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REPUBLIC OF THE PHILIPPINES]
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'22 JUL 25 A11 :41

SENATE

RECEIVED BY: 

S.B. No. 825

Introduced by SEN. WIN GATCHALIAN

AN ACT
INSTITUTIONALIZING A FUNCTIONAL INTEGRATED DISEASES
SURVEILLANCE AND RESPONSE SYSTEM IN THE PHILIPPINES,
CREATING THE CENTER FOR DISEASE PREVENTION AND CONTROL,
ESTABLISHING A MEDICAL RESERVE CORPS AND FOR OTHER
PURPOSES

EXPLANATORY NOTE

After experiencing dengue, SARS and MERS-Cov outbreaks in the past few years, and now the Covid-19 pandemic, the Philippines remains to be unprepared and vulnerable to the threats and risks of communicable diseases, including emerging and re-emerging infections such as leptospirosis, dengue, meningococemia, tuberculosis, polio, among others, that continue to endanger the health and safety of the public.

With the Corona virus (Covid-19) outbreak, the Philippine government is forced to reassess its approach in ensuring and protecting community health both during and between health emergencies. As evidenced by the Philippine health department's Covid-19 response, it is clearly difficult, if not impossible, to develop new systems, resources and capacity in the midst of an infectious disease emergency. The country's reactive and bureaucratic approach in detecting and fighting against communicable diseases has proven to be fatal as the slow response in handling Covid-19 outbreak by the Health Department has affected and taken the lives of our frontline health workers, and endangered millions of lives of ordinary Filipinos.

The current Covid-19 situation emphasizes the risks and highlights the need to improve preparedness, surveillance and response at local, national and international levels against future pandemics. It also reminds us that deadly pathogens respect no border nor it differentiates between the rich and

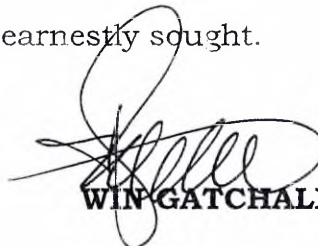
the poor. As new pathogens emerge and health risks spread across regions, our public health system will be challenged and tested as never before. Thus, it is important to lay down the fundamentals in public health emergency response in advance.

To avoid heavily burdening our public health system that may signify serious repercussions, including countless morbidities and mortalities, trade disruptions and negative effect on the economy, our proposed measure emphasizes on the importance of having a strong public health capacity in communities across the country before any public health emergency occurs. Such public health capacity as embodied in this proposed measure shall include the development of a national health strategy on disease prevention and control, the provision of an adequate number of public health professionals and corresponding modernized infrastructure across local government units, the institutionalization of an integrated functional disease surveillance and response system, the creation of a support system of medical reservists and the creation of a public institution imbued with the capacity, competencies, ecosystem and authority to detect, prevent and confront these health risks decisively.

The proposed measure aims to adopt a whole of government approach in setting a national health strategy on disease prevention and control. It seeks to institutionalize a functional integrated disease surveillance and response system with the Center for Disease Prevention and Control ("Center") at the forefront to enable the government to respond quickly and effectively whenever a health crisis ensues. It proposes to reorganize the Department of Health and to establish and strengthen the Center, which will be at the heart of preventing, preparing for and responding to infectious disease outbreaks.

The proposed measure also provides a comprehensive national framework for health emergency management, which includes the grant of broader quarantine powers to the Secretary of Health and the Center, authorization for LGUs to use calamity funds during a state of health emergency, creation of the Health Emergency Coordination Council, provisions for vaccination and treatment, isolation and quarantine, disease surveillance and investigation, reporting and tracking of public health emergencies, among others.

Accordingly, the passage of this measure is earnestly sought.


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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

CHAPTER I
GENERAL PROVISIONS

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Section 1. Title - This Act shall be known as the "Disease Prevention and Control Act of 2022."

Sec. 2. Declaration of Policy - It shall be the policy of the State to ensure the health and wellbeing of Filipinos, to protect them and reduce their morbidity and mortality from diseases of public health importance, and to proactively prevent the emergence and transmission of communicable diseases. Towards this end, the State shall devote significant material and institutional resources to provide a framework for communicable disease control and prevention in the country, including the establishment of secure and modern facilities, and the provision of expanded, improved and

1 maintained capabilities that are sufficient towards the attainment of these
2 goals.

3 It is also hereby declared a policy of the State to adopt, support,
4 establish, institutionalize, improve and maintain structures, processes,
5 mechanisms and initiatives that are aimed, directed and designed to:

6 (a) protect and promote the health of the Filipino people;

7 (b) help establish and maintain an effective health mechanism that is
8 responsive to the country's health needs, emergency and other emerging
9 problems; and

10 (c) advance countermeasures to diagnose, mitigate, prevent or treat
11 harm from any biological agent or toxin or any chemical, radiological, or
12 nuclear agent or agents, whether naturally occurring, unintentional or
13 deliberate.

14 Towards this end, and in view of the globalization of health risks, there
15 shall be a high-level public institution imbued with the capacity, the
16 competencies, the ecosystem, and the authority to confront these risks
17 decisively and thus protect the public welfare and enable development to
18 proceed despite these risks.

19

20 Sec. 3. Definition of Terms — As used in this Act, the term:

21 (a) "Communicable disease", also known as transmissible disease or
22 infectious disease. shall mean an illness resulting from an infection or
23 a disease or infectious agents or their toxic products, any of which can
24 be transmitted either directly from an infected host individual or group
25 or animal to a particular individual or group, regardless of whether the
26 other individual was previously infected, or indirectly through the
27 agency of an intermediate plant or animal host, vector or the inanimate
28 environment;

29 (b) "Contagious disease" is an infectious disease that can be transmitted
30 from person to person;

- 1 (c) "Disease control" refers to the reduction of disease incidence,
2 prevalence, morbidity or mortality to a locally acceptable level as a
3 result of deliberate efforts and continued intervention measures to
4 maintain the reduction;
- 5 (d) "Disease surveillance" refers to the ongoing systematic collection,
6 analysis, interpretation, and dissemination of outcome-specific data for
7 use in the planning, implementation, and evaluation of public health
8 practice. A disease surveillance system includes the functional capacity
9 for data analysis as well as the timely dissemination of these data to
10 persons who can undertake effective prevention and control activities;
- 11 (e) "Emerging or re-emerging infectious diseases" refer to diseases that: (1)
12 have not occurred in humans before; (2) have occurred previously but
13 affected only small numbers of people in isolated areas; (3) have
14 occurred throughout human history but have only recently been
15 recognized as a distant disease due to an infectious agent; (4) are caused
16 by previously undetected or unknown infectious agents; (5) are due to
17 mutant or resistant strains of a causative organism; and (6) once were
18 major health problems in the country, and then declined dramatically,
19 but are again becoming health problems for a significant proportion of
20 the population;
- 21 (f) "Epidemic/outbreak" refers to an occurrence of more cases of disease
22 than normally expected within a specific place or group of people over a
23 given period of time;
- 24 (g) "Health care facility" means any institution, building, or agency or
25 portion thereof, whether public or private (for-profit or nonprofit) that is
26 used, operated, or designed to provide health services, medical
27 treatment, or nursing, rehabilitative, or preventive care to any person or
28 persons. This includes, but is not limited to: ambulatory surgical
29 facilities, home health agencies, hospices, hospitals, infirmaries,
30 intermediate care facilities, kidney treatment centers, long term care
31 facilities, medical assistance facilities, mental health centers, outpatient

1 facilities, public health centers, rehabilitation facilities, residential
2 treatments facilities, skilled nursing facilities, and adult day-care
3 centers. This also includes, but is not limited to, the following related
4 property when used for or in connection with the foregoing: laboratories;
5 research facilities; pharmacies; laundry facilities; health personnel
6 training and lodging facilities; patient, guest, and health personnel food
7 service facilities; and offices and office buildings for persons engaged in
8 health care professions or services;

9 (i) "Health event of public health concern" refers to either a public health
10 emergency or a public health threat due to biological, chemical, radio-
11 nuclear and environmental agents;

12 (j) "Infectious disease" refers to a disease caused by a living organism or
13 other pathogen, including a fungus, bacillus, parasite, protozoan, or
14 virus. An infectious disease may, or may not, be transmissible from
15 person to person, animal to person, or insect to person;

16 (k) "Infectious waste" refers to (i) "biological waste," which includes blood
17 and blood products, excretions, exudates, secretions, suctioning and
18 other body fluids, and waste materials saturated with blood or body
19 fluids; (ii) "cultures and stocks," which includes etiologic agents and
20 associated biologicals, including specimen cultures and dishes and
21 devices used to transfer, inoculate, and mix cultures, wastes from
22 production of biologicals and serums, and discarded live and attenuated
23 vaccines; (iii) "pathological waste," which includes biopsy materials and
24 all human tissues, anatomical parts that emanate from surgery,
25 obstetrical procedures, necropsy or autopsy and laboratory procedures,
26 and animal carcasses exposed to pathogens in research and the bedding
27 and other waste from such animals, but does not include teeth or
28 formaldehyde or other preservative agents; and (iv) "sharps," which
29 includes needles, I.V. tubing with needles attached, scalpel blades,
30 lancets, breakable glass tubes, and syringes that have been removed
31 from their original sterile containers;

- 1 (l) "Integrated Disease Surveillance and Response" refers to the process of
2 coordinating, prioritizing and streamlining of core surveillance activities
3 (i.e. data collection, reporting, laboratory and epidemiological
4 confirmation, analysis, feedback), support functions (e.g. training,
5 monitoring, financial and logistics) and response (e.g. epidemic
6 investigation) with the aim of making the system more efficient and
7 effective in providing timely, accurate and relevant information for action
- 8 (m) "Notifiable disease" refers to a disease that, by legal requirements,
9 must be reported to the public health authorities;
- 10 (n) "Precommunicable stage" refers to the stage beginning upon an
11 individual's earliest opportunity for exposure to an infectious agent and
12 ending upon the individual entering or reentering the communicable stage
13 of the disease or, if the individual does not enter the communicable stage,
14 the latest date at which the individual could reasonably be expected to
15 have the potential to enter or reenter the communicable stage;
- 16 (n) "Quarantine" refers to the restriction of activities and/or physical
17 separation and confinement of an individual or groups of individuals,
18 who are or may have been exposed to a contagious or possibly
19 contagious disease and who do not show signs or symptoms of a
20 contagious disease, from non-quarantined individuals, to prevent or
21 limit the transmission of the disease to non-quarantined individuals;
- 22 (o) "Sudden onset health outbreak", or "sudden onset health events",
23 refers to diseases whose risks to public health and safety
24 exponentially increase over time absent intervention;

25 26 CHAPTER II

27 NATIONAL HEALTH STRATEGY

28 FOR DISEASE PREVENTION AND CONTROL

29 Sec. 4. National Health Strategy for Disease Prevention and Control;
30 Integrated Disease Surveillance and Response System. – In coordination and
31 consultation with the National Disaster Risk Reduction and Management

1 Council and the Office of Civil Defense, the Secretary of Health shall lead the
2 formulation and development of a national health agenda and strategy
3 document that sets the country's long-term goals and strategy in providing the
4 necessary public health infrastructure and a functional integrated disease
5 surveillance and response system that will prevent and manage the
6 introduction, transmission and spread of communicable disease in the
7 country. It shall include, among others, roadmap and strategies for improving
8 delivery of public health services through immediate and clear-cut delineation
9 and complementation of efforts across various government agencies, local
10 government units, and all other political units of the government regarding all
11 matters related to national public health, as well as fostering partnerships with
12 the academe, research and development institutions, and the private sector.

13 The challenges in the following areas shall be considered in developing
14 the country's priorities in setting a national health strategy on disease
15 prevention and control:

- 16 (a) Preparedness, response capabilities and capacity of ambulatory care
17 facilities, dental health facilities and critical care service systems;
- 18 (b) Medical capacity and capability of hospitals, other health care
19 facilities, critical care and trauma care and emergency medical
20 systems;
- 21 (c) Unique needs and demands of individuals with disabilities in a public
22 health emergency;
- 23 (d) Coordination and streamlining of surveillance activities used in
24 various priority diseases;
- 25 (e) Collaboration of surveillance focal points at the local and national
26 levels with epidemic response group to plan relevant public health
27 response actions;
- 28 (f) Adoption and enhancement of information technology in public
29 health;
- 30 (g) Strategic initiatives to advance countermeasures to diagnose,
31 mitigate, prevent or treat harm from any biological agent or toxin or

1 nay chemical, radiological or nuclear agent, whether naturally
2 occurring, unintentional or deliberate; and

3 (h) Conduct of periodic evaluations of national and local preparedness
4 and response capabilities to ensure capacity for public health
5 emergencies without notice.

6 The development of the national health strategy on disease prevention
7 and control shall include the institutionalization of a functional integrated
8 disease surveillance and response system governed by the following principles:

9 (a) Integrated in terms of the use of standard case definitions,
10 surveillance core activities and resources

11 (b) Capacity for early detection of epidemics

12 (c) Integrated response to epidemics and other public health threats

13 (d) Utilizes case-based, laboratory-based and event-based surveillance
14 approaches to enhance sensitivity and specificity of the system

15 (e) Strengthens local capacity for surveillance and response

16 (f) Established capacity of laboratories and strengthened involvement in
17 disease surveillance system;

18 (g) Efficient and effective management of surveillance data and use of
19 information for decision-making, including monitoring and
20 evaluation of intervention programs at all levels; and

21 (h) Open lines of communication with established feedback loop at all
22 levels.

23

24 Sec. 5. Whole of Government Approach in Setting and Implementing a
25 National Health Strategy. – In order to effectively conduct and support health
26 promotion, prevention, surveillance and response of the Philippines with the
27 goal of improving overall public health, a whole of government approach shall
28 be adopted. This approach shall -

29 (a) Continually improve capacities at the national and regional levels to
30 efficiently and effectively manage national and sub-national disease
31 surveillance and response system;

- 1 (b) Mobilize and empower local government units in the establishment
- 2 and institutionalization of disease surveillance and response system;
- 3 (c) Support health sector capacity development for sustainable disease
- 4 surveillance and response system; and
- 5 (d) Enhance utilization of disease surveillance data for decision making,
- 6 policy development, program management, planning, monitoring and
- 7 evaluation at all levels.

8 The Secretary of Health, in consultation with the local health
9 departments, academe, research, development and engineering institutions,
10 private sector, shall issue necessary regulations that will facilitate engagement
11 among all concerned.

12

13

CHAPTER III

14

CREATION OF THE CENTER FOR DISEASE PREVENTION AND CONTROL

15

16 Sec. 6. Creation of the Center for Disease Prevention and Control. - There
17 shall be created a Center for Disease Prevention and Control, hereinafter
18 referred to as "Center," a government agency attached to the Department of
19 Health, which shall exercise administrative supervision over the Center.

19

20 The Center shall be the principal agency tasked with developing and
21 applying communicable disease prevention and control initiatives.
22 Additionally, it shall be responsible for managing and controlling the
23 introduction and spread of infectious diseases in the country, and shall
24 provide consultation and assistance to local health departments, other
25 nations and international agencies to assist in improving their disease
26 prevention and control.

26

27

28 Sec. 7. Reorganization of existing units. - The following offices and
29 agencies, their powers and functions, applicable funds and appropriations,
30 records, equipment, property, assets and personnel are hereby reorganized
and transferred under the Center:

- 1 (a) The Disease Prevention and Control Bureau of the Department of
- 2 Health (DOH);
- 3 (b) The Epidemiology Bureau of the DOH;
- 4 (c) The Research Institute for Tropical Medicine;
- 5 (d) The Health Emergency Management Bureau of the DOH;
- 6 (e) Health Promotion and Communication Service of the DOH; and
- 7 (f) Bureau of Quarantine of the DOH.

8

9 Sec. 8. Functions of the Center. — The Center shall perform the following

10 functions:

- 11 (a) Act as the primary and lead disease surveillance agency in the
- 12 country by conducting and maintaining active surveillance of
- 13 diseases through epidemiologic and laboratory investigations, data
- 14 collection, analysis, and distribution, and by investigating disease
- 15 outbreaks and other threats to public health;
- 16 (b) Act as lead agency in identifying and defining preventable health
- 17 problems and in developing and implementing operational
- 18 programs relating to communicable diseases by establishing
- 19 procedures for systematic searching for, collecting, collating and
- 20 analyzing information and data to identify emerging health threats
- 21 in the country, among others;
- 22 (c) Undertake research activities in the diagnosis, control and
- 23 prevention of communicable diseases aimed at developing and
- 24 testing effective communicable disease prevention, control, and
- 25 health promotion programs, including the conduct of clinical trials
- 26 aimed at better understanding and control of communicable
- 27 diseases in the country;
- 28 (d) Foster the development of sufficient capacity for diagnosis,
- 29 detection, identification and characterization of infectious agents
- 30 which may threaten public health;

- 1 (e) Administers national programs to develop recommended health
2 standards to ensure readiness for the emergence of new
3 communicable diseases;
- 4 (f) Administer national programs for improving the performance of
5 clinical laboratories in identifying and classifying communicable
6 diseases;
- 7 (g) Set the parameters for the declaration of the existence of an
8 epidemic;
- 9 (h) Recommend such measures and policies as may be necessary to
10 prevent the transmission of communicable diseases;
- 11 (i) Assess and support the capabilities of local government units
12 (LGUs) in preventing the emergence and transmission of
13 communicable diseases;
- 14 (j) Enhance and strengthen the administrative and technical capacity
15 of the Disease Prevention and Control Bureau and Epidemiology
16 Bureau to ensure the agencies' monitoring coverage over
17 establishments and products under their jurisdiction;
- 18 (k) Promote public health decisions guided by strategic information
19 for best possible health outcomes;
- 20 (l) Provide coherence in the health monitoring to ensure equitable,
21 accessible, efficient and quality health services to communities,
22 through dynamic partnership and shared advocacy, responsibility
23 and accountability;
- 24 (m) Set the standards and the process for the establishment of
25 Epidemiology and Surveillance Units (ESUs) as required by Section
26 8 of Republic Act. No. 11332, assist DOH-retained hospitals, local
27 health facilities especially district hospitals and private hospitals and
28 laboratories in establishing ESUs and assess their performance and
29 accredit them based on standards set by the CDC;
- 30 (n) Maintain a Registry of Notifiable Diseases and Biosecurity
31 Hazards, which shall be published and updated online.

- 1 (o) Recommend to the Council inclusions and deletions from the
2 registry; and
3 (p) Perform such other functions as may be mandated by law, or as
4 may be duly delegated by relevant authorities.
5

6 Sec. 9. Center Executive Director. — The Center shall be headed by
7 an Executive Director who shall be appointed by the President on the basis
8 of technical expertise, academic background and appropriate work
9 experience upon the effectivity of this Act, with the rank of Undersecretary,
10 and who shall perform the following functions and powers:

- 11 (a) Manage and direct the activities of the Center for Disease Control
12 and Prevention (CDC);
13 (b) Provide leadership for the implementation of CDC's responsibilities
14 related to disease prevention and control;
15 (c) Advise the Secretary of Health, the Office of Civil Defense, and the
16 President on policy matters concerning CDC activities;
17 (d) With the approval of the Secretary of Health and the Office of the
18 Civil Defense, make and enforce such regulations as in his
19 judgment are necessary to prevent the introduction, transmission
20 or spread of communicable diseases from foreign countries into
21 the country or any of its political units, including inspection,
22 fumigation, disinfection, sanitation, pest extermination,
23 destruction of animals or articles found to be infected or
24 contaminated as to be sources of dangerous infection to human
25 beings, and other measures as may be necessary;
26 (e) Certify to the existence of an epidemic, which shall be treated as a
27 public health emergency;
28 (f) Participate in the development of CDC goals and objectives;
29 (g) Provide overall direction and coordination to the epidemiologic
30 activities of CDC;
31 (h) Coordinate CDC response to health emergencies;

- 1 (i) Provide liaison with other governmental agencies, international
2 organizations including the World Health Organization, learning
3 institutions, and other outside groups;
- 4 (j) Coordinate international health activities relating to disease
5 prevention and control;
- 6 (k) In cooperation with DOH Regional Offices, provide or obtain technical
7 assistance for regional and local health departments and private and
8 official agencies as needed;
- 9 (l) Provide overall direction to and coordination of scientific and
10 medical programs of CDC;
- 11 (m) Oversee and provide leadership for laboratory science, safety, and
12 quality management;
- 13 (n) Plan, promote, and coordinate an ongoing program to assure equal
14 employment opportunities in CDC;
- 15 (o) Coordinate with appropriate DOH staff offices on administrative and
16 program matters;
- 17 (p) Coordinate the consumer affairs activities for CDC; and
- 18 (q) Provide leadership, policy guidance, coordination, technical
19 expertise, and services to promote the development and
20 implementation of the agency's national programs.

21

22 Sec. 10. Communicable Disease Prevention and Control Bureau — (a) The
23 Communicable Disease Prevention and Control Bureau shall develop plans,
24 policies, programs, projects and strategies for disease prevention and control
25 and health protection; and provide coordination, technical assistance,
26 capability building, consultancy and advisory services related to disease
27 prevention and control and health protection.

28 (b) It shall have at least three (3) divisions, namely the Infectious Diseases
29 for Elimination Division; the Infectious Diseases for Prevention and Control
30 Division; and the Non-Communicable Disease Division.

1 The Infectious Diseases for Elimination Division (IDED) shall perform
2 the following functions:

- 3 1. Develop policies, standards and guidelines for the elimination of
4 infectious diseases;
- 5 2. Develop plans, programs and projects to carry out preventive
6 and control strategies against elimination of infectious diseases;
- 7 3. Assist and strengthens capacity to measure and analyze the
8 burden of elimination of infectious diseases;
- 9 4. Provide monitoring and evaluation schemes to measure of
10 interventions in the prevention and control of elimination
11 diseases;
- 12 5. Provide technical assistance and expert services to collaborating
13 and implementing agencies on matters pertaining to the
14 prevention and control of infectious diseases for elimination;
- 15 6. Develop capability of health sector agencies and organizations
16 in the implementation of programs and projects related to the
17 prevention and control of infectious diseases for elimination;
- 18 7. Promote coordination and collaboration with partner agencies and
19 organizations on matters pertaining to elimination of infectious
20 diseases; and
- 21 8. Mobilize resources to assist collaborating and implementing
22 agencies and organizations.

23 The Infectious Disease of Prevention and Control Division (IDPCD)
24 shall perform the following functions:

- 25 1. Develop policies, standards and guidelines for the prevention
26 and control of infectious diseases;
- 27 2. Develop plans, programs and projects to carry out preventive
28 and control strategies against infectious diseases;
- 29 3. Assist and strengthens capacity to measure and analyze the
30 burden of infectious diseases;

- 1 4. Provide monitoring and evaluation schemes to measure of
2 interventions in the prevention and control of infectious
3 diseases;
- 4 5. Provide technical assistance and expert services to collaborating and
5 implementing agencies on matters pertaining to the prevention and
6 control of infectious diseases;
- 7 6. Develop capability of health sector agencies and organizations in the
8 implementation of programs and projects related to the prevention and
9 control of infectious diseases;
- 10 7. Promote coordination and collaboration with partner agencies and
11 organizations on matters pertaining to infectious diseases;
- 12 8. Mobilize resources to assist collaborating and implementing
13 agencies and organizations.

14 All other divisions currently under the Disease Prevention and Control
15 Bureau of the Department of Health shall remain within the bureau, which shall
16 hereafter be renamed the Non-Communicable Disease Prevention and Control
17 Division.

18
19 Sec. 11. Epidemiology Bureau. – The Epidemiology Bureau shall be
20 conferred with the following functions:

- 21 (a) To develop and evaluate surveillance systems and other health
22 information systems;
- 23 (b) To collect, analyze and disseminate reliable and timely information
24 on the health status;
- 25 (c) To Investigate disease outbreaks and other threats to public
26 health;
- 27 (d) To network public health laboratories in support of epidemiological
28 and surveillance activities.

29

1 Sec. 12. Divisions of the Epidemiology Bureau. – The following
2 divisions under the Epidemiology Bureau shall be created and vested with
3 the following functions:

4 A. Applied Epidemiology Health Management Division

- 5 (1) Investigate and respond to epidemics and other urgent public
6 health threats as the need arises;
7 (2) Develop and maintain field epidemiology training programs for
8 public health workers;
9 (3) Develop, capture, filter, verify, assess, respond, disseminate and
10 evaluate event-based surveillance systems; and
11 (4) Collect and maintain resource materials on epidemiology,
12 surveillance, management and monitoring and evaluation in
13 public health;

14 B. Public Health Surveillance Division

- 15 (1) Undertake notifiable disease surveillance through Philippine
16 Integrated Disease Surveillance and Response;

17 C. Survey, Monitoring & Evaluation Division

- 18 (1) Provide statistical services to priority health programs of the
19 DOH;
20 (2) Monitoring non-behavioral risk factors priority non-
21 communicable diseases through globally standardized survey;
22 (3) Monitor HIV and AIDS Registry and Integrated HIV Behavioral
23 and Serologic Surveillance, size estimates and Most At-Risk
24 Population; and
25 (4) Provide program health indicators information.

26
27 Sec. 13. Disease Emergency Management Bureau. – The Disease
28 Emergency Management Bureau shall perform the following functions:

- 29 (a) Act as the DOH Coordinating unit and Operation Center for all
30 health emergencies and disasters, as well as incidents with the

1 potential of becoming an emergency, and coordinate the
2 mobilization and sharing of resources;

3 (b) Provide the communication linkage among DOH Central Office and
4 other concerned agencies, including the hospitals and the regions,
5 during emergencies and disasters;

6 (c) Maintain updated information of all health emergencies and
7 disasters (except epidemiological investigation reports) and provide
8 such information to other offices and agencies in accordance with
9 existing protocols;

10 (d) Maintain a database of all health emergency personnel, technical
11 experts, and resource speakers. Together with the National Center
12 for Health Facilities; Development (NCHFD), the DEMB shall
13 maintain a database of capabilities of health facilities;

14 e) Lead in the development of Disaster Risk Reduction & Management
15 in Health (DRRMH) Plan and the development of protocols,
16 guidelines and standards for health emergency management;

17 f) Provide technical assistance in the development of programs and
18 planning activities for HEM for other government and non-
19 government organizations;

20 g) Lead advocacy activities, including simulation exercises;

21 h) Develop and implements an Integrated Human Resource Training
22 Agenda for the Health Sector for emergencies and disasters;

23 i) Lead in the networking of hospitals and health sector organizations
24 responding to emergencies and disasters; and

25 j) Monitor and evaluate the enforcement of compliance to policies,
26 and recommend the formulation or amendment of policies related
27 to health emergency management.

28
29 SEC. 14. Divisions of the Disease Emergency Management Bureau.-

30 There following divisions under the Disease Emergency Management Bureau
31 are hereby created to perform the following functions:

1 A. Prevention, Mitigation & Preparedness Division

2 (1) Develop, disseminates, and monitors the implementation of
3 policies for health emergency preparedness;

4 (2) Develop standardized training modules for various stakeholders
5 on health emergency;

6 (3) Develop, disseminate and update emergency preparedness
7 programs;

8 (4) Develop policy-related and operational researches and
9 documentation relevant to health emergency preparedness that
10 will serve as inputs for policy development and program/systems
11 improvement;

12 (5) Develop well-performing managerial human resources for health
13 emergency management;

14 (6) Provide technical assistance to ensure the availability of
15 functional health emergency preparedness systems (including
16 policies, planning and capability building activities) at all levels
17 of the health sector;

18 (7) Provide technical assistance to ensure delivery of appropriate
19 services in time of emergencies;

20 (8) Develop and implement an overall Monitoring and Evaluation
21 System and Plan for health emergency management; and

22 (9) Lead in public information and awareness-raising activities;

23 B. Response, Recovery & Rehabilitation Division

24 (1) Mobilize resource of technical experts, health response teams
25 and tangible logistics needed locally and internationally;

26 (2) Manage information through rapid health assessment, damage
27 assessment and needs analysis in response, recovery and
28 rehabilitation phases;

29 (3) Plan and develop policies and guidelines essential in the
30 implementation and management of projects, programs and

1 activities relevant to emergency and response, recovery and
2 rehabilitation;

3 (4) Develop and capacitate human resource of regional offices,
4 operation centers and local government units in responding to
5 emergencies; and

6 (5) Perform such other functions as may be necessary in performing
7 its functions as a health emergency response division.

8
9 Sec. 15. Research Institute of Tropical Medicine. - The Center shall
10 absorb all functions and divisions under the Research Institute of Tropical
11 Medicine ("Research Institute") pursuant to Executive Order No. 674. It shall
12 perform the following functions:

13 (a) Undertake research in the prevention, diagnosis and treatment of
14 tropical diseases of public health importance and to produce vaccines
15 for the control of vaccine-preventable diseases;

16 (b) Engage and help formulate national health policy and strategy,
17 conduct research efforts directed towards the development of new
18 diagnostic techniques as well as effective and efficient strategies for
19 the control of infectious and/or tropical diseases;

20 (c) Provide high quality tertiary care to both in-patients and out-patients
21 suffering from tropical diseases included within the scope of the
22 Institute's research activities;

23 (d) Undertake research activities in the diagnosis, control and
24 prevention of tropical diseases that are major causes of mortality
25 and morbidity in the Philippines;

26 (e) Develop cost effective strategies for the control of infectious/tropical
27 diseases;

28 (f) Conduct clinical trials according to accepted Good Clinical Practice
29 (GCP) guidelines, aimed at better understanding and control of
30 tropical diseases;

1 (g) Conduct regular training courses for medical and paramedical
2 personnel in the control of common tropical diseases in the country;
3 and

4 (h) Participate in the technical cooperation programs with foreign
5 government in research activities in the diagnosis, control and
6 prevention of tropical diseases.
7

8 Sec. 16. Creation of a Medical Reserve Corps. – (a) The Secretary of Health
9 shall establish a medical reserve corps composed of volunteer health
10 professionals that may be called into duty if needed during public health
11 emergencies.

12 (b) When called to active duty, a medical reservist shall receive all the pay
13 and allowances, board and lodging while on duty, psychosocial support,
14 medico-legal assistance, hazard pay, preferential evaluation for DOH vacancies,
15 GSIS insurance, PhilHealth hospitalization benefits, communication and
16 transportation allowance, and other privileges and benefits prescribed by law
17 or regulations for public health workers.

18 (c) The Secretary of Health may issue such rules and regulations to
19 strengthen the recruitment, engagement and training of health personnel for
20 the Medical Reserve Corps.

21 CHAPTER III

22 QUARANTINE AND INSPECTION

23 Sec. 18. Promulgation and enforcement by the Secretary of Health. –

24 (A) The Secretary of Health, upon the recommendation of the Executive
25 Director, is authorized to make and enforce such regulations as in his/her
26 judgment are necessary to prevent the introduction, transmission, or spread of
27 communicable diseases from foreign countries into the Philippines or its
28 territory. For purposes of carrying out and enforcing such regulations, the
29 Secretary of Health, or the Executive Director upon delegation by the Secretary
30 of Health, may provide for such inspection, fumigation, disinfection, sanitation,
31 pest extermination, destruction of animals or articles found to be so infected

1 or contaminated as to be sources of dangerous infection to human beings, and
2 other measures, as in his/her judgment may be necessary.

3 (B) Apprehension, detention, or conditional release of individuals. -
4 Regulations prescribed under this Chapter shall not provide for the
5 apprehension, detention, or conditional release of individuals except for the
6 purpose of preventing the introduction, transmission, or spread of such
7 communicable diseases as may be specified from time to time in Executive
8 orders of the President upon the recommendation of the Secretary of Health
9 and/or the Executive Director.

10 (C) Application of regulations to persons entering from foreign
11 countries. - Except as specifically provided by law, regulations prescribed
12 under this section, insofar as they provide for the apprehension, detention,
13 examination, or conditional release of individuals, shall be applicable only
14 to individuals coming into Philippine territory from a foreign country or a
15 possession.

16 (D) Apprehension and examination of persons reasonably believed to be
17 infected. - Regulations prescribed under this Chapter may provide for the
18 apprehension and examination of any individual reasonably believed to be
19 infected with a communicable disease in a qualifying stage and (i) the person
20 is moving or about to move within the Philippines or (ii) the person is a probable
21 source of infection to individuals who, while infected with such disease in a
22 qualifying stage, will be moving within the Philippines.

23 Such regulations may provide that if upon examination any such
24 individual is found to be infected, he may be detained for such time and in
25 such manner as may be reasonably necessary.

26 For purposes of this Section, the term "qualifying stage", with respect
27 to a communicable disease, means that such disease is in a communicable
28 stage; or is in a precommunicable stage, if the disease would be likely to
29 cause a public health emergency if transmitted to other individuals.

30

1 Sec. 18. Suspension of entries and imports from designated places to
2 prevent spread of communicable diseases. - Whenever the Executive Director
3 determines that by reason of the existence of any communicable disease in a
4 foreign country there is serious danger of the introduction of such disease into
5 the Philippines, and that this danger is so increased by the introduction of
6 persons or property from such country that a suspension of the right to
7 introduce such persons and property is required in the interest of the public
8 health, the Secretary of Health, upon the recommendation of the Executive
9 Director, in accordance with regulations approved by the President, shall have
10 the power to prohibit, in whole or in part, the introduction of persons and
11 property from such countries or places as he shall designate in order to avert
12 such danger, and for such period of time as he may deem necessary for such
13 purpose.

14

15 Sec. 19. Special quarantine powers in time of war. To protect the military
16 and naval forces and war workers of the Philippines, in time of war, against any
17 communicable disease, the President, in consultation with the Secretary of
18 Health and the Executive Director, is authorized to provide by regulations for the
19 apprehension and examination, in time of war, of any individual reasonably
20 believed (1) to be infected with such disease and (2) to be a probable source of
21 infection to members of the armed forces of the Philippines or to individuals
22 engaged in the production or transportation of arms, munitions, ships, food,
23 clothing, or other supplies for the armed forces. Such regulations may provide
24 that if upon examination any such individual is found to be so infected, he
25 may be detained for such time and in such manner as may be reasonably
26 necessary.

27

28 Sec. 20. Control and management of quarantine stations, grounds and
29 anchorages. - (a) The Secretary of Health shall control, direct and manage all
30 designated quarantine stations, grounds, and anchorages in the Philippines,
31 identify their boundaries, and designate the quarantine officers to be in charge

1 thereof. With the approval of the President, he shall from time to time select
2 suitable sites for and establish such additional stations, grounds and
3 anchorages in the country as in his judgment are necessary to prevent the
4 introduction of communicable diseases in the Philippines.

5 (b) The Secretary of Health shall establish the hours during which
6 quarantine service shall be performed at each quarantine station and upon
7 application by any interested party, may establish quarantine inspection
8 during the twenty-four hours of the day or any fraction thereof at such
9 quarantine stations as in his opinion require such extended service. He may
10 restrict the performance of quarantine inspection to hours of daylight for such
11 arriving vessels as cannot, in his opinion, be satisfactorily inspected during
12 hours of darkness. No vessel shall be required to undergo quarantine
13 inspection during the hours of darkness, unless the quarantine officer at such
14 quarantine station shall deem an immediate inspection is necessary to protect
15 public health. Uniformity shall not be required in the hours during which
16 quarantine inspection may be obtained at the various ports of the Philippines.

17
18 Sec. 21. Quarantine duties of consular and other officers. - (a) Any
19 consular or medical officer of the Philippines, designated for such purpose by
20 the Secretary, shall make reports to the Executive Director of the CDC, on such
21 forms and at such intervals as the Executive Director may prescribe, of the
22 health conditions at the port or place at which such officer is stationed.

23 (b) It shall be the duty of the customs officers and of the Coast Guard
24 officers to aid in the enforcement of quarantine rules and regulations; but no
25 additional compensation, except actual and necessary travelling expenses shall
26 be allowed any such officer by reason of such services.

27
28 Sec. 22. Quarantine regulations governing civil air navigation and civil
29 aircraft. - The Executive Director and the Secretary of Health are jointly
30 authorized to provide by regulations for the application to air navigation and
31 aircraft of any of the provisions of Sections 18 and 19 of this Act and regulations

1 prescribed thereunder (including penalties and forfeitures for violations of such
2 sections and regulations), to such extent and upon such conditions as they
3 deem necessary for the safeguarding of the public health.

4
5 Sec. 23. Penalties. - Any person who violates any regulation prescribed
6 under this Chapter, or who enters or departs from the limits of any quarantine
7 station, ground, or anchorage in disregard of quarantine rules and regulations
8 or without permission of the quarantine officer in charge, shall be punished by
9 a fine of not more than Five Million Pesos (Php 5,000,000.00) or by
10 imprisonment for not more than two years, or both.

11
12 Sec. 24. Administration of oaths by quarantine officers. - Medical officers,
13 when performing duties as quarantine officers at any port or place within the
14 Philippines, are authorized to take declarations and administer oaths in matters
15 pertaining to the administration of the quarantine laws and regulations of the
16 Philippines.

17 18 CHAPTER IV

19 MANAGEMENT OF SUDDEN ONSET HEALTH EMERGENCIES

20 Sec. 25. Health Emergency Coordination Council. — There shall be
21 created a Health Emergency Coordinating Council, hereinafter referred to as
22 the Council, composed of the following:

- 23 (a) Secretary of Health as Chairperson;
24 (b) The Executive Secretary as Co-Chairperson;
25 (c) The Executive Director of the CDCP as Secretary;
26 (d) The Secretary of Foreign Affairs as Member;
27 (e) The Secretary of National Defense as NDRRMC Chairman as
28 Member;
29 (f) The Secretary of Interior and Local Government as Member;
30 (g) The Secretary of Justice as Member;
31 (h) The Secretary of Budget and Management as Member;

- 1 (i) The Secretary of Trade and Industry as Member;
2 (j) The Secretary of Agriculture as Member;
3 (k) The Press Secretary as Member;
4 (l) The National Security Adviser as Member;
5 (m) The Chairman of the Philippine Red Cross as Member;
6 (n) The Executive Director of the Philippine Council for Health
7 Research and Development as Member; and
8 (o) The President of PhilHealth as Member.

9 Other government agencies not under the authority or jurisdiction of the
10 standing members of the Council may be included should their inclusion be
11 determined by the Council as necessary.

12 The Center shall act as Secretariat of the Council.

13 The Council shall meet at least once every quarter, and shall meet as often
14 as recommended by the Executive Director. Upon the motion of the Executive
15 Director, it shall be the duty of the Council to declare a state of health emergency
16 upon a vote of the majority of its members. Only the Council may declare a state
17 of health emergency which may be national, or local as defined.

18
19 Sec. 26. Authorization to use calamity funds. The declaration of a state
20 of health emergency shall serve as an authorization for covered local
21 government units (LGUs) to use their calamity funds in a manner duly
22 consulted with the CDC.

23
24 Sec. 27. Sudden Onset Health Emergency Management Plan. — A
25 Sudden Onset Health Emergency Management Plan (SOHEMP) shall be
26 formulated by the Council, as supported by the CDC, within six (6) months
27 after the effectivity of this Act. The SOHEMP shall serve as the framework for
28 the government's response to any public health emergency. It shall set out
29 goals and specific objectives to detect, prevent the spread, contain and manage
30 public health emergencies resulting from an outbreak of highly contagious
31 and/or infectious diseases, and biological or biochemical disasters.

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Sec. 28. Emergency Powers during a sudden or set health outbreak — The Council may certify to the existence of a state of health emergency during a sudden onset health outbreak. The basis for such a declaration shall be made public by the Council through the mass and social media and a written report shall be submitted to both Houses of Congress. The declaration shall take effect for a period of sixty (60) days, unless extended or terminated earlier by the President, upon recommendation by the Secretary of Health.

Sec. 29. Health Care Facilities and Services During a Sudden Onset Health Outbreak —During the period of a Sudden Onset Health Outbreak, the Council may, within reasonable and necessary grounds for emergency response to a public health emergency, require privately-owned health care facilities to provide services or the use of their facilities.

Sec. 30. Dangerous Facilities and Materials. — During the State of Health Emergency, the Council may exercise, in coordination with national government agencies, local governments, and other organizations responsible for the implementation of the SOHEMP, the following powers over facilities or materials that may be considered dangerous due to contamination or exposure to chemical, nuclear or biological agents or infectious disease pathogen:

- (a) Close, direct and compel the evacuation of, or to decontaminate or cause to be decontaminated, any facility of which there is reasonable cause to believe that it may endanger the public health; and
- (b) Decontaminate or cause to be decontaminated any material of which there is reasonable cause to believe that it may endanger the public health.

Sec. 31. Control of Pharmaceutical Agents or Medical Supplies. — After the declaration of a State of Public Health Emergency, the Council may authorize

1 concerned agencies to purchase, store or distribute anti-toxins, serums, vaccine,
2 immunizing agents, antibiotics, and other pharmaceutical agents or medical
3 supplies that it considers advisable in the interest of preparing for or controlling a
4 public health emergency, with the right to take immediate possession thereof.

5 If a State of Public Health Emergency results in a nationwide or regional
6 shortage or threatened shortage of any product covered by the preceding paragraph,
7 the Council may control, restrict, and regulate by rationing and using quotas,
8 prohibitions on shipments, price fixing, allocation or other means, the use, sale,
9 trading, distribution, or transportation of the relevant product necessary to protect
10 the health, safety, and welfare of the people.

11
12 Sec. 32. Sudden Onset Health Hazards and Emergencies Management
13 Service. - There shall be created, within the CDC, a Sudden Onset Health Hazards
14 and Emergencies Management Service (SOHHEMS), under the DEMB, which shall
15 perform the following functions:

- 16 (a) Oversee on-the-ground operations of the CDC in the event of a
17 public health emergency;
- 18 (b) Assess and improve the readiness of health facilities for a public health
19 emergency;
- 20 (c) Develop a National Epidemic and Rapid Onset Emergency Response plan,
21 and assist local governments in formulating their local public health
22 emergency response plans;
- 23 (d) Capacitate government instrumentalities and private organizations
24 in on-the-ground response to public health emergencies;
- 25 (e) Coordinate the logistical requirements of delivering national
26 government assistance to local governments in case of a public
27 health emergency;
- 28 (f) Operate a national health emergency hotline;
- 29 (g) Serve as a central receiving center for relevant information during
30 a health emergency;
- 31 (h) Oversee the National Health Emergency Response Unit (NHERU); and

1 (i) Perform such other functions as may be delegated by the Secretary of
2 Health, or as may be needed to perform its role as the coordination body
3 for ground operations during a public health emergency.
4

5 Sec. 33. National Health Emergency Response Unit – There shall be
6 created a National Health Emergency Response Unit under the CDC to
7 perform the following functions:

8 (a) Execute, in coordination with relevant law enforcement authorities, orders
9 for seizure, surveillance, search, and disposal issued by the President, the
10 Secretary of Health, the CDC, or the COUNCIL;

11 (b) Act as the first-response unit of the SOHHEMS during a public health
12 emergency;

13 (c) Conduct investigative and intelligence gathering activities as
14 ordered by the CDC or by the Secretary of Health;

15 (d) Verify reports of cases of serious infectious diseases, the presence of serious
16 amounts of biohazards; and such other reports whose verification is in the
17 interest of protecting public health;

18 (e) Perform such other functions as may be inherent in its role as the
19 first-response unit of the PHEMS, or as may be assigned by the
20 Secretary of Health and/or the CDC Executive Director.

21 Due to the nature of their duties, frontline personnel of the NHERU
22 shall be entitled to hazard pay. The Department of Budget and Management
23 shall formulate and promulgate the rules and regulations necessary for the
24 implementation of this paragraph.
25

26 Sec. 34. Right to Information during a sudden onset health outbreak.
27 — The Secretary of Health shall make publicly available information which
28 he/she deems essential to preserving the health and safety of the public.
29 During a sudden onset health outbreak, the right to vital information shall
30 take precedence over the right to privacy.
31

1 Sec. 35. Special supervision over the Bureau of Quarantine. — During a
2 sudden onset health outbreak, or as may be mandated by the Secretary of
3 Health in the interest of preventing an outbreak, the Bureau of Quarantine
4 shall report directly to the Executive Director of the CDC. The Bureau of
5 Quarantine shall at all times practice full transparency with the Executive
6 Director of the CDC. The CDC shall have full access to information in the
7 possession of the Bureau of Quarantine.

8
9 Sec. 36. Safe disposal of infectious waste. - The CDC may exercise, for
10 such period as the state of public health emergency exists, the following
11 powers regarding the safe disposal of infectious waste:

12 (a) Adopt and enforce measures to provide for the safe disposal of infectious
13 waste as may be reasonable and necessary to respond to the public
14 health emergency, such as the collection, storage, handling,
15 destruction, treatment, transportation, and disposal of infectious waste,
16 among others;

17 (b) Require any business or facility authorized to collect, store, handle,
18 destroy, treat, transport, and dispose of infectious waste under the law,
19 and any landfill business or other such property, to accept infectious
20 waste, or provide services or the use of the business, facility, or property
21 if such action is reasonable and necessary to respond to the public
22 health emergency as a condition of licensure, authorization, or the
23 ability to continue doing business in the country as such a business or
24 facility. The use of the business, facility, or property may include
25 transferring the management and supervision of such business, facility,
26 or property to the CDC for a limited or unlimited period of time, but shall
27 not exceed the termination of the declaration of a state of public health
28 emergency;

29 (c) Use or procure, by condemnation or otherwise, any business or facility
30 authorized to collect, store, handle, destroy, treat, transport, and
31 dispose of infectious waste under the laws of the country and any

1 landfill business or other such property as may be reasonable and
2 necessary to respond to the public health emergency, with the right to
3 take immediate possession thereof; and

- 4 (d) All bags, boxes, or other containers for infectious waste shall be clearly
5 identified as containing infectious waste, and if known, the type of
6 infectious waste.

7
8 Sec. 37. Safe disposal of human remains. - The CDC may exercise, for
9 such period as the state of public health emergency exists, the following
10 powers regarding the safe disposal of human remains:

- 11 (a) Adopt and enforce measures to provide for the safe disposal of human
12 remains as may be reasonable and necessary to respond to the public
13 health emergency. Such measures may include, but are not limited
14 to, the embalming, burial, cremation, interment, disinterment,
15 transportation, and disposal of human remains;

- 16 (b) Take possession or control of any human remains;

- 17 (c) Order the disposal of any human remains of a person who has died
18 of a contagious disease through burial or cremation within twenty-
19 four (24) hours after death. To the extent possible, religious,
20 cultural, family, and individual beliefs of the deceased person or his
21 or her family shall be considered when disposing of any human
22 remains;

- 23 (d) Require any business or facility authorized to embalm, bury, cremate,
24 inter, disinter, transport, and dispose of human remains under the
25 laws of the country to accept any human remains or provide the use
26 of its business or facility if such actions are reasonable and necessary
27 to respond to the public health emergency as a condition of licensure,
28 authorization, or the ability to continue doing business in the country
29 as such a business or facility. The use of the business or facility may
30 include transferring the management and supervision of such
31 business or facility to the CDC for a limited or unlimited period of time,

1 but shall not exceed the termination of the declaration of a state of
2 public health emergency;

3 (e) Use or procure, by condemnation or otherwise, any business or facility
4 authorized to embalm, bury, cremate, inter, disinter, transport, and
5 dispose of human remains under the laws of the Philippines as may
6 be reasonable and necessary to respond to the public health
7 emergency, with the right to take immediate possession thereof;

8 (f) Every human remains prior to disposal shall be clearly labeled with
9 all available information to identify the decedent and the
10 circumstances of death. Any human remains of a deceased person
11 with a contagious disease shall have an external, clearly visible tag
12 indicating that the human remains is infected and, if known, the
13 contagious disease; and

14 (g) Every person in charge of disposing of any human remains shall
15 maintain a written or electronic record of each human remains and all
16 available information to identify the decedent and the circumstances of
17 death and disposal. If human remains cannot be identified prior to
18 disposal, a qualified person shall, to the extent possible, take
19 fingerprints and photographs of the human remains, obtain identifying
20 dental information, and collect a DNA specimen. All information
21 gathered under this paragraph shall be promptly forwarded to the CDC.

22
23 Sec. 38. Other powers of control of health care supplies. -

24 (a) Procurement. The CDC may purchase and distribute antitoxins,
25 serums, vaccines, immunizing agents, antibiotics, and other
26 pharmaceutical agents or medical supplies that it deems advisable
27 in the interest of preparing for or controlling a public health
28 emergency, without any additional legislative authorization;

29 (b) Rationing. If a state of public health emergency results in a national
30 or regional shortage or threatened shortage of any product under (a),
31 whether or not such product has been purchased by the public health

1 authority, the CDC may control, restrict, and regulate by rationing
2 and using quotas, prohibitions on shipments, allocation, or other
3 means, the use, sale, dispensing, distribution, or transportation of
4 the relevant product necessary to protect the public health, safety,
5 and welfare of the people;

6 (c) Priority. In making rationing or other supply and distribution
7 decisions, the CDC may give preference to health care providers,
8 disaster response personnel, and mortuary staff;

9 (d) Distribution. During a state of public health emergency, the CDC may
10 procure, store, or distribute any anti-toxins, serums, vaccines,
11 immunizing agents, antibiotics, and other pharmaceutical agents or
12 medical supplies located within the country as may be reasonable and
13 necessary to respond to the public health emergency, with the right to
14 take immediate possession thereof. If a public health emergency
15 simultaneously affects more than one state, nothing in this Section
16 shall be construed to allow the public health authority to obtain anti-
17 toxins, serums, vaccines, immunizing agents, antibiotics, and other
18 pharmaceutical agents or medical supplies for the primary purpose of
19 hoarding such items or preventing their fair and equitable distribution
20 among affected countries.

21
22 Sec. 39. Vaccination and Treatment. - During a state of public health
23 emergency, or a state of sudden onset health outbreak, the CDC may
24 exercise the following emergency powers over persons as necessary to
25 address the public health emergency:

26 (a) Vaccination. To vaccinate persons as protection against infectious
27 disease and to prevent the spread of contagious or possibly
28 contagious disease; Provided that vaccination may be performed by
29 any qualified person authorized to do so by the CDC; Provided
30 further that a vaccine to be administered must not be such as is
31 reasonably likely to lead to serious harm to the affected individual;

1 and Provided finally that, to prevent the spread of contagious or
2 possibly contagious disease the CDC may isolate or quarantine,
3 pursuant to the provisions of this Act, persons who are unable or
4 unwilling for reasons of health, religion, or conscience to undergo
5 vaccination pursuant to this Section;

6 (b) Treatment. To treat persons exposed to or infected with disease;
7 Provided that treatment may be administered by any qualified person
8 authorized to do so by the CDC or DOH; Provided further that
9 treatment must not be such as is reasonably likely to lead to serious
10 harm to the affected individual; and Provided finally that to prevent
11 the spread of contagious or possibly contagious disease the public
12 health authority may isolate or quarantine, persons who are unable
13 or unwilling for reasons of health, religion, or conscience to undergo
14 treatment pursuant to this Section.

15 16 CHAPTER V

17 TRACKING OF PUBLIC HEALTH EMERGENCIES

18 Sec. 40. Reporting. –

19 (a) Illness or health condition. A health care provider, medico-legal, or
20 medical examiner shall report all cases of persons who harbor any
21 illness or health condition that may be potential causes of a public
22 health emergency, including emerging and reemerging infections.

23 (b) Pharmacists. In addition to the foregoing requirements for health care
24 providers, a pharmacist shall report any unusual or increased
25 prescription rates, unusual types of prescriptions, or unusual trends
26 in pharmacy visits that may be potential causes of a public health
27 emergency. Prescription-related events that require a report include,
28 but are not limited to (1) an unusual increase in the number of
29 prescriptions or over-the-counter pharmaceuticals to treat conditions
30 that the CDC identifies through regulations; (2) an unusual increase
31 in the number of prescriptions for antibiotics; and (3) any prescription

1 that treats a disease that is relatively uncommon or may be
2 associated with bioterrorism.

3 (c) Manner of reporting. The report shall be made electronically or in
4 writing within twenty-four (24) hours to the Department of Health or
5 through the CDC. The report shall include as much of the following
6 information as is available: the specific illness or health condition that
7 is the subject of the report; the patient's name, date of birth, sex, race,
8 occupation, and current home and work addresses (including city and
9 province); the name and address of the health care provider, coroner,
10 or medical examiner and of the reporting individual, if different; and
11 any other information needed to locate the patient for follow-up. For
12 cases related to animal or insect bites, the suspected locating
13 information of the biting animal or insect, and the name and address
14 of any known owner, shall be reported.

15 (d) Animal diseases. Every veterinarian, livestock owner, veterinary
16 diagnostic laboratory director, or other person having the care of
17 animals shall report animals having or suspected of having any
18 diseases that may be potential causes of a public health emergency.
19 The report shall be made electronically or in writing within twenty-four
20 (24) hours to the DOH or the CDC and shall include as much of the
21 following information as is available: the specific illness or health
22 condition that is the subject of the report; the suspected locating
23 information of the animal, the name and address of any known owner,
24 and the name and address of the reporting individual.

25 (e) Laboratories. For the purposes of this Section, the definition of
26 "health care provider" shall include medical laboratories, provided
27 that such laboratories have agreed to the reporting requirements of
28 the country. Results must be reported by the laboratory that
29 performs the test, but a local laboratory that sends specimens to a
30 laboratory abroad is also responsible for reporting results.

1 (f) Enforcement. The CDC may enforce the provisions of this Section
2 in accordance with existing enforcement rules and regulations.
3

4 Sec. 41. Tracking. - The CDC shall ascertain the existence of cases of an
5 illness or health condition that may be potential causes of a public health
6 emergency; investigate all such cases for sources of infection and to ensure
7 that they are subject to proper control measures; and define the distribution of
8 the illness or health condition. To fulfill these duties, the CDC shall perform
9 the following:

10 (a) Act on information developed in accordance with Section 34 of this
11 Act, or other reliable information and identify all individuals thought
12 to have been exposed to an illness or health condition that may be a
13 potential cause of a public health emergency;

14 (b) Interview and counsel individuals who will assist in the positive
15 identification of exposed individuals and will develop information relating
16 to the source and spread of the illness or health condition. Such
17 information includes the name and address (including city and
18 province) of any person from whom the illness or health condition may
19 have been contracted and to whom the illness or health condition may
20 have spread;

21 (c) Examine, close, evacuate, or decontaminate any facility or
22 decontaminate or destroy any material when the authority reasonably
23 suspects that such facility or material may endanger the public health;
24 and

25 (d) Enforce the provisions of this Section in accordance with existing
26 enforcement rules and regulations. An order of the CDC given to
27 effectuate the purposes of this Section shall be enforceable
28 immediately.
29

30 Sec. 42. Information sharing. - Whenever the CDC or other government
31 agency learns of a case of a reportable illness or health condition, an unusual

1 cluster, or a suspicious event that may be the cause of a public health
2 emergency, it shall immediately notify the Council and its members.

3 Whenever the CDC learns of a case of a reportable illness or health
4 condition, an unusual cluster, or a suspicious event that it reasonably
5 believes has the potential to be caused by bioterrorism, it shall immediately
6 notify public safety authorities.

7 Sharing of information on reportable illnesses, health conditions,
8 unusual clusters, or suspicious events between public health and safety
9 authorities shall be restricted to the information necessary for the treatment,
10 control, investigation, and prevention of a public health emergency.

11
12 Sec. 43. Intergovernmental information sharing. - The Secretary of
13 Foreign Affairs and the Secretary of Health are jointly mandated to review
14 and recommend to the Council multilateral and bilateral agreements which
15 the country may adopt to strengthen its information-sharing mechanisms
16 with other countries.

17 18 CHAPTER VI

19 PROTECTION OF HEALTH WORKERS AND STAFF

20 Sec. 44. Obligations of Hospitals. - To afford the necessary protection to
21 its health workers and staff, all hospitals shall be obliged to:

- 22 (a) Maintain at least a thirty-day inventory of personal protective
23 equipment (PPE), face masks and other necessary protection for its
24 health workers and staff, including nurses, caregivers, assistants, and
25 field-based health staff;
- 26 (b) Issue and implement policies and guidelines providing protective
27 measures that pertain to public health clinical settings, such as
28 reducing face-to-face interactions, installing barriers to limit contact
29 with patients, optimizing strategies to extend PPE supplies, providing
30 appropriate PPE for staff's role, among others;

- 1 (c) Develop and implement prioritization and preservation plans,
2 strategies and protocols to ensure safety and social well-being of staff
3 including front line staff and staff at increased risk for severe illness,
4 and to identify cases and conduct contact tracing;
- 5 (d) Develop and implement contingency plans to address how health
6 workers and staff handle patients infected with communicable disease
7 and co-workers and staff that may be infected by said patient, as well
8 as interruptions in PPE supply; and
- 9 (e) Train and update health workers and staff on plans, protocols and
10 strategies of the hospital in protecting and preserving their health and
11 well-being.

12

13 Sec. 45. Obligations of Pharmacies. – To ensure continuous function of
14 pharmacies in the event of community transmission of a communicable disease
15 and to afford the necessary protection to pharmacy staff, all pharmacies shall
16 be obliged to:

- 17 (a) Develop protocols and strategies to minimize close contact between
18 staff and customers and between customers;
- 19 (b) Issue and implement policies and guidelines providing protective
20 measures that pertain to pharmacy settings, such as limiting direct
21 contact with customers, flexible and non-punitive working
22 arrangements, installing barriers to limit contact with or among
23 customers, frequent cleaning and disinfection of workstations,
24 customer service counters, customer contact areas, among others;
25 and
- 26 (c) Train and update pharmacy staff on plans, protocols and strategies
27 of the pharmacy in protecting and preserving their health and well-
28 being.

29

30

31

1 OTHER PROVISIONS

2 Sec. 46. Congressional Oversight Committee on Communicable
3 Disease Control and Prevention - To monitor the implementation of this Act,
4 there shall be a Congressional Oversight Committee on Communicable
5 Disease Control and Prevention, composed of the Chair and four other
6 members of the House Committee on Health, and the Chair and four other
7 members of the Senate Committee on Health and Demography. No part of
8 this Act shall be construed as to limit the oversight powers inherently or
9 actually possessed by the same committees.

10
11 Sec. 47. Appropriations. In addition to the appropriations for the units
12 subsumed in the Center under this Act, there shall be appropriated a sum of
13 Fifty Million Pesos (Php 50,000.000.00) for the implementation of this Act,
14 including the operations of the Center; Provided, that such appropriation shall
15 apply only when this Act is passed before the Center could be given
16 appropriations under the General Appropriations Act for the nearest upcoming
17 year.

18
19 Sec. 48. Staffing. — The Secretary of Health, in consultation with the
20 Department of Budget and Management (DBM), shall determine the
21 organizational structures including regional or field offices, qualification
22 standards, staffing pattern and compensation of the newly created Center in
23 accordance with existing laws, rules and regulations.

24
25 Sec. 49. Implementing Rules and Regulations — The Secretary of
26 Health shall promulgate the necessary rules and regulations within ninety
27 (90) working days from the effectivity of this Act.

28
29 Sec. 50. Separability Clause. — If any portion or provision of this Act
30 is subsequently declared invalid or unconstitutional, other provisions hereof
31 which are not affected thereby shall remain in full force and effect.

1

2 Sec. 51. Repealing Clause. — All other laws, acts, presidential decrees,
3 executive orders, presidential proclamations, issuances, rules and
4 regulations, or parts thereof which are contrary to or inconsistent with any
5 of the provisions of this Act are hereby repealed, amended, or modified
6 accordingly.

7

8 Sec. 52. Effectivity. — This Act shall take effect fifteen (15) days after
9 its publication in the Official Gazette or in a newspaper of general circulation.

10

11 Approved,