID-19 vaccines mandatory for healthcare workers and other high-risk groups. Australia has made COVID-19 vaccinations mandatory for high-risk care workers and employees in quarantine hotels. The United Kingdom has made the vaccine mandatory for care home workers and Greece, requires mandatory vaccination for nursing home staff and healthcare workers and **proof of vaccination** before customers can enter indoors bars, cinemas, theatres and other closed spaces. Hungary has made vaccinations mandatory for healthcare workers, while Russia plans to get all its service sector workers fully vaccinated. Saudi Arabia requires the same for all public private sector workers. New York state and California in the United States of America, require state employees to be vaccinated against COVID-19 or to get tested weekly. Kazakhstan's health ministry has introduced mandatory COVID-19 vaccinations or weekly testing for people working in groups of more than 20. Poland has made vaccinations compulsory for some people at high risk from COVID-19. In Turkmenistan, the healthcare ministry has made COVID-19 vaccination mandatory for all residents aged 18 and more. Indonesia has made COVID-19 inoculations mandatory for everyone to halt the surge in infections, and the capital city of Jakarta has threatened to fine people up to 5 million rupiah (US\$357) for refusing the vaccine<sup>13</sup>.(See Annexure A)

As mentioned, the courts may have regard to foreign law interpretations of provisions in their Constitutions similar to those in the South African Constitution. The rise in infections due to more transmissible variants and slowdowns in vaccinations may, however, lead policymakers to consider making vaccinations mandatory for certain groups (e.g., healthcare workers, high-risk individuals, employees)<sup>14,15</sup>. An increasing number of countries have now mandated vaccinations for certain sets of workers and/or require the presentation of a negative test result to partake in certain public activities. Although, many of these recent legislative interventions have yet to be legally tested, the context, proportionality and legitimate public health objectives would be key factors to consider. In almost all instances, an individual's rights to personal autonomy and various freedoms would need to be balanced against the protection of the broader community's health and safety<sup>16</sup>.

The first case concerning a vaccine mandate in the context of an educational institution reached the US Supreme Court on 12 August 2021. The apex court allowed Indiana University to require students to be vaccinated against the coronavirus (exemptions are permitted by the institution for religious, ethical and medical reasons). Eight students had sought emergency relief against the university, claiming the requirement violated their constitutional rights to "bodily integrity, autonomy and medical choice." The request was turned down by Justice Barret without comment.

A trial judge had refused to block the university's requirement, writing that the Constitution "permits Indiana University to pursue a reasonable and due process of vaccination in the legitimate interest of public health for its students, faculty and staff." Citing a 1905 Supreme Court decision (that dealt with the smallpox vaccine requirement), the sentiments were echoed by the United States Court of Appeals for the Seventh Circuit (Chicago), in declining to issue an injunction pending the appeal. "Health exams and vaccinations against other diseases ... are common requirements of higher education. Vaccination protects not only the vaccinated persons but also those who come in contact with them, and at a university close contact is inevitable." <sup>17</sup>

## 6. Recommendations

- a. All workplaces have the responsibility to ensure employees are vaccinated. In the next few months, as vaccinations are scaled up employees must use means to ascertain who is or is not vaccinated. A staggered approach which includes a medically justifiable reason for opting out of vaccination could be instituted.
- b. The law is quite clear with regards to compulsory vaccinations in certain workplaces. However, there is an obligation on the state to ensure adequate, focused, science-based communication that builds up vaccine confidence.
- c. The best option regarding employees who refuse to take a COVID-19 vaccination is for them to be counselled and educated about the two main purposes of the vaccination programme as set out in paragraphs 1.1 and 1.2 above.
- d. All counselling and education programmes linked to the vaccination roll-out strategy should emphasize not only the need to protect employees themselves and to prevent hospitals being overrun by COVID-19 patients, but also reduce onward transmission and contribute to wider protection of the community as soon as possible, without which the country will continue to experience lockdowns each time a new wave or variant emerges, which will result in the continual contracting of the economy, unacceptably high unemployment, a reduced tax-collection base and restrictions on the Constitutional rights and freedoms of all those living in South Africa.
- e. COVID-19 vaccination counselling and education programmes should also mention that if the wave of infections and deaths increase to the extent that they constitute a threat to the health of the public in general, as mentioned above in para 4.1, the courts will have no difficulty in compelling employees in certain workplaces like health care personnel to take a COVID-19 vaccine.
- f. As the COVID-19 pandemic landscape evolves and new scientific evidence emerges, should preventable transmission occur from an individual that refuses vaccination, this may lead to criminal prosecutions.
- g. Where employees refuse the vaccination despite everything the employer has instituted, the employer can exercise their right to dismiss the worker, in the best interest of the other employees and the public. The courts would be able to uphold this, as it follows the law which is very clear.

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#### ANNEXURE A: International examples of mandatory vaccination

COUNTRY	COMMENT
AUSTRALIA	Australia decided in late June to make vaccinations mandatory for high-risk aged-care workers and employees in quarantine hotels. It also made vaccinations obligatory for Paralympic athletes heading to Tokyo because unvaccinated members on the team could pose a health risk.
TASMANIA	In Tasmania, vaccines will be mandatory for aged care workers as of Sept. 17, The Examiner reported on Aug. 14. [ <a href="https://bit.ly/3xQ2LYw">https://bit.ly/3xQ2LYw</a> ]
BRITAIN	It will be mandatory for care home workers in England to have vaccinations from October.  English nightclubs and other venues with large crowds will require patrons to present proof of full vaccination from the end of September.
CANADA	Canada said on Aug. 13 it will soon require all federal public servants and many other workers to be vaccinated against COVID-19. The vaccine mandate will also include air, train and cruise ship travellers.  British Columbia is mandating COVID-19 vaccines for all staff working in long-term care homes and assisted living facilities, officials announced on Aug. 12, becoming one of the first Canadian provinces to do so. <a href="#">read more</a>
FIJI	As of Aug. 15 unvaccinated public servants in Fiji would be forced to go on leave, according to CAN ( <a href="https://bit.ly/3AJ5Yeq">https://bit.ly/3AJ5Yeq</a> ). The public servants who will remain unvaccinated by November will be dismissed.
FRANCE	The French parliament on Aug. 2 approved a bill that will make vaccinations mandatory for health workers as well as require a bolstered health pass in many social venues.  The government said on July 19 that the planned 45,000 euro (\$53,456) fine for businesses that do not check that clients have a health pass will be much lower, starting at up to 1,500 euros and increasing progressively for repeat offenders. <a href="#">read more</a>
GREECE	Greece on July 12 made vaccinations mandatory for nursing home staff with immediate effect and healthcare workers from September. As part of new measures, only vaccinated customers are allowed in bars, cinemas, theatres and other closed spaces. <a href="#">read more</a>
INDONESIA	Indonesia made inoculations mandatory in February, threatening fines of up to 5 million rupiah (\$357).
ITALY	A decree approved by the Italian government in March mandates that health workers, including pharmacists, get vaccinated. Those who refuse could be suspended without pay for the rest of the year. <a href="#">read more</a>

HUNGARY	Hungary's government has decided to make vaccinations mandatory for healthcare workers. <a href="#">read more</a>
KAZAKHSTAN	Kazakhstan will introduce mandatory vaccinations or weekly testing for people working in groups of more than 20. <a href="#">read more</a>
LEBANON	Lebanon is to limit entry to restaurants, cafes, pubs and beaches to people holding vaccine certificates or those who have taken antibody tests.  Non-vaccinated employees of these establishments would be required to receive a PCR test every 72 hours. <a href="#">read more</a>
MALTA	Malta banned visitors from entering the country from July 14 unless they were fully vaccinated. <a href="#">read more</a>
MICRONESIA	The small South Pacific island nation of The Federated States of Micronesia has mandated that its adult population be inoculated against COVID-19. The Pacific island nation said on July 29 everyone over 18 years will have to receive a COVID-19 vaccine. <a href="#">read more</a>
POLAND	Poland could make vaccinations obligatory for some people at high risk from COVID-19 from August.
RUSSIA	Moscow city authorities on June 16 ordered all workers with public facing roles to be vaccinated against COVID-19. Companies were given a month to ensure at least 60% of staff had received first doses, or face fines or temporary closure.  Moscow residents no longer have to present a QR code demonstrating they have been vaccinated or have immunity in order to sit in cafes, restaurants and bars from July 19.
SAUDI ARABIA	In May, Saudi Arabia mandated that all public and private sector workers wishing to attend a workplace get vaccinated, without specifying when this would be implemented.  Vaccination will also be required to enter any government, private, or education establishments and to use public transport as of Aug. 1. Saudi citizens will need two doses before they can travel outside the kingdom from Aug. 9, state news agency SPA reported on July 19, citing the ministry of interior.
SRI LANKA	Sri Lanka announced on Aug. 13 that citizens would require vaccination cards to travel between provinces and in public spaces as of Sept. 15, according to Business Standard ( <a href="https://bit.ly/3AOg25J">https://bit.ly/3AOg25J</a> ).
TURKMENISTAN	Turkmenistan is making vaccination mandatory for all residents aged 18 and over. <a href="#">read more</a>
UNITED STATES	U.S. President Joe Biden on July 30 urged local governments to pay people to get vaccinated, and set new rules requiring federal workers to provide proof of vaccination or face regular testing, mask mandates and travel restrictions.  The White House confirmed on Aug. 5 it is considering requiring foreign visitors to be vaccinated as it plans to eventually reopen international travel but said it had made no final decision and was not immediately going to lift restrictions.

	<p>New York City will become the first major U.S. city to require, from Sept. 13, proof of vaccination for customers and staff at restaurants, gyms and other indoor businesses as the country enters a new phase of battling the Delta variant.</p> <p>New York will require state employees to be vaccinated or get tested weekly, a mandate that will go into effect on Sept. 6, Governor Andrew Cuomo said.</p> <p>The Port Authority of New York and New Jersey and the Metropolitan Transportation Authority will require their workers to get the vaccine or get tested weekly.</p> <p>New Jersey state healthcare workers and employees who work in jails must by vaccinated by Sept. 7 or face testing twice a week.</p> <p>California Governor Gavin Newsom said that all state employees would be ordered to get vaccinated starting Aug. 2 or undergo testing at least once a week.</p> <p>Denver municipal employees and people working in high-risk settings in the city will be required to get vaccinated, Mayor Michael Hancock said on Aug. 2.</p> <p>The cities of San Francisco and New Orleans on Aug. 12 ordered patrons to show proof of COVID-19 vaccinations to enter restaurants, gyms and other venues</p>
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[<https://www.reuters.com/world/countries-make-covid-19-vaccines-mandatory-2021-07-13/>]

[Stokel-Walker C. Covid-19: The countries that have mandatory vaccination for health workers *BMJ* 2021; 373:n1645 doi:10.1136/bmj.n1645] [Vanderslott, S., & Marks, T. (2021). [Charting mandatory vaccination policies worldwide. Vaccine.](#)]