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## Editor's Note June, 2021



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Recent issues of this Newsletter have concentrated on the varied responses, medical, legal, and ethical, of our many countries across the globe to the COVID-19 pandemic. Typically, the members of WAML have gathered together yearly at our World Congresses to exchange such news. However, their cancellation precludes this, unfortunately, and so we are attempting to fill that gap as best we can with articles about what is happening in our different regions of the world. These differing results of the multiple responses to this disease provide the opportunity for sharing this information so that we can all be better prepared and able to cope if, and when, there is another pandemic.

## Azerbaijani Report June 2021



**Prof. Dr. Vugar Mammadov**  
WAML Executive Vice-President

Chairman of WAML Education Committee

Azerbaijan adopted the robust strategy to fight the COVID-19 and to minimize the impact of the pandemic on the population. The national authorities have implemented several containment measures to halt the spread of COVID-19 with people-centered approach. Over 20 state-owned hospitals serve COVID-19 patients in Azerbaijan. 11 modular hospitals for COVID patients have been constructed within six months as a part of additional measures. These modular hospitals provide additional 4,100 hospital beds. It is planned to build seven additional modular hospitals. The local production of face masks has been launched in Azerbaijan as the next step to fight the global coronavirus pandemic. Along with medical masks, disposable protective clothing, disinfectants, sanitizers, etc. are also produced locally. During last 15 month of pandemic 329.371 people contaminated, 313.778 recovered, 4.768 died. Vaccination against COVID-19 coronavirus begun in Azerbaijan in January 2021 with the

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Chinese vaccine CoronaVac from Sinovac. 4 millions of CoronaVac been purchased by country for 2 millions of people out of 10M. Last month 84.000 doses of Astra Zeneca vaccines arrived to Baku to be applied to people 60 years old and over from beginning of May. 432,000 more doses of Vaxzevria to be delivered by late May. As of today, 1.777.426 vaccines been done, more than 1 M are the first dose vaccination. This makes more than 10% of population vaccinated by now.

Vaccination is done free of charge for the people and covered by state. This is not mandatory and is done upon a wish. However, most of medical and educational organizations administration pushed employees to make it. The state promotes largely vaccination in media and through administrative channels. It has been started first for people above 60, then in February above 50, then above 40 and now above 18. Medical and educational professionals had a priority to be vaccinated. However, quite a big number of people are not enthusiastic and continue to resist vaccination. There was a case when an executive power representative using own position made a pressure to issue fake certificate of vaccination without being vaccinated. This lady was released from the job after notice of law enforcement bodies that shows the state bodies carefully observe this situation. However, senior officials of the state except leadership of the health system have not been publicly vaccinated yet as it is done in other countries.

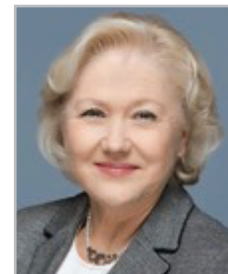
Vaccines are distributed by the government who established medical facilities in own health care institutions like polyclinics and hospitals. Two shots need to be finished with interval of 28 days before moving on to the next tier. There is no vaccine passport discussion in-country, we observe this topic discussed in other countries. Masks continue to be mandatory outside, penalties envisaged if you don't use in public areas. Travels between the cities in the country are open, to go abroad you should make tests and prove you are not contaminated.

I think Azerbaijan experience of fight with COVID is quite successful as we don't have so huge number of contaminated, and mortality rate through all periods was not more than 1.5%. However, we may see the similar or even better situation in other regional countries like Belarus, Kazakhstan, Uzbekistan.... The special quarantine regime will remain in effect at least until June 1, 2021. Restaurants and cafes opened on February 1, 2021 and most other business and services are open, except shopping malls. Cafes and restaurants function with respect to social distance,

but no weddings and parties with more than 10 people. Mosques and religious places are closed since beginning of pandemic. Starting April 5, 2021, educational institutions in Baku, Sumgayit, Ganja, Sheki, and the Absheron district switched to distance learning. Quarantine measures are subject to change at short notice. Local media reports a delivery of Pfizer-BioNTech vaccines is expected in next months. The Cabinet of Ministers announced the Sputnik V vaccine will also be available. In its global efforts to fight against COVID-19 pandemic and expressing its solidarity with states affected by the virus, the Government of Azerbaijan has donated 5 million US dollars to the World Health Organization (WHO). Additional 5 million US dollars were donated to WHO to support the most affected Non-Aligned Movement (NAM) countries. World Health Organization expressed appreciation to the President of the Republic of Azerbaijan for Azerbaijan's contribution to the global response to COVID-19 and for the measures taken in Azerbaijan to combat the pandemic. Azerbaijan has also provided urgent aid to 14 affected countries on bilateral basis, including sending technical and financial assistance, airplanes, transport airplanes, etc.

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## Challenges to the COVID Vaccination Process in Lithuania



**Toma Birmontiene**

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Following the official declaration by the World Health Organisation of a global pandemic at the beginning of 2020, the Government of Lithuania went on to immediately declare an extraordinary situation and, later, a lockdown, as well as adopted legal acts that set out the mandatory rules of behaviour, deemed as necessary to prevent a threat to the public interest and public health. The laws that are in force in Lithuania provide for the possibility for the Government at the time of a pandemic to institute a special legal regime, the imposition of which does not require a

parliamentary approval or the enactment of a law (which would have been the case if the state had decided to impose the constitutional regime of the state of emergency). The relevant law also provides for the freedom of discretion of the Government to act as it deems appropriate. Such a legal regulation allows the Government to respond to the situation at hand immediately, as the domestic and global epidemiological situation is still a source of concern.

The extraordinary situation and lockdown regime was introduced on 14 March 2020; the lockdown was maintained until 16 June 2020 and reintroduced on 4 November 2020; by the act of the Government, every time the lockdown can be prolonged for one month. Now it is in effect till the end of May 2021.

At present, as in many other countries, a smooth vaccination process can be considered a key tool for managing the pandemic. Lithuania is an EU Member State and, therefore, the vaccination course is coordinated by the Government with the EU institutions. The course of vaccination is regulated by the Government and the Ministry of Health; two working groups under the Government and the President of the Republic, which are formed of healthcare specialists and scientists from other fields, also participate as advisory bodies in the decision-making process on the management of the pandemic.

The vaccination process started in Lithuania in December 2020. Vaccination is carried out from state funds with the types of vaccines approved by the EU. The person has the right to choose the type of vaccine available. Vaccination is voluntary. The aim is that the person has the guaranteed possibility of being fully vaccinated (two shots).

As vaccines are currently supplied without major problems, which were typical of the initial vaccination process, they are not stored, in order to vaccinate as many persons as possible with the first dose. Only state and municipal healthcare establishments have been involved in the vaccination process. Currently, it is being decided that private healthcare establishments and pharmacies could also organise vaccination.

The Government established that the initial vaccination phase would, first of all, include healthcare specialists in various fields and, in particular, those who provide healthcare services to COVID-19 patients, residents of nursing establishments, persons over the age of 65, as well as persons with the chronic illnesses included in a list approved by the Minister of Health.

The list of priority vaccination groups was approved by the Minister of Health by the order of 23 December 2020. At the end of March, the order of priority was adjusted; all teachers and all employees who have direct, even though short-term, contact with pupils or students were vaccinated; in addition, graduates acquired the right to be vaccinated, in order to ensure the smooth organisation of final examinations. Later on, the priority groups of persons to be vaccinated included representatives of professions ensuring important state functions (such as police officers, firefighters, judges, etc.) and employees from very large enterprises or employees from enterprises with recent outbreaks of COVID-19. At the end of May, a mass vaccination of the population is planned to start.

When implementing the organisation of the vaccination process, municipalities sometimes deviate from the procedure approved by the Minister of Health, and the vaccination of residents even under 40 years of age has already started in some municipalities if certain vaccine remainder occurs. The rate of vaccination in people over 65 years of age improved when all of them who wished to be vaccinated were allowed to choose which vaccine available at that time they want to be vaccinated with. The right to choose the type of vaccine applies to all. Individuals are invited to be vaccinated by phone, but they and their relatives can register independently on the internet. Since, in some municipalities, older people were very slow in getting a vaccine, even one-off campaigns were announced that relatives (mostly grandchildren) having persuaded and escorted an older person to be vaccinated could themselves also be vaccinated.

By means of a law, it has been established that persons working in certain jobs must periodically check for the COVID-19 disease (mandatory testing) or choose to work remotely. Those who have been fully vaccinated are exempted from this obligation. Unvaccinated individuals are required to get tested or are alternatively offered to work remotely. Self-isolation for a certain time limit may also be required at outbreak sites.

In order to control the spread of the disease and introduce certain quarantine releases, on 5 May 2021, the Government approved the concept of the Opportunity Passport, which will enter into force on 24 May 2021. It will not compete with the planned EU Green Certificate and is intended for use in Lithuania. The Opportunity Passport is a QR code issued on the phone to persons who have been vaccinated against COVID-19, also those who have had the COVID-19

infection and those who have a negative COVID-19 test result. Such a passport, depending on the basis on which it has been received, will be valid for a certain specified period. This code will also be available for printing. For unvaccinated persons and those who have not had the COVID-19 infection, the Opportunity Passport will be issued if they have a PCR test or antigen test taken within 24 hours from the moment of sample collection and have received a negative response. The Opportunity Passport will also be available for children under the age of 16.

In order to ensure that all persons have access to the passport, the tests will be reimbursed by the state (individuals wishing to receive the results more rapidly, will be able to use paid testing services). With the Opportunity Passport, a person will be able to use various services more freely, visit public catering establishments, cultural and sport events organised in enclosed spaces, participate in private events and festivals, etc. Having started operating in Lithuania, the Opportunity Passport can eventually be integrated into the planned EU digital immunity certificate, which has been proposed by the European Commission to be legitimised on an EU-wide basis.

Currently, almost 30% of the population have been vaccinated in Lithuania. The number of new infections per 100 000 inhabitants during a 14-day period nationwide is 587 (data on 9 May 2021).

Problems in the vaccination process, which arose at the beginning of this process, were also addressed through the initiative of municipal administrations. The over-centralised process based on the resolutions of the Government and the orders of the Minister of Health often caused many bureaucratic obstacles and did not always correspond to the situation in individual municipalities; therefore, the initiative of municipal administrations in organising the vaccination process, even deviating from the uniform procedure proposed by the Minister of Health, has yielded positive results. This is also the case for the initiatives to adapt online systems for vaccination registration without awaiting the launch of the centralised system.

As one of the problems with the vaccination process, the insufficiently efficient state-sponsored informational education campaign, which is currently carried out mainly through private initiatives, could be singled out. One of the weaknesses in the control of the pandemic management process could be the duplication of its management as the groups of healthcare specialists and scientific experts function

both under the President of the Republic, who is not the head of the Government, and under the Government. This leads not only to, at times, differing information provided to the public, but also to the inefficient use of limited intellectual resources. As yet another shortcoming, a rather sluggish role of the Parliament in managing the pandemic and in controlling the actions of the executive could also be noted.

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## Personal Experience of Covid 19 in Australia



**Roy Beran, MBBS, MD**  
Governor and Vice President of the WAML

The Pfizer vaccine was made available for healthcare workers, by local teaching hospitals. Personal experience resulted in pyrexia of 39.5 with a two days' hospital admission after the first dose but no reaction, following the second injection. Being married to a frontline healthcare worker, also affords 1A status, the highest priority, but requires expedited appointment with the General Practitioner (GP) for the Astra Zeneca vaccine with some concerns about the propensity to clotting, called "vaccine-induced prothrombotic immune thrombocytopenia" (VIPIT). Vaccine protection outweighs the risk of clotting and, following transparent discussion and standardised written information, patients are invited to give informed consent. Unlike the Pfizer vaccine, with the second injection two weeks later, the second dose of Astra Zeneca is given 12 weeks later. The risk of clotting has not been associated with the mRNA produced Pfizer vaccine.

There has been a concerted effort to speed up the inoculation process which has been slower than predicted. The New South Wales (NSW) government established mass inoculation centres, with those, under the age of 50 years of age, receiving the Pfizer formulation. The Pfizer formulation must be stored at minus 70 degrees Celsius, not available in most GP practices. The Federal Government secured >25million

doses of the Moderna vaccine and will establish manufacture of an mRNA vaccine in Australia.

Australia rapidly closed its international borders, excepting there was a debacle, when infected passengers from a cruise ship, the Ruby Princess, disembarked without quarantine. All overseas passengers must hotel quarantine, rather than home isolate as originally accepted, for a period of at least 2 weeks, initially at taxpayers' expense, but now at the passengers' personal cost. Australia banned flights from India, with heavy penalties prescribed, including 5 years' incarceration and heavy fines, for those not adhering to the rules. Those flights resumed, after 2 weeks, with those returning being quarantined and Covid negative before boarding flights to Australia. Some flights were only half full, because not all Covid testing was reliable with many who were positive being subsequently shown to be negative, when tested in an alternative laboratory.

NSW, using a QR digital system, a smart phones Application, plus pen and paper recording, for those choosing same, allowed tracking of positive Covid tested cases. This facilitated contact with all who visited the same venues or were in close proximity to the infected individual. Recently, special restrictions were imposed due to genomic testing showing that Covid was transferred to an infected male, from a returning passenger from the USA, but the link, from that traveller to the infected person was never established. Restrictions included: wearing masks on all public transport; wearing masks in retail and public places; limitations on numbers of visitors to homes and private gatherings; singing in public; drinking while standing in public venues; and dancing in public venues, to protect against community transmission. After 1 week of no new community transmission, the restrictions were reduced and after 2 weeks they were lifted, although safe distancing and limitations on numbers at venues was maintained and enforced with potential penalties. Wearing masks is longer mandated, but still strongly encouraged.

The question of overseas travel and when to open the international borders, is gaining momentum. A poll of Australian citizens reported >70% wanted the borders kept shut, at least until the middle of 2022, when the rollout of the vaccine, worldwide, should add a further layer of protection. Only ~20% of respondents favoured opening the borders to international travel. The Australian Prime Minister, Scott Morrison, stated it was too early, acknowledging limited repatriation of those still stranded on the subcontinent. Australia's

unemployment is reaching pre-Covid status, even with the removal of the 'job keeper' subsidy, in March, 2021, which paid a limited salary to those still employed in enterprises which lost  $\geq 30\%$  of their usual income and validated same. Australia fared better than most of the world, but it is still not out of the woods. The Federal Government issued its second Covid budget, a very big spending budget with a trillion-dollar deficit. There has been a rapid economic turnaround, following a technical recession, defined by two quarters of negative growth, replaced with continued positive growth being predicted. Australia is being touted as an example to be followed and it is to be hoped that this remains the order of the day.

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## Vaccination Against Covid 19 in France



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WAML Governor

Vaccination against covid-19 started in France on December 27, 2020 at the same time as in all EU countries. But in the implementation of the vaccination, France is behind in comparison with the United Kingdom, which started a mass vaccination before the European countries, and Germany, which had anticipated the arrival of the vaccine by organizing large vaccination centers. On January 15, 2021, it ranked 12th in the world with 388,730 doses administered.

In fact, there is a lack of confidence in the vaccination. In 1990, the vaccination coverage of the population had fallen following unfounded allegations about the risks of vaccinations (links between the rubella vaccination and autism, and between the hepatitis B vaccination and multiple sclerosis). Anti-vaccine leagues have flourished. This "vaccine hesitancy" was further accentuated following the failure of the mass vaccination organized against H1N1 flu in 2010. 40% of French people were opposed to this vaccination and finally only 10% of the

population was vaccinated. This organization has been criticized with conspiracy theories, starting point of sanitary conspiracy networks.

Vaccination against Covid 19 is not mandatory. The vaccine is free. The state manages the vaccination centers and the distribution of the vaccines. In January, there was still uncertainty about the safety and efficacy of RNA vaccines. This is why vaccination has been highly regulated in terms of safety, with national pharmacovigilance monitoring of adverse effects.

### 1) Which vaccination strategy?

Vaccination in France is a medical act, after information on the risks and the collection of a consent.

The vaccines currently authorized in France are the 2 RNA vaccines (Pfizer-BioNtech and Moderna), the AstraZeneca/Oxford and Johnson and Johnson vaccine. Supplies are based on orders from the European Union, with delivery difficulties due to laboratory failures that continued until May.

In this context of dose restriction and cautious implementation, a prioritization strategy was proposed in January 2021. Priority has been given to the most vulnerable likely to develop the most severe forms who are the elderly in institutions (8.8% of the over 75 years) and the staff who work there; then to people over 75 years living at home and health staff over 50 years. Then people aged 50 to 64, and professionals in sectors essential to the functioning of the country, and finally vulnerable and precarious people. Children are not included in the vaccination strategy.

### 2) Who vaccinates and in what structure?

To ensure the conservation of messenger RNA vaccines, a secure distribution is organised from hospital pharmacies which have adapted freezers. Priority was given to establishments caring for the elderly. Personalized support to obtain consent was organized according to the recommendations of the National Ethics Committee in order to respect their dignity and autonomy. Approximately 80% of residents had received their first dose of vaccine by early February.

Specialized centers were opened in hospitals to vaccinate people over 75 years old living at home. The health insurance invited them individually to be vaccinated. Appointments were made electronically,

creating inequalities in access. Mayors and associations organized free transportation to the vaccination centers.

As soon as the Astra-Zeneca vaccine was available, with more flexible storage conditions, general practitioners and pharmacists were able to vaccinate on a priority basis.

To accelerate vaccination, large vaccination centers were created, despite the bad memory of the failed H1N1 campaign..

A national campaign to promote vaccination has been organized by health authorities to reach the goal of 20 million people vaccinated with the first dose by May 15 and 30 million by June 15, 2021.

### 3) What public acceptance?

The French people are rather resistant to Covid 19 vaccination « vaccine hesitation ». On December 23, 2020, 40% of French people said they will refuse the injection, but on January 15, 56% want to be protected against Covid-19. Doubts faded when vaccination was actually implemented in France and when it was proven safe on millions of people in the world.

Public resistance is also felt among caregivers and physicians. While 75% of non-hospital doctors want to be vaccinated and 79% advise their patients to do so, for other health care professionals, it is not the case.

The strategy has been adapted in line with public opinion. First of all, health professionals over 50 years old wanted to be vaccinated quickly. But the side effects of the AstraZeneca vaccine and its temporary suspension caused further reluctance. The vaccine is now limited to those over 55. It is increasingly refused. To avoid wasting doses, on May 14, the government authorized the vaccination of volunteers over 18 years of age with the doses refused each day.

On May 15, 20 million received the first injection (eg 36.7% of adults). By age group, 70% of 65-74 years old and 45% of 50-64 years old received the first dose. The forecast of 30 millions around June 15 will certainly be reached.

In order to attend cultural and sports events and to travel in Europe, the French Parliament has just authorized an electronic pass (vaccine passport) mentioning the vaccination or the negative result of a test of less than 72 hours.

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## Covid 19: Dutch Vaccination Policy



**Prof. Dr. Heniette Roscam Abbing**  
Professor Emerita of Health Law; she is one of the editors of the European Journal of Health Law, WAML Governor

In the Netherlands, the National Institute for Public Health and the Environment (RIVM) is responsible for the Directive on 'Professional standard Covid 19 vaccination 2020'. The Directive is intended for the professionals involved with the COVID 19 vaccination.

The vaccination must be efficacious and effective; it must be sufficiently safe and well-tolerated. The Institute gives an indication of possible vaccination strategies taking into account a situation when there would not be enough vaccines available to vaccinate everybody at the same time.

Like all medicinal products, vaccines can have adverse effects. Health gains resulting from protection against COVID – 19 must outweigh the drawbacks. A vaccine may only be used in public vaccination programmes against COVID-19 provided it is sufficiently safe and acceptable for younger and/or older people and medical risk groups.

As soon as a vaccine has been approved by the European Medicine Agency (EMA, an institute of the European Union) and is available for the Dutch market, RIVM takes care of its storage and distribution to those carrying out the work (medical doctors who are competent to carry out the vaccination).

The Netherlands made a contract for 6 vaccines that were in development in the European context (European Union). As there would not be enough vaccines to vaccinate everybody at the same time,

prioritising was indicated. After some insistence, priority to be vaccinated was given to primary physicians and other health care personnel. Pregnancy is not seen as a special risk. For low-risk groups (eg. children) vaccination is not considered necessary.

Since January 2021 those who do not work in healthcare and live at home are vaccinated unless they have the corona infection. In that case they have to wait until they are healed. The vaccination order goes from elder to younger. The vaccination itself is mainly in the hands of the Municipal Health Services (GGD).

It works as follows: One receives an invitation letter from the GGD, phones for an appointment, fills in a form with Covid-19 related questions and goes by oneself to the vaccination-location especially set up for the occasion. There is no payment involved.

Persons with a medical condition making them more likely to become seriously ill or even die if they would get the corona-virus (people medically at risk) were given priority in the vaccination programme.

According to the Dutch Health Council, one vaccination for ex-Covid – 19 patients is considered to be sufficient.

Children from 18 and younger with a risk profile are vaccinated with Pfizer. Those between 18-60 year with a serious medical condition were vaccinated with Astra Zeneca by their primary physician (= the group who gets yearly influenza vaccination).

As of 8 April 2021, the Dutch Health Council – an advisory body to the Minister of Health - came to the conclusion that Astra Zeneca should not be used any more for persons under 60 years of age because of side effects that were reported. This advice was taken over by the Ministry of Health despite the fact that the EMA considered the side effects extremely rare. The Janssen vaccine could be used instead, though similar side effects as with the Astra Zeneca one had been noticed. Pregnant women could receive BionTech/ Pfizer or, like persons of 75, Moderna. At the end of the day it happened that GGD's proceeded to provide rest- vaccines (spillage) to distressing cases indicated by their primary physician.

Around the middle of May 2015, about 143 000 vaccinations were given per day.

A vaccination degree of about 70% is important in order to effectively fight the pandemic.

June 2021, 7,5 million vaccinations must be made. Two-thirds of those who had received the first vaccination could have a second one before July 2021.

For travel in Europe, the European Union is presently preparing a 'vaccination passport' (Digital Green Certificate) for travel in Europe.

The RIVM is responsible for the central registration of the vaccinations. This is of major importance for the person who has been vaccinated, for the implementation of the programme, for the protection of public health and for the monitoring of effectivity and safety. General measures remain the same: washing hands, keeping distance (1,5 meter) and wear a mouth-cap in shops. One should get tested and stay at home if one has any symptoms. Respecting the measures has been a major problem. This concerns especially the distance keeping. As much of the 'regular' health care has been postponed because of the number of persons who were hospitalised because of Covid 19, it is essential that the measures are lived up to.

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### The Third Wave of the Coronavirus Pandemic in Hungary



**Judit Sándor**

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Governor of the WAML

When in February 2021 the second wave of the Covid-19 pandemic was not even declared to be over in Hungary, experts already started to talk about the arrival of the third wave, characterized by the vigorous spread of the so-called British variant of the coronavirus. Both the infection rate and the mortality rate increased dramatically, especially in comparison with the first wave of the pandemic a year earlier.

The death toll of the pandemic has been extremely high during the third wave of the pandemic. There were days when more than 300 people died of Covid in Hungary. By the end of April Hungary reached the highest mortality rate in the world, surpassing Czechia.

While the daily death toll started to decrease slowly in the second half of April, by the end of April the total death toll is about 27,000, which is 0.3 percent of the Hungarian population.

By April 26, 3,604,000 people had been vaccinated in Hungary, making the country (with the population of 9,640,300) having one of the highest vaccination rates in the world and the highest among the EU member states. The Hungarian government, boasting about the success in this one area of fighting against the pandemic, started to distribute immunity certificates in plastic cards to those who had received only the first dose of vaccination. These plastic cards have the name, the ID number and the passport number written on them, one version has the date of vaccination written on it, while another the expiration date of the certificate (for those who have recovered from a Covid infection and illness). But the type of vaccination is not shown on the plastic card, and this can be a problem for those who would travel to countries where only the vaccines registered at the European Medicines Agency (EMA) are accepted. Although most people would prefer the Pfizer or Moderna produced vaccines, the Hungarian government pushed for the use of the Chinese Sinopharm and the Russian Sputnik-5 vaccines that have not yet been examined and registered by EMA. At the end of April a mass vaccination campaign was launched for people over 45, and predominantly Sinopharm vaccines were distributed.

It is worth noting that one of the discoverers of the mRNA-based technology used in the Pfizer and Moderna vaccines is Katalin Karikó, who was born and graduated in Hungary. Now she is Senior Vice President at BioNTech RNA Pharmaceuticals. Just like Albert Szent-Györgyi, who received a Nobel Prize for the discovery of Vitamin C, Katalin Karikó also came from the University of Szeged. So, the Hungarian government might as well be proud of the development of the Pfizer and Moderna vaccines, but the current political preferences for the Chinese and Russian vaccines push this story into the background. (In 2005 Karikó and Drew Weissman published their discovery. Derrick Rossi, a postdoctoral researcher at Stanford University then, read their paper and in 2010 co-founded the biotech company, Moderna with the aim to produce mRNA-based vaccines and medicines. Karikó and Weissman also managed to commercialise their findings, licensing their technology to a small German company called BioNTech that eventually partnered up with Pfizer. In November 2020 Pfizer and BioNTech made history by announcing that the efficacy rate of their coronavirus vaccine was over 90 percent.)



During the third wave of the pandemic in Hungary, it was extremely tragic that the number of pregnant women with serious Covid illness have increased. Many of them needed respirator or artificial lung treatment, and some of them died from Covid right before or shortly after childbirth. As a response to these tragic cases pregnant women in their second or third trimester were granted access to one dose of Pfizer or Moderna vaccines at the end of March and offered the second dose after childbirth.

The primary schools were reopened for children aged between 7 and 10 on April 19. However, many parents opted for continuing home schooling. As of April 24, restaurants and cafes that have outside terraces can receive guests. The Hungarian government's policy is to tie the safety measures to the number of people who have been vaccinated. So, in order to open the cinemas, theaters, and swimming pools for those who have the immunity card 4 million people have to be vaccinated.

## COVID 19; The Vaccination Campaign



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First Counsel Solicitors  
Governor and Vice President of the WAML

On the 2nd March, 2021, Nigeria received 4 million initial doses of the COVID-19 vaccine, shipped via the COVAX Facility, a partnership between CEPI, Gavi, UNICEF and WHO. COVAX shipped doses of the AstraZeneca/Oxford vaccine, manufactured by the Serum Institute of India (SII), from Mumbai to Abuja, and the government has since then been efficient in distributing the vaccine across the country.

Many Nigerians were initially skeptical about taking the vaccine, particularly because of the history of some notable pharmaceutical companies conducting unethical clinical trials that resulted in deformity and death of some children in the past. However, the Government's strategy to calm fears necessitated live broadcast of high-profile citizens like the country's

President and Vice-President, State Governors and Deputy Governors, Speakers of each State House of Assembly, Chief Judges, Religious leaders and celebrities receiving the vaccine.

On the concerns about the side effects, it was stated that only few persons showed some allergic reactions after taking the vaccine. However, it became a mandatory protocol for anyone who gets the jab to wait for 45 minutes for doctor's observation before leaving the clinic.

While commending Nigerians all over the country for their impressive collaboration with government agencies in getting the vaccine, the Government authorities said the exercise has been uneventful and has not recorded any adverse health events.

On the issue and prioritization of recipients of the Covid 19 vaccine campaign, as of the day of this article, there is no specific rule governing prioritization. It is a matter of ethical principles and considerations.

The Nigerians at the forefront of the fight against the virus are given topmost priority and they include front-line health workers, support staff and other health workers as well as first responders in the military, paramilitary and other security agencies, including immigration services.

After the front-line workers have received the vaccine, the next phase targets the elderly persons from the age of 50 and above (with or without underlying diseases). The next persons to be given priority in the vaccine process are persons between the ages of 18-49 with underlying diseases. The next phase will expand the vaccine administration to anyone in that age group without any underlying health issues. At this time, only persons who are 18 years and above can register and partake in the vaccination in Nigeria. Any person interested in partaking in the vaccination may register and be administered the vaccine through either of these 5 methods:

- i. Traditional Vaccination Campaign Roll-out.
- ii. Electronic Self-Registration by Eligible Nigerians.
- iii. Assisted Electronic Registration of Eligible Nigerians.
- iv. Concomitant Vaccination alongside Electronic Registration.
- v. House-to-House Electronic Registration.

The vaccine is a safe measure to protect Nigerians and a positive step towards the fight against the virus, but there is no legislation making it compulsory for Nigerians to participate in the exercise. This may be attributed to the fact that there are other alternatives or safety measures that may be employed to reduce the spread of the virus.

Nevertheless, other alternatives have been employed to ensure that the vast majority partake in this vaccination campaign.

In an effort to ensure that most Nigerians participate in the vaccination, some organizations/employers have strongly recommended that their employees take the vaccine, while others make it optional; at the instance of the employee. This may ordinarily boil down to the nature of employment. An employee's refusal to take the vaccine in a job where it is expedient to do so, may lead to a change in his job role or a redeployment (without any discrimination), for the sake of public health.

Similarly, some social events mandate their attendees to participate in the vaccination exercise. For example, organizers of the 2021 Nigerian National Sports Festival ensured that all 8,000 athletes set to participate at the event must be vaccinated no later than 12 days before the commencement of competition, equally attendees were required to present proof of vaccination in order to be allowed into stadia.

The vaccine is accessible in designated Primary health care centers across the country as well as private health facilities, and administration is free.

The major challenge may be getting the vaccine across to everyone, given the large population density of Nigeria. However, health care workers have been assigned to visit institutions, organizations and suburbs across the country. This initiative was done in a bid to minimize risk and exposure during vaccination, as well as reduce long and avoidable queues at health care centers.

The government's strategy is to administer the first dose nationwide before administering the second dose. Some concerns have been raised in consideration of the second dose of vaccination due to the shortage in supply of the vaccine.

Nigeria is looking to explore the option of a new vaccine; the Johnson & Johnson vaccine, different from the AstraZeneca vaccine. Government officials

in Nigeria have attributed the shift to J&J's single jab technology – which will make it much easier to administer as compared to AstraZeneca's two-dose shot

Overall, it is imperative to state the Nigerian Government has made great strides in getting the vaccine across to the masses, and it continues to forge ahead in order to achieve even greater results. After receiving the vaccine, the Government still advises that everyone follows the stringent Covid 19 rules in place, in order to reduce the risk posed by the virus.

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### Vaccination against covid-19: organizational and legal issues (the Ukrainian perspective)



**Radmyla Hrevtsova,**

PhD, Ass. Prof., Advocate, WAML Governor (Ukraine),  
Taras Shevchenko National University of Kyiv

Vaccination against COVID-19 is an important tool for returning to normal life. 5,850 new cases per day were confirmed on 24 February 2021 when the COVID-19 vaccination campaign was launched in Ukraine. After a while, the country underwent the third wave of the epidemic. Its peak was attained in the beginning of April when the number of new cases achieved about 20,000 per day. The outbreak has stabilized in May. 4,606 new cases per day were confirmed as of 22 May 2021 in Ukraine.

Regardless of the Ukrainian government's understanding of the vaccination importance and its efforts to foster the process, the vaccination coverage rate remains low. The purchase problems, the logistics difficulties, the reluctance of the target groups are among the reasons for that. According to official statistics, as of 22 May 2021, 2,4% of population got one shot of a COVID-19 vaccine, and it is only 0,2 % of population that is completely vaccinated. What are the principles and rules for the COVID-19 vaccination in Ukraine?

On 24 December 2020 The Ministry of Health of Ukraine adopted the COVID-19 Vaccination Roadmap for 2021-2022 the new edition of which was issued on 9 February 2021. The Roadmap sets forth the goal that is the achievement of 50% of population vaccination coverage rate. It also provides for the nine COVID-19 vaccination priority groups and the sequence in which they are to be vaccinated. They are as follows:

- medical workers (it is notable that unfortunately pharmaceutical workers are not included);
- social workers;
- senior centers' inhabitants and workers;
- the elderly (60 years and older) with the priority in this group starting from those aged over 85 year, and further with allocation to the sub-groups 84-80, 79-75, 74-70, 69-65, 64-60 years;
- military personnel that take part in the Joint Forces Operation;
- personnel of the critically important structures of the state security (the National Police, the State Emergency Service, etc.);
- school teachers and other education personnel;
- adults aged between 18 and 59 that belong to the groups of risk of COVID-19-related complications and death;
- the detained and imprisoned persons and the penitentiary personnel.

Vaccination of representatives of a certain priority group may be conducted simultaneously with that of people belonging to another priority group.

Importantly, the Roadmap provides for voluntary vaccination of representatives of all the priority groups, whether belonging to the vulnerable population groups or to the groups of professionals at risk of contamination.

It is worth mentioning that in accordance with law, in Ukraine, only vaccination from diphtheria, whooping cough, measles, poliomyelitis, tetanus, and tuberculosis, is mandatory. The workers who belong to certain professions or perform certain work whose activity may lead to their contamination and / or to the spread of infection (for e.g., medical workers) are subject to mandatory vaccination against other

infectious diseases than the above ones. The diseases the vaccination against which are mandatory for certain categories of workers are determined by the Vaccination Calendar – the normative act approved by the Ministry of Health of Ukraine. However, though COVID-19 is regarded as an especially dangerous infectious disease by the Ukrainian legislation in force, the vaccination against it is not included in the Vaccination Calendar. Thus, medical workers, may refuse vaccination without any negative consequences of legal nature, namely without their suspension from work.

The COVID-19 vaccination campaign it planned to be carried out in five stages: the priority categories will be vaccinated during the first four stages, and the rest of population will be protected against COVID-19 during the last stage. Those who do not fall within the priority categories, but wish to be vaccinated may already get enlisted in the vaccination waiting list.

It is notable that in Ukraine, the COVID-19 vaccines are obtained due to the COVAX global initiative and through the government procurement, and vaccination will be free of charge for the population within the program of the health benefits package. According to information of the Ministry of Health, AstraZeneca (Covishield and AstraZeneca-SKBio), Pfizer-BioNTech (Comirnaty), and Sinovac Biotech (CoronaVac) are currently used for vaccination in Ukraine. As it is known, those vaccines are two-shots ones. The vaccination with the second dose has already been started.

Starting from 1 July 2021 the so called “COVID-19 certificate” is reported to be introduced for the Ukrainians who have received the two shots of the vaccines. The issues of information contained and the entitlements to be granted by the certificate are being developed, and the medico-legal community, together with the wide public, are eager to know of it in more detail.

## COVID 19 Pandemic and Vaccination Issues in the U.S.



**Thomas T. Noguchi,**  
President of WAML

The COVID-19 virus infections reached a pandemic stage in the United States (US) at the end of February and early March of 2020. Since it is an entirely new global epidemic experience, government sectors and medical experts, including clinicians, think vaccinations will bring an end to the pandemic. The vaccine proposed for production was mostly Pfizer and Moderna, although many other countries used others such as AstroZeneca (Cambridge) and Johnson & Johnson. Vaccine production was accomplished in short time following a quick approval period. President Joe Biden committed to dealing with the pandemic and declared it a national priority, expressing his determination to have vaccination rollout within his first 100 days in office. Access to vaccines began through a priority system, first to the elderly, followed by healthcare personnel and community essential workers, etc. Funding has been secured, so no one is required to pay on site. Although there are people that are unwilling to be vaccinated, we have continued to promote and recommend the COVID vaccine.

**Are there vaccine passports and, if so, what are their entitlements—no masks? Travel? Indoor parties? Etc?**

Initially vaccinations were given without a standard certificate, but we might see a development of national or international certificates. Employment may require proof of vaccination, as well as those who travel, including business travel. When traveling, one needs to show or state whether or not we have gotten vaccinated. CDC guidelines for those who have completed vaccination now entitle them to omitting masks outdoors, but still require a mask indoors.

**How is it working –percentage vaccinated, number of new cases.**

The US vaccination is very successful and has been remarkably organized. When the vaccination program went national, they reached about 1-1.5 million vaccinations a day. Infection rates now show a down-curve in most state statistics, with a high percent of the population already vaccinated. In California, generally speaking, employers ask for all employees to submit records. Current efforts are focused on allowing adolescents between the age of 12-15 to be eligible for vaccination.

**Who made the decisions: Bureaucrats, scientists, politicians, treating doctors, etc.?**

In 2019, which was an early start for dealing with COVID 19, there was a lack of national direction, and information released from the White House was often not coordinated with scientist advisor's approach. During 2020, we generally felt decision makers tried to align with then President Donald Trump's ideas and were somewhat hesitant in coming out with clear guidelines. Now the COVID 19 policy makers and public agencies have taken the time to organize as more federal agencies work together with the current Presidential Advisory committee in making decisions and publishing public documents and guidelines.

**What do you think about the success/failure of the effort in your country?**

Addressing the COVID epidemic started slowly, but once the US organized then the goals became clearer. The system also successfully secured the production of the vaccines. It is amazing to witness the difficult national task of manufacturing a vaccine in a short



interval of time and getting approval to inject the population. I would say current effort in dealing with eradication of COVID 19 pandemic is on the way to being effective; we also have to consider that COVID 19 has a number of mutations, like the UK, South Africa, and Brazil variants. India is currently facing a massive rate of infections and the WHO classified it as a variant. India is a global “variant of Concern” saying preliminary studies showed it may be more transmissible than some other variant (B.1.6.17). New information is expected to be released soon. More genetic analysis is needed to guide us through this pandemic analysis.

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## WAML Executive Vice-President’s Report



**Prof. Dr. Vugar Mammadov,**  
WAML Executive Vice-President  
Chairman of WAML Education Committee

Dear colleagues!

More than a year has passed since the appearance of the disease called COVID-19. This disease became the reason for unprecedented measures, having received the classification of pandemic. The world has faced pandemics before, but society has not taken such unprecedented restrictive measures. The restrictions are of not only local, but even global nature, such as the suspension of international flights and various scientific and political events around the world. WAML has postponed 2 congresses in Toronto and Istanbul so as not to put our own members in trouble and endanger their safety... COVID-19 has changed the world. 5 billion people have been completely or partially isolated, suffering from lock-down policies. Media resources have played a key role in the formation and development of the attitude towards the disease in people, focusing on negative outcomes rather than positive. Legal professionals have mostly remained silent, not raising a public voice. People and certain experts sometimes have not. We have seen anti-Covid meetings, demonstrations and disagreements

especially in social networks. I wish WAML could play a more active role in medico-legal analysis of the situation on national, regional and international levels.

Despite all the depressing news, the facts show many positives with a low mortality rate, different from all other pandemics, which is often ignored by the media. 80% of those 113 millions who got Covid all over the world, have already been cured without any complications (90 millions of people), 99,6% of present active patients are in mild or non serious course of disease with 1 or 2 symptoms and will recover soon. Global mortality rate which was 6-7 % in early months of March – April 2020, went down to 5-5,5% in May – June, then to 4% in August and to 2,2% from the Fall of the year till the start of vaccination. This says a lot. So the present mortality rate at 2,2% is not a result of vaccination, but a result of natural processes, which can be scientifically explained or not, but this is a fact which all of us should accept.

Right from the beginning our announcements about political reasons of this pandemic to create a fear and world’s lockout have stressed importance to respect psychological health of the people and not let media dominate over our common sense. Time has shown it was the right intention. Around the world, we have seen many psychological health issues among the different groups of the population, especially vulnerable ones such as people with chronic disease and with weak immunity, which will have greater impact on that population rather than the global 2,2% mortality rate right before starting vaccination in Fall 2020. At present, we may start to talk about the medico-legal outcomes of the pandemic and let us do this together as WAML. Previous year has taught us many lessons and can become a key factor in understanding the role of the media and interested groups in pandemic times. Developing strategies for combating diseases and protecting public health, we are the ones who can assess the situation not only from medical, but also from legal points of view and reflect irreplaceable opinions for world public, political and health community.

Let’s stay calm and patient. I believe sooner or later the pandemic will get close to its finish and we may return to our normal life. I wish WAML will have an outstanding GoldCoast Congress in 2022 and we all meet physically together again. I wish all of you and your families good health and happiness.

This pandemic has produced and exacerbated a number of issues which have been approached in different areas in different ways. We can all benefit by learning from our peers on how they have been handling this circumstance. The introduction of vaccines is an important element in reducing COVID deaths.

## WAML Meeting Planning and Administration



Denise McNally,  
WAML Administrative Officer and Meeting Planner

**2021 (ISTANBUL, TURKEY) CONGRESS  
HAS BEEN POSTPONED  
UNTIL AUGUST, 2025**

**WE LOOK FORWARD TO SEEING  
YOU IN GOLD COAST, AUSTRALIA**

**AUGUST 1 - 3, 2022**

We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English only online. A call for abstracts will be announced to the membership June, 2021.

### Congress Themes

#### 1. AGED AND DISABILITY ADVOCACY

Elder law

Guardianship and administration

Quality and safety in health care, aged & social care – as distinct from / in addition to acute care hospitals

Health care standards

## 2. SOCIAL JUSTICE

Human rights

Social media

Professional boundaries

Trial by allegation

## 3. MEDICINE AND TECHNOLOGY

Artificial intelligence and robotics in medicine

Remote medicine / telemedicine

Concussion and sports injuries with advanced imaging and assessment of neurotransmitters

## HOTEL RESERVATIONS



QT Gold Coast  
7 Staghorn Avenue  
Surfers Paradise QLD 4217 Australia  
W: [www.qthotelsandresorts.com.au](http://www.qthotelsandresorts.com.au)

Organizing Committee and Supporting Organizations can be found <http://wafml.memberlodge.org/Organizing-Committee-and-Supporting-Organizations>

About Gold Coast can be found <http://wafml.memberlodge.org/About-Gold-Coast>

The QT Gold Coast is offering a reduced group room rate. Reservation link available soon.

## ACCOMMODATION

Prices listed below are AUS

### MOUNTAIN RIVER VIEW

(per room per night)

\$199.00 room only

\$224.00 with breakfast for 1

\$249.00 with breakfast for 2

### OCEAN VIEW

(per room per night)

\$229.00 room only

\$254.00 with breakfast for 1

\$279.00 with breakfast for 2

### QT KING SUITE

(per room per night)

\$329.00 room only

\$354.00 with breakfast for 1

\$379.00 with breakfast for 2

[https://www.qthotels.com/gold-coast/?utm\\_source=google&utm\\_medium=organic&utm\\_campaign=gmb](https://www.qthotels.com/gold-coast/?utm_source=google&utm_medium=organic&utm_campaign=gmb)



## Membership Dues

The purpose of the World Association for Medical Law (WAML) is to encourage the study and discussion of health law, legal medicine, ethics and forensic medicine, for the benefit of society and the advancement of human rights.

Membership in WAML is Annual and your 2021 membership dues were due by December 31, 2020. Membership dues are \$150. If you received a notice that your membership has lapsed you still have the ability to login to your profile, generate a 2021 dues invoice and pay. WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the WAML Congress, notice of upcoming events, active website information, the “Medicine and Law” electronic Journal and discounted access to activities of affiliated organizations.

We encourage you to log into the WAML website <http://wafml.memberlodge.org/> and pay. After logging in choose ‘View Profile’ (located top right), click ‘Membership’ and then “Renew”. You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!



**Do you have  
an idea,  
comment,  
or  
suggestion?**

Please contact  
**Denise McNally**  
worldassocmedlaw@gmail.com



World Association  
for Medical Law

**SAVE  
THE  
DATE**

**August 1–3**

**2022**

**The 26<sup>th</sup> Annual WAML  
World Congress**

**Gold Coast, Australia**  
[www.thewaml.com](http://www.thewaml.com)



# FUTURE MEETINGS

Of Affiliated National Associations and  
Collaborating Organizations

**Australasian College of Legal Medicine (ACLM)  
Annual Scientific Meeting "Legal Aspects of Child  
and Adolescent Health"**

**September 11 – 12, 2021**

**Hobart, Tasmania, Australia**

Annual Scientific Meeting – Legal Aspects of Child and Adolescent  
Health - Australasian College of Legal Medicine

**NAME 2021 Annual Meeting**

**October 15 - 19, 2021**

**West Palm Beach, Florida**

Website: <https://www.thename.org/annual-meetings>

**26<sup>th</sup> Annual WAML World Congress**

**August 1 – 3, 2022**

**Gold Coast, Australia**

Website: [www.thewaml.com](http://www.thewaml.com)

**27<sup>th</sup> Annual WAML World Congress**

**August 2 – 4, 2023**

**Vilnius, Lithuania**

Website: [www.thewaml.com](http://www.thewaml.com)

**28<sup>th</sup> Annual WAML World Congress**

**August 8 – 11, 2024**

**Toronto, Canada**

Website: [www.wcml2020.com](http://www.wcml2020.com)

[www.thewaml.com](http://www.thewaml.com)

**29<sup>th</sup> Annual WAML World Congress**

**August 6 – 8, 2025**

**Istanbul – Turkey**

Website: [www.thewaml.com](http://www.thewaml.com)



## WAML Newsletter Production Team

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