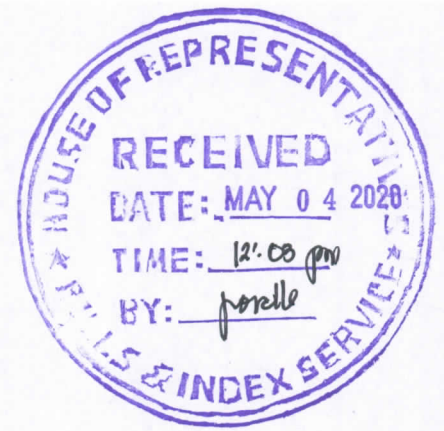


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6655



INTRODUCED BY HONORABLE CHERYL P. DELOSO-MONTALLA

AN ACT
PROVIDING FOR THE FRAMEWORK FOR THE CONTROL AND PREVENTION OF
DISEASES AND MANAGEMENT OF OUTBREAKS AND EPIDEMICS,
ESTABLISHING FOR THE PURPOSE THE CENTERS FOR DISEASE CONTROL
AND PREVENTION OF THE PHILIPPINES, AMENDING FOR THE PURPOSE
REPUBLIC ACT NO. 11332 AND OTHER RELATED LAWS, APPROPRIATING
FUNDS THEREFOR AND FOR OTHER PURPOSES

EXPLANATORY NOTE

"When the Black Death came to Italy in 1347, it came on the Silk Road. When a novel coronavirus came to Italy in 2020, it, too, came on the Silk Road.

In the 14th century, it was rats and their fleas coming from central Asia, hitching on to overland caravans of spices and silk from China and India. Arriving in Crimea, the goods, and the bubonic plague, boarded galleys to Genoa, beginning centuries of struggle in Europe to contain the virus. They didn't know what hit them, and in the years that followed, half the population died.

This year, the cause may have been the soft export of tourism—two early cases in the Italy were Chinese tourists—or perhaps the luxury goods industry, which imports Chinese workers along with Chinese raw materials in order to ensure final products are "Made in Italy."¹

Globalization has made the world a small neighbourhood where people can easily interact with each other without facing any serious barriers. While beneficial, globalization poses as a serious threat to the social, political and economic spheres as far as the welfare of the people is concerned. The free movement of people, goods and services which results from globalization not only stimulated socio-economic development but also propagated the spread of diseases particularly in countries where proper health care measures are not in place to prevent the spread of diseases to the general public.²

The Philippines is no exception to the double-edged impact of globalization. As with most countries in the world, it now faces a serious economic challenge due to the CoViD-19 pandemic. This pandemic is certainly revealing some uncomfortable truths about the Philippine public health system. Since the start of this global health threat, every day brings a new reminder of a country

¹ <https://qz.com/1818228/globalization-brought-us-covid-19-and-the-tools-to-fight-it/>

² <https://www.un.org/africarenewal/news/coronavirus/globalisation-linkage-covid-19-how-africa%E2%80%99s-economy-impacted>

of the extremes – those having sufficient and accurate information about CoViD-19 vis-à-vis those having bereft or minimal information about the disease and it highlights the flaws and deficiencies of our public health system on the one hand and the room for its improvement on the other.

This bill, therefore, seeks to provide a framework for the control, prevention and appropriate scientific management of diseases and epidemics through the auspices of a Centers for Disease Control and Prevention, an institution which is tasked to study, using available scientific data, the pathogenesis, management and prevention of diseases, both infectious and non-infectious, as well as the timely and systematic approach to the management of outbreaks and epidemics with the end in view of having a proactive approach in the management of public health system and deviate from the reactive and defensive strategies that we are currently using to combat a pandemic.

In the Declaration of Principles and State Policies (Article II) of the 1987 Constitution Section 15 provides that “The State shall protect and promote the right to health of the people and instill health consciousness among them. In addition, Article XIII, Section 11 of the same Constitution mandates that “The State shall adopt an integrated and comprehensive approach to health development...” Anchored on these provisions, our government’s aspirations to improve the health outcomes of its people, provide them with protection from the impoverishing effects of the increasing cost of care and ensure that the health system is responsive to the population’s health needs were, through the years, embodied in several iterations of its health reform policies. The Department of Health (DOH) was successful in generating political and financial support to pursue its recent health reform, *Kalusugang Pangkalahatan*, and bringing the health agenda at the forefront of national government priorities. The strong political leadership legislated various policy proposals that had been languishing in Congress for several years, most notably the Sin Tax Law and the Reproductive Health Law.³

However, strong political support and wider fiscal space do not automatically translate to improvements in the health system, as there is a lack of institutional capacity to translate policy into effective program implementation, monitoring and evaluation. National-level directives and huge financial resources need to be translated to the operations and delivery of critical programmes, including mental and oral health, remain inadequately funded.⁴

Addressing health system inefficiencies and health inequities brought about by the very characteristic of the Philippine health system remain critical challenges in the Philippines. The fragmented nature of health financing, devolved structure of service delivery, and mixed public-private health system pose immense challenges to correcting the inefficiencies and monitoring the performance of the Philippine health sector.⁵

These flaws of our public health system have been highlighted in several occasions in the past: the surge in dengue cases in 2019, the HIV epidemic and the re-emergence of polio. These are only a few of the diseases which gives a tell-tale sign of how destitute our public health system is.

The management of these epidemics is not devoid of its socioeconomic costs. It was estimated, for instance, that between 2016 and 2020, the annual, average hospitalized cases due to dengue amounted to 401,191 and ambulatory cases amounted to 239,497. This resulted to USD 139 million (PhP 5.9 billion) and USD 19 million (PhP 827 million) worth of aggregate costs shouldered by the public payer for hospitalized and ambulatory cases, respectively. Average

³ Dayrit, M., MD et. al. Philippine Health Systems Review., Health Systems in Transition, Vol. 8 No. 2 2018 (https://apps.searo.who.int/PDS_DOCS/B5438.pdf)

⁴ Ibid.

⁵ Ibid.

annual productivity losses amounted to USD 19 million (PhP 821 million) and the disability-adjusted life years (DALY) lost was expected to be 50,622.⁶

The cost of dengue is high especially since the Philippines is an endemic country. Thus, there is a need to optimize government interventions such as vector control and vaccination that aim to prevent dengue infections.⁷ This also holds true to the flu and HIV pandemics and the re-emergence of polio.

Today, our health system is again being challenged by the pandemic caused by a novel corona virus. While this malady has brought even the rich and powerful countries down to their knees, it cannot be denied that nations such as ours are at the losing end of the mathematics of public health. The pandemic caused by this virus has closely magnified the pre-existing conditions affecting the most pauperized and peripherized sections of peoples.⁸ Armed with our existing public health system and the provisions of Republic Act No. 11332 or the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”, we soldiered on. With our limited capacity, we struggled to enact Republic Act No. 11469 or the “Bayanihan to Heals as One Act” as a respite for our country, our people and our frontliners who are fighting a good fight in a tiring and taxing battle with our unseen enemy.

According to the WHO, however, there are still many unknowns about the novel corona virus, including the clinical spectrum of disease, its severity and transmissibility. These factors are critical to enable evidence-informed risk assessments to be conducted and to determine appropriate and proportional public health responses. Absent this knowledge, countries and areas are encouraged to leverage the core capacities required under the International Health Regulations (IHR, 2005) and national influenza pandemic plans to prepare for multiple scenarios, including large-scale community transmission of COVID-19 within their borders.⁹

Thus, it recommended the following actions to manage large-scale community transmission of COVID-19 are suggested in these priority areas:

1. Incident management, planning and multi-sectoral coordination
2. Surveillance and risk assessment
3. Laboratory
4. Clinical management and health-care services
5. Infection prevention and control
6. Non-pharmaceutical public health measures
7. Risk communication
8. Points of entry
9. Operational logistics

In our struggle to rid our country of the virus, we have lost lives – precious lives - and a substantial number of whom are the pillars of our health system. They spilled their blood in the altar of medicine to defend us from this tempest. As we grapple with the rest of the world for the much-needed supplies and equipment to fight this virus, the University of the Philippines made an initial assessment of our performance in flattening the epidemic curve. In its study, several notable findings were observed including:

⁶ Frances E. Edillo, et. al. Economic Cost and Burden of Dengue in the Philippines. *Am J Trop Med Hyg.* 2015 Feb 4; 92(2): 360–366.

⁷ Ibid.

⁸ DE SILVA Raymund, COVID-19: Its Impact on the Philippines - Parts I, II and III of V. Tuesday 14 April 2020., <http://www.europe-solidaire.org/spip.php?article52772>

⁹ Preparing for large-scale community transmission of COVID-19. 28 February 2020. (<https://iris.wpro.who.int/bitstream/handle/10665.1/14493/COVID-19-02282020.pdf>).

a. Limited access to mass testing facilities with enough capacity and reasonable turnaround time to test all probable and suspected cases;

b. An effective and efficient contact tracing system to identify people exposed to those who were confirmed as positive based on the mass testing done, especially those who are asymptomatic;

c. Inadequate number of hospital beds, ventilators, health workers, personal protective equipment, and quarantine facilities to accommodate Covid-19 patients.¹⁰

It cannot be denied that in a country such as ours, we have to live with what we have. But this does not mean that we will not allow room for improvement. This holds true especially now where we see how a germ is able to put the world at a stand-still, infect the rich, the famous and the powerful, disrupt our supply chain and cripple our economy.

How do we, as a country, address this problem today? Are we prepared for a similar scenario in the future? These are some of the questions that vacillate in the four corners of our mind. With the recommendations of the WHO as our guide, we crafted this piece of legislation which will:

1. Establish a Centers for Disease Control and Prevention (CDCP) that shall serve as the national focus for the research, development and application of disease prevention and control programs and policies, environmental health, and health promotion and health education activities designed to improve the public health.

2. Institute a system that will allow a systematic and scientific incident management, planning and multi-sectoral coordination;

3. Allow prompt and efficient surveillance and risk assessment system;

4. Establish medical and research laboratories using internationally-accepted standards for the gold standard for diagnosis of both infectious and non-infectious diseases;

5. Allow the CDCP and the DOH to craft appropriate diagnostic, therapeutic and preventive protocols in the clinical management of both infectious and non-infectious diseases;

6. Lay down the requisites for appropriate infection prevention and control which include diagnosis using the gold standard diagnosing diseases, both infectious and non-infectious, indexing of cases and contact-tracing;

7. Clearly define etiologic agents of infections and classify them according to their degree of virulence, the appropriate quarantine and isolation protocols necessary to combat them and other ancillary activities which will render protection not only to front liners but to the general public as well;

8. Establish a data registry of all diseases using the available technology and an information management system which will provide required statistics accurately and expeditiously;

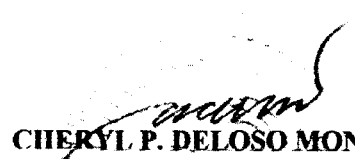
9. Enable the DOH and the CDCP to be always on guard for the possible entry of pathogenic microorganisms into the country and the community; and

¹⁰ David, G., Ph.D. *et al.* COVID-19 Forecasts in the Philippines: Insights for Policy Making. UP Media and Public Relations Office. 22 April 2020 (<https://www.up.edu.ph/covid-19-forecasts-in-the-philippines-insights-for-policy-making-updated-as-of-april-22-2020/>)

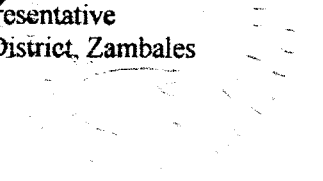
10. Clearly define and describe operational logistics in combatting both infectious and non-infectious pathologies particularly during outbreaks and epidemics.

We cannot be left defenceless in the face of the realities that we are in. In our continued struggle for survival, we have to adapt to our surroundings. In our adaptation, we must have the necessary tools for us to be certain of our perpetuation as a species. This piece of legislation is one of those tools.

Hence, immediate passage of this bill is earnestly sought.



CHERYL P. DELOSO MONTALLA
Representative
2nd District, Zambales



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HOUSE BILL NO. 6655

INTRODUCED BY HONORABLE CHERYL P. DELOSO-MONTALLA

AN ACT
PROVIDING FOR THE FRAMEWORK FOR THE CONTROL AND PREVENTION OF
DISEASES AND MANAGEMENT OF OUTBREAKS EPIDEMICS, ESTABLISHING
FOR THE PURPOSE THE CENTERS FOR DISEASE CONTROL AND PREVENTION
OF THE PHILIPPINES, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 11332
AND OTHER RELATED LAWS, APPROPRIATING FUNDS THEREFOR AND FOR
OTHER PURPOSES

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

Section 1. *Short Title.* – This Act shall be known as the “***Control and Prevention Diseases and Management of Epidemics Code of the Philippines***”

Section 2. *Declaration of Policy.* – It is hereby declared the mandatory policy of the State to protect and promote the right to health of every Filipino by ensuring that they are proactively protected from diseases.

Towards this end, it is also hereby declared the policy of the State to adopt an integrated and comprehensive approach to disease control and prevention in order to raise the level of health of the Filipino and improve their social, economic and cultural conditions.

It is hereby further declared the policy of the State that a systematic approach to the improvement of our health system requires the establishment of an institution equipped with the necessary capacity, competency, latitude and authority to decisively and scientifically respond to the demands of public health and public health emergencies, crises and situations.

CHAPTER I
GENERAL PROVISIONS

Section 3. *Purpose.* - The purpose of this Act is to contribute to the improvement and maintenance of citizens' health by preventing the occurrence and prevalence of diseases, management of outbreaks and epidemics and prescribing necessary the framework for the prevention and control thereof.

Section 4. *Definition of terms.* - As used in this Act, the following terms shall mean:

a. “Adverse reaction to vaccination” means any symptom or disease that may be caused by vaccination or is related to such vaccination as determined by the CDCP;

b. “Designated infectious diseases” means infectious diseases as determined by the Centers for Diseases Control and Prevention (CDCP), as they require surveillance to investigate as to whether they are epidemic, other than Groups 1 through 5 infectious diseases;

c. "Discrimination" means any act or omission which unduly curtails or impairs a right or excludes or withholds access to services, goods, benefits or privileges, where the right or access to which is not otherwise withheld, prohibited or restricted by relevant protocols, guidelines and rules issued by the State relative to measures against an outbreak or epidemic. It shall also include any act that causes or tends to cause any stigma, disgrace, shame, humiliation or harassment against persons suspected of, afflicted with, or have recovered from the disease caused by the infectious agent of the epidemic, on the basis of their status as such.

d. "Epidemic" refers to the increase, often sudden, in the number of cases of a disease above what is normally expected in a population in a geographically defined area.

e. "Epidemiological investigation" means the activities of investigating the number of cases involving patients with an infectious disease, patients suspected of an infectious disease, or pathogen carriers and of tracing the sources of their infection, among others, if such cases occur, in order to quarantine such infectious disease agents and prevent their spread, and the activities of examining the causes of adverse reactions, if such cases occur, after vaccinations have been administered against infectious diseases;

f. "Group 1 infectious diseases" include the following infectious diseases spread via drinking water or food, with a high risk of mass outbreak, requiring the formulation of immediate control measures upon the outbreak or prevalence thereof:

- i. Cholera;
- ii. Typhoid Fever;
- iii. Paratyphoid Fever;
- iv. Shigellosis, Bacillary dysentery;
- v. Colon bacillus infection with enterorrhagia;
- vi. Viral hepatitis A.

g. "Group 2 infectious diseases" include the following infectious diseases which can be prevented and controlled by vaccinations, subject to national vaccination programs:

- i. Diphtheria;
- ii. Pertussis;
- iii. Tetanus;
- iv. Measles;
- v. Mumps;
- vi. Rubella;
- vii. Poliomyelitis;
- viii. Viral hepatitis B;
- ix. Japanese encephalitis;
- x. Varicella;
- xi. Hemophilus influenza type B
- xii. Pneumococcus;

h. "Group 3 infectious diseases" include the following infectious diseases which require continuous surveillance and the formulation of control measures against the outbreak thereof as they may prevail intermittently:

- i. Malaria;
- ii. Tuberculosis;
- iii. Hansen's disease (Leprosy)
- iv. Scarlet Fever;
- v. Meningococcal meningitis;
- vi. Legionellosis;
- vii. Vibrio vulnificus sepsis;
- viii. Epidemic typhus;

- ix. Murine typhus;
- x. Scrub typhus;
- xi. Leptospirosis;
- xii. Brucellosis;
- xiii. Dengue fever;
- xiv. Anthrax;
- xv. Rabies;
- xvi. Hemorrhagic fever with renal syndrome;
- xvii. Influenza;
- xviii. Acquired immunodeficiency syndrome (AIDS);
- xix. Syphilis

i. "Group 4 infectious diseases" include the following infectious diseases which have newly broken out or are likely to break out in the Philippines or any part thereof, or which prevail abroad with a risk of being transmitted into the Philippines or in any part thereof: *Provided*, that Group 4 infectious diseases include infectious diseases designated by the Department of Health (DOH), as they are feared to be suddenly transmitted into or prevalent in the Philippines and requires urgent prevention and control:

- i. Yersinia pestis infection;
- ii. Yellow fever;
- iii. Viral hemorrhagic fever;
- iv. Small pox;
- v. Botulism;
- vi. Severe acute respiratory syndrome;
- vii. Animal influenza infection;
- viii. Novel Influenza (H1N1);
- ix. Tularemia;
- x. Q fever;
- xi. West Nile Fever;
- xii. Emerging infectious disease syndrome;
- xiii. Lyme disease;
- xiv. Tick-borne encephalitis;
- xv. Melioidosis;
- xvi. Chikungunya fever;
- xvii. Severe fever with thrombocytopenia syndrome;
- xviii. Middle east respiratory syndrome;
- xix. Severe acute respiratory syndrome corona virus 19.

j. "Group 5 infectious diseases" includes infectious diseases which are spread by parasitic infection, as determined by the DOH, as they require surveillance through regular investigations: *Provided*, that Group 5 infectious diseases include infectious diseases designated by the DOH, as they are feared to be suddenly transmitted into or prevalent in the Philippines and are necessary for urgent prevention and control;

k. "High-risk pathogen" means a pathogen of an infectious disease as determined by the CDCP, which could cause serious threat to the citizens' health if used for biological terrorism or leaked a duly-accredited containment facility due to accidents, among others;

l. "Infectious disease" means any infectious disease classified under Group 1 infectious diseases, Group 2 infectious diseases, Group 3 infectious diseases, Group 4 infectious diseases, Group 5 infectious diseases, designated infectious diseases, infectious diseases under surveillance by the World Health Organization (WHO), infectious diseases spread through bioterrorism, sexually transmitted infectious diseases, zoonoses, and nosocomial infectious diseases;

m. "Infectious diseases spread through bioterrorism" means infectious diseases as determined by the DOH, among those spread by pathogens either deliberately used or for terrorism, etc.;

n. "Infectious diseases under surveillance by the WHO", means infectious diseases designated to be subject to surveillance by the WHO to prepare for international public health emergencies;

o. "Outbreak" means is the occurrence of infectious disease cases in excess of normal expectancy which happens in a limited geographic location;

p. "New overseas infectious disease subject to control" means an infectious disease as determined by the CDCP, which is caused by a variant of an existing or a new pathogen which is previously unknown to science, and gives rise to a new health problem internationally, and which requires countermeasures against its transmission into the Philippines;

q. "Non-infectious disease" means a disease caused by genetic or environmental factors other than pathogens such as toxic environmental exposures or unhealthy lifestyle choices;

r. "Nosocomial infectious diseases" means infectious diseases which developed in patients in the course of their hospitalization, which, as determined by the DOH, require surveillance;

s. "Pandemic" refers an epidemic that has spread over several countries or continents, usually affecting large number of people;

t. "Pathogen" includes bacteria, virus, fungus, prion, animal or any other biological agent that causes disease or illness to humans;

u. "Pathogen carrier" means a person who has no clinical symptoms, but carries the pathogen of an infectious disease;

v. "Patient with an infectious disease" means a person who suffers from an infectious disease as indicated by relevant signs and symptoms and whose case has been confirmed by a medical doctor according to the gold standard for diagnosis as set forth by the DOH;

w. "Patient suspected of an infectious disease" means a person suspected of being infected by the pathogen of an infectious disease, but has yet to be confirmed as a patient with an infectious disease;

x. "Sexually transmitted infectious diseases" means infectious diseases as determined by the DOH, among those transmitted by sexual contact;

y. "Standard precautions" refer to the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect the health care worker and prevent him/her from spreading infection among patients. Standard precautions include hand hygiene, use of personal protective equipment (e.g. gloves, masks, eyewear, face shields), respiratory hygiene and cough etiquette, sharps safety (engineering and work practice controls), safe injection practices (i.e. aseptic technique for parenteral medications), sterile instruments and devices and clean and disinfected environmental surfaces.

z. "Surveillance" means the complete processes of systematically and continuously collecting, analyzing, and interpreting data on the outbreak of infectious diseases and the vectors thereof, of timely distributing findings thereof to those who need such findings, and of using the findings for the prevention and control of infectious diseases;

aa. "Transmission-based precaution" means infection prevention used when patients have diseases that can be spread through contact, droplet or airborne routes (e.g. skin contact, sneezing or coughing) and are always used in addition to standard precaution;

bb. "Zoonoses" means infectious diseases as determined by the DOH, among those spread by pathogens transmissible from animals to humans and vice-versa;

Section 5. Duties of the national and local governments. - The national and local governments shall respect the dignity and values of patients with an infectious or non-infectious disease as human beings, protect their fundamental rights, and shall not impose on them any disadvantage, such as restrictions on employment, except as otherwise provided in this Act.

(1) The national and local governments shall perform the following initiatives for the prevention and control of diseases:

- (a) Preventive and quarantine measures against infectious diseases;
- (b) Medical treatment and protection of patients with an infectious or non-infectious disease;
- (c) Formulation and implementation of plans for vaccination for the prevention of infectious diseases;
- (d) Education and information dissemination concerning infectious and non-infectious diseases;
- (e) Collection, analysis, and provision of information on infectious and non-infectious diseases;
- (f) Investigation and research on infectious and non-infectious diseases;
- (g) Tests, preservation, and control of pathogens of infectious diseases and the surveillance of drug resistance thereof;
- (h) Incentivize specialists for the prevention of diseases;
- (i) International cooperation for the exchange information on disease control information;
- (j) Stockpiling of medicines and other therapeutic agents, supplies and equipment for the treatment and prevention of infectious diseases;
- (k) Evaluation of infectious disease control projects;
- (l) Support for corporations or associations which perform duties for prevention and treatment of diseases;
- (m) Establishment and operation of an information system for the prevention and control of diseases;
- (n) Formulation of plans, education and information dissemination, and training to prepare the country against the transmission of new overseas infectious diseases;
- (o) Continuous monitoring of the trends of outbreaks of new overseas infectious diseases, and the risk evaluation thereof, and the designation of new overseas infectious diseases that are subject to control and prevention;

(p) Preparation of a system for prevention of and countermeasures against new overseas infectious diseases and the publication of reports and massive information dissemination of the relevant guidelines (including manuals) on such new overseas infectious diseases, through the collection of information about pathogens, the analysis of their characteristics, and other relevant researches thereon.

(2) The national and local governments shall share information on infectious and non-infectious diseases and information on situations of outbreaks and prevalence thereof and mutually cooperate in order to efficiently treat such diseases and prevent the spread thereof.

(3) The national and local governments shall share relevant information with medical institutions and medical personnel associations in order to surveil and prevent the outbreak of diseases.

Section 6. *Duties and rights of medical personnel.* – The following shall be the rights and duties of medical personnel under this Act:

1. Medical personnel, medical institutions and health clinics shall have the right to be provided information on the medical treatment of patients with infectious diseases.

2. Medical personnel, medical institutions and health clinics shall have the right to be provided all forms of protection in the course of their medical treatment of patients with infectious diseases, and may be compensated for any damage caused by the diagnosis, treatment and management of patients with infectious disease

3. Medical personnel, medical institutions and health clinics shall exercise due diligence in the diagnosis, management and treatment of patients with infectious diseases, and shall actively cooperate to comply with orders, rules, regulations and other issuances of by the DOH, the national or local government.

4. Medical personnel, medical institutions and health clinics shall actively cooperate with the DOH, national and local governments in the conduct of surveillance, prevention, and control of the outbreak of infectious diseases and epidemiological investigations.

Section 7. *Duties and rights of citizens.* – The duties and rights of citizens under this Act are the following:

1. Where each citizen is isolated and medically treated due to an infectious disease, he/she may be compensated for any damage as a direct result of such isolation and medical treatment.

2. Each citizen shall have the right to know information on the situation of an outbreak of infectious diseases and the prevention and control thereof and how to cope therewith, and the national and local governments shall promptly disclose information relative thereto.

3. Each citizen shall have the right to receive the diagnosis and medical treatment of any infectious disease under this Act at a medical institution, and the national and local governments may bear all or part of the expenses incurred therein.

4. Each citizen shall actively cooperate with the DOH, national and local governments in the management, prevention and control of infectious diseases.

CHAPTER II MASTER PLANS AND PROJECTS

Section 8. *Formulation of plans for the prevention and control of infectious diseases* - The DOH, coordination with the CDCP shall formulate and implement a national master plan for

the prevention and control of diseases and the management of outbreaks and epidemics and shall update, revise or modify the same every five years or as often as it may deem necessary.

The master plan shall include the following:

- (a) Basic objectives of and direction-setting for the implementation of the prevention and control of both infectious and non-infectious diseases;
- (b) Plans programs, projects and activities for the prevention and control of major infectious and non-infectious diseases, and their methods of implementation;
- (c) Plans, programs, project and activities to incentivize infectious and non-infectious diseases specialists and researchers;
- (d) Plans, programs, projects and activities to strengthening the capabilities of each medical institution in the country to respond to emergencies with respect to infectious diseases;
- (e) Plans, programs, projects and activities for the management of statistics and information about infectious and non-infectious diseases;
- (f) Modes for sharing information related to infectious and non-infectious diseases among medical institutions both locally and internationally;

Local government units shall formulate and implement an implementation plan, based on the master plan of the DOH;

The DOH and the local government units may request government agencies, medical societies or associations and non-government organizations to provide the required data which are necessary in the formulation and implementation of master plans or implementation plans under paragraph (3).

Any government agency, medical society or association or non-government organization in receipt of a request under paragraph (4), shall comply therewith, except in extenuating circumstances.

Section 9. *Infectious disease hospitals.* - The DOH shall establish, or operate by designation, infectious diseases specialty hospitals or infectious diseases research hospitals equipped with adequate facilities, personnel, and research capabilities to pursue research and prevention of infectious diseases, to nurture and train infectious diseases specialists, and to diagnose and treat patients with infectious diseases.

The DOH shall newly establish, or operate by designation, an infectious diseases specialty hospital equipped with at least the number of sickbeds including negative pressure isolation rooms, isolation beds and biosafety laboratories prescribed by the CDCP in every region of the country in order to diagnose and treat patients with infectious diseases.

The government shall provide an annual budget support for the newly established, or operating by designation, infectious diseases specialty hospital or infectious diseases research hospitals under paragraphs (1) and (2).

Necessary procedures for and methods of establishing, or operating by designation, infectious diseases specialty hospitals or infectious diseases research hospitals under paragraphs (1) or (2), and the details of support therefor, shall be prescribed by the DOH upon the recommendation of the CDCP.

CHAPTER III

CREATION OF THE CENTERS FOR DISEASE CONTROL PHILIPPINES

Section 10. *The Centers for Disease Control and Prevention (CDCP).* - There is hereby established a Centers for Disease Control and Prevention (CDCP). The CDCP shall serve as the national focus for the research, development and application of disease prevention and control programs and policies, environmental health, and health promotion and health education activities designed to improve the public health.

Under this CDCP, the following bureaus and agencies under the DOH are hereby subsumed: (a) the Disease Prevention and Control Bureau, (b) the Epidemiology Bureau, (c) the Research Institute for Tropical Medicine, and the Disease Emergency Management Bureau.

Section 11. *Mandates and functions of the CDCP.* - The CDCP shall have the following mandates and functions:

1. Identify and define preventable health problems and maintain active surveillance of diseases through epidemiologic and laboratory investigations and data collection, analysis, and distribution;
2. Serve as the lead agency in the development and implementation of operational programs relating to environmental health problems, and conduct operational research aimed at developing and testing effective disease prevention, control, and health promotion programs;
3. Administer a national program to develop recommended occupational safety and health standards and conduct research, training, and technical assistance to assure safe and healthful working conditions for every working person;
4. Develop and implement programs to sustain a strong national workforce in disease prevention and control;
5. Conduct a national program for improving the performance of clinical and medical research laboratories;
6. Control the introduction and spread of infectious diseases;
7. Cooperate to and assist other nations and international agencies in disease prevention and control, environmental health, and health promotion activities; and
8. Provide therapeutic and preventive health grant programs while providing program expertise and assistance in responding to matters related to disease prevention and control activities.
9. Establish and operate facilities, centers and institutions using internationally-accepted standards to conduct research on the control, prevention and management of diseases;
10. Use all available technologies in pursuance of its mandate to protect public health; and
11. Any other function that may be vested on it by law or by the President of the Philippines.

Section 12. *The CDCP Director.* - The CDCP shall be headed by a Director with a rank of an undersecretary of the DOH. He shall be a degree holder in medicine with at least a master's degree in public health or epidemiology and must have distinguished himself in whatever field of

specialization that he is in. He shall be appointed by the President of the Philippines and shall be a career professional in the field of medicine.

The CDCP Director shall have the following powers and functions:

1. Manage and direct the activities of the Centers for Disease Control and Prevention (CDCP);
2. Provide leadership for the implementation of CDCP's responsibilities related to disease prevention and control;
3. Advise the President of the Philippines and the DOH on policy matters concerning CDCP activities;
4. Participate in the development of CDCP goals and objectives;
5. Provide overall direction and coordination to the epidemiologic activities of CDCP;
6. Coordinate CDCP response to health emergencies;
7. Provide liaison with other governmental agencies, international organizations including the World Health Organization and, learning institutions, and medical societies;
8. Coordinate international health activities relating to disease prevention and control;
9. In cooperation with the DOH Regional Offices, provide or obtain technical assistance for local government units as needed;
10. Provide overall direction to, and coordination of, the scientific/medical programs of CDCP;
11. Oversee and provide leadership for laboratory science, safety, and quality management;
12. Plan, promote, and coordinate an ongoing program to assure equal employment opportunities in CDCP;
13. Provide leadership, coordination, and assessment of administrative management activities;
14. Coordinate with appropriate DOH staff offices, other national and local government agencies on administrative and program matters;
15. Coordinate the consumer affairs activities for CDCP;
16. Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the agency's programs and activities;
17. Periodically report to the President of the Philippines and to Congress on the status of the Philippine public health;
18. Upon the declaration of an outbreak or epidemic, directly report to the President on the status and management thereof and provide recommendations to forthwith control such outbreak or epidemic; and
19. When an infectious disease has newly broken out or is likely to break out in the Philippines or any part thereof, or which prevail abroad with a risk of being transmitted into the

Philippines, he shall report immediately report to the President of the situation in real time and make recommendation on how to protect public health thereof.

Section 13. Divisions and bureaus under the CDCP. - There shall be established under the CDCP the Occupational Safety and Health Division (OSHD), Public Health Service and Implementation Science Division (DDPHSD), Public Health Science and Surveillance Division (PHSSD), Non-Infectious Diseases Division (NIDD), Infectious Diseases Division (IDD) and any other division or bureau which may be established by law of the Secretary of the DOH.

Section 14. Occupational Safety and Health Division (OSHD) – The OSHD shall be in charge of all health-related occupational safety and welfare of people at work. It shall plan direct, and coordinate a national program to develop and establish recommended occupational safety and health standards and to conduct research, training, technical assistance, and related activities to assure safe and healthful working conditions for every working person. It shall have the following specific functions:

1. Administer research in the field of occupational safety and health, including the conduct of health hazard evaluations;
2. Develop innovative methods and approaches for dealing with occupational safety and health problems;
3. Provide medical criteria which will ensure, insofar as practicable, that no employee will suffer diminished health, functional capacity, or life expectancy as a result of work experience, with emphasis on ways to discover latent disease, establishing causal relationship between diseases and work conditions;
4. Serve as a principal focus for training programs to increase the number and competence of personnel engaged in the practice of occupational safety and health;
5. Develop and coordinate the appropriate reporting procedures which assist in accurately describing the nature of the national occupational safety and health problems;
6. Consult with the Department of Labor and Employment (DOLE), Department of Interior and Local Government (DILG) other national government agencies and, in cooperation with the DOH Regional Offices, local government units, industry; and employee organizations with regard to promotion of occupational safety and health;
7. Provide technical assistance to industries, businesses and other related organizations in establishing and implementing occupational safety and health programs;
8. In carrying out the above functions, collaborate, as appropriate, with other Divisions and Bureaus of the CDCP.

Section 15. Public Health Service and Implementation Science Division (PHSD). - The PHSD shall lead, promote, and facilitate science programs and policies to identify and respond to public health threats, both domestically and internationally. Under it shall be established the Indigenous People's Health and Health Equity Bureau (IPHHEB) and the Preparedness and Response Bureau (PRB).

Section 16. Bureaus under the PHSD. - The following shall be the bureaus under the PHSD:

1. **Bureau of Indigenous People's Health and Health Equity (IPHHEB).** - The IPHHEB wide range of critical functions in the agency's work in minority health and health equity, women's health, and diversity and inclusion management. It shall play a critical leadership role in determining the CDCP's vision for health equity, ensuring a rigorous, evidence-based approach to

the practice of health equity, and promoting the ethical practice of public health in vulnerable sectors and communities. In carrying out its mandate, it shall:

- a. accelerates the work of CDCP and its partners in improving health by eliminating health disparities, promoting conditions conducive to health, and achieving health equity;
- b. Provide leadership and support for the agency's research, policy, and prevention initiatives to promote and improve the health of women; and
- c. Ensure CDCP's diversity policies, procedures and practices in reaching the full potential of its employees so that they may better accomplish CDCP's mission and be effective guardians of public health.

2. *Preparedness and Response Bureau (PRB).* - The PRB shall be responsible for all programs that comprise CDCP's public health preparedness and response portfolio. It shall safeguard health and save lives by providing a platform for public health preparedness and emergency response. To carry out its mission, it shall:

- a. Foster collaborations, partnerships, integration, and resource leveraging to increase the CDCP's health impact and achieve population health goals;
- b. Provide strategic direction to support CDCP's public health preparedness and response efforts;
- c. Manage CDCP-wide preparedness and emergency response programs;
- d. Maintain CDCP's platforms for emergency response operations;
- e. Communicate the mission, functions and activities of public health preparedness and emergency response to national, local and international stakeholders;
- f. Deliver critical medical assets to the site of a national emergency;
- g. Provide program support, technical assistance, guidance and fiscal oversight to local and tribal communities;
- h. Provide CDCP's core incident management structure to coordinate and execute preparedness and response activities;
- i. Regulate the possession, use and transfer of select agents and toxins and the importation of etiological agents, hosts, and vectors of human disease to protect public health in the Philippines; and
- j. Provide the centralized management and coordination of national scenario capabilities planning and exercising of these plans for CDCP.

3. *Any other bureau that may be created or established by the CDCP as may be necessary to effectively carryout its mandate.*

Section 17. Public Health Science and Surveillance Division (PHSSD). – The PHSSD shall be tasked to primarily focus on the advancement an agency-wide public health strategy on the systematic collection, analysis, interpretation and dissemination of health outcome-specific data for use by the CDCP to reduce morbidity and mortality and to improve public health. In carrying out this mission, it shall:

1. Serve as the principal adviser to the CDCP Director on public health science and surveillance;
2. Advise the CDCP Director in formulating and communicating scientific and surveillance strategic initiatives and policies;
3. Inform and represent the CDCP Director on key scientific and surveillance issues;
4. Represent the CDCP Director externally on key scientific and surveillance issues;
5. Provide overall strategic leadership and direction for science, laboratory science and safety, statistics, surveillance, informatics and epidemiology;
6. Identify, facilitate, and promote inter-center and inter-agency collaboration, innovation, and new initiatives related to science, laboratory science and safety, statistics, surveillance, informatics and epidemiology;
7. Ensure that agency-wide decisions on resource allocations are aligned with science priorities;
8. Coordinate with CDCP officials and public health partners to develop and implement goals and objectives; and
9. Identify science and surveillance issues of public health importance and launch strategic initiatives to address them including the development of shared goals and monitoring progress and accomplishments.

Section 18. *Bureaus under the PHSSD.* - The following shall be the bureaus under the PHSSD:

1. ***Laboratory Science and Safety (LSB).*** - The LSB shall provide high-level oversight and coordination of critical laboratory policies and operations, particularly those associated with laboratory safety and quality management programs at all clinical laboratories in the country including those which are used for academic and research purposes. In carrying out its mission, it shall:

- a. Provide scientific, technical, and managerial expertise and leadership in the development and enhancement of laboratory safety programs;
- b. Oversee and monitor the development, implementation, and evaluation of the laboratory safety and quality management programs across CDCP;
- c. Provide high-level coordination of policies and guidance for core laboratory training programs in quality management, laboratory safety, and Food and Drug Administration (FDA)-regulated diagnostic devices;
- d. Manage the catalogue of core laboratory quality, safety, and FDA-regulatory compliance training courses;
- e. Provide expertise and consultation for policy development and implementation of laboratory quality management activities;
- f. Provide regulatory expertise and consultation to support policy development and compliance with FDA regulations for in vitro diagnostic devices.

g. Provide high-level oversight and coordination of laboratory safety the country;

h. Develop and assess effectiveness of agency-level plans, policies, manuals, and tools for implementation of laboratory safety standards;

i. Provide regulatory compliance for biological safety, chemical safety, radiation safety, and the possession, use, and transport of select agents and toxins;

j. Provide expertise and consultation for biological safety, chemical safety, and radiation safety; and

k. Provides expertise for CDCP-wide compliance with all applicable laws, regulations, policies, and standards regarding the humane care and use of laboratory animals

2. *Surveillance, Epidemiology, and Laboratory Services Bureau (SELSB)*. The SELSB shall be in charge of efforts to track public health, strengthen laboratory networks, and help the government identify urgent health threats. It shall provide scientific service, expertise, skills, and tools in support of CDCP's efforts to promote health, prevent disease, injury and disability and prepare for emerging health threats. It shall also focus on improving information and data quality, laboratory systems, and the public health workforce, through modernization, innovation, and service.

To carry out its mission, it shall:

a. Lead and execute a national public health surveillance strategy for human health that builds upon current resources, establishes priorities for the nation's next-generation capability and provides timely, comprehensive, and accessible information to strengthen public health practice, and provide value to clinicians;

b. Participate in the identification, development, evolution, and adoption of informatics standards;

c. Facilitate and coordinate program and laboratory systems integration for the CDCP;

d. Provides leadership and support to strengthen the quality and safety of laboratory practices;

e. Provide leadership for scientific workforce education and advance professional development;

f. Provide leadership on public health strategy, activities, and planning;

g. Create and promote access to quality, timely and useful cross-cutting scientific guidance, products, and services to strengthen the science and practice of public health and to improve public health

3. *Health Statistics Bureau (HSB)*. – The HSB shall be the nation's principal source for health statistical information to guide actions and policies to improve the health of people. In this role, it shall be responsible for providing leadership for a wide-range of programs, including research and analysis in health and vital statistics, epidemiology, and related health and statistical sciences.

To carry out its mission, it shall:

- a. Provide national leadership in health statistics and epidemiology;
- b. Collect, analyse, and disseminate national health statistics on vital events and health activities, including the physical, mental, and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system: health costs and expenditures, changes in the health status of people, and environmental, social, and other health hazards;
- c. Stimulate and conduct basic and applied research in health data systems and statistical methodology;
- d. Coordinate to the maximum extent feasible, the overall health statistical and epidemiological activities of the program and agencies of the DOH and provide technical assistance in the planning, management, and evaluation of the Department's statistical programs;
- e. Maintain operational liaison with statistical units of other health agencies, public and private, and provides technical assistance within the limitations of staff resources;
- f. Foster research, consultation, and training programs in international statistical activities;
- g. Participate in the development of national health statistics policy with other national government agencies;
- h. Direct the environmental and epidemiological statistics programs of the PHSSD;
- i. Provides the DOH Secretary with consultation and advice on statistical matters in its role as the Government's principal general-purpose health statistics organization.

4. *Any other bureau that may be created or established by the CDCP as may be necessary to effectively carryout its mandate.*

Section 19. Non-Infectious Diseases Division (NIDD). - The NIDD shall be responsible for providing leadership and guidance to CDCP's non-infectious disease policies and strategies. It shall help to advance the agency's cross-cutting, non-infectious disease priorities such as preventing pre-diabetes and diabetes, ending the opioid epidemic, reducing birth defects and developmental disabilities, and protecting the public's health from environmental hazards.

Section 20. Bureaus under the NIDD. - The following shall be the bureaus under the NIDD:

1. *Birth Defects and Developmental Disabilities (BDDDB).* - The BDDDB shall be tasked to develop and support surveillance programs and conduct researches into the causes and risk factors in the development of birth defects and developmental disabilities. It shall also be tasked to improve the health of children and adults by preventing birth defects and developmental disabilities, and complications of heredity blood disorders; promoting optimal child development, and the health and wellness among children and adults living with disabilities.

In carrying out its mandate, it shall:

- a. Conduct public health research, epidemiological investigations, and program demonstrations directed toward preventing birth defects and developmental disabilities, and complications of hereditary blood disorders, optimal fetal, infant, and child development, and promoting the health and wellness of people with disabilities, including the prevention of secondary conditions;
- b. Plan, develop, establish, and maintain systems of surveillance and monitoring the population for these conditions;
- c. Operate regional centers for the conduct of applied epidemiological research on these conditions;
- d. Provide information and education to health care providers, public health professionals, and the public on these conditions;
- e. Provide technical assistance, consultation, capacity building through technology transfer, grants, cooperative agreements, contracts, and other means individuals, agencies and organizations to prevent and control these conditions;
- f. Provide training in the epidemiology of these conditions for health professionals;
- g. Translate scientific findings into intervention, prevention, and health promotion strategies;
- h. Conduct evaluations of programs to determine effectiveness;
- i. Coordinate activities with other CDCP organizations and other government agencies, as appropriate.

2. *Chronic Disease Prevention and Health Promotion (CDPHPB)*. - The CDPHP shall plan, direct, and coordinate a national program for the prevention of premature mortality, morbidity, and disability due to heart disease, cancer, stroke, diabetes, arthritis, oral disease and other major chronic diseases, conditions, and adverse health outcomes, including reproductive outcomes, and the prevention of associated major risk factors, including tobacco use, poor nutrition, and physical inactivity; and promotes the overall health of the population across the life span, and the health of population subgroups with disproportionate burdens of chronic diseases, conditions and risk factors.

In carrying out this mission, it shall:

- a. Plan, direct, and support population-based policy, environmental, programmatic and infrastructure interventions to promote population health and well-being, increase healthy life expectancy, improve quality of life, increase productivity, and reduce health care costs;
- b. Provide national and international leadership in the development, implementation, evaluation, and dissemination of effective programs for chronic disease prevention, risk factor reduction, and health promotion;
- c. Plan, develop, implement, maintain and disseminate information for action from surveillance systems to monitor and understand the distribution of chronic diseases and conditions, and risk factors, and take appropriate action to address them;

d. Conduct epidemiologic and behavioral investigations and demonstrations related to major health behaviors, including tobacco use, nutrition, family planning, alcohol use, and physical activity in conjunction with local health agencies, academic institutions, local partners and community organizations;

e. Plan, direct, and conduct epidemiologic and evaluative investigations and interventions to improve health care access, utilization, and quality of health services in order to better prevent and control chronic diseases, conditions, and selected adverse reproductive outcomes, and reduce health risk behaviors;

f. Serve as the primary focus for assisting local government units and academic institutions through grants, cooperative agreements, and other mechanisms, in establishing and maintaining chronic disease prevention and health promotion programs;

g. Provide training and technical consultation and assistance to local government units in planning, establishing, maintaining, and evaluating prevention and control strategies for selected chronic disease and health promotion activities;

h. Foster collaboration and coordination of chronic disease prevention and health promotion activities by leading and facilitating planning, consultation, program management and evaluation, and technical assistance to tribal communities and local government units;

i. Provide technical consultation and assistance to local government units in the development and implementation of programs related to chronic disease prevention and health promotion, and selected adverse reproductive outcomes; and

j. In carrying out the above functions, collaborate as appropriate with other CDCP bureaus, other national government agencies, domestic and international public health agencies, and voluntary and professional health organizations.

3. *Environmental Health and Toxic Substances and Disease Registry Bureau (EHTSDRB)* – The EHTSDRB shall plan, direct, and coordinate a national program to maintain and improve public health by promoting a healthy environment and by preventing premature death and avoidable illness and disability caused by non-infectious, non-occupational environmental and related factors.

In carrying out this mission, it shall:

a. Assist in increasing the capacity of local government units to prevent and control environmental public health problems through training, technology transfer, grants, cooperative agreements, contracts, and other means;

b. Provide services, advice, technical assistance, and information to local public health officials, other national government agencies, academic, professional, international, and private organizations, and the general public;

c. Plan for and provide emergency response assistance to local government units, other national government agencies, and international organizations;

d. Identify, design, develop, implement, influence, and evaluate interventions to reduce or eliminate environmental hazards, exposures to these hazards, and adverse health outcomes resulting from exposure to these hazards;

e. Measure, estimate, and predict the incidence of adverse health outcomes through surveillance, surveys, and registries;

f. Measure, estimate, and predict the incidence of exposure to substances, conditions, or forces in the environment through surveillance, surveys, and registries;

g. Describe and evaluate associations between environmental exposures and adverse health outcomes by using information from surveillance systems, surveys, registries, epidemiologic and laboratory studies, and by developing and maintaining a broad base of normative and diagnostic laboratory data;

h. Develop and validate advanced laboratory technology for diagnosing selected chronic diseases and for assessing exposure and health effects in persons exposed or potentially exposed to environmental toxicants or other environmental agents;

i. Develop and validate new epidemiologic techniques for use in the study of the effects of exposure to environmental hazards;

j. Provide leadership in coordinating efforts in local government units and in national and international organizations concerned with standardizing selected laboratory measurement systems;

k. Conduct special programs, coordination and review of environmental impact statements; and

l. In carrying out the above functions, collaborate, as appropriate, with other bureaus of the CDCP.

4. Injury Prevention and Control Bureau (IPCB): The IPCB shall lead in innovative research and science-based programs to prevent injuries and violence and to reduce their consequences.

In carrying out this mission, it shall:

a. Provide leadership in developing and executing a national program for non-occupational injury prevention and control with local government units, voluntary and private sector organizations;

b. Propose goals and objectives for national injury prevention and control programs, monitor progress toward these goals and objectives, and recommend priority prevention and control activities and develop guidelines for these activities;

c. Plan, direct, conduct, and support research focused on the development and evaluation of strategies to prevent and control injuries, including research in biomechanics, epidemiology and prevention, and the treatment and rehabilitation of the injured;

d. Plan, establish, and evaluate surveillance systems to monitor national trends in morbidity, mortality, disabilities, and costs of injuries and facilitates the development of surveillance systems by the national and local governments;

e. Develop, implement, direct, and evaluate demonstration programs to prevent and control injuries;

f. Serve as the primary health resource for technical assistance and management expertise in the epidemiology, statistics, prevention, and control of non-occupational injuries;

g. Assist in increasing the capacity of the national and local governments to prevent and control injuries by providing technical assistance and management

consultation in assessing the problem of injuries, conducting surveillance, planning injury prevention and control programs, and evaluating injury prevention and control activities;

h. Serve as the principal focus for training programs to increase the number and competence of personnel engaged in injury prevention and control research or practice;

i. Support the dissemination of research findings and the transfer of injury prevention and control technologies to local government units, private organizations, and other national and international groups;

j. In carrying out the above functions, collaborate with other bureaus of the CDCP, Department of Transportation (DoTr) and other national government agencies, and private organizations, as appropriate.

5. *Any other bureau that may be created or established by the CDCP as may be necessary to effectively carryout its mandate.*

Section 21. Infectious Diseases Division (IDD). - The IDD shall provide leadership to the efforts of CDCP in advancing the agency's infectious disease researches, strategies and policies, their control, prevention and management.

Section 22. Bureaus of the IDD. - The following shall be the bureaus under the IDD:

1. *Immunization and Respiratory Diseases Bureau (IRDB).* - The IRBD shall be responsible for the strategies and policies prevent disease, disability, and death through immunization and by control of respiratory and related diseases.

In carrying out its mission, it shall:

a. Provide leadership, expertise, and service in laboratory and epidemiological sciences, and in immunization program delivery;

b. Conduct applied research on disease prevention and control;

c. Translate research findings into public health policies and practices;

d. Provide diagnostic and reference laboratory services to relevant partners;

e. Conduct surveillance and research to determine disease distribution, determinants, and burden nationally and internationally;

f. Respond to disease outbreaks;

g. Ensures that public health decisions are made objectively and based upon the highest quality of scientific data;

h. Provide technical expertise, education, and training to domestic and international partners;

i. Provide leadership to internal and external partners for establishing and maintaining immunization, and other prevention and control programs;

j. Develop, implement, and evaluate public health policies;

k. Communicate information to increase awareness, knowledge, and understanding of public health issues domestically and internationally, and to promote effective immunization programs;

l. Synchronize all aspects of DOH's pandemic influenza preparedness and response from strategy through implementation and evaluation; and

m. Implement, coordinate, and evaluate programs across CDCP bureaus to optimize public health impact.

2. *Emerging and Zoonotic Infectious Diseases Bureau (EZIDB)*. – The EZIDB shall be tasked to help advance the CDCP's cross-cutting infectious disease priorities and researches, including the integration of advance molecular detection technologies into public health.

In carrying out these activities, it shall:

a. Work collaboratively across CDCP and with external partners to conduct, coordinate, support, and evaluate public health efforts to prevent and minimize morbidity and mortality due to infectious diseases, promoting a "whole of nation" approach involving the interface of animal, human, and environmental factors;

b. Develop, evaluate, and advance science, programs, management, and operations toward meeting the agency's infectious disease-related mission and goals;

c. Conduct epidemiologic and laboratory science and applied research aimed at identifying risk factors and disease burdens and developing and implementing public health programs, practices, and policies for infectious disease prevention and control;

d. Work with domestic and international partners to provide technical and subject matter expertise in responding to outbreaks and in establishing, maintaining, and evaluating disease control and prevention programs;

e. Support a broad range of cross-cutting and collaborative programs aimed at enhancing public health capacity at the local and national levels;

f. Work to improve the quality and safety of healthcare through efforts to reduce healthcare associated infections and antimicrobial resistance and to ensure the safety of medical products, including vaccines;

g. Conduct activities to improve the safety of food and water and reduce related enteric illnesses;

h. Administer a national quarantine program to prevent importation and spread of infectious diseases in the country;

i. Work with CDCP bureaus and external partners to improve public health preparedness at the local and national levels; and

j. Work to increase public health prevention efforts for populations at increased risk for infectious diseases.

3. *HIV/AIDS, Viral Hepatitis, STD and TB Prevention Bureau (HHSTPB)*: - The HHSTPB shall oversee the elimination, prevention, and control of disease, disability, and death caused by Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS), non-HIV retroviruses, viral hepatitis, other sexually transmitted diseases (STDs), and tuberculosis (TB).

In carrying out its mission, it shall:

- a. Build capacity and enhance public health infrastructure for preventing and treating HIV/AIDS, viral hepatitis, STDs, and TB;
- b. Coordinate activities and programs across CDCP bureaus and with other Department of Health Divisions in order to maximize the public health impact of HIV/AIDS, viral hepatitis, STDs, and TB interventions;
- c. Conduct surveillance and research to determine the distribution, determinants, and burden of HIV/AIDS, viral hepatitis, STDs, and TB;
- d. Conduct program evaluation to improve programs and activities relating to the prevention of HIV/AIDS, viral hepatitis, STDs, and TB, and determine their impact;
- e. Provide reference laboratory and clinical diagnostic services for HIV/AIDS, viral hepatitis, STDs, and TB to relevant stakeholders;
- f. Promote collaboration and service integration among HIV/AIDS, viral hepatitis, STDs, and TB programs;
- g. Engage external partners to develop and implement effective HIV/AIDS, viral hepatitis, STDs, and TB policies, research, and programs;
- h. Engage partners, to promote health equity and reduce health disparities among those affected by HIV/AIDS, viral hepatitis, STDs, and TB;
- i. Provide technical assistance and training in the diagnosis, treatment, and prevention of HIV/AIDS, viral hepatitis, STDs, and TB;
- j. Conduct public health communication activities to disseminate research findings and increase awareness of HIV/AIDS, viral hepatitis, STDs, and TB;
- k. Conduct operational, behavioral, and biomedical research to improve the distribution, diagnosis, prevention, and control of HIV/AIDS, viral hepatitis, STDs, and TB;
- l. Provide scientific leadership regarding public health ethics and protection of human subjects linked to HIV/AIDS, viral hepatitis, STDs, and TB;
- m. Translate research findings into public health practice and policy for HIV/AIDS, viral hepatitis, STDs, and TB prevention;
- n. Plan, coordinate, and guide programs and activities with external partners, national government agencies, and other organizations related to HIV/AIDS, viral hepatitis, STDs, and TB prevention, care, and treatment;
- o. Lead and participate in the development, implementation, and evaluation of policies and guidelines related to HIV/AIDS, viral hepatitis, STDs, and TB;
- p. Provide scientific leadership regarding screening, treatment, immunization, and other prevention interventions relevant to HIV/AIDS, viral hepatitis, STDs, and TB;
- q. Assure all public health decisions are based on the highest quality scientific data, openly and objectively derived;

r. Provide leadership to local governments in establishing and maintaining, HIV/AIDS, viral hepatitis, STDs, and TB screening, treatment, immunization, and other prevention and control programs;

s. Ensure that programmatic and scientific activities are aligned with, and in support of, CDCP's overall mission, goals, and strategic imperatives;

t. Allocate and tracks CDCP resources and contributes to the development of CDCP's short-, medium- and long-term strategic plans for preventing the spread of HIV/AIDS, viral hepatitis, STDs, and TB; and

u. Collaborate with other national government agencies, domestic and international governmental and non- governmental organizations to advance CDCP's health protection goals.

4. *Any other bureau that may be created or established by the CDCP as may be necessary to effectively carryout its mandate.*

Section 23. *Research Institute of Tropical Medicine (RITM).* - The CDCP shall absorb all functions and divisions under the Research Institute of Tropical Medicine pursuant to Executive Order No. 674. Under the supervision and control of the CDCP, it shall also:

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

b) Undertake research activities in the diagnosis, control and prevention of tropical diseases that are major causes of mortality and morbidity in the Philippines;

c) Develop cost effective strategies for the control of infectious/tropical diseases;

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

e) Conduct regular training courses for medical and paramedical personnel in the control of common tropical diseases in the county;

f) Participate in the technical cooperation programs with foreign government in research activities in the diagnosis, control and prevention of tropical diseases.

Section 24. *The Infectious Disease Control Committee.* - An Infectious Disease Control Committee shall be established under the CDCP to deliberate on major policies on the prevention and control of infectious diseases.

The Committee shall deliberate on the following:

a. Formulation of master plans;

b. Provision of medical services related to infectious diseases;

c. Investigation and research on infectious diseases;

d. Dissemination of knowledge concerning the prevention, control, and management of infectious diseases, and the protection and enhancement of the human rights of patients with an infectious disease;

e. Matters concerning autopsy orders issued under Section 38;

f. Matters concerning standards for and methods of conducting vaccinations under paragraph 2 of Section 52;

g. Formulation and implementation of crisis control measures against infectious diseases under Section 35;

h. Matters concerning the preparatory stockpiling, long-term procurement, and production of preventive and therapeutic medicines, equipment, etc. under Section 62;

i. Determination of criteria for distribution, including priorities on supplying medicines under Section 63, and other necessary matters;

j. Matters concerning compensation by the State for injury caused by vaccination;

k. Other matters concerning the prevention and control of infectious diseases, which are referred by the Chairperson of the Committee to its meeting.

Section 25. *Composition of the Committee.* - The Committee shall be comprised of not exceeding 20 members, including a Chairperson and a vice-chairperson.

The Director of the CDCP shall be the Chairperson; the vice-chairperson shall be appointed by the Chairperson from among its members. its members shall be appointed or commissioned by the Secretary of the DOH, from among the following:

a. Medical associations or organizations specializing in infectious diseases or infectious disease control;

b. Medical associations specializing in non-infectious diseases;

c. Experts in the field of epidemiology;

d. Persons recommended by a non-profit, non-governmental organization;

e. Persons with substantial knowledge and experience in infectious and non-infectious diseases.

Advisory committees by field of specialization and composed of the members of the Committee and external experts, may be established to efficiently perform the duties of the Committee.

In addition to matters provided for in paragraphs (1) through (3), matters necessary for the composition and operation of the Committee and advisory committees, shall be prescribed by the CDCP.

CHAPTER IV NOTIFICATION AND REPORTING

Section 26. *Notification by medical doctors.* - Where any of the following cases (excluding cases caused by an infectious disease subject to sentinel surveillance under paragraph 6 of Section 31) occurs, a medical doctor shall report such fact to the medical institution to which he/she belongs, and shall instruct the relevant patient and his/her cohabitants on how to prevent infection determined by the CDCP: *Provided*, That a medical doctor who does not belong to a medical institution shall notify the DOH or its local counterpart of such fact:

- a. Where he/she diagnoses a patient with an infectious disease, or examines the corpse of such patient;
- b. Where he/she diagnoses a person manifesting an adverse reaction to a vaccination, or examines the corpse of such person;
- c. Where a patient with an infectious disease dies of any infectious disease falling under Groups 1 through 4 infectious diseases.

Where a member of a medical institution for confirming pathogens of infectious diseases diagnoses a patient with an infectious disease using a laboratory test, he/she shall report such fact to the institution for confirmation of the pathogen/s of infectious diseases.

In receipt of reporting prescribed in paragraphs (1) and (2), the medical institution or an institution for the confirmation of pathogens of infectious diseases shall notify the CDCP or the DOH or its local counterpart within twenty-four (24) hours thereof, in cases of Groups 1 through 4 infectious diseases, and, within forty-eight (48) hours, in cases of Group 5 infectious diseases and designated infectious diseases, respectively.

Where any case falling under any subparagraph of paragraph (1) (excluding any case caused by an infectious disease subject to sentinel surveillance under paragraph 6 of Section 31) occurs, a military doctor serving in the Army, Navy, Air Force, or a unit under the direct control of the Department of National Defense (DND), shall report such fact to the commander of the unit to which he/she belongs, and the commander of the unit in receipt of the report shall notify the CDCP or the Department of Health, within 24 hours thereof.

Where any case falling under paragraph 1 or 3 occurs due to an infectious disease subject to sentinel surveillance referred to in paragraph 6 of Section 31, an institution of sentinel surveillance referred to in Section 31 shall notify the CDCP.

Necessary matters concerning standards for diagnosing patients with infectious diseases, and methods and procedures for notification prescribed in paragraphs (1) through (5), shall be prescribed by the DOH.

Section 27. Other persons mandated to notify. - Upon occurrence of cases of patients with a Group 1 infectious disease or cases of persons who died of a Group 1 infectious disease or a suspected symptom thereof, and upon the outbreak of an infectious disease as determined by the DOH that is among Groups 2 through 4 infectious diseases, any of the following persons shall request a medical doctor to perform a diagnosis or an autopsy, or notify thereof the CDCP, the DOH or the local government unit having jurisdiction over the relevant location:

- a. In an ordinary family, the co-habitant: *Provided, That* where the co-habitant is absent, another member of the household;
- b. In a school, hospital, government office, company, entertainment place, chapel, means of transportation, such as vessel, aircraft, and train, business office or place of business, restaurant, accommodation, or any other place determined by the DOH where many people gather, its head of office, manager, executive, or representative.

If a person determines a patient with an infectious disease or a person suspected of having died of any infectious disease, regardless of whether the person is obligated to notify under paragraph (1), the person shall notify the CDCP, DOH or its local counterpart having jurisdiction over the relevant location thereof.

The methods and period of notification as prescribed in paragraph (1), methods and procedures for notification as prescribed in paragraph (2), and other relevant matters, shall be determined by the CDCP.

Section 28. *Reporting by local government units.* - The local government unit through its provincial, city or municipal health officer in receipt of a notification made under Section 29 shall report the details thereof to the Governor through the Provincial Health Officer in case of provinces and the city or municipal health officer in case of cities and municipalities, who shall, in turn, report the same to the Regional Director of the DOH who in turn shall report the same, without delay to the CDCP.

The methods and procedures of proper reporting pursuant to paragraph (1) and other matters relevant thereto shall be determined by the CDCP.

Section 29. *Notification of zoonoses.* - The Governor, city or municipal mayor in receipt of the notification, shall immediately notify the CDCP of the contagious animal diseases, if they fall under any of the following:

- a. Anthracnose;
- b. Highly pathogenic bird influenza;
- c. Rabies;
- d. Other zoonoses prescribed by the Department of Agriculture.

The CDCP, notified under paragraph (1), shall take appropriate measures under this Act to prevent infectious diseases and the spread thereof.

No person or local government unit, in receipt of a notification made under paragraph (1) shall disclose the identity of the reporting person without his/her written consent.

Methods and procedures for notification as prescribed in paragraph (1), and other related matters, shall be prescribed by the CDCP.

Section 30. *Detection and control of patients with an infectious disease.* - Where the local government unit receives a notification under Section 29 on any patient with an infectious disease who lives within his/her jurisdiction, it shall record such patient in a registry and shall maintain a local registry (including electronic documents), as prescribed by the CDCP.

CHAPTER V SURVEILLANCE OF INFECTIOUS DISEASES AND EPIDEMIOLOGICAL INVESTIGATION

Section 31. *Sentinel surveillance of infectious diseases.* - The Secretary of the DOH may designate a medical institution or an institution of sentinel surveillance of infectious diseases, in consideration of the characteristics of the disease and the location of its occurrence in order to ensure medical and scientific surveillance on the outbreak of infectious diseases.

The CDCP, Governor or City or Municipal Mayor may request an institution of sentinel surveillance of infectious diseases designated under paragraph (1) (hereinafter referred to as "sentinel surveillance institution") to submit necessary data in connection with the sentinel surveillance of infectious diseases, or to provide necessary cooperation for the prevention and control of infectious diseases. In such cases, a sentinel surveillance institution shall immediately comply therewith, except in extenuating circumstances.

The CDCP, DOH or its local counterpart or the local government unit, through its provincial, city or municipal health officer shall provide relevant institutions, organizations, establishments, or citizens with important information on national health data collected under paragraph (2).

The DOH shall subsidize expenses for the sentinel surveillance activities of sentinel surveillance institutions.

The Secretary of the DOH may, upon the recommendation of the CDCP, cancel the designation of a sentinel surveillance institution, where it falls under any cause prescribed by the CDCP, such as negligence in performing surveillance activities for the outbreak of infectious diseases, among others.

Necessary matters concerning infectious diseases subject to sentinel surveillance, and the designation of sentinel surveillance institutions and the causes for the cancellation of such designation, as prescribed in paragraph (1), shall be prescribed DOH.

If deemed necessary to obtain information related to the likelihood of an outbreak or prevalence of any infectious disease, the CDCP may request any person to provide such information. In such cases, the person shall comply with such request, unless there exists any justifiable ground to the contrary.

Matters concerning the details of, procedures for, and treatment of information to be provided pursuant to paragraph (7), shall be prescribed by the CDCP.

Section 32. *Fact-finding surveys.* - The CDCP, local government units through their respective provincial or municipal health officers may conduct fact-finding surveys to understand the actual conditions of management of and infection by infectious diseases.

Matters necessary in fact-finding surveys under paragraph (1), including the methods of and procedures for fact-finding surveys shall be determined by the CDCP.

Section 33. *Epidemiological investigations.* - Where the CDCP or local government units, through their respective provincial, city or municipal health officers, deem that an infectious disease breaks out and is likely to prevail subsequently, it shall, without delay, conduct an epidemiological investigation and then provide information concerning the findings thereof to the relevant medical institutions to a necessary extent: *Provided*, That if necessary for the prevention of the prevalence of the infectious disease in other areas, such information shall be provided to the CDCP, other local government units and medical institutions and organizations.

The CDCP or the local government units, through their respective provincial, city or municipal health officers, shall establish an epidemiological investigation team to conduct an epidemiological investigations, respectively.

No person shall commit any of the following acts in the course of an epidemiological investigation conducted by the CDCP or local government units, through their respective provincial, city or municipal health officers:

- a. Refusing, interfering with, or evading the epidemiological investigation without any justifiable ground;
- b. Making a false statement or presenting false materials;
- c. Intentionally omitting or concealing any fact.

2. Matters necessary for the details and timing of and methods for epidemiological investigations as prescribed in paragraph (1), and the composition, duties, etc. of epidemiological investigation teams in paragraph (2) shall be prescribed by the CDCP.

Section 34. *Request for epidemiological investigations.* - Where an infectious disease or any disease unknown for its cause has broken out or is likely to break out, medical personnel or medical institutions shall request the CDCP or local government units, through their respective

provincial, city or municipal health officers to conduct an epidemiological investigation under Section 33.

The CDCP or the local government units, through their respective provincial, city or municipal health officer in receipt of a request as prescribed in paragraph (1) shall notify, without delay, the relevant medical personnel or the relevant medical institution of whether to conduct an epidemiological investigation, the ground therefor, and other relevant matters.

Necessary matters concerning requests for conducting an epidemiological investigation under paragraph (1), the methods and procedures for notification made under paragraph (2) shall be prescribed by CDCP.

Section 35. *Continuing medical education of medical personnel for epidemiological investigations.* - The CDCP shall regularly provide education and training on epidemiological investigations.

The courses of education and training as prescribed in paragraph (1) and other necessary matters shall be prescribed by the CDCP.

Section 36. *Presentation of documents, materials and other relevant matters.* - To efficiently conduct epidemiological investigations, the CDCP may require the relevant agencies, institutions or organizations to present documents, materials and other things necessary for epidemiological investigations.

Where the CDCP conducts epidemiological investigations, it may, if necessary, request a relevant agency to provide necessary assistance, such as dispatch of the personnel belonging to such agency.

A person, agency or institution in receipt of a request as prescribed in paragraph (1) or a request for assistance as prescribed in paragraph (2) shall comply therewith, except in extenuating circumstances.

Matters concerning the extent and methods of requirements for the presentation of materials as prescribed in paragraph (1) and requests for assistance as prescribed in paragraph (2) shall be prescribed by the CDCP.

Section 37. *Medical examinations.* - A person engaged in any occupation prescribed by DOH that requires medical examination to prevent sexually transmitted infectious diseases or a person infected by a sexually transmitted infectious disease and deemed by the CDCP, provincial, city or municipal health officer as highly likely to transmit the infection thereof, shall undergo medical examination for sexually transmitted infectious diseases, as prescribed by the CDCP.

Section 38. *Autopsy orders.* - Where the CDCP deems that it is impossible to identify whether a person suspected of having died of an infectious disease or a person posing as a potentially serious threat to public health has actually died of an infectious disease, and to ascertain the cause of his/her death, it may order an autopsy.

An autopsy under paragraph (1) shall be conducted with the consent of a relative within the 4th civil degree of affinity or consanguinity of the deceased: *Provided*, That an autopsy order may be issued without the consent of a relative within the 4th civil degree of affinity or consanguinity of the deceased, under extenuating circumstances that make it impracticable to obtain such consent in advance, such as unknown whereabouts or no known contact details of the party, and the delay in the autopsy is deemed likely to make it impossible to achieve the purposes of the autopsy which are preventing infectious diseases and protecting public health.

The CDCP shall designate an infectious disease specialist, or a person specialized in anatomy, pathology or forensic medicine, as a physician-in-charge of an autopsy and shall require him/her to conduct the said autopsy.

Autopsies under paragraph (3) shall be conducted in a facility satisfying the biological safety level determined and publicly announced by the CDCP for each group of infectious disease, with which the deceased is suspected of being infected.

Matters necessary for the designation of physicians-in-charge of autopsies, standards for the facilities to be required for each type of infectious disease, management of corpses under paragraph (3), and other relevant matters shall be determined by the CDCP.

Section 39. *Methods of disposal of cadavers of infected persons/patient.* - In case of death of a patient with an infectious disease (including a person confirmed after his/her death to have contained pathogens of an infectious disease), the local government unit, upon the recommendation of the CDCP, may restrict the method of funeral for the deceased, within necessary limits, for quarantining and prevention of the spread of the infectious disease.

Where the CDCP intends to impose restrictions under paragraph (1), the Secretary of the DOH shall provide a written explanation to the bereaved of the deceased on the necessity of the relevant measures and the detailed methods and process thereof.

The Secretary of the DOH may request a crematory facility to take measures under paragraph (1), and the crematory facility in receipt of such request shall fully cooperate therein.

The methods and processes for restrictions imposed under paragraph (1), and other necessary matters, shall be prescribed by the CDCP.

CHAPTER VI HIGH-RISK PATHOGENS

Section 40. *Notification for the collection of specimen and transfer of high-risk pathogens.* - A person who intends to collect a specimen of a high-risk pathogen from a patient with an infectious disease, food, animal/plant, or any other specimen, and to transfer collected specimen of a high-risk pathogen, shall, without delay, notify the CDCP of the name of the high-risk pathogen, the name of the object from which the pathogen shall be collected, the date and time of collection, or and a transfer plan.

Standards, methods and procedures for notification made under paragraph (1), and other relevant matters, shall be determined by the CDCP.

Section 41. *Permit for the introduction of high-risk pathogens* - A person who intends to introduce high-risk pathogens into the domestic environment for the purpose of diagnosis and academic research of infectious diseases shall obtain a permit from the DOH upon full compliance with the all requirements prescribed by CDCP.

A person who intends amend pertinent data under paragraph (1) shall obtain a permit from the DOH: *Provided*, That where there an amendment to entries the permit relative to the details of the high-risk pathogen, he/she shall report to the CDCP prior to such change.

Where a person who has obtained a permit for introducing high-risk pathogens into the domestic environment under paragraph (1) intends to transfer the relevant high-risk pathogen after acquiring them, he/she shall designate a place to acquire them, as prescribed by the CDCP, and shall submit a transfer plan to the CDCP pursuant to Section 40 of this Act thirty (30) days prior to such transfer.

Methods and procedures for the grant of permits and reporting under paragraphs (1) through (3), and other relevant matters shall be prescribed by the CDCP.

Section 42. *Safety control of high-risk pathogens.* - A person who intends to examine, preserve, control or transfer high-risk pathogens shall observe rigid safety control standards, as determined by CDCP, with respect to procedures, facilities and equipment necessary for the examination, preservation, control, and transfer thereof.

The CDCP shall inspect whether a person who examines, preserves, controls, and transfers high-risk pathogens observes the safety control standards referred to in paragraph (1).

Protocols necessary for the examination, preservation, control, and transfer of high-risk pathogens, in addition to those stipulated under paragraphs (1) and (2), shall be determined by the CDCP.

CHAPTER VII VACCINATION

Section 43. *Regular vaccinations.* - The national government in cooperation with the local government units shall provide regular vaccination services for the following:

- a. Diphtheria
- b. Poliomyelitis
- c. Pertussis
- d. Measles
- e. Tetanus
- f. Tuberculosis
- g. Viral hepatitis B
- h. Mumps
- i. Rubella
- j. Varicella
- k. Japanese encephalitis
- l. Haemophilus influenzae type B
- m. Pneumococcus
- n. Other infectious diseases designated by the CDCP as necessary for the prevention of infectious diseases.

The DOH may assign medical institutions/health clinics to provide regular vaccination services under paragraph (1). It shall pre-notify parents of children who are subjects of such regular vaccination.

The CDCP shall have a registry of vaccinations of all children and shall update the same on a yearly basis. Such registry shall be made available to the DOH central and regional officers and its local counterparts for purposes of monitoring and compliance.

Section 44. *Special vaccinations.* - The DOH shall provide special vaccination services in all public health centers and private clinics in any of the following cases:

- a. Where the local government requests the DOH to provide vaccination services for the prevention of infectious diseases; or
- b. Where the local government unit deems vaccinations necessary for the prevention of an infectious disease.

In such cases where outbreaks or epidemics occur, all employees, both private and public, who are in the front line of service during such outbreak or epidemic shall receive vaccination against the etiologic agent of the outbreak or epidemic, the vaccine of which shall be provided by

the government for free: *Provided*, that such vaccination shall be done with the expressed consent of the employee.

Section 45. *Public announcement of vaccination.* - Where the DOH is to provide special vaccination services, it shall determine the date, time, place, type of vaccination, and qualified subjects for vaccination, and shall make a prior public announcement thereof: *Provided*, That in case of any change in standards for providing vaccination services under paragraph 2 of Section 52, prior public announcement on such change shall be made.

Section 46. *Prior checking of vaccination records.* - Health centers, clinics and medical institutions assigned with vaccination services under paragraph 2 of Section 52, before providing vaccination services, shall check on the vaccination record of a person who intends to be vaccinated, with consent from the relevant person him/herself or his/her legal representative: *Provided*, That this shall not apply where consent is not obtained from such person or his/her legal representative.

The prior checking of a vaccination record referred to in paragraph (1), may be made through the integrated vaccination management system specified in Section 54.

Section 47. *Certificates of vaccination.* - The DOH through the health officers of local governments shall issue a certificate of vaccination to those who have undergone regular or special vaccination.

Where a person provides vaccination services under this Act, the DOH may authorize the person who has provided vaccination services to issue a certificate of vaccination, as prescribed by DOH.

Certificates of vaccination referred to in paragraphs (1) and (2) may be issued in electronic form.

Section 48. *Record-keeping and reporting of vaccination.* - Where health clinics and medical institutions assigned with vaccination services provide regular or special vaccination services, or receive a report under paragraph (2), they shall prepare and keep records on vaccinations, as prescribed herein, and report the details thereof to the local government unit concerned, the CDCP and the DOH, respectively.

Where a person, other than those in health clinics and medical institutions assigned with vaccination services, provides vaccination services under this Act, he/she shall report to the same to the local government unit, the CDCP and the DOH.

Section 49. *Epidemiological investigations on vaccination.* - The CDCP, provincial, city or municipal health officer shall conduct an investigation when an adverse reaction to vaccination occurs. It shall conduct an epidemiological investigation pursuant to Section 33 to establish its cause: *Provided*, That the CDCP shall conduct an investigation into the effects of vaccinations, and adverse reactions to vaccinations. while the local government units through their respective health officers shall investigate into the adverse reactions to vaccinations based on a protocol set by the CDCP for the purpose.

Section 50. *Vaccination injury investigation teams.* - A vaccination injury investigation team shall be established under the CDCP to investigate the causes of diseases, disabilities, and death resulting from vaccinations, and the offending party's culpability in such vaccination.

Matters necessary for the establishment and operation of a vaccination injury investigation team as prescribed in paragraph (1) shall be prescribed by the CDCP.

Section 51. *Ascertainment of the completion of vaccination.* - The CDCP or the local government may request the Department of Education (DepEd) or its local counterpart to submit inspection records on whether vaccination has been completed.

If the CDCP or the local government finds that students have not been vaccinated after verification of their records submitted under paragraph (1), it shall vaccinate such students.

Section 52. *Vaccination week and standards and protocols for vaccination.* - The DOH shall designate a vaccination week to promote vaccination against infectious diseases by raising citizens' interest to get vaccinated.

Standards, protocols and methods of conducting vaccination and other relevant matters shall be defined by the DOH upon the recommendation of the CDCP.

Section 53. *Planned production of vaccines.* - The DOH, in consultation with the CDCP, shall determine the number of vaccines necessary for vaccination against infectious diseases in advance and may require a vaccine manufacturer to produce them, and subsidize researches on vaccines within budgetary limits.

The DOH may fully or partially pay expenses incurred in the production of vaccines under paragraph (1) in advance to the accredited vaccine manufacturer, subject to the provisions of applicable laws.

Section 54. *Establishment and operation of an integrated vaccination management system.* - To efficiently process various data or information required in providing vaccination services and computerize the recording and management thereof, the CDCP shall establish and operate an integrated vaccination management system within 120 days after the effectivity of this Act.

The DOH through the CDCP shall collect, manage, and maintain the data registry for the establishment and operation of the Integrated Management System, and shall request the various national and local government agencies, organizations and persons to provide data necessary for such registry. In such cases, the national and local government agencies, organizations and persons in receipt of such request shall provide the following necessary information, except in extenuating circumstances:

- a. The personal information of persons who should be vaccinated including personally identifiable information referred to in Republic Act 10173 or the "Data Privacy Act" and other personal information required by the CDCP;
- b. Details of vaccinations, including the names of persons vaccinated, vaccine names, and dates of vaccinations;
- c. Other data as required by the CDCP to provide vaccination services, including information on the public and private health clinics and medical institutions assigned with vaccination services and the details of applications for compensation for damage suffered from vaccination, if there are any.

Public or private health clinics and medical institutions assigned with vaccination services under Paragraph 2 of Section 43, after providing vaccination services under this Act, shall enter the information specified in paragraph 2 in the Integrated Management System of the CDCP.

The DOH may provide the parents of children who should be vaccinated with details of vaccinations of their children or may request the issuance of certificates of vaccination, by utilizing the Integrated Management System. In such cases, to verify the propriety for providing details of vaccinations or issuing a certificate of vaccination, it may request the Philippine Statistics

Authority (PSA) and the National Privacy Commission (NPC) to furnish computerized registration data and the aforementioned agencies shall comply therewith, except in extenuating circumstances.

Except as otherwise expressly provided in this Act, matters relating to the protection and management of information referred to in paragraphs (1) through (5) shall be governed by Republic Act 10173 or the "Data Privacy Act".

CHAPTER VIII

MEASURES TO PREVENT SPREAD OF INFECTIOUS DISEASES

Section 55. *Formulation and Implementation of Crisis Control Measures against Infectious Diseases.* - The CDCP shall formulate and implement crisis control measures against infectious diseases (hereinafter referred to as "crisis control measures against infectious diseases") after deliberation by the committee in order to respond to an emergency resulting from the onset of the outbreak or spread of infectious diseases or the transmission of new overseas infectious diseases into the Philippines.

Crisis control measures against infectious diseases shall include the following:

- a. Systems for responding to the occurrence of a medical disaster or emergency and the transmission of new overseas infectious diseases, and the roles therein of each of the national and local government agencies agency;
- b. Medical protocol in the management of a medical disaster or emergency, decision on emergency warning, and disaster and emergency management systems;
- c. Preparation of the lists of experts, medical personnel, facilities, and medical institutions to be mobilized during an infectious disease emergency;
- d. Schemes of stockpiling and securing medical supplies and equipment;
- e. Training for actual situations, such as citizens' codes of conduct and education and map exercise for the personnel, facilities, and institutions to be mobilized, during a medical disaster or emergency;
- f. Other matters as deemed necessary by the CDCP for coping with medical disasters or emergencies.

The CDCP shall regularly conduct training, based on crisis control measures against infectious diseases.

Matters necessary for the formulation and implementation of crisis control measures against infectious diseases shall be prescribed by the CDCP.

Section 56. *Disclosure of information during infectious disease emergency.* - When an infectious disease is spreading, the CDCP shall promptly disclose information with which citizens are required to be appropriately informed in the control and prevention of the infectious disease, such as movement paths, transportation means, medical treatment institutions, and contacts of patients of the infectious disease: *Provided*, That any party with respect to whom there exist any information inconsistent with the disclosed data or who has any personal knowledge contrary to the disclosed data, may file an objection with the DOH.

Necessary matters concerning the scope, procedures and methods of the disclosure of information as prescribed in paragraph (1), shall be prescribed by the DOH.

Section 57. Formulation of crisis control measures against infectious diseases by local government units. - The CDCP shall notify local government units of crisis control measures against infectious diseases formulated under Section 55.

Each local government unit shall formulate and implement crisis control measures against infectious diseases based on the crisis control measures against infectious diseases specified under paragraph (1). The local government unit shall automatically convene its local crisis control committee and shall implement crisis control measures in coordination with the CDCP.

Section 58. Prohibition of presentation of false statement to medical personnel during outbreaks and epidemics. - No person shall make a false statement, present false materials, or intentionally omit or conceal any fact to the CDCP or to any of its authorized representatives and medical personnel with respect to necessary data for the identification, tracing and confirmation of whether or not an individual is infected, including his/her records of visit to medical institutions and of seeking medical advice therein.

Section 59. Designation of infectious disease control institutions. - A local government unit, where applicable, shall designate a government-owned medical institution or facility within its jurisdiction as an infectious disease control institution, based on the guidelines issued by the CDCP for the purpose.

The medical institution or facility designated under paragraph (1) shall establish facilities for the prevention of infectious diseases and for the appropriate management of patients with an infectious disease. In such cases, an infectious disease control institution that exceeds the scale prescribed by CDCP, shall establish single-occupancy patient care rooms with a vestibule and a negative pressure isolation room in accordance with the standards prescribed by CDCP, in order to prevent the spread of the disease.

A DOH, in cooperation with the local government unit concerned, shall subsidize expenses incurred in establishment and operation of infectious disease control facilities in infectious disease control institutions.

Where a private medical institution, other than an infectious disease control institution, intends to establish and operate infectious disease control facilities, it shall report such fact to the DOH, its local counterpart and the local government unit.

When a public health emergency occurs, including an outbreak of an infectious disease, the DOH or the local government unit may order infectious disease control institutions to become containment facilities of patients with infectious disease.

Section 60. Establishment of infectious disease control institutions during infectious disease emergencies. - Where patients are infected by an infectious disease *en masse*, or infectious disease control institutions designated under Section 59 are insufficient to accommodate all patients with an infectious disease, the DOH or the local government unit, upon the recommendation of the CDCP, may take the following measures:

- a. Designate of any medical institution, other than infectious disease control institutions designated under Section 59, as an infectious disease control institution for a specified period;
- b. Establish and operate isolation wards, or clinics for the management of the infectious disease outbreak.
- c. Utilize barangay facilities as satellite infectious disease control institutions in extraordinary cases of epidemics.

An infectious disease control institution designated under paragraph (1) shall establish infectious disease control facilities, as prescribed by CDCP.

The DOH or the local government unit shall subsidize expenses incurred in establishing and operating facilities under paragraph (2), to infectious disease control institutions.

When an emergency occurs, including the outbreak of an infectious disease, the DOH or the local government unit, upon the recommendation of the CDCP, may order infectious disease control institutions to conduct any activity as provided in this Act.

No infectious disease control institution designated under paragraph (1) may refuse any order issued under paragraph (2) without justifiable grounds.

No infectious disease control institution shall refuse to hospitalize patients with an infectious disease without any justifiable ground.

Section 61. *Methods of establishing and managing infectious disease control facilities.* - Standards and procedures in the establishment and operation of infectious disease control institutions, and isolation wards, or clinics under Section 60 shall be determined by the CDCP.

The DOH, CDCP or the local government unit may conduct evaluations of infectious disease control institutions on a regular basis, and reflect the findings thereof in the supervision, support, and administration of the said institutions. In such cases, the methods, process, and time-frame of such evaluations, details of the supervision and support, and other related matters, shall be determined by the DOH upon the recommendation of the CDCP.

Section 62. *Stockpiling of essential medicines, supplies and equipment for the control, prevention and management of infectious disease outbreaks, epidemics and those spread by biological terrorism.* - When there is a likelihood of an outbreak, epidemic or pandemic of infectious diseases and any other infectious disease spread by biological terrorism, the DOH, upon the recommendation of the CDCP, may determine essential preventive and therapeutic medicines, supplies and equipment after deliberation by the Committee, and stockpile them or enter into a contract for long-term procurement, in advance.

When there is a likelihood of an outbreak, epidemic or pandemic of infectious diseases and any other infectious disease spread by biological terrorism, the DOH, upon the recommendation of the CDCP, may determine preventive and therapeutic medicines and require medicine manufacturers to produce them.

The CDCP shall investigate efficacy and adverse reactions of preventive and therapeutic medicines under paragraph (2), and conduct epidemiological investigations pursuant to Section 33 if any case of adverse reactions occurs.

Section 63. *Distribution standards including priorities in supplying medicines for infectious diseases.* - The DOH shall determine the distribution standards including priorities in supplying medicines stockpiled or produced under Section 62 in preparation for an outbreak, epidemic or pandemic of infectious diseases or any other infectious disease spread by biological terrorism, and other necessary matters after deliberation by the Committee.

Section 64. *Medical management of patients with an infectious disease.* - Patients with an infectious disease with a particularly high risk of transmission shall receive in-patient treatment at an infectious disease control institution. Treatment protocols shall be provided by the DOH upon the recommendation of the CDCP for the management of such cases: *Provided*, That where the etiologic agent of the outbreak is an emerging vector where no internationally-accepted therapeutic protocol is in place, the DOH, upon the recommendation of the CDCP shall, within forty-eight (48) hours of the declaration of such outbreak, issue provisional diagnostic and therapeutic protocols for such infectious disease and shall notify all medical professionals of such protocol.

The provisional protocol shall be reviewed from time to time to ensure that it is responsive to the medical challenge brought about by such infectious disease.

Where sickbeds at an infectious disease control institution are fully occupied, and thus the infectious disease control institution is unable to accommodate patients with an infectious disease, the DOH, or the local government unit may permit such patients to receive in-patient treatment in medical institutions, other than the infectious disease control institutions.

The DOH or the local government unit may permit any of the following persons to undergo treatment in his/her home or infectious disease control facilities:

1. A person, other than those subject to in-patient treatment under paragraphs (1) and (2);
2. A person at risk of infection or transmission of an infectious disease through contact with a patient with an infectious disease.

Standards, methods and procedures in undergoing home-care and in-patient treatment under paragraphs (1) through (3), and other relevant matters, shall be prescribed by the DOH upon the recommendation of the CDCP.

No person, natural or juridical, shall discriminate against any person suspected of, afflicted with or who recovered from the disease caused by the infectious agent of an epidemic, by curtailing or impairing their right or preventing them from exercising a right or withholding access to services, goods, benefits or privileges, where their exercise of such rights and access to goods, services, benefits and privileges are not otherwise withheld, prohibited or restricted by relevant protocols, guidelines and rules by the State relative to an outbreak or epidemic.

It shall likewise be unlawful for any person to, whether verbally, in writing, or otherwise, humiliate, ridicule, insult, embarrass, harass or perform any act which demeans the dignity and self-respect, including posting or sending of messages in social media applications or unauthorized disclosure of personal information or identity of a person suspected of or afflicted with or has recovered from a disease caused by the infectious agent of the epidemic by reason of their status as such.

It shall also be unlawful for any person to discriminate against another by reason of the latter's association or relation to a person suspected of or afflicted with or has recovered from a disease caused by the infectious agent of the epidemic by reason of their status as such.

Section 65. *Employer's obligation to cooperate.* - Where an employee is hospitalized or isolated under this Act, the relevant employer may grant a paid leave during the period of such hospitalization or isolation, in addition to the paid leave. In such case, if the cost of granting a paid leave is subsidized by the State, the employer shall provide the paid leave.

No employer shall dismiss, or otherwise treat unfavorably, an employee for reason of a paid leave granted under paragraph (1) and shall dismiss such employee during the period of the paid leave: *Provided*, That this shall not apply where the employer is unable to continue his/her business.

The State may subsidize the cost of granting a paid leave under paragraph (1).

The scope of subsidization granted under paragraph (3), procedures for application therefor, and other necessary matters, shall be prescribed by the President.

Section 66. *Mandatory obligations with respect to infectious diseases.* - The CDCP, through the DOH, or local government unit may assign a health officer to conduct necessary investigation or medical diagnosis by entering the residence, means of transportation, or any other

place where a patient with any of the following infectious diseases is deemed present, and where such medical diagnosis confirms that the suspected person is a patient, with an infectious disease, the health officer, observing the transmission precautions for infectious diseases, shall escort and compel him/her to undergo medical treatment or be hospitalized:

- a. Group 1 infectious diseases;
- b. Diphtheria, measles, and poliomyelitis, among Group 2 infectious diseases;
- c. Tuberculosis, scarlet fever, and meningococcal meningitis, among Group 3 infectious diseases;
- d. Infectious diseases determined by the CDCP, among Group 4 infectious diseases;
- e. Infectious diseases under surveillance of the World Health Organization;
- f. Infectious diseases spread by biological terrorism.

Where a person refuses a medical investigation or diagnosis for confirmation of a patient with an infectious disease under paragraph (1), the CDCP, through the DOH, its local counterpart or the local government unit, in coordination with the Philippine National Police (PNP), shall escort such person to an infectious disease control institution and compel him/her to undergo necessary investigation or diagnosis.

The CDCP, through the DOH, its local counterpart or the local government unit may quarantine or isolate any person suspected of having an infectious disease at his/her home or in an infectious disease control institution and, if an investigation or medical diagnosis conducted under paragraph (2) confirms that the person is a patient with an infectious disease, it shall compel him/her to undergo medical treatment or to be hospitalized in an infectious disease control institution.

Where any person suspected of having an infectious disease is found not to be a patient with an infectious disease, the DOH, its local counterpart or the local government unit shall immediately release the person from quarantine or isolation referred to in paragraph (3).

Where the DOH, its local counterpart or the local government unit gives medical treatment to, or hospitalizes, any person suspected of having an infectious disease pursuant to paragraph (3), he/she shall notify the next of kin of the person relative thereto.

Designation of, and criteria for, institutions to conduct investigations or diagnosis under paragraph (2) or to put suspected or confirmed patients in isolation under paragraph (3), and other necessary matters, shall be prescribed by DOH upon the recommendation of the CDCP.

Section 67. Hospitalization notice to patients with infectious disease. - Where a patient with an infectious disease needs to receive in-patient treatment under Section 64, the DOH or its local counterpart or the local government unit shall notify the person subject to in-patient treatment and his/her next of kin relative thereto.

Guidelines, methods of and procedures for notification under paragraph (1), and other relevant matters, shall be determined by the DOH.

Section 68. Management of persons deprived of liberty. - The Bureau of Jail Management and Penology (BJMP) shall provide appropriate diagnostic and therapeutic services to inmates infected with infectious diseases and institute measures to prevent the spread thereof.

Where there is a declaration of an outbreak or epidemic or an impending epidemic outside of the correctional institution, the BJMP, in consultation with the CDCP, shall immediately

institute measures to ensure that inmates are effectively protected from the infectious disease. It may regulate visitations, entry of goods, materials and provisions or conduct necessary disinfection and decontamination of such to ensure optimum protection of the health of the persons deprived of liberty.

Routine inspection shall be conducted by the CDCP to ascertain that biosafety and other medical protocols are observed in all correctional facilities.

Section 69. *Temporary restrictions on work.* - No patient with an infectious disease shall be engaged in any occupation involving frequent contact with the general public and no one shall hire patients with an infectious disease for such occupation.

If a person required to undergo a medical examination for a sexually transmitted infectious disease under Section 37 fails to undergo the medical examination, he/she shall not be engaged in any occupation, and the person who operates the relevant business shall not permit any person who fails to undergo medical examination to be engaged in the business.

Section 70. *Measures for medical examination and vaccination.* - The DOH or the local government unit may require any of the following persons to undergo a medical examination including diagnostic testing using the gold standard for the diagnosis of an infectious disease, or to receive a vaccination necessary for the control and prevention of an infectious disease:

1. Family members of a patient with an infectious disease, or his/her cohabitants;
2. A person suspected of being infected by an infectious disease, who resides in or goes into an area where the infectious disease breaks out;
3. A person suspected of being infected by an infectious disease through contact with a patient with an infectious disease; and
4. Any other person whom the DOH or its local counterpart may deem to require such medical examination.

Section 71. *Epidemic control measures against the prevalence of infectious diseases.* - In order to prevent the further spread of an infectious disease upon the outbreak of the infectious disease, the CDCP, through the DOH, its local counterpart or the local government unit shall take all or some of the following measures:

1. The following measures against places where patients with an infectious disease are present or places deemed infected by the pathogen of an infectious disease:
 - a. Temporary closure;
 - b. Prohibition of entry by the general public;
 - c. Restriction of movement into the places deemed infected by an infectious disease; and
 - d. Other measures for passage blocking;
2. Suspension of operation of the business of a medical institution;
3. Hospitalization or quarantining of persons suspected of being infected by the pathogen of an infectious disease in a proper place for a specified period;
4. Prohibition of the acts of using, receiving, moving, throwing away, or cleaning things infected or suspected of being infected by the pathogen of an infectious disease, or burning up or disposing of such things;

5. Ordering the disinfection or decontamination of, or other necessary measures necessary against places infected by the pathogen of an infectious disease and disposal of wastes or things infected or suspected of being infected by the pathogen of an infectious disease;

6. Any other measure defined by the CDCP as it may deem appropriate to control and prevent the transmission of the pathogen of an infectious disease.

Section 72. *Disinfection measures for infected places.* - The Armed Forces of the Philippines (AFP) under the direct supervision of the CDCP shall disinfect, decontaminate or take other necessary measures in places where patients with an infectious disease contracted the pathogen, or places suspected of being contaminated by the pathogen of an infectious disease. Guidelines and protocols for disinfection shall be determined by the CDCP.

CHAPTER IX PREVENTIVE MEASURES

Section 73. *Preventive measures against infectious diseases.* - The DOH, its local counterparts and local government units shall take all or some of the following measures to prevent any infectious disease:

- a. To completely or partially hold up traffic in a specific jurisdiction;
- b. To restrict or prohibit performances, assemblies, religious ceremonies, or any other large gathering of people;
- c. To conduct medical examinations or to perform autopsies or dissection of corpses;
- d. To order the prohibition of the sale or receipt of food that exposes the risk of transmitting infectious diseases, or the discarding of such food or other necessary disposal;
- e. To order preventive measures for persons who are engaged or exposed in the culture, raising, slaughter and sale of animals suspected of potentially carrying pathologic agents of infectious diseases for the prevention of zoonoses;
- f. To order the restriction or prohibition of the possession and transfer of articles which may transmit infectious diseases, or the destruction, incineration, or other necessary disposal of such articles;
- g. To order the assignment of medical doctors at any mode of transportation, such as but not limited to ships, aircraft, buses, and trains, places of business, or other public places, or to order the installation of facilities necessary for the prevention of infectious diseases at such places;
- h. To order the inspection, disinfection, fumigation, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings and other necessary measures for facilities or places related to public sanitation, or the prohibition of the installation, remodelling, alteration, disuse, or use of waterworks, sewers, wells, garbage dumps, and public toilets, among others;
- i. To order the extermination of, or the installation of extermination facilities for, rodents, vermin, or other animals transmitting infectious diseases;

j. To restrict or prohibit activities at a specified bodies of water, or the use of a specified wells;

k. To prohibit the capture of animals which are intermediate hosts in the transmission of infectious diseases, or eating of such animals in the raw state;

l. To mobilize medical personnel, medical practitioners, and other allied medical professionals during a period of an infectious disease outbreak, epidemic or pandemic;

m. To order the disinfection, fumigation, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings and other necessary measures for facilities or other necessary measures for, buildings infected by the pathogens of infectious diseases;

n. To keep hospitalized or quarantine persons suspected of being infected by the pathogen of an infectious disease at an appropriate place for a certain period.

Where a local government unit intends to prohibit the use of drinking water pursuant to paragraph (1) h and j, it shall separately supply drinking water during a period of such prohibition, and where a local government unit intends to take measures under paragraph (1) a, b, f, h, j, and k, it shall forthwith notify the public.

Section 74. *Other Preventive Measures against Infectious Diseases.* - Where patients are infected or are likely to be infected with an infectious disease, the AFP under the direct supervision of the CDCP, shall take disinfection or other necessary measures, and shall take additional measures necessary for the prevention of infectious diseases in the area where the infected or likely to be infected patient resides or frequents.

The DepEd may, in consultation with the CDCP, on grounds of an outbreak of an infectious disease, temporarily suspend classes for the duration of the outbreak or until the CDCP recommends the lifting of such suspension.

Section 75. *Disinfection Duty.* - The local government unit shall carry out the cleaning, disinfection, or decontamination measures and undertake activities to exterminate rodents, vermin, and other hosts or vectors of infectious diseases in order to prevent infectious diseases.

A person who owns or operates facilities resided by or used by a multiple number of persons, such as multi-unit housing, accommodations, hotels, hostels, among others, shall conduct regular disinfection necessary for the prevention of infectious diseases,

A facility owner or operator who is required to conduct disinfection under paragraph (2) shall authorize a duly-accredited disinfection service provider pursuant to paragraph 1 of Section 76 to conduct disinfection.

Section 76. *Reporting on Business of Disinfection Services.* - A person who intends to provide disinfection services as business must be equipped with facilities, equipment, and human resources based on the guidelines of CDCP relative to disinfection services. He shall apply for a license to operate with the DOH and upon compliance with all the requirements set forth by the CDCP, the same shall be granted.

The disinfection service provider shall regularly file a report on disinfection services conducted stating therein the place of disinfection, the disinfectant used, the method or process done in disinfecting the place and all other details as may be required by the CDCP.

Section 77. *Conduct of Disinfections.* - A disinfection service provider shall conduct disinfection according to standards and methods as determined by the CDCP.

Where a disinfection service provider has conducted disinfection in the presence of the representative from the CDCP or the local government unit, he/she shall record and keep matters concerning such disinfection, a copy of which shall be submitted to the CDCP for its record.

Section 78. *Training for Disinfection Service Providers.* - A disinfection service provider shall receive training on disinfection from the CDCP. It shall ensure that its employees engaged in disinfection services shall receive training in relative thereto.

Details and methods of training and the number of hours of training under paragraphs (1) shall be determined by the CDCP.

No person or entity shall be allowed to engage in the business of disinfection without undergoing the rigid training as required in this section.

Section 79. *Disinfection Service Agencies.* - Where the local government unit is required to disinfect pursuant to paragraph 5 of Section 71, Section 72, Section 73 (h), (i) and (l), Section 74, and Section 75, it may authorize a disinfection service provider to disinfect on in its behalf.

Section 80. *Suspension of Business.* - Where a disinfection service provider falls under any of the following cases, the DOH may order it to cease operation, or to suspend operation of its business for a specified period of up to six months:

1. Where it fails to file a report as provided in paragraph 2 of Section 76;
2. Where it conducts disinfection in disconformity with the standards and methods under Section 77, or fails to record and retain materials or documents concerning the conducted disinfection, in violation of the same section;
3. Where he/she fails to comply with an order to submit the required documents, or refuses, interferes with, or evades inspections and questions by the CDCP; or
4. Where he/she renders disinfection services during the suspension period of its business operation.

CHAPTER X

EPIDEMIC CONTROL OFFICERS, EPIDEMIOLOGICAL INVESTIGATION OFFICERS, QUARANTINE INSPECTION OFFICERS, AND EPIDEMIC PREVENTION OFFICERS

Section 81. *Epidemic Control Officers.* - The CDCP or the local government units shall appoint epidemic control officers-in-charge of the affairs of infectious disease prevention and epidemic control.

Each epidemic control officer shall be in charge of affairs specified in Section 5 (a) to (g): *Provided*, That each epidemic control officer of the CDCP or the local government units shall also be in charge of affairs specified in Section 5 (h).

Where urgent responses are necessary due to the anticipated domestic transmission or prevalence of any infectious disease, an epidemic control officer, in coordination with the local government unit, shall have the authority to take measures against an infectious disease, such as the restriction of passage, the evacuation of residents, the disposal of food and articles, among others, through which an infectious disease is transmitted, the assignment of tasks to personnel in charge of infectious disease control including medical personnel, and the deployment of supplies for epidemic control, for conducting its affairs as prescribed in Section 5 (a) and (b).

All government agencies which have jurisdiction over an area of an infectious disease, private health clinics and medical institutions, corporations, organizations, and individuals located

in that area, shall cooperate in the measures taken by an epidemic control officer under paragraph (3) unless there exists any justifiable ground to the contrary.

In addition to matters provided for in paragraphs (1) through (4), other necessary requisites concerning the qualification, the duties, the scope of authority of epidemic control officers, shall be prescribed by the CDCP.

Section 82. *Epidemiological Investigation Officers.* - Epidemiological investigation officers shall be composed of epidemiologists of the CDCP and at least two epidemiologists for every region, respectively, to deal with affairs concerning epidemiological investigations.

Epidemiological investigation officers shall be appointed, from among any of the following persons who have completed the course of education and training on epidemiological investigations under Section 35:

- a. Persons in charge of affairs of epidemic control, epidemiological investigation, or vaccination;
- b. Medical personnel ;
- c. Other experts in fields related to infectious diseases and epidemiology, such as pharmacists and veterinarians.

An epidemiological investigation officer may temporarily take measures specified under paragraph 1 of Section 71, where an emergency, in which the spread of an infectious disease is anticipated, would be likely to cause serious harm to public health if measures there against are not taken immediately.

Government agencies which have jurisdiction over an area of an infectious disease, private health clinics and medical institutions, corporations, organizations, and individuals located in that area shall cooperate in measures taken by an epidemiological investigation officer under paragraph (3) unless there exists any justifiable ground to the contrary.

Where an epidemiological investigation officer takes measures under paragraph (3), he/she shall immediately report such fact to the CDCP, the DOH and the local government unit which has jurisdiction over the area where the measures are to be implemented.

In addition to those provided for in paragraphs (1) through (6), other necessary matters concerning the qualification, duties, and authority of epidemiological investigation officers, the subsidization of expenses therefor, and other related matters, shall be prescribed by the CDCP.

Section 83. *Temporary Duty Orders.* - Where an infectious disease is likely to be transmitted into or prevail or breaks out in the Philippines or any part thereof, the DOH or the local government unit may order any person in the practice of medical or in any allied medical profession to perform or render service to contain the infectious disease outbreak, epidemic or pandemic or undertake quarantine duties for a specified period at a medical institution designated as an infectious disease control institution under Section 59 and 60, or an infectious diseases specialty hospital or infectious diseases research hospital established or designated under Section 9.

In emergency situations where an infectious disease is transmitted into or prevails in the Philippines or any part thereof, the DOH may appoint any person falling under paragraph 2 of Section 82 as an epidemic control officer to perform quarantine duties for a specified period.

Where epidemiological investigation personnel are undermanned due to the transmission or spread of an infectious disease, the DOH or the local government unit may appoint any person

falling under paragraph 2 of Section 82 as an epidemiological investigation officer to perform duties related to epidemiological investigations for a specified period.

An epidemic control officer or epidemiological investigation officer appointed by the DOH or the local government unit under paragraph (2), shall be deemed appointed as an employee for a fixed term position.

Matters necessary for temporary duty orders issued under paragraph (1), and the period, procedures, etc., for appointment under paragraphs (2) and (3), shall be prescribed by the DOH.

Section 84. *Quarantine Inspection Officer.* - Where necessary for the prevention of infectious diseases, a local government unit may appoint a quarantine inspection officer to perform duties concerning quarantine inspections, and if particularly necessary, may require the officer to quarantine any means of transportation, among others.

Quarantine inspection officers may board any means of transportation free of charge to perform quarantine inspection as stipulated under paragraph (1).

Matters necessary for the appointment, duties and responsibilities of quarantine inspection commissioners under paragraph (1) shall be determined by the DOH upon the recommendation of the CDCP.

Section 85. *Epidemic Prevention Officer*

1. Where an infectious disease prevails or is likely to prevail, local government unit may appoint an epidemic prevention officer to perform duties concerning the prevention of infectious diseases.

2. Matters necessary for the appointment, duties and responsibilities of epidemic prevention officers referred to in paragraph (1), shall be determined by the CDCP.

CHAPTER XI QUARANTINE AND ISOLATION PROTOCOLS

Section 86. *Quarantine and Isolation.* - A local government unit may isolate or quarantine an individual or group of individuals pursuant to the rules or regulations promulgated by the DOH through the CDCP consistent with the provisions of this section.

The local government unit shall strictly adhere to the following conditions and principles when isolating or quarantining individuals or groups of individuals:

(a) Isolation and quarantine must be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease to others and may include, but are not limited to, confinement to private homes or other private and public premises.

(b) Isolated individuals must be confined separately from quarantined individuals.

(c) The health status of isolated and quarantined individuals must be monitored regularly to determine if they continue to require isolation or quarantine.

(d) If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease he or she must promptly be removed to isolation.

(e) Isolation and quarantine must be immediately terminated when an individual poses no substantial risk of transmitting a contagious or possibly contagious disease to others.

(f) The needs of individuals who are isolated or quarantined shall be addressed in a systematic and competent manner, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, and competent medical care.

(g) Outside premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals isolated and quarantined.

(h) To the extent possible, cultural and religious beliefs shall be respected in addressing the needs of individuals, and establishing and maintaining isolation and quarantine premises.

The DOH or the local government unit may authorize physicians, health care workers, or others access to individuals in isolation or quarantine. Any individual entering isolation or quarantine premises with or without authorization of the DOH or local government unit may be isolated or quarantined where needed to protect the public health.

The DOH or the local government unit may temporarily isolate or quarantine an individual or a group of individuals, through a written directive, if a delay in imposing the isolation or quarantine would significantly jeopardize the government's ability to prevent or limit the transmission of an infectious or possibly infectious disease to others.

The DOH or local government unit may make a written petition to a court for an order authorizing the isolation or quarantine of an individual or groups of individuals.

An isolated or quarantined individual or group of individuals may apply to a court for an order to show cause why isolation or quarantine should or should not be terminated. The court shall rule on the application to show cause within 48 hours of its filing.

Section 87. *Suspension of entries and imports from designated places to prevent spread of infectious diseases.* - Whenever the DOH determines that by reason of the existence of any infectious disease in a foreign country there is serious danger of the introduction of such disease into the Philippines, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the DOH, in accordance with recommendation of the CDCP, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as shall be designated by the DOH in order to avert such danger, and for such period of time as it may deem necessary for such purpose.

Section 88. *Special quarantine powers in time of war.* - To protect the AFP war workers of the country, in time of war, against any infectious disease, the DOH, in consultation with the CDCP, is authorized to provide by regulations for the apprehension and examination of any individual reasonably believed (1) to be infected with such disease and (2) to be a probable source of infection to members of the armed forces or to individuals engaged in the production or transportation of arms, munitions, ships, food, clothing, or other supplies for the armed forces. Such regulations may provide that if upon examination any such individual is found to be so infected, he may be detained for such time and in such manner as may be reasonably necessary.

Section. 89. *Quarantine stations, grounds, and anchorages.* - The DOH shall control, direct, and manage all quarantine stations in all ports, wharves, jetty ports, bus terminals and such other point of entries into and exits of the Philippines or any part thereof, and designate the quarantine officers to be in charge thereof. With the approval of the President, it shall from time

to time select suitable sites for and establish such additional stations within the territorial jurisdiction of the Philippines as in its judgment are necessary to prevent the introduction of communicable diseases into the country or in any part thereof.

The DOH shall establish the schedule during which quarantine service shall be performed at each quarantine station, and, upon application by any interested party, may establish quarantine inspection during the twenty-four hour period, or any fraction thereof, at such quarantine stations as, in its opinion, require such extended service. It may restrict the performance of quarantine inspection to daytime for such arriving vessels, aircrafts, buses or any other mode of conveyance as it may deem necessary.

No vessel shall be required to undergo quarantine inspection during night time, unless the quarantine officer at such quarantine station shall deem an immediate inspection necessary to protect the public health. Uniformity shall not be required in the hours during which quarantine inspection may be obtained at the various ports of the Philippines.

Any consular officer medical officer of the Philippines, designated for such purpose by the DOH, shall make reports to the CDCP, on such forms and at such intervals as the CDCP may prescribe, of the health conditions at the port or place at which such officer is stationed. It shall be the duty of the customs officers and of Coast Guard officers to aid in the enforcement of quarantine rules and regulations.

Section 90. Bills of health. - Except as otherwise prescribed in this Act, any vessel at any foreign port or place clearing or departing for any port or place in the Philippines or any part thereof shall be required to obtain from the consular officer of the Philippines or from the medical officer of the Philippines designated by the DOH, at the port or place of departure, a bill of health in duplicate, in the form prescribed by the CDCP. The President, from time to time, shall specify the ports at which a medical officer shall be stationed for this purpose. Such bill of health shall set the sanitary history and condition of said vessel and its personnel, and shall state that it has in all respects complied with the regulations prescribed pursuant to of this section. Before granting such duplicate bill of health, such consular or medical officer shall be satisfied that the matters and things therein stated are true. The consular officer shall be entitled to demand and receive the fees for bills of health and such fees shall be established by regulation.

Duplicate copies of such bills of health shall be delivered at the time of inspection to quarantine officers at such port. The bills of health herein prescribed shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the Philippines, over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the Philippines.

The DOH shall from time to time prescribe regulations, applicable to sea vessels, buses and other public conveyances referred to in paragraph 1 of this section for the purpose of preventing the introduction into the Philippines or any part thereof of any communicable disease by securing the best sanitary condition of such vessels, buses and public conveyances, their cargoes, passengers, and crews. Such regulations shall be observed by such modes of transportation prior to departure, during the course of the travel, and also during inspection, disinfection, or other quarantine procedure upon arrival at any Philippine quarantine station.

It shall be unlawful for any vessel to enter any port in anywhere in the Philippines to discharge its cargo, or land its passengers, except upon a certificate of the quarantine officer that regulations prescribed under paragraph (3) of this section have in all respects been complied with by such officer, the aircraft or vessel, and its master/captain. The master/captain of every such vessel shall deliver such certificate to the collector of customs at the port of entry, together with the original bill of health and other papers of the vessel. The certificate required by this subsection shall be procurable from the quarantine officer, upon arrival of the vessel at the quarantine station and satisfactory inspection thereof, at any time within which quarantine services are performed at such station.

Section 91. *Quarantine regulations governing civil air navigation and civil aircraft.* The DOH shall provide through regulations the application to air navigation and aircraft of any of the provisions of Sections 87, 88, 89 and 90 of this Act and regulations prescribed thereunder including penalties and forfeitures for violations of such sections and regulations, to such extent and upon such conditions as it deems necessary for the safeguarding of the public health.

Section 92. *Administration of oaths by quarantine officers.* Medical officers of the Philippines, when performing duties as quarantine officers at any port or place within the Philippines, are authorized to take declarations and administer oaths in matters pertaining to the administration of the quarantine laws and regulations of the Philippines.

CHAPTER XII MANAGEMENT OF INFORMATION

Section 93. *Request for provision of materials and inspection.* - The DOH, CDCP, or the local government unit may request infectious disease control institutions, health clinics or any other public or private institution or organization to provide materials concerning the establishment and operation of infectious disease control facilities, and isolation wards, or clinics as prescribed in Section 60, and shall assign qualified personnel under its jurisdiction to enter the relevant facilities and inspect related documents, facilities, equipment, and to make inquiries to interested parties.

Any authorized person who enters and conducts inspections pursuant to paragraph (1) shall carry a certificate evidencing his/her authority, and produce it to interested parties.

Section 94. *Prohibition on Divulgence of Confidential Information.* - Any person who is or has been engaged in duties relative to the control and prevention of infectious diseases, such as medical examinations, in-patient treatment, diagnosis, etc. under this Act shall strictly observe confidentiality on any information obtained in the course of performing his/her duties.

Section 95. *Request to provide information, etc.* - If necessary to prevent infectious diseases and block the spread of infection, the DOH or the CDCP may request the NPC, PSA, DepEd, NTC, BID, medical institutions, pharmacies, corporations, organizations, and individuals to provide the following information concerning patients, etc. with infectious diseases and persons likely to be infected by infectious diseases, and persons in receipt of such request shall comply therewith:

- a. Personal information, such as name, address, contact number and other relevant information as may be necessary in the effective control and prevention of an infectious disease;
- b. Prescriptions and records of diagnostic and therapeutic treatment;
- c. Records of local and international travel during the period determined by the DOH;
- d. Other information prescribed by the DOH for the monitoring of the movement paths of patients with infectious diseases.

If necessary to prevent infectious diseases and avert the spread of infection, the CDCP may request the AFP, PNP and the NTC to provide location information of patients, etc. with an infectious disease and persons likely to be infected by an infectious disease. In such cases, the AFP, PNP and the NTC, upon the request of the CDCP, may request any location information of patients, etc. with an infectious disease and persons likely to be infected by an infectious disease; and the location information provider and the telecommunications business operator in receipt of such request shall comply therewith, except in when there is a valid reason to the contrary.

The CDCP, through the DOH, may share information collected pursuant to paragraphs (1) and (2) to other government agencies and local governments units, the Philippine Health Insurance Corporation (PHIC), and such medical personnel, medical institutions, and other organizations as are performing tasks related to infectious diseases. In such cases, information provided shall be limited to information related to the tasks of the relevant agencies, etc., for the prevention infectious diseases and to avert the spread of infection.

Any person provided with information pursuant to paragraph (3) shall use such information only for purpose with which the information was collected under this Act, and shall, without delay, destroy all information when the relevant tasks are completed and inform the CDCP of such fact.

The CDCP shall notify the relevant party as the principal owning information collected pursuant to paragraphs (1) and (2), of the following:

- a. The fact that information necessary for preventing infectious diseases and blocking the spread of infection has been collected;
- b. Where information prescribed in subparagraph 1 has been provided to another agency, such fact;
- c. The fact that, even in cases prescribed in subparagraph 2, no information shall be used for any purpose, other than conducting tasks related to infectious diseases under this Act, and all the information shall be destroyed without delay when the relevant tasks are completed.

Where a person provided with information pursuant to paragraph (3) process the relevant information, in violation of this Act, such person shall be governed by the Data Privacy Act and all information gathered shall not be admissible as evidence in court for whatever cause of action not related to the purpose for which the information was gathered. .

Necessary matters concerning the target and scope of information provided under paragraph (3) and methods for notification under paragraph (5), shall be prescribed by the DOH.

CHAPTER XIII

SOCIO-ECONOMIC MANAGEMENT OF EPIDEMICS

Sec. 96. *Public Health Emergency Coordination Council (PHECC).* — There shall be created a Public Health Emergency Coordinating Council (PHECC) composed of the following:

- a) Secretary of Health as Chairperson;
- b) The Executive Secretary as Co-Chairperson;
- c) The Director of the CDCP as secretary;
- d) The Secretary of Foreign Affairs as Member;
- e) The Secretary of National Defense as NDRRMC Chairman as Member,
- f) The Secretary of Interior and Local Government as Member;
- g) The Secretary of Justice as Member;
- h) The Secretary of Budget and Management as Member;
- i) The Secretary of Trade and Industry as Member;
- j) The Secretary of Agriculture as Member;
- k) The Press Secretary as Member;
- l) The National Security Adviser as Member.
- m) The Chairman of the Philippine Red Cross as Member;
- n) The Executive Director of the Philippine Council for Health Research and Development as Member; and
- o) The President of PhilHealth as Member

Other government agencies not under the authority or jurisdiction of the standing members

of the Council may be included should their inclusion be determined by the Council as necessary.

The CDCP shall act as Secretariat of the PHECC.

The PHECC shall meet at least once every quarter, and shall meet as often as recommended by the Director of the CDCP. Upon the motion of the Director, it shall be the duty of the HECC to declare a national or regional state of health emergency upon a vote of the majority of its members. Only the Council may declare a state of public health emergency which may be national or regional as defined and upon the recommendation of the CDCP.

The PHECC shall be the advisory body to the President during the national or regional state of public health emergency. It convene on a daily basis to review, revise or refine strategies employed to address problems brought about by an outbreak or an epidemic.

The basis of the declaration of a national or regional public health emergency shall be made public by the Council through the all available modes of communication 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 the recommendation of the CDCP.

Section 97. Declaration of outbreak or epidemic.

- a. An outbreak shall be declared in a barangay when the confirmed cases of an infectious disease exceeds the usual frequency of its occurrence therein. The declaration shall be done by the local chief executive upon the recommendation of the CDCP and the local health officer.
- b. A municipal epidemic shall be declared when the confirmed cases of an infectious disease in at least two barangays of the municipality or city exceed the usual frequency of its occurrence therein. The declaration shall be done by the local chief upon the recommendation of the CDCP and the local health officer.
- c. A provincial epidemic shall be declared in a province when the confirmed cases of an infectious disease in at least two municipalities exceed the usual frequency of its occurrence therein. The declaration shall be done by the local chief executive upon the recommendation of the CDCP and the local health officer.
- d. A regional epidemic shall be declared when the confirmed cases of an infectious disease in at least two provinces within the region exceed the usual frequency of its occurrence therein. The declaration shall be done by the PHECC upon the recommendation of the CDCP.
- e. A national epidemic shall be declared when the confirmed cases of an infectious disease in at least two regions exceed the usual frequency of its occurrence therein. The declaration shall be done by the PHECC upon the recommendation of the CDCP and shall be publicly announce by the President.

Section 98. Authorized powers of the president in extenuating circumstances of epidemics and pandemics. Pursuant to Article VI, Section 23 (2) of the Constitution, the President is authorized to exercise the following powers that are necessary and proper to carry out measures to effectively respond to a crisis brought about by an extenuating circumstances of an epidemic or pandemic:

- I. Following World Health Organization guidelines and best practices, adopt and implement measures to prevent or suppress further transmission and spread of the infectious agent through effective education, detection, protection and treatment;

2. Provide emergency subsidy to all individuals/families affected by the epidemic/pandemic subject to a guidelines issued for the purpose;

3. Ensure that all health workers are protected by providing them with hazard pay and risk allowances;

4. Consistent with Section 17, Article XII of the Constitution, when public interest so requires, direct the operation of any privately-owned medical institutions and health facilities, passenger vessels and establishments to house health workers, serve as quarantine areas, quarantine centers, medical relief and aid distribution locations or other temporary medical facilities and public transportation to ferry health, emergency and frontline personnel and other persons: *Provided, however,* That the management and operation of the foregoing institutions, facilities, vessels and establishments shall be retained by the owners who shall render full accounting to the President or his duly authorized representative of the operations of the utility or business as basis for appropriate compensation: *Provided, further,* That reasonable compensation for any additional damage or costs incurred by the owner or the possessor of the subject property solely on account of complying with the directive shall be given to the person entitled to the possession of such private properties or businesses after the situation has stabilized or at the soonest time possible: *Provided, finally,* That if the foregoing businesses unjustifiably refuse or signify that they are no longer capable of operating their business for the purpose stated herein, the President may take over their operations subject to the limits and safeguards enshrined in the constitution;

5. Ensure that donations, acceptance and distribution of health essentials, protective equipment, facilities, and supplies to address the public health crisis are expeditiously delivered to beneficiaries: *Provided,* That such health essentials, protective equipment, facilities, and supplies are duly certified by regulatory agencies;

6. Undertake procurement of the following, in the most expeditious manner, as exemptions from the provisions of Republic Act No. 9184 or the "Government Procurement Act" and other relevant laws;

a. Goods, which may include personal protective equipment such as but not limited to gloves, laboratory and operating room gowns, masks, protective goggles, face shields, surgical equipment and supplies; laboratory equipment and its reagents; medical equipment and devices; support and maintenance for laboratory and medical equipment, surgical equipment and supplies, tools and consumables such as alcohol, sanitizers, paper towels, thermometers, detergents, sodium hypochlorite, cleaning materials, povidone iodine and other disinfecting agents, common therapeutic agents like antipyretics, non-steroidal anti-inflammatory drugs, multivitamin preparations, anti-allergy medications, oral rehydration solutions, and the like, testing kits and such other supplies or equipment as may be determined by the DOH and other relevant government agencies: *Provided,* That the DOH shall prioritize the allocation and distribution of the aforesaid goods, supplies and other resources to the following:

i. Public and private medical institutions and clinics;

ii. Public and private medical laboratories;

b. Goods and services for social amelioration measures in favour of the affected communities;

c. Lease of real property or venue for use to house health workers or serve as quarantine centers, medical relief and aid distribution locations or temporary medical facilities;

d. Establishment, construction and operation of temporary medical facilities;

e. Utilities, telecommunications and other critical services in relation to operation of quarantine centers, medical relief and aid distribution centers and temporary medical facilities; and

f. Ancillary services related to the foregoing.

7. Partner with humanitarian agencies in giving aid to the people, subject to reimbursement, in the distribution of goods and services incidental in the combat of the pandemic;

8. Ensure the availability of credit to the productive sectors of the economy through measures such as, but not limited to, lowering the effective lending rates of interest and reserve requirements of lending institutions;

9. Liberalize the grant of incentives for the manufacture or importation of critical or needed equipment or supplies for the carrying out of the policies to combat the pandemic: *Provided*, that importation of these equipment and supplies shall be exempt from import duties, taxes and other fees;

10. Ensure the availability of essential goods and basic commodities by adopting measures as may reasonably be necessary to facilitate and/or minimize disruption to the supply chain;

11. Require businesses to prioritize and accept contracts, subject to fair and reasonable terms, for materials and services necessary to promote policies to combat the pandemic;

12. Regulate and limit the operation of all sectors of public and private transportation through land, sea or air;

13. Regulate traffic on all roads, streets and bridges and access, prohibit obstruction and encroachment thereto, authorize the use of any means necessary to allow free flow of traffic therein;

14. Authorize alternative working arrangements for employees and workers in the government or in the private sector;

15. Conserve and regulate the distribution and use of power, fuel, energy and water and ensure adequate supply of the same;

16. Move statutory deadlines and timelines for the filing and submission of any document, the payment of taxes and fees and other charges required by law, and the grant of any benefit, in order to ease the burden on the public;

17. Direct all banks, quasi-banks, financing companies, lending and other financial institutions, public and private including the Government Service Insurance System, Social Security System and Pag-Ibig Fund, to implement a minimum grace period for the payment of all loans, including but not limited to salary, personal, housing and motor vehicle loans as well as credit card payments, falling due within the period of the crisis without incurring interests, penalties, fees and other charges. Persons with multiple loans shall likewise be given the minimum grace period for every loan.

18. Provide for a minimum grace period for payment of residential rents falling due within the period of the crisis without incurring interests, penalties, fees and other charges;

19. Lift the cap on the amount appropriated for the quick response fund as provided for in Republic Act 10121 or the "Philippine Disaster Risk Reduction and Management Act of 2010" during the crisis;

20. Notwithstanding any law to the contrary, direct the discontinuance of appropriated programs, projects and activities of any agency of the Executive Department, including Government-Owned or – Controlled Corporations (GOCCs) in the current year General Appropriations Act, whether released or unreleased, the allotments of which remain unobligated, reprogram, reallocate and realign fund from savings on other items of appropriations to fund measures to address and respond to the crisis;

21. Undertake such other measures as maybe reasonable and necessary to enable the President to carry out policies necessary to combat the crisis subject to the constitutional guarantees under the Bill of Rights.

Section 99. *Repatriation of Filipino Workers Abroad and Management of Internally-Displaced Persons.* – The State shall ensure the safety of all Filipino workers abroad and shall repatriate them to the safety of their homes during extenuating situations resulting from pandemics: *Provided, That*, all repatriates must be subjected to mandatory testing using the gold standard of diagnosis of the infectious disease which resulted in the pandemic and thereafter, quarantine and/or isolate them as maybe needed prior to their return to their homes.

Internally-displaced persons as a result of pandemics shall also be repatriated to their homes: *Provided, That*, all repatriates must be subjected to mandatory testing using the gold standard of diagnosis of the infectious disease which resulted in the pandemic and thereafter, quarantine and/or isolation prior to their return to their homes.

Repatriation shall be done expeditiously and unhampered using the available resources of the government and shall be rendered free of charge.

CHAPTER XIV PENALTY PROVISIONS

Section 100. *Penalties.* -

1. In addition to acts or omissions already penalized by existing laws, the following faults or omissions shall be punishable by imprisonment of at least 12 years and 1 day to 20 years (*reclusion temporal*) or a fine of not less than five hundred thousand pesos (P500,000.00) but not more than five million pesos (P5,000,000.00), or both, such imprisonment and fine, at the discretion of the court:

a. Any person who introduces high-risk pathogens into the domestic environment without obtaining a permit, in violation of paragraph 1 or 2 of Section 41 of this Act.

b. Any person who refuses, interferes with, or evades an inspection for the safety control of high-risk pathogens under Section 42;

c. Any person who fails to receive inpatient treatment, in violation of paragraph 2 of Section 65, or who refuses in-patient treatment, in violation of paragraphs (2) and (3) of the same Section;

d. Any person who interferes with the filing of a notification or a report by a medical doctor, a military doctor, medical institution, institution for confirming pathogens of infectious diseases, or institution of sentinel surveillance of infectious diseases pursuant to Section 26;

e. Any person who neglects to file a notification under Section 27;

f. Any person who refuses, interferes with, or evades an epidemiological investigation, in violation of Section 49;

g. Any person who refuses or evade a medical examination, in violation of Section 70 or 73;

h. Any person who makes a false statement, presents false materials or documents, or intentionally omits or conceals any fact, in violation of Section 58;

i. Any person who fails to establish infectious disease control facilities, in violation of paragraph 4 and 5 of Section 60; and

j. Any person who violates any provision of Sections 87 to 92.

2. In addition to acts or omissions already penalized by existing laws, the following faults or omissions shall be punishable by imprisonment of at least 6 years and 1 day to 12 years (*prision mayor*) or a fine of not less than one hundred thousand pesos (P100,000.00) but not more than one million pesos (P1,000,000.00), or both, such imprisonment and fine, at the discretion of the court:

a. Any person who divulges confidential information he/she has obtained in the course of performing his/her duties, in violation of Section 94;

b. Any person who violates Section 33;

c. Any person who fails to report, or falsely reports, under Section 40, paragraph 3 of Section 41 or Section 48;

d. Any person who refuses to comply with a request made by the authorities, in violation of Section 95;

e. Any person who fails to comply with a compulsory disposition under Section 66.

f. Any person who is engaged in an occupation involving frequent contact with the general public, or a person who employs patients, etc. with an infectious disease for such occupation, in violation of paragraph 2 of Section 69.

g. Any person who violates measures taken under Section 71 or paragraph 1 of Section 73;

h. Any person who renders disinfection services without reporting as required under Section 76 or after reporting fraudulently or deceptively;

i. Any person who fails to conduct disinfection in compliance with standards and methods stipulated under Section 77 or fails to keep records of and preserve matters concerning disinfection, or keeps false records thereof as provided in the same section.

3. In addition to acts or omissions already penalized by existing laws, the following faults or omissions shall be punishable by imprisonment of at least 6 months and 1 day to 6 years (*prision correccional*) or a fine of not less than ten thousand pesos (P10,000.00) but not more than one hundred thousand pesos (P100,000.00), or both, such imprisonment and fine, at the discretion of the court:

a. Any medical officer, head of a medical institution, head of an institution for confirming pathogens of infectious diseases, or an institution of sentinel surveillance of infectious diseases who/which neglects to file a notification or a report, or falsely notifies or reports, under Section 26;

- b. Any person who influences anyone not to file a notification under Section 27;
- c. Any person who refuses to comply with an autopsy order issued under Section 38;
- d. Any person who issues a false certificate of vaccination, in violation of Section 47;
- e. Any person who allows another person who fails to undergo a medical examination for sexually transmitted infectious diseases to be engaged in business, in violation of paragraph 2 of Section 69;

4. In addition to acts or omissions already penalized by existing laws, the any person, natural or juridical, who, by fault or omission, discriminates a persons as provided in Section 64 shall be penalized by a fine of ten thousand pesos (P10,000.00) and imprisonment of not more than one (1) year.

Section 101. Joint Penalty. - Where a representative of a corporation, or an agent or an employee of, or any other person employed by, a corporation or individual commits any violation of the provisions of this Act in connection with the business of the corporation or individual, in addition to the punishment of such violator, the corporation or individual shall be punished by a fine under the respective provisions: *Provided*, That where such corporation or individual has not been negligent in giving due attention and supervision concerning the relevant duties to prevent such violation, this shall not apply.

Section 102. Administrative Penalty. - In addition to acts or omissions already penalized by existing laws, the any government official or employee who, by fault or omission, violates any provision of this Act shall be perpetually disqualified from holding public office with forfeiture of benefits in favour of the State.

CHAPTER XV OTHER PROVISIONS

Section 103. Congressional Overnight Committee on Communicable Disease. - Control and Prevention — To monitor the implementation of this Act, there shall be a Congressional Oversight Committee on Disease Control and Prevention, composed of the Chair and four other members of the House Committee on Health, and the Chair and four other members of the Senate Committee on Health and Demography. No part of this Act shall be construed as to limit the oversight powers inherently or actually possessed by the same committees.

Section 104. Appropriations. - In addition to the appropriations for the units subsumed in the Center under this Act there shall be appropriated a sum of Two Hundred Billion Pesos (Php 200,000,000,000.00) for the implementation of this Act, including the operations of the CDCP: *Provided*, that such appropriation shall apply only when this Act is passed before the CDCP could be given appropriation under the General Appropriations Act for the nearest upcoming year.

Section 105. Staffing. — The Secretary of Health, in consultation with the Department of Budget and Management (DBM), shall determine the organizational structures including regional or field offices, qualification standards, staffing pattern and compensation of the newly created CDCP and other positions which are established under this Act in accordance with existing laws, rules and regulations.

Section 106. Implementing Rules and Regulations - The Secretary of Health shall promulgate the necessary rules and regulations within ninety (90) working days from the effectivity of this Act.

Section 107. *Separability Clause.* — If any portion or provision of this Act is subsequently declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall remain in full force and effect.

Section 108. *Repealing Clause.* — All other laws, acts, presidential decrees, executive orders, presidential proclamations, issuances, rules and regulations, or parts thereof which are contrary to or inconsistent with any of the provisions of this Act are hereby repealed, amended, or modified accordingly.

Section 109. *Effectivity.* — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,