PAREWA SARAQ: Journal of Islamic Law and Fatwa Review

Volume 1 Issue 2 November 2022; 70-81
E-ISSN: 2964-7878
https://ejournal.sulselmui.com/index.php/PS

Sinovac Vaccine According to the Fatwa of the Indonesian Ulema Council Number 2 of 2021 Sharia Maqāṣid Perspective

Siti Aisyah Kara[1*], Nur Indah [2]

[1]Universitas Islam Negeri Alauddin Makassar, Indonesia. E-mail: siti.aisyah@uin-alauddin.ac.id
[2]Universitas Islam Negeri Alauddin Makassar, Indonesia. E-mail: nurrindaah.15@gmail.com

[*]Corresponding Author

How to Cite:
Kara, S. A., & Indah, N. (2023). Sinovac Vaccine According to the Fatwa of the Indonesian Ulema Council Number 2 of 2021 Sharia Maqāṣid Perspective. *PAREWA SARAQ: JOURNAL OF ISLAMIC LAW AND FATWA REVIEW*, *1*(2). https://doi.org/10.64016/parewasaraq.v1i2.14

Abstract

This study aims to analyze views on the use of the Sinovac vaccine based on the Fatwa of the Indonesian Ulema Council Number 2 of 2021 with the perspective approach of Maqasid Al-Syari'ah. Maqasid Al-Shari'ah is a conceptual framework in Islamic law that emphasizes the maintenance of fundamental goals, including religion, soul, reason, heredity, and property. In the context of the COVID-19 pandemic, vaccination has become a global debate, including the Sinovac vaccine. Through document analysis, the fatwa was analyzed in relation to the principles of Maqasid Al-Shari'ah in order to understand the extent to which the view supports the use of the Sinovac vaccine. In answering these problems and descriptive data analysis, the author uses a juridical normative approach. This research is classified as library research with a type of qualitative description research, where data is collected by quoting, adapting, and analyzing content (content analysis) of literature that is representative and has relevance to the problem discussed, then reviews and concludes it. Researchers found that vaccination has goals including stimulating the immune system, reducing the risk of transmission, reducing the severe impact of the virus and achieving herd immunity. In determining the halality of the COVID-19 vaccine, using the opinions of scholars who emphasize that treatment for illness and guarding against outbreaks is mandatory. Then use the concept of istihalah. And finally, the conclusion of jurisprudence related to vaccines is based on general rules of jurisprudence decision-making by authorities and experts in their fields. Maqasid al-Sharia against MUI fatwa number 2 of 2021, is the implementation of preserving the soul (hifz al-nafs). Vaccination efforts are part of achieving benefits by rejecting harm. Maqasid al-Sharia in this case is a special purpose where the desired ways of shari' protect the soul / self (Hifz al-nafs) from contracting covid-19. The fatwa also places emphasis on health care, life protection, and public benefit. Despite questions about the efficacy and halality of vaccines, the fatwa provides a foothold that in emergency situations, safeguarding public health and safety is a key principle. This research provides insight into how the interpretation of Maqasid Al-Shari'ah in fatwas can help formulate guidelines in dealing with contemporary issues such as the use of vaccines in a public health context.
Keywords: Sinovac Vaccine, MUI Fatwa, Maqasid al-Sharia

Abstrak

Penelitian ini bertujuan untuk menganalisis pandangan terhadap penggunaan vaksin Sinovac berdasarkan Fatwa Majelis Ulama Indonesia Nomor 2 Tahun 2021 dengan pendekatan perspektif Maqasid Al-Syari'ah. Maqasid Al-Syari'ah merupakan kerangka konseptual dalam hukum Islam yang menekankan pada pemeliharaan tujuan-tujuan mendasar, termasuk agama, jiwa, akal, keturunan, dan harta. Dalam konteks pandemi COVID-19, vaksinasi telah menjadi

perdebatan global, termasuk vaksin Sinovac. Melalui analisis dokumen, fatwa tersebut dianalisis dalam kaitannya dengan prinsip-prinsip Maqasid Al-Syari'ah guna memahami sejauh mana pandangan tersebut mendukung penggunaan vaksin Sinovac. Dalam menjawab permasalahan tersebut dan analisis data yang bersifat deskriptif, penulis menggunakan pendekatan normatif yuridis. Penelitian ini tergolong library research dengan jenis penelitian deskripsi kualitatif, yang mana data dikumpulkan dengan mengutip, menyadur, dan menganalisis isi (content analysis) terhadap literatur yang representatif dan mempunyai relevansi dengan masalah yang dibahas, kemudian mengulas dan menyimpulkannya. Peneliti menemukan, vaksinasi memperoleh tujuan di antaranya yaitu merangsang sistem kekebalan tubuh, mengurangi risiko penularan, mengurangi dampak berat dari virus dan mencapai herd immunity (imunitas kelompok). Dalam menetapkan kehalalan vaksin covid-19 menggunakan pendapat para ulama yang menegaskan berobat karena sakit dan menjaga diri dari wabah adalah wajib. Kemudian menggunakan konsep istihalah. Dan terakhir kesimpulan fikih terkait vaksin tersebut didasarkan pada kaidah umum pengambilan keputusan fikih oleh otoritas dan para ahli di bidangnya. Maqasid al-Syariah terhadap fatwa MUI nomor 2 tahun 2021, adalah implementasi dari menjaga jiwa (hifz al-nafs). Upaya vaksinasi bagian dari meraih kemaslahatan dengan menolak mudarat. Maqasid al-Syariah dalam hal ini yaitu tujuan khusus dimana cara-cara yang dikehendaki shari' melindungi jiwa/diri (Hifz al-nafs) dari tertularnya covid-19. Fatwa juga memberikan penekanan pada pemeliharaan kesehatan, perlindungan jiwa, dan kemaslahatan umum. Meskipun terdapat pertanyaan mengenai efikasi dan kehalalan vaksin, fatwa ini memberikan pijakan bahwa dalam situasi darurat, menjaga kesehatan dan keselamatan masyarakat menjadi prinsip utama. Penelitian ini memberikan wawasan tentang bagaimana interpretasi Maqasid Al-Syari'ah dalam fatwa dapat membantu merumuskan panduan dalam menghadapi isu-isu kontemporer seperti penggunaan vaksin dalam konteks kesehatan masyarakat.
Kata kunci: Vaksin Sinovac, Fatwa MUI, Maqasid al-Syariah

1. Introduction

Since the early days, Muslims have constantly faced a wide range of issues that evolve in accordance with societal progress and the advancement of time. Despite these developments, Muslims are required to continue relying on religion as the primary foundation for addressing every emerging problem. Under such circumstances, it becomes necessary to develop efforts that provide answers to the various challenges faced by the Muslim community.

The problems encountered by Muslims are highly complex and span multiple fields, while the disciplines of knowledge are becoming increasingly specialized. Consequently, it is no longer feasible for a single individual to master all areas of expertise. This condition underscores the importance of empowering fatwa institutions as platforms where experts—both in religious scholarship and in other scientific disciplines—can convene and collaborate (Nur Khaera, 2019).

While scientific and technological advancements have brought about convenience, effectiveness, and efficiency in human affairs, they have also introduced new and previously unknown challenges. Social and national problems encountered by Muslims are now unavoidable, as societal issues continue to evolve, whereas the scriptural sources used as legal references remain limited in number.

One of the distinguishing features and noble characteristics of Islam is the comprehensiveness of its *sharī'ah*, which governs all aspects of human life. Islamic law is

inherently dynamic, elastic, and flexible, allowing it to maintain a balance between foundational legal principles and the evolution of human thought (Indriana, 2019). As such, it serves as a problem-solving tool for addressing new realities within society.

The Indonesian Council of Ulama (*Majelis Ulama Indonesia*, MUI) functions as an umbrella organization for Muslim scholars (*'ulamā'*), leaders (*zu'amā'*), and intellectuals, who bear the responsibility of guiding and mentoring Muslims across Indonesia. MUI also assists the government in matters concerning the Muslim community, such as issuing halal certification, evaluating the legitimacy of religious sects, and issuing fatwas.

A fatwa is a legal opinion issued by an Islamic jurist (*faqīh*) regarding the legal status of a new issue arising within society (Riadi, 2011). It refers to advice, counsel, or a legal answer to a question. A fatwa is a non-binding legal opinion that responds to specific queries posed by individuals or communities. Moreover, fatwas tend to be dynamic in nature, adapting to the developments faced by the questioners.

MUI fatwas are scholarly responses or clarifications provided by Muslim jurists concerning contemporary and pressing issues of Islamic law that emerge within society. These fatwas are collectively approved during commission meetings and are applicable to the general public (Tamam, 2021). One notable example is the controversy surrounding the Sinovac vaccine, which led MUI to issue Fatwa No. 2 of 2021 regarding the Covid-19 vaccine products produced by Sinovac Life Sciences Co., Ltd., China and PT Bio Farma (Persero).

The Sinovac vaccine is a type of vaccine developed to prevent Covid-19 infection, which can affect the upper respiratory tract with mild to moderate symptoms, cause severe lung infections, or even result in death (Thoyibah, 2022). The administration of the Sinovac vaccine triggers the immune system to recognize the inactivated virus and produce antibodies, thereby preventing infection from the coronavirus.

MUI supports vaccination efforts because it aligns with Islamic teachings that emphasize the obligation to prevent and treat illnesses that may affect or have already afflicted an individual. However, this must not involve the use of prohibited (*ḥarām*) substances, except in cases of necessity. Vaccination is fundamentally permissible (*mubāḥ*) as an effort to build immunity and prevent disease (Sulistyani et al., 2017). It is acceptable to undergo vaccination as a preventive measure against infectious diseases, including epidemics. It is also permissible to seek treatment to prevent anticipated health threats.

According to data from Worldometers Corona (2021), Indonesia ranks among the top 20 countries with the highest cumulative number of Covid-19 cases globally, with 1,682,004 confirmed cases and numbers continuing to rise. This is a critical public health issue, which is essential to human well-being. From the outset, Islam has clearly encouraged its followers to live healthily and seek medical treatment when ill. These religious directives are accompanied by ethical guidelines regarding treatment and the types of medicine permitted. Today, many pharmaceutical products are mixed with impure or *ḥarām* substances, often derived from pigs, such as fat, blood, bones, and internal organs.

2. Research Methods

This study employs a qualitative research approach using analytical techniques. Qualitative research aims to develop a sensitivity to the issues under investigation, explain realities through a grounded theory approach, and enhance the understanding of one or more phenomena being examined. The data sources for this research consist of primary and secondary data. The data processing method used is content analysis.

3. Discussion

3.1. History and Importance of Vaccination

The earliest known form of vaccination was discovered in China during the 10th century, known as "variolation," which involved exposing healthy individuals to scabs from infected persons in an attempt to develop immunity. In the 17th century (1600s), it is believed that the concept of vaccination began to emerge, particularly in response to a widespread outbreak of a deadly and highly contagious disease known as smallpox, caused by the variola virus. Smallpox led to a high mortality rate, and survivors were often left with severe scarring and, in some cases, blindness. Medical practitioners attempted various preventive and curative measures, including the use of herbal medicines and personal protective equipment. As medical knowledge advanced, scientists developed a method known as inoculation. Derived from the Latin word *inoculare*, meaning "to graft," inoculation involved extracting pustules (pus-filled skin lesions) from smallpox patients and introducing them under the skin or arm of uninfected individuals. This method proved effective in preventing the transmission of smallpox and came to be known as variolation.

The practice of inoculation was later introduced in England by Edward Jenner in 1796. Jenner used pus from cowpox lesions (a milder disease) to inoculate patients, thereby preventing infection from the more severe smallpox virus. However, the Islamic medical tradition had previously documented insights into smallpox. In the 9th century, the Muslim physician Abu Bakr Muhammad Ibn Zakariya al-Razi had already described smallpox symptoms in detail. He authored *Kitab al-Jadari wa al-Hasba* (The Book of Smallpox and Measles), which became a reference for differential diagnosis in medical education.

During the Ottoman Caliphate in Istanbul, Turkey, inoculation or variolation was recognized as a successful method for preventing smallpox. In 1714, the success of this method was documented and reported to the Royal Society of London by two physicians: Emanuel Timoni, a Greek, and Giacomo Pilarino, an Italian, based on their direct observations in Turkey. Despite detailed reports, the method was initially not accepted or implemented in England.

In 1717, Edward Wortley Montagu was appointed British Ambassador to Turkey. His wife, Lady Mary Wortley Montagu—who had previously contracted smallpox and was left facially disfigured—witnessed the inoculation process and became an enthusiastic advocate. Charles Maitland, a surgeon at the British embassy, was tasked with performing the

procedure on Lady Mary's children in the presence of British physicians. Maitland later received official permission to conduct broader variolation trials, observed by members of the Royal College of Physicians and the Royal Society of London. The trials were successful: those inoculated developed immunity after being exposed to smallpox. The success of these trials led to widespread acceptance of the method in England and its dissemination throughout Europe and America.

In 1798, the term *vaccine*, derived from the Latin *vacca* meaning "cow," was coined. In 1885, Louis Pasteur administered a rabies vaccine to a boy named Meister, injecting him daily for twelve days. The 20th century witnessed the discovery of several other vaccines, including those for pertussis (whooping cough), caused by the *Bordetella* bacterium; diphtheria, caused by a toxigenic strain of *Corynebacterium diphtheriae*; and tetanus, a disease caused by toxigenic *Clostridium tetani*, which affects the central nervous system and causes painful muscle contractions. Vaccines for polio and measles were also developed. Measles is a highly contagious disease marked by fever and circular red rashes on the skin and can be fatal for the young and immunocompromised. The rubella (German measles) vaccine was also introduced, addressing a typically milder infection that can, however, cause severe fetal harm or death when contracted by pregnant women. Over time, numerous vaccines for communicable diseases have been developed, and high-income industrialized countries have begun to recommend routine vaccination programs.

In the past decade, vaccine development has accelerated significantly, including in developing countries that have initiated vaccine production while ensuring safety, quality, and efficacy. The first decade of the 21st century is considered the most productive era in vaccine development. Vaccines have emerged as lifesaving tools, including those targeting meningitis, meningococcus, rotavirus-induced diarrhea, avian influenza (H5N1), pneumococcus, and cervical cancer caused by the human papillomavirus (HPV). The vaccine industry has entered a dynamic growth phase. By the year 2000, the global vaccine market had nearly tripled, generating over USD 17 billion in revenue. By mid-2008, the vaccine industry was one of the fastest-growing sectors. Much of this expansion was driven by the sale of high-cost vaccines in newly industrialized countries, accounting for over half of global vaccine sales.

The surge in vaccine development has been largely attributed to three main factors: the adoption of innovative manufacturing technologies, increased support from public-private development partnerships, and new funding sources and mechanisms. Since 2000, global demand for vaccines has grown, partly driven by major initiatives aimed at eradicating polio and reducing the burden of measles and neonatal tetanus. The global vaccine market has since diverged between vaccines used in developing versus industrialized nations. A reduction in suppliers in developed countries led to concerns over vaccine production capacity. In response, UNICEF (United Nations International Children's Emergency Fund) conducted a review and successfully ensured vaccine access for over 55% of the world’s

children. Safety strategies have been implemented to ensure an uninterrupted, sustainable vaccine supply with guaranteed quality.

Licensing for human use represents a critical step in this process. National regulatory authorities are responsible for determining whether quality standards have been met. All industrialized nations possess reliable and well-functioning regulatory systems for vaccines, but only a few developing countries have established comparable structures. The international health community, spearheaded by the World Health Organization (WHO), has launched a range of initiatives to ensure the global use of high-quality vaccines. One such initiative is the WHO prequalification system, which advises UN procurement agencies on acceptable vaccines for purchase. It also works to ensure that every country has a national regulatory authority that is both reliable and fully operational.

In Indonesia, vaccination was first introduced with smallpox immunization in 1956, followed by measles in 1963. Later, BCG vaccination for tuberculosis began in 1973, tetanus toxoid for pregnant women in 1974, and DPT (diphtheria, pertussis, tetanus) for infants in 1976. This was followed by polio (1981), measles (1982), and hepatitis B (1997). The Haemophilus influenzae type B (Hib) vaccine was later added in the form of a pentavalent vaccine (Astuti et al., 2021). In 1977, the Indonesian Ministry of Health launched the National Immunization Program, known as the Expanded Program on Immunization (EPI), aiming to achieve Universal Child Immunization (UCI) with an immunization coverage target of 86.8% set by WHO. The program initially included vaccines for four vaccine-preventable diseases (VPDs): tuberculosis, diphtheria, pertussis, and tetanus. The program has since expanded to include five more VPDs: measles, polio, and hepatitis B. In 2015, the WHO's Strategic Advisory Group of Experts on Immunization defined vaccine hesitancy as a delay in acceptance or refusal of vaccines despite the availability of vaccination services. Hesitancy varies in form and intensity depending on the context and the specific vaccine (Luz, Brown, and Struchiner 2019).

The COVID-19 vaccine was developed to stimulate the human immune system and has become one of the most effective tools during the SARS-CoV-2 pandemic. The objectives of COVID-19 vaccination are numerous, including:

a. Stimulating the immune system: Immunity is developed through vaccines consisting of various biological products and weakened virus components.
b. Reducing transmission risk: Post-vaccination, the body produces antibodies capable of recognizing and responding to the virus, thereby reducing the risk of infection.
c. Minimizing severe symptoms: Individuals with established immunity tend to experience milder symptoms upon exposure to the virus.
d. Achieving herd immunity: The more people vaccinated in a region or country, the more likely herd immunity will be reached, minimizing the spread and mutation of COVID-19.

3.2. The Legal Determination Process of MUI Fatwa No. 2 of 2021 on the Sinovac Vaccine

There are two main strategic designs for the development of vaccines against the Covid-19 virus. First, the use of the whole virus or genetically engineered vaccine antigens, which can be delivered in various formats. Whole virus vaccines include live attenuated or inactivated vaccines. Second, live attenuated SARS vaccines are developed by mutating the exoribonuclease and envelope proteins to reduce the virulence and/or replication capacity of SARS-CoV. Overall, whole virus vaccines can elicit a strong immune response and provide protection against coronavirus infection. Genetically engineered vaccines that target specific coronavirus proteins are often used to enhance vaccine safety and efficacy. Coronavirus antigens such as the spike (S) protein, nucleocapsid (N) protein, and membrane (M) protein can be delivered in the form of recombinant DNA vaccines or viral vector vaccines.

The Sinovac Biotech Ltd. vaccine is based on an inactivated pathogen, developed by cultivating the whole virus in the laboratory and then rendering it inactive. CoronaVac (Sinovac Life Sciences, Beijing, China) is an inactivated vaccine candidate for Covid-19 that has demonstrated good immunogenicity in mice and non-human primates. The vaccine-induced neutralizing antibodies against SARS-CoV-2 were shown to be effective against ten representative strains of the virus.

Furthermore, results indicated that CoronaVac provided partial or complete protection in monkeys against severe interstitial pneumonia following SARS-CoV-2 challenge, without any observable antibody-dependent enhancement of infection. This finding supported its progression to clinical trials in humans (Zhang et al., 2021).

The contents of the Sinovac vaccine include an inactivated virus—meaning it does not contain any live or attenuated virus—which is the most commonly used method in vaccine production. It also includes aluminum hydroxide, which functions to enhance the vaccine's efficacy; phosphate solution, which acts as a stabilizer; and sodium chloride (saline), which provides comfort during injection.

The quality and safety of vaccines are paramount in vaccine development. In modern times, the stages of vaccine production have become increasingly complex. If any stage of clinical trials fails, the production process is still monitored to ensure the safety and benefits of the vaccine. The report and audit results from the MUI LPPOM Audit Team and the MUI Fatwa Commission on the Sinovac production process and critical ingredients are as follows:

a. The vaccine is produced using an inactivated virus platform.
b. The production facility is exclusively used for manufacturing the Covid-19 vaccine.
c. The vaccine production process includes stages such as vero cell cultivation (as host cells for the virus), viral cultivation, virus inactivation, purification, formulation, and packaging.
d. Vero cells are diploid cells used as viral host cells. These were originally derived from the kidney cells of the African Green Monkey in the 1960s and have been proven safe and approved by the WHO for this purpose.

e. The growth medium for vero cells is composed of chemicals, bovine serum, and microbial products. The microbial products are derived from microbes grown on media made of plant-based, chemical, and mineral materials.
f. Trypsin and several other enzymes are used during the production and purification stages. These enzymes are microbial products made from plant-based, chemical, and mineral materials.
g. There is no use of porcine derivatives or any human body parts throughout the production process.
h. In preparing the medium for 1,200-liter scale production, 1,076 liters of purified water are added. Additionally, in the formulation stage, 930–940 liters of purified water are added per 1,000 liters of the formulated vaccine.
i. The primary packaging of the vaccine is made of glass and rubber

The views of the members of the MUI Fatwa Commission concluded the following:

The Sinovac Covid-19 vaccine, produced by Sinovac Life Sciences Co., Ltd., China, and PT Bio Farma (Persero), in its production process:

a. Does not use (intifa') any porcine materials or materials contaminated with porcine derivatives.
b. Does not use any part of the human body (juz' minal insan).
c. Comes into contact with intermediate impurities (najasah mutawassitah), making it impure (mutanajjis), but purification has been carried out in accordance with Islamic legal guidelines (tathhir shar'i).
d. Uses a production facility that is ritually pure and exclusively dedicated to the Covid-19 vaccine.
e. The equipment and purification processes used in vaccine production at PT Bio Farma (Persero) are considered to comply with the requirements of Islamic purification (*tathhir shar'i*).

The fiqh-based conclusion regarding the vaccine is drawn from general decision-making principles, referring to the authority and expertise of relevant institutions, including the MUI Fatwa Commission, LPPOM MUI (Institute for the Assessment of Food, Drugs, and Cosmetics), BPOM (Indonesian Food and Drug Authority), the Indonesian Medical Association (IDI), and subject matter experts. The halal status of the Covid-19 vaccine is also based on scholarly opinions affirming that seeking medical treatment during illness and protecting oneself from an epidemic is obligatory. This is followed by the application of the concept of *istihalah*, which refers to the transformation of the nature and substance of an impure or non-halal item into a completely different substance. In the context of vaccines, substances originally impure or non-halal are likely to undergo transformation when processed and mixed with other components. Subsequently, further legal deliberations were conducted through forums such as Bahtsul Masail LBM PBNU (The Legal Deliberation Body of Nahdlatul Ulama) and the Majelis Tarjih (Deliberative Council) (Abdullah, 2021).

First, several guiding principles must be observed:

1. The use of the vaccine must comply with the regulations set forth by relevant authorities (e.g., the Ministry of Health, BPOM, and others) and medical professionals, including criteria on eligibility and method of administration.
2. Vaccination is one means of mitigating the risk of Covid-19 infection. However, a healthy lifestyle—comprising regular and adequate exercise, balanced nutrition, sufficient sleep, the use of herbal remedies, and strict adherence to health protocols—should also be prioritized as preventive measures. Furthermore, priority and proportional considerations must be taken into account.

Second, Islamic jurisprudence provides general legal maxims, such as the obligation to seek treatment and to choose options that bring benefit (*maslahah*). According to the Prophet Muhammad (peace be upon him), "Seek treatment, O servants of Allah, for Allah does not send down a disease without sending down its cure, except for old age and death (al-haram)." Ultimately, the assessment and determination of such benefits are entrusted to experts and recognized authorities.

3.3. Maqāṣid al-Sharīʿah Perspective in MUI Fatwa No. 2 of 2021 on the Use of the Sinovac Vaccine

The Sinovac vaccine received emergency use authorization (EUA) from the Indonesian National Agency of Drug and Food Control (BPOM) and a halal certification from the Indonesian Council of Ulama (Majelis Ulama Indonesia/MUI), as stipulated in MUI Fatwa No. 02 of 2021 concerning the COVID-19 Vaccine Product from Sinovac Life Sciences Co., Ltd., China and PT Bio Farma (Persero). This fatwa provides the following legal rulings:

a. The COVID-19 vaccine produced by Sinovac Life Sciences Co., Ltd., China and PT Bio Farma (Persero) is legally considered pure (ṭāhir) and halal.
b. The vaccine is permissible (mubāḥ) for use by Muslims as long as its safety is guaranteed by credible and competent experts.

The BPOM's decision to grant emergency use authorization and to affirm the safety, quality, and efficacy of the Sinovac vaccine serves as an indicator that the vaccine meets the criteria of *ṭayyib* (wholesome and beneficial). The ultimate aim of Islamic law (sharīʿah) is to promote and realize public welfare (*maṣlaḥah*) for individuals and society as a whole (Jalili, 2021). The concept of *maṣlaḥah* in Islamic law refers to genuine benefits—those that are not driven by mere desire but encompass both physical and spiritual well-being. Sharīʿah-oriented welfare focuses not only on worldly interests but also on those related to the hereafter. The framework of *maṣlaḥah* is based on the five essential objectives of Islamic law (*al-uṣūl al-khamsah*), namely: protection of religion (*ḥifẓ al-dīn*), protection of life (*ḥifẓ al-nafs*), protection of intellect (*ḥifẓ al-ʿaql*), protection of wealth (*ḥifẓ al-māl*), and protection of progeny (*ḥifẓ al-nasl*).

The implementation of *ḥifẓ al-nafs* (protection of life) during the COVID-19 pandemic is manifested through vaccination efforts. Vaccination represents a form of achieving

maṣlaḥah by preventing harm (*dafʿ al-mafāsid*), which aims to safeguard life—an essential component of *maṣlaḥah ḍarūriyyah*, or indispensable interests necessary for human survival. In this context, the legitimacy of the COVID-19 vaccine is strengthened by the MUI fatwa certifying the halal status of the vaccine, the BPOM's endorsement of its safety, and the government's imposition of sanctions on those who, despite being eligible, refuse to receive the vaccine (Ni'mah, 2021). Thus, the maqāṣid al-sharīʿah framework, particularly as part of *maqāṣid al-khāṣṣah* (specific objectives), is clearly applicable. These refer to the specific purposes that sharīʿah aims to achieve to ensure human benefit or protect public welfare. In this case, the specific act is the protection of life (*ḥifẓ al-nafs*), both by preventing COVID-19 infection and by reducing the high rate of transmission in Indonesia

4. Conclusion

COVID-19 vaccination provides numerous benefits, including stimulating the immune system, reducing the risk of transmission, mitigating the severity of illness, and achieving herd immunity. The basis for decision-making, as reflected in legal and ethical fatwas, includes authoritative references from experts and institutions such as the MUI Fatwa Commission, the Assessment Institute for Foods, Drugs and Cosmetics (LPPOM MUI), the Indonesian Food and Drug Authority (BPOM), the Indonesian Doctors Association (IDI), relevant regulatory authorities, and field-specific experts. The halal status of the COVID-19 vaccine is supported by the scholarly consensus that medical treatment in times of illness and preventive measures during outbreaks are obligatory (wājib) in Islam. This is further reinforced by the application of the *istihālah* principle—the transformation of impure or non-halal substances into new substances with different properties—rendering them permissible. In the case of vaccines, substances originally considered impure or non-halal are likely to undergo substantial transformation during processing and formulation with other ingredients.

Institutions such as LBM PBNU through *Bahtsul Masā'il* forums and the Majelis Tarjih have deliberated on the jurisprudential standing of vaccines, concluding based on general legal maxims the obligation to seek treatment and to choose options that maximize public benefit (*maṣlaḥah*). The Prophet Muhammad (peace be upon him) said, "Seek treatment, O servants of Allah, for indeed Allah has not created a disease without also creating its cure, except for old age and death (al-haram)." The implementation of the principle of protecting life (*ḥifẓ al-nafs*) during the COVID-19 pandemic is manifest in vaccination efforts. These efforts are part of realizing *maṣlaḥah* and preventing harm (*mafsadah*), as they aim to preserve human life—an essential aspect of *maṣlaḥah ḍarūriyyah*, or the indispensable interests necessary for human existence. In this regard, the legality of the COVID-19 vaccine is supported by the MUI fatwa affirming its halal status, BPOM's declaration of its safety, and government regulations that impose sanctions on eligible recipients who refuse vaccination. Thus, the protection of life (*ḥifẓ al-nafs*) aligns with *maqāṣid al-khāṣṣah*—the specific

objectives of the sharīʿah that aim to actualize human benefit and uphold public welfare through particular legal and ethical measures.

References

Abdullah, F. (2021). Sinovac Vaccine Halal Controllers: According To The Lay Community. *Tahdzib Al-Akhlaq: Jurnal Pendidikan Islam*, *4*(1), 13–27.

Arifianto. (2019). *Yakin Dengan Vaksin dan Imunisasi?* KataDepan.

Astuti, N. P., Nugroho, E. G. Z., Lattu, J. C., Potempu, I. R., & Swandana, D. A. (2021). Persepsi masyarakat terhadap penerimaan vaksinasi COVID-19: Literature review. *Jurnal Keperawatan*, *13*(3), 569–580.

Fauzan, S. bin F. Al. (2013). *Paduan Lengkap Fikih Orang Sakit Rahasia Sukses Hidup Sehat Lahir & Batin*. Toobagus Publishing.

Indriana, I. (2019). *Tinjauan Mas {lah {ah Terhadap Implementasi Fatwa MUI No. 33 Tahun 2018 Tentang Penggunaan Vaksin Produk Dari SII (Serum Intitute Of India) Untuk Imunisasi Di Desa Temboro Kecamatan Karas Kabupaten Magetan*. IAIN PONOROGO.

Jalili, A. (2021). Teori Maqashid Syariah Dalam Hukum Islam. *TERAJU: Jurnal Syariah Dan Hukum*, *3*(02), 71–80.

Ni'mah, A. M. (2021). Legalitas Impor Vaksin Covid-19 Perspektif Maqashid Syariah. *Volksgeist: Jurnal Ilmu Hukum Dan Konstitusi*, *4*(1), 11–24.

Nur Khaera, N. K. (2019). *Persepsi Masyarakat Kecamatan Tallo Kota Makassar terhadap Fatwa MUI tentang Penggunaan Vaksin Measles Rubella Analisis Perbandingan Sosiologi Hukum dan Maslahat Mursalah*. Universitas Islam Negeri Alauddin Makassar.

Rahmawati. (2015). *Dinamika Pemikiran Ulama dalam Ranah Pembaruan Hukum Keluarga Islam Di Indonesia: Analisis Fatwa MUI tentang Perkawinan Tahun 1975-2010* (Cet., I). Lembaga Ladang Kata.

Riadi, M. E. (2011). Kedudukan Fatwa ditinjau dari Hukum Islam dan Hukum Positif (analisis yuridis normatif). *Ulumuddin Journal of Islamic Legal Studies*, *7*(1).

Sholahuddin, H. M. (2013). *Kamus Istilah Ekonomi, Keuangan & Bisnis Syariah*. Gramedia Pustaka Utama.

Sulistyani, P., Shaluhiyah, Z., & Cahyo, K. (2017). Gambaran Penolakan Masyarakat Terhadap Imunisasi Dasar Lengkap Bagi Balita (Studi di Kelurahan Sendangmulyo, Kecamatan Tembalang, Kota Semarang). *Jurnal Kesehatan Masyarakat (Undip)*, *5*(5), 1081–1091.

Tamam, A. B. (2021). Kedudukan Fatwa Majelis Ulama Indonesia (MUI) dan Fatwa Dewan Syariah Nasional (DSN) Dalam Sistem Hukum Indonesia. *Al-Musthofa: Journal of Sharia Economics*, *4*(2), 172–181.

Thoyibah, T. (2022). *Hubungan Pengetahuan Persepsi dan Perilaku Masyarakat Terhadap Penggunaan Vaksin Covid-19 di Kecamatan Ketapang Kabupaten Sampang Madura tahun 2022*. Universitas Islam Negeri Maulana Malik Ibrahim.

Zhang, Y., Zeng, G., Pan, H., Li, C., Hu, Y., Chu, K., Han, W., Chen, Z., Tang, R., & Yin, W. (2021).

Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18–59 years: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial. *The Lancet Infectious Diseases*, *21*(2), 181–192.