

Republic of the Philippines  
HOUSE OF REPRESENTATIVES  
Quezon City

EIGHTEENTH CONGRESS  
First Regular Session

6096

House Bill No \_\_\_\_\_



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Introduced by Representative JOEY SARTE SALCEDA

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AN ACT CREATING THE CENTER FOR DISEASE CONTROL and PREVENTION,  
PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, AND FOR OTHER  
PURPOSES

EXPLANATORY NOTE

With health risks now globalized, there is a need for a high-level public institution imbued with the capacity, the competencies, the ecosystem, and the authority to confront these risks decisively and thus protect the public welfare and enable development to proceed amidst these risks. Addressing these risks can no longer be approached from the recesses of current bureaucracy,

The Philippines, with its tropical location, its large population, high rates of urbanization, a highly mobile and transborder population (with an estimated 12 million OFWs in 2019), as a top tourist destination (with an estimated 8.4 million tourists in 2019), and increased numbers of foreign workers (with about 280,000 from Philippine Offshore Gaming Operations alone) is especially prone to the risk of communicable diseases. Many such diseases, including those we have eradicated already in the past, are emerging and reemerging, threatening the health and safety of the public.

Our lack of institutional capacity to implement comprehensive public health management programs, as well as the present orientation of border law enforcement towards prevention of human trafficking and smuggling, but not towards public health protection, stymies the country's ability to decisively address the risks of communicable disease.

All of these establish the national imperative for a framework for effective intervention.

For the past 19 years, the Philippines was considered "free" of any polio-related diseases, until September 14, 2019, when a 3-year-old girl was diagnosed with the disease. After confirming a second case from tests done on a 5-year-old boy, the government of the Philippines publicly declared the polio outbreak on September 19, 2019.

In 2019, the Philippines was ranked as the country with the fastest growing number of Human Immunodeficiency Virus (HIV) cases in the world, the Joint United Nations Program on HIV and AIDS (UNAIDS).



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Among all countries in the world, the Philippines is the country with the third-highest prevalence of tuberculosis.

In 2019, the dengue outbreak was also the worst the country experienced in years.

Clearly, the country's reactive, bureaucracy-challenged approach to communicable diseases no longer serves to adequately protect the country from serious, often fatal infectious diseases.

Currently, the country's units devoted to communicable disease prevention and control - The Infectious Diseases Control and Prevention Division of the Disease Prevention and Control Bureau (DPCB) of the Department of Health, The Infectious Diseases for Elimination Division of the DPCB, and the Research Institute for Tropical Medicine (RITM), are mere sub-units under the Department of Health. They do not possess the policymaking latitude to decisively, quickly, and effectively respond to serious public health emergencies caused by infectious diseases.

Furthermore, the DOH, without effective institutional reform, is organizationally challenged, having shown low absorptive capacity and low rates of delivery of vaccines to prevent communicable diseases in recent years.

While the DOH has been effective, to some degree, in recommending policies to address non-communicable diseases, the agency has not been able to adequately respond to communicable diseases. Considering their much larger scope and scale, as well as the more individual and preventable nature of most of them, non-communicable diseases rightly belong under an agency of the same size and nature as the DOH. Communicable diseases, however, being smaller in incidence but requiring the speed and decisiveness of a small but effective body, should be under a DOH-supervised agency with broader latitude.

This reorganization would allow the rest of the DOH to focus on non-communicable diseases, which require broad and day-to-day coverage and intervention, while a specialized agency tackles communicable disease prevention and control, which require the latitude and efficiency of a smaller but broadly empowered body.

As a comprehensive national framework for health emergency management, this bill provides for:

1. Creation of the Center for Disease Control and Prevention
2. Separation of the Disease Control and Prevention Bureau of the DOH, with the CDC absorbing communicable disease units in a newly established Communicable Disease Prevention Bureau
3. Absorption of the Epidemiology Bureau and the Research Institute for Tropical Medicine into the CDC
4. Creation of the Disease Emergency Management Bureau (DEMB)

5. Granting of broader quarantine powers to the Secretary of Health and the CDC
6. Creation of the Health Emergency Coordination Council, which shall coordinate national government response to health emergencies, and which shall declare the existence of a state of health emergency;
7. Authorization for LGUs to use calamity funds during a state of health emergency;
8. Broad health emergency powers to the HECC and the CDC including a redefinition of the relationship between the CDC and the Bureau of Quarantine during health emergencies;
9. A comprehensive health emergency management framework, including provisions for vaccination and treatment, isolation and quarantine, and disease surveillance;
10. The creation of a National Health Emergency Response Unit (NHERU) under the DEMB, which shall act as the frontline force in ground and surveillance operations of the CDC;
11. A comprehensive framework for tracking public health emergencies;
12. A mandate for the Secretary of Foreign Affairs and the Secretary of Health to recommend beneficial agreements on exchange of health information with international organizations and with other countries.

This bill would make the country better prepared for what this proposal calls “sudden onset health emergencies,” or those emergencies whose risk exponential increase over time, absent any intervention. The key factor in responding to such emergencies is quick and early intervention, which this bill hopes to set the foundations for.

A health emergency management framework of this scope has not yet been attempted by past Congresses. The passage of this bill would be of historic significance in making our country safer and more resilient.

In view of the foregoing, the approval of this bill is urgently sought.



JOEY SARTÉ SALCEDA



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

**CHAPTER I**  
**GENERAL PROVISIONS**

**Section 1. Title** – This Act shall be known as the “Center for Disease Control and Prevention Act of 2020.” Or the “CDC Act of 2020”.

**Sec. 2. Declaration of Policy** – It shall be the policy of the State to ensure the health and wellbeing of Filipinos, to protect them from communicable diseases, and to proactively prevent the emergence and transmission of serious diseases. Towards this end, the state shall devote significant material and institutional resources to provide a framework for communicable disease control and prevention in the country.

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

- (a) protect and promote the health of the Filipino people; and
- (b) help establish and maintain an effective health mechanism that is responsive to the country’s health needs, emergency and other emerging problems.

Towards this end, and in view of the globalization of health risks, there shall be a high-level public institution imbued with the capacity, the competencies, the ecosystem, and the authority

to confront these risks decisively and thus protect the public welfare and enable development to proceed despite these risks.

**Sec. 3. *Definition of Terms*** – As used in this Act, the term:

- (a) Communicable disease, also known as transmissible disease or infectious disease, shall mean an illness resulting from an infection, or a disease which can be transmitted from an infected host individual or group to a particular individual or group, regardless of whether the other individual was previously infected.
- (b) “Contagious disease” is an infectious disease that can be transmitted from person to person.
- (c) “Disease” refers to an illness due to a specific toxic substance, occupational exposure or infectious agent, which affects a susceptible individual, either directly or indirectly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment;
- (d) “Disease control” refers to the reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as a result of deliberate efforts and continued intervention measures to maintain the reduction:
- (e) “Disease surveillance” refers to the ongoing systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice. A disease surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities;
- (f) “Emerging or re-emerging infectious diseases” refer to diseases that: (1) have not occurred in humans before; (2) have occurred previously but affected only small numbers of people in isolated areas; (3) have occurred throughout human history but have only recently been recognized as a distant disease due to an infectious agent; (4) are caused by previously undetected or unknown infectious agents; (5) are due to mutant or resistant strains of a causative organism; and (6) once were major health problems in the country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population:
- (g) “Epidemic/outbreak” refers to an occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time;
- (h) “Health care facility” means any institution, building, or agency or portion thereof, whether public or private (for-profit or nonprofit) that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. This includes, but is not limited to: ambulatory surgical facilities, home health agencies, hospices, hospitals, infirmaries, intermediate care facilities, kidney treatment centers, long term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatments facilities, skilled nursing facilities, and adult day-care centers. This also includes, but is not limited to, the following related property when used for or in connection with the foregoing: laboratories; research facilities; pharmacies; laundry facilities; health personnel training and lodging facilities; patient, guest, and health personnel food service facilities; and offices and office buildings for persons engaged in health care professions or services.



- (i) "Health event of public health concern" refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear and environmental agents;
- (j) "Infectious disease" is a disease caused by a living organism or other pathogen, including a fungus, bacillus, parasite, protozoan, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.
- (k) "Infectious waste" is— (i) "biological waste," which includes blood and blood products, excretions, exudates, secretions, suctioning and other body fluids, and waste materials saturated with blood or body fluids; (ii) "cultures and stocks," which includes etiologic agents and associated biologicals, including specimen cultures and dishes and devices used to transfer, inoculate, and mix cultures, wastes from production of biologicals and serums, and discarded live and attenuated vaccines; (iii) "pathological waste," which includes biopsy materials and all human tissues, anatomical parts that emanate from surgery, obstetrical procedures, necropsy or autopsy and laboratory procedures, and animal carcasses exposed to pathogens in research and the bedding and other waste from such animals, but does not include teeth or formaldehyde or other preservative agents; and (iv) "sharps," which includes needles, I.V. tubing with needles attached, scalpel blades, lancets, breakable glass tubes, and syringes that have been removed from their original sterile containers.
- (l) "Notifiable disease" refers to a disease that, by legal requirements, must be reported to the public health authorities;
- (m) "Precommunicable stage" shall mean the stage beginning upon an individual's earliest opportunity for exposure to an infectious agent and ending upon the individual entering or reentering the communicable stage of the disease or, if the individual does not enter the communicable stage, the latest date at which the individual could reasonably be expected to have the potential to enter or reenter the communicable stage;
- (n) "Quarantine" is the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease to non-quarantined individuals.
- (o) "Sudden onset health outbreak", or "sudden onset health events", shall be diseases whose risks to public health and safety exponentially increase over time absent intervention;

## CHAPTER II

### CREATION OF THE CENTER FOR DISEASE CONTROL PHILIPPINES

**Sec. 4. *Creation of the Center for Disease Control and Prevention.*** There shall be created a Center for Disease Control and Prevention, hereinafter referred to as "Center," a government agency attached to the Department of Health, which shall exercise administrative supervision over the Center.

The Center shall be the principal agency tasked with developing and applying communicable disease control and prevention initiatives. Additionally, it shall be responsible for controlling



the introduction and spread of infectious diseases, and shall provide consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control. It shall also

**Sec. 5 – Reorganization of existing units.** Under this Center, the following bureaus and agencies are hereby subsumed into the Center:

1. The Disease Prevention and Control Bureau of the Department of Health
2. The Epidemiology Bureau of the Department of Health
3. The Research Institute for Tropical Medicine
4. The Disease Emergency Management Bureau

**Sec. 6. Functions of the Center.** – The Center shall perform the following functions:

1. Maintain active surveillance of diseases through epidemiologic and laboratory investigations, data collection, analysis, and distribution;
2. Act as lead agency in developing and implementing operational programs relating to communicable diseases;
3. Act as the lead disease surveillance agency of the country;
4. Conduct operational research aimed at developing and testing effective communicable disease prevention, control, and health promotion programs;
5. Administers national programs to develop recommended health standards to ensure readiness for the emergence of new communicable diseases;
6. Administer national programs for improving the performance of clinical laboratories in identifying and classifying communicable diseases;
7. Recommend the exercise of certain powers by the President in the case of an epidemic;
8. Set the parameters for the declaration of the existence of an epidemic;
9. Recommend such measures and policies as may be necessary to prevent the transmission of communicable diseases;
10. Assess and support the capabilities of local government units (LGUs) in preventing the emergence and transmission of communicable diseases;
11. Enhance and strengthen the administrative and technical capacity of the Disease Prevention and Control Bureau and Epidemiology Bureau to ensure the agencies' monitoring coverage over establishments and products under their jurisdiction;
12. Promote public health decisions guided by strategic information for best possible health outcomes.
13. Provide coherence in the health monitoring to ensure equitable, accessible, efficient and quality health services to communities, through dynamic partnership and shared advocacy, responsibility and accountability.
14. Set the standards and the process for the establishment of Epidemiology and Surveillance Units (ESUs) as required by Section 8 of Republic Act. No. 11332, assist DOH-retained hospitals, local health facilities especially district hospitals and private hospitals and laboratories in establishing ESUs and assess their performance and accredit them based on standards set by the CDC;
15. Maintain a Registry of Notifiable Diseases and Biosecurity Hazards, which shall be published and updated online.
16. Recommend to the Council inclusions and deletions from the registry;
17. Perform such other functions as may be mandated by law, or as may be duly delegated by relevant authorities.



**Sec. 7. Center Executive Director.** – The Center shall be headed by an Executive Director who shall be appointed by the President upon the effectivity of this Act, with the rank of Undersecretary, and who shall perform the following functions and powers:

1. Manage and direct the activities of the Centers for Disease Control and Prevention (CDC);
2. Provide leadership for the implementation of CDC's responsibilities related to disease prevention and control;
3. Advise the Secretary of Health on policy matters concerning CDC activities;
4. Recommend to the President and the Secretary of Health the exercise of special powers in the case of an epidemic;
5. Certify to the existence of an epidemic, which shall be treated as a public health emergency;
6. Participate in the development of CDC goals and objectives;
7. Provide overall direction and coordination to the epidemiologic activities of CDC;
8. Coordinate CDC response to health emergencies;
9. Provide liaison with other governmental agencies, international organizations including the World Health Organization, learning institutions, and other outside groups;
10. Coordinate international health activities relating to disease prevention and control;
11. In cooperation with DOH Regional Offices, provide or obtain technical assistance for regional and local health departments and private and official agencies as needed;
12. Provide overall direction to, and coordination of, the scientific/medical programs of CDC;
13. Oversee and provide leadership for laboratory science, safety, and quality management;
14. Plan, promote, and coordinate an ongoing program to assure equal employment opportunities in CDC;
15. Provide leadership, coordination, and assessment of administrative management activities;
16. Coordinate with appropriate DOH staff offices on administrative and program matters;
17. Coordinate the consumer affairs activities for CDC; and
18. Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the agency's national programs

**SEC. 8. Communicable Disease Prevention and Control Bureau** – There shall be created the Communicable Disease Prevention and Control Bureau with the following functions:

- a. Develop plans, policies, programs, projects and strategies for disease prevention and control and health protection.
- b. Provide coordination, technical assistance, capability building, consultancy and advisory services related to disease prevention and control and health protection.

**SEC. 9. Divisions of the Disease Prevention and Control Bureau.** - There shall be created the following divisions under Disease Prevention and Control Bureau with the following functions:

- a. The Infectious Diseases for Elimination Division (IDED) shall have the following functions:



1. To develop policies, standards and guidelines for the elimination of infectious diseases;
  2. To develop plans, programs and projects to carry out preventive and control strategies against elimination of infectious diseases;
  3. To assist and strengthens capacity to measure and analyze the burden of elimination of infectious diseases;
  4. To provide monitoring and evaluation schemes to measure of interventions in the prevention and control of elimination diseases;
  5. To provide technical assistance and expert services to collaborating and implementing agencies on matters pertaining to the prevention and control of infectious diseases for elimination;
  6. To develop capability of health sector agencies and organizations in the implementation of programs and projects related to the prevention and control of infectious diseases for elimination;
  7. To promote coordination and collaboration with partner agencies and organizations on matters pertaining to elimination of infectious diseases;
  8. To mobilize resources to assist collaborating and implementing agencies and organizations.
- b. The Infectious Disease of Prevention and Control Division (IDPCD) shall have the following functions:
1. To develop policies, standards and guidelines for the prevention and control of infectious diseases;
  2. To develop plans, programs and projects to carry out preventive and control strategies against infectious diseases;
  3. To assist and strengthens capacity to measure and analyze the burden of infectious diseases;
  4. To provide monitoring and evaluation schemes to measure of interventions in the prevention and control of infectious diseases;
  5. To provide technical assistance and expert services to collaborating and implementing agencies on matters pertaining to the prevention and control of infectious diseases;
  6. To develop capability of health sector agencies and organizations in the implementation of programs and projects related to the prevention and control of infectious diseases;
  7. To promote coordination and collaboration with partner agencies and organizations on matters pertaining to infectious diseases;
  8. To mobilize resources to assist collaborating and implementing agencies and organizations.

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

**SEC. 10. *Epidemiology Bureau.*** - There shall be create the Epidemiology Bureau with the following functions:



1. To develop and evaluate surveillance systems and other health information systems
2. To collect, analyze and disseminate reliable and timely information on the health status
3. To Investigate disease outbreaks and other threats to public health
4. To network public health laboratories in support of epidemiological and surveillance activities

**SEC. 11. *Divisions of the Epidemiology Bureau.*** - There shall create the divisions under the Epidemiology Bureau with the following functions:

1. Applied Epidemiology Health Management Division
  - a. Investigate and respond to epidemics and other urgent public health threats as the need arises
  - b. Develop and maintain field epidemiology training programs for public health workers
  - c. Develop, capture, filter, verify, assess, respond, disseminate and evaluate event-based surveillance systems
  - d. Collect and maintain resource materials on epidemiology, surveillance, management and monitoring and evaluation in public health.
2. Public Health Surveillance Division
  - a. Undertake notifiable disease surveillance through Philippine Integrated Disease Surveillance and Response.
3. Survey, Monitoring & Evaluation Division
  - a. Provide statistical services to priority health programs of the DOH
  - b. Monitoring non-behavioral risk factors priority non-communicable diseases through globally standardized survey
  - c. Monitor HIV and AIDS Registry and Integrated HIV Behavioral and Serologic Surveillance, size estimates and Most At-Risk Population
  - d. Provide program health indicators information

**SEC. 12. *Disease Emergency Management Bureau.*** - There shall be created the Disease Emergency Management Bureau with the following functions:

- a) Act as the DOH Coordinating unit and Operation Center for all health emergencies and disasters, as well as incidents with the potential of becoming an emergency, and coordinate the mobilization and sharing of resources.
- b) Provide the communication linkage among DOH Central Office and other concerned agencies, including the hospitals and the regions, during emergencies and disasters.
- c) Maintain updated information of all health emergencies and disasters (except epidemiological investigation reports) and provide such information to other offices and agencies in accordance with existing protocols.
- d) Maintain a database of all health emergency personnel, technical experts, and resource speakers. Together with the National Center for Health Facilities



Development (NCHFD), the DEMB shall maintain a database of capabilities of health facilities.

- e) Lead in the development of Disaster Risk Reduction & Management in Health (DRRMH) Plan and the development of protocols, guidelines and standards for health emergency management.
- f) Provide technical assistance in the development of programs and planning activities for HEM for other government and non-government organizations.
- g) Lead advocacy activities, including simulation exercises.
- h) Develop and implements an Integrated Human Resource Training Agenda for the Health Sector for emergencies and disasters.
- i) Lead in the networking of hospitals and health sector organizations responding to emergencies and disasters.
- j) Monitor and evaluate the enforcement of compliance to policies, and recommend the formulation or amendment of policies related to health emergency management.

**SEC. 13. Divisions of the Disease Emergency Management Bureau.-** There shall be create the divisions under the Disease Emergency Management Bureau with the following functions:

1. Prevention, Mitigation & Preparedness Division

- a) Develop, disseminates, and monitors the implementation of policies for health emergency preparedness.
- b) Develop standardized training modules for various stakeholders on health emergency
- c) Develop, disseminate and update emergency preparedness programs
- d) Develop policy-related and operational researches and documentation relevant to health emergency preparedness that will serve as inputs for policy development and program/systems improvement.
- e) Develop well-performing managerial human resources for health emergency management
- f) Provide technical assistance to ensure the availability of functional health emergency preparedness systems (including policies, planning and capability building activities) at all levels of the health sector.
- g) Provide technical assistance to ensure delivery of appropriate services in time of emergencies.
- h) Develop and implement an overall Monitoring and Evaluation System and Plan for health emergency management
- i) Lead in public information and awareness-raising activities

2. Response, Recovery & Rehabilitation Division

- a) Mobilize resource of technical experts, health response teams and tangible logistics needed locally and internationally.
- b) Manage information through rapid health assessment, damage assessment and needs analysis in response, recovery and rehabilitation phases.
- c) Plan and develop policies and guidelines essential in the implementation and management of projects, programs and activities relevant to emergency and response, recovery and rehabilitation.



- d) Develop and capacitate human resource of regional offices, operation centers and local government units in responding to emergencies.
- e) Perform such other functions as may be necessary in performing its functions as a health emergency response division.

**SEC. 14. *Research Institute of Tropical Medicine.*** - The Center shall absorb all functions and divisions under the Research Institute of Tropical Medicine pursuant to Executive Order No. 674 as follows:

- a) To undertake research in the prevention, diagnosis and treatment of tropical diseases of public health importance and to produce vaccines for the control of vaccine-preventable diseases.
- b) To engage and help formulate national health policy and strategy, conduct research efforts directed towards the development of new diagnostic techniques as well as effective and efficient strategies for the control of infectious and/or tropical diseases

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

### **CHAPTER III**

#### **REGULATIONS TO CONTROL COMMUNICABLE DISEASES**

**Sec. 15. *Promulgation and enforcement by the Secretary of Health.*** The Secretary of Health, upon the recommendation of the Executive Director, is authorized to make and enforce such regulations as in his/her judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the Philippines or its territory. For purposes of carrying out and enforcing such regulations, the Secretary of Health, or the Executive Director upon delegation by the Secretary of Health, may provide for such inspection, fumigation, disinfection, 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 measures, as in his/her judgment may be necessary.



**Sec. 16. *Apprehension, detention, or conditional release of individuals.*** Regulations prescribed under this Chapter shall not provide for the apprehension, detention, or conditional release of individuals except for the purpose of preventing the introduction, transmission, or spread of such communicable diseases as may be specified from time to time in Executive orders of the President upon the recommendation of the Secretary of Health and/or the Executive Director.

**Sec. 17. *Application of regulations to persons entering from foreign countries.*** Except as specifically provided by law, regulations prescribed under this section, insofar as they provide for the apprehension, detention, examination, or conditional release of individuals, shall be applicable only to individuals coming into Philippine territory from a foreign country or a possession.

**Sec. 18. *Apprehension and examination of persons reasonably believed to be infected.***

(1) Regulations prescribed under this Chapter may provide for the apprehension and examination of any individual reasonably believed to be infected with a communicable disease in a qualifying stage and (A) to be moving or about to move within the Philippines; or (B) to be a probable source of infection to individuals who, while infected with such disease in a qualifying stage, will be moving within the Philippines. Such regulations may provide that if upon examination any such individual is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary.

(2) For purposes of this Section, the term "qualifying stage", with respect to a communicable disease, means that such disease—(A) is in a communicable stage; or (B) is in a precommunicable stage, if the disease would be likely to cause a public health emergency if transmitted to other individuals.

**Sec. 19. *Suspension of entries and imports from designated places to prevent spread of communicable diseases.*** Whenever the Executive Director determines that by reason of the existence of any communicable 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 Secretary of Health, upon the recommendation of the Executive Director, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate in order to avert such danger, and for such period of time as he may deem necessary for such purpose.

**Sec. 20. *Special quarantine powers in time of war.*** To protect the military and naval forces and war workers of the Philippines, in time of war, against any communicable disease, the President, in consultation with the Secretary of Health and the Executive Director, is authorized to provide by regulations for the apprehension and examination, in time of war, 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 of the Philippines 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.

**Sec. 21. *Quarantine regulations governing civil air navigation and civil aircraft.*** The Executive Director and the Secretary of Health are jointly authorized to provide by regulations for the application to air navigation and aircraft of any of the provisions of sections 12 and 13 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 they deem necessary for the safeguarding of the public health.

**Sec. 22 *Penalties.*** Any person who violates any regulation prescribed under this Chapter, or who enters or departs from the limits of any quarantine station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer in charge, shall be punished by a fine of not more than Five Million Pesos (Php 5,000,000.00) or by imprisonment for not more than two years, or both.

**Sec. 23. *Administration of oaths by quarantine officers.*** Medical officers, 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 IV**

##### **MANAGEMENT OF SUDDEN ONSET HEALTH EMERGENCIES**

**Sec. 24. *Health Emergency Coordination Council (HECC).*** — There shall be created a Health Emergency Coordinating Council (HECC), hereinafter referred to as the Council, composed of the following:

- a. Secretary of Health as Chairperson;
- b. The Executive Secretary as Co-Chairperson;
- c. The Executive 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. Th 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 Center shall act as Secretariat of the HECC.

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

**SEC. 25. *Authorization to use calamity funds.*** The declaration of a state of health emergency shall serve as an authorization for covered local government units (LGUs) to use their calamity funds in a manner duly consulted with the CDC.

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

**SEC. 27. *Emergency Powers during a sudden onset health outbreak.*** — The council may certify to the existence of a state of health emergency during a sudden onset health outbreak. The basis for such a declaration shall be made public by the Council through the mass and social media and a written report shall be submitted to both Houses of Congress. The declaration shall take effect for a period of sixty (60) days, unless extended or terminated earlier by the President, upon recommendation by the Secretary of Health.

**SEC. 28 *Health Care Facilities and Services During a Sudden Onset Health Outbreak.*** — During the period of a Sudden Onset Health Outbreak, the Council may, within reasonable and necessary grounds for emergency response to a public health emergency, require privately-owned health care facilities to provide services or the use of their facilities.

**SEC. 29. *Dangerous Facilities and Materials.*** — During the State of Health Emergency, the Council may exercise, in coordination with national government agencies, local governments, and other organizations responsible for the implementation of the SOHEMP, the following powers over facilities or materials that may be considered dangerous due to contamination or exposure to chemical, nuclear or biological agents or infectious disease pathogen,

To close, direct and compel the evacuation of, or to decontaminate or cause to be decontaminated, any facility of which there is reasonable cause to believe that it may endanger the public health; and

To decontaminate or cause to be decontaminated, any material of which there is reasonable cause to believe that it may endanger the public health.



**SEC. 30. *Control of Pharmaceutical Agents or Medical Supplies.*** — After the declaration of a State of Public Health Emergency, the Council may authorize concerned agencies to purchase, store or distribute anti-toxins, serums, vaccine, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that it considers advisable in the interest of preparing for or controlling a public health emergency, with the right to take immediate possession thereof.

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

**SEC. 31. *Sudden Onset Health Hazards and Emergencies Management Service.*** There shall be created, within the CDC, a Sudden Onset Health Hazards and Emergencies Management Service (SOHHEMS), under the DEMB, which shall perform the following functions:

- a. Oversee on-the-ground operations of the CDC in the event of a public health emergency;
- b. Assess and improve the readiness of health facilities for a public health emergency;
- c. Develop a National Epidemic and Rapid Onset Emergency Response plan, and assist local governments in formulating their local public health emergency response plans;
- d. Capacitate government instrumentalities and private organizations in on-the-ground response to public health emergencies;
- e. Coordinate the logistical requirements of delivering national government assistance to local governments in case of a public health emergency;
- f. Operate a national health emergency hotline;
- g. Serve as a central receiving center for relevant information during a health emergency;
- h. Oversee the National Health Emergency Response Unit (NHERU);
- i. Perform such other functions as may be delegated by the Secretary of Health, or as may be needed to perform its role as the coordination body for ground operations during a public health emergency.

**SEC. 32. *National Health Emergency Response Unit*** – There shall be created a National Health Emergency Response Unit to perform the following functions:

- a. Execute, in coordination with relevant law enforcement authorities, orders for seizure, surveillance, search, and disposal issued by the President, the Secretary of Health, the CDC, or the HECC.
- b. Act as the first-response unit of the SOHHEMS during a public health emergency;
- c. Conduct investigative and intelligence gathering activities as ordered by the CDC or by the Secretary of Health;
- d. Verify reports of cases of serious infectious diseases, the presence of serious amounts of biohazards; and such other reports whose verification is in the interest of protecting public health;



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

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

**SEC. 33. *Right to information during a sudden onset health outbreak*** – The Secretary of Health shall make publicly available information which he/she deems essential to preserving the health and safety of the public. During a sudden onset health outbreak, the right to vital information shall take precedence over the right to privacy.

**SEC. 34. *Special supervision over the Bureau of Quarantine*** – During a sudden onset health outbreak, or as may be mandated by the Secretary of Health in the interest of preventing an outbreak, the Bureau of Quarantine shall report directly to the Executive Director of the CDC. The Bureau of Quarantine shall at all times practice full transparency with the Executive Director of the CDC. The CDC shall have full access to information in the possession of the Bureau of Quarantine.

**SEC. 35 *Safe disposal of infectious waste***. The CDC may exercise, for such period as the state of public health emergency exists, the following powers regarding the safe disposal of infectious waste—

- a. **Adopt measures.** To adopt and enforce measures to provide for the safe disposal of infectious waste as may be reasonable and necessary to respond to the public health emergency. Such measures may include, but are not limited to, the collection, storage, handling, destruction, treatment, transportation, and disposal of infectious waste.
- b. **Control of facilities.** To require any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste under the law, and any landfill business or other such property, to accept infectious waste, or provide services or the use of the business, facility, or property if such action is reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business in the country as such a business or facility. The use of the business, facility, or property may include transferring the management and supervision of such business, facility, or property to the CDC for a limited or unlimited period of time, but shall not exceed the termination of the declaration of a state of public health emergency.
- c. **Use of facilities.** To procure, by condemnation or otherwise, any business or facility authorized to collect, store, handle, destroy, treat, transport, and dispose of infectious waste under the laws of the country and any landfill business or other such property as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.
- d. **Identification.** All bags, boxes, or other containers for infectious waste shall be clearly identified as containing infectious waste, and if known, the type of infectious waste.



**SEC. 36. *Safe disposal of human remains.*** The CDC may exercise, for such period as the state of public health emergency exists, the following powers regarding the safe disposal of human remains—

- a. **Adopt measures.** To adopt and enforce measures to provide for the safe disposal of human remains as may be reasonable and necessary to respond to the public health emergency. Such measures may include, but are not limited to, the embalming, burial, cremation, interment, disinterment, transportation, and disposal of human remains.
- b. **Possession.** To take possession or control of any human remains.
- c. **Disposal.** To order the disposal of any human remains of a person who has died of a contagious disease through burial or cremation within twenty-four (24) hours after death. To the extent possible, religious, cultural, family, and individual beliefs of the deceased person or his or her family shall be considered when disposing of any human remains.
- d. **Control of facilities.** To require any business or facility authorized to embalm, bury, cremate, inter, disinter, transport, and dispose of human remains under the laws of the country to accept any human remains or provide the use of its business or facility if such actions are reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business in the country as such a business or facility. The use of the business or facility may include transferring the management and supervision of such business or facility to the CDC for a limited or unlimited period of time, but shall not exceed the termination of the declaration of a state of public health emergency.
- e. **Use of facilities.** To procure, by condemnation or otherwise, any business or facility authorized to embalm, bury, cremate, inter, disinter, transport, and dispose of human remains under the laws of the Philippines as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof.
- f. **Labeling.** Every human remains prior to disposal shall be clearly labeled with all available information to identify the decedent and the circumstances of death. Any human remains of a deceased person with a contagious disease shall have an external, clearly visible tag indicating that the human remains is infected and, if known, the contagious disease.
- g. **Identification.** Every person in charge of disposing of any human remains shall maintain a written or electronic record of each human remains and all available information to identify the decedent and the circumstances of death and disposal. If human remains cannot be identified prior to disposal, a qualified person shall, to the extent possible, take fingerprints and photographs of the human remains, obtain identifying dental information, and collect a DNA specimen. All information gathered under this paragraph shall be promptly forwarded to the CDC.

**SEC. 37 *Other powers of control of health care supplies.***

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



- b. Rationing. If a state of public health emergency results in a national or regional shortage or threatened shortage of any product under (a), whether or not such product has been purchased by the public health authority, the CDC may control, restrict, and regulate by rationing and using quotas, prohibitions on shipments, allocation, or other means, the use, sale, dispensing, distribution, or transportation of the relevant product necessary to protect the public health, safety, and welfare of the people.
- c. Priority. In making rationing or other supply and distribution decisions, the CDC may give preference to health care providers, disaster response personnel, and mortuary staff.
- d. Distribution. During a state of public health emergency, the CDC may procure, store, or distribute any anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies located within the country as may be reasonable and necessary to respond to the public health emergency, with the right to take immediate possession thereof. If a public health emergency simultaneously affects more than one state, nothing in this Section shall be construed to allow the public health authority to obtain anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies for the primary purpose of hoarding such items or preventing their fair and equitable distribution among affected countries.

**SEC. 38. *Vaccination and treatment.*** During a state of public health emergency, or a state of sudden onset health outbreak, the CDC may exercise the following emergency powers over persons as necessary to address the public health emergency:

- a. Vaccination. To vaccinate persons as protection against infectious disease and to prevent the spread of contagious or possibly contagious disease. (1) Vaccination may be performed by any qualified person authorized to do so by the CDC. (2) A vaccine to be administered must not be such as is reasonably likely to lead to serious harm to the affected individual. (3) To prevent the spread of contagious or possibly contagious disease the CDC may isolate or quarantine, pursuant to the provisions of this Act, persons who are unable or unwilling for reasons of health, religion, or conscience to undergo vaccination pursuant to this Section.
- b. Treatment. To treat persons exposed to or infected with disease. (1) Treatment may be administered by any qualified person authorized to do so by the CDC or DOH. (2) Treatment must not be such as is reasonably likely to lead to serious harm to the affected individual. (3) To prevent the spread of contagious or possibly contagious disease the public health authority may isolate or quarantine, persons who are unable or unwilling for reasons of health, religion, or conscience to undergo treatment pursuant to this Section.

## CHAPTER V

### TRACKING OF PUBLIC HEALTH EMERGENCIES

**SEC. 39. *Reporting.***

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



- b. **Pharmacists.** In addition to the foregoing requirements for health care providers, a pharmacist shall report any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits that may be potential causes of a public health emergency. Prescription-related events that require a report include, but are not limited to— (1) an unusual increase in the number of prescriptions or over-the-counter pharmaceuticals to treat conditions that the CDC identifies through regulations; (2) an unusual increase in the number of prescriptions for antibiotics; and (3) any prescription that treats a disease that is relatively uncommon or may be associated with bioterrorism.
- c. **Manner of reporting.** The report shall be made electronically or in writing within twenty-four (24) to the Department of Health or through the CDC. The report shall include as much of the following information as is available: the specific illness or health condition that is the subject of the report; the patient's name, date of birth, sex, race, occupation, and current home and work addresses (including city and province); the name and address of the health care provider, coroner, or medical examiner and of the reporting individual, if different; and any other information needed to locate the patient for follow-up. For cases related to animal or insect bites, the suspected locating information of the biting animal or insect, and the name and address of any known owner, shall be reported.
- d. **Animal diseases.** Every veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person having the care of animals shall report animals having or suspected of having any diseases that may be potential causes of a public health emergency. The report shall be made electronically or in writing within twenty-four (24) hours to the DOH or the CDC and shall include as much of the following information as is available: the specific illness or health condition that is the subject of the report; the suspected locating information of the animal, the name and address of any known owner, and the name and address of the reporting individual.
- e. **Laboratories.** For the purposes of this Section, the definition of "health care provider" shall include medical laboratories, provided that such laboratories have agreed to the reporting requirements of the country. Results must be reported by the laboratory that performs the test, but a local laboratory that sends specimens to a laboratory abroad is also responsible for reporting results.
- f. **Enforcement.** The CDC may enforce the provisions of this Section in accordance with existing enforcement rules and regulations.

**SEC. 40. Tracking.** The CDC shall ascertain the existence of cases of an illness or health condition that may be potential causes of a public health emergency; investigate all such cases for sources of infection and to ensure that they are subject to proper control measures; and define the distribution of the illness or health condition. To fulfill these duties, the CDC shall identify exposed individuals as follows—

- a. Identification of individuals. Acting on information developed in accordance with Section 34 of this Act, or other reliable information, the CDC shall identify all individuals thought to have been exposed to an illness or health condition that may be a potential cause of a public health emergency.
- b. Interviewing of individuals. The CDC shall counsel and interview such individuals where needed to assist in the positive identification of exposed individuals and develop



information relating to the source and spread of the illness or health condition. Such information includes the name and address (including city and province) of any person from whom the illness or health condition may have been contracted and to whom the illness or health condition may have spread.

- c. Examination of facilities or materials. The CDC shall, for examination purposes, close, evacuate, or decontaminate any facility or decontaminate or destroy any material when the authority reasonably suspects that such facility or material may endanger the public health.
- d. Enforcement. The CDC may enforce the provisions of this Section in accordance with existing enforcement rules and regulations. An order of the CDC given to effectuate the purposes of this Section shall be enforceable immediately.

**SEC. 41. *Information sharing.***

- a. Whenever the CDC or other government agency learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that may be the cause of a public health emergency, it shall immediately notify the SOHECC and its members.
- b. Whenever the CDC learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that it reasonably believes has the potential to be caused by bioterrorism, it shall immediately notify public safety authorities.
- c. Sharing of information on reportable illnesses, health conditions, unusual clusters, or suspicious events between public health and safety authorities shall be restricted to the information necessary for the treatment, control, investigation, and prevention of a public health emergency.

**SEC. 42. *Intergovernmental information sharing.*** The Secretary of Foreign Affairs and the Secretary of Health are jointly mandated to review and recommend to the SOHECC multilateral and bilateral agreements which the country may adopt to strengthen its information-sharing mechanisms with other countries.

## **CHAPTER VI OTHER PROVISIONS**

**Sec. 43. *Congressional Oversight Committee on Communicable Disease Control and Prevention*** – To monitor the implementation of this Act, there shall be a Congressional Oversight Committee on Communicable 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.

**Sec. 44. *Appropriations.*** In addition to the appropriations for the units subsumed in the Center under this Act, there shall be appropriated a sum of Fifty Million Pesos (Php 50,000,000.00) for the implementation of this Act, including the operations of the Center. *Provided*, that such appropriation shall apply only when this Act is passed before the Center could be given appropriations under the General Appropriations Act for the nearest upcoming year.



**Sec. 45. *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 Center in accordance with existing laws, rules and regulations.

**Sec. 46. *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.

**Sec. 47. *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.

**Sec. 48. *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.

**Sec. 49. *Effectivity.*** — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

| Approved,