

'21 MAY -4 P5 :01

SENATE

S. B. No. 2158

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INTRODUCED BY SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO

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

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that the State shall protect and promote the right to health of every Filipino and instill health consciousness among them. The State recognizes its duty to prioritize public health measures, especially, with the continuing emergence and reemergence of infectious diseases which threaten countries all over the world.

In 2015, the world was introduced to two emerging diseases – Influenza A(H7N7) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The first is a subgroup of influenza viruses that normally circulate among birds but human infections were already detected particularly in China. The second is a new beta virus strain of an animal coronavirus which was identified in September 2012 in individuals with severe acute respiratory illness occurring in the Arabian Peninsula.

The global outbreak of the coronavirus disease (COVID-19) sparked the need to have a comprehensive approach and multi-disciplinary preparedness for the emergence and reemergence of pandemic and epidemic diseases.

Dealing with the diseases promptly and appropriately requires a reorganization and strengthening of the country's health units committed to prevent and control communicable diseases. This bill aims to establish a Center for Disease Control and Prevention (CDC) which shall be the principal agency tasked with developing and implementing communicable disease control and prevention initiatives. It shall be responsible for controlling the 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.

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



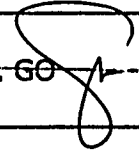
SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO

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

*Be it enacted by the Senate and 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 2021."

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.

Sec. 3. Definition of Terms - As used in this Act, the following terms and
phrases are defined as follows:

- (a) *Communicable disease, also known as infectious disease* – refers to 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* – refers to 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,

- 1 morbidity or mortality to a locally acceptable level as a result of deliberate
2 efforts and continued intervention measures to maintain the reduction;
- 3 (e) *Disease surveillance* - refers to the ongoing systematic collection, analysis,
4 interpretation, and dissemination of outcome-specific data for use in the
5 planning, implementation, and evaluation of public health practice. A disease
6 surveillance system includes the functional capacity for data analysis as well as
7 the timely dissemination of these data to persons who can undertake effective
8 prevention and control activities;
- 9 (f) *Emerging or re-emerging infectious diseases* - refer to diseases that: (1) have
10 not occurred in humans before; (2) have occurred previously but affected only
11 small numbers of people in isolated areas; (3) have occurred throughout
12 human history but have only recently been recognized as a distant disease due
13 to an infectious agent; (4) are caused by previously undetected or unknown
14 infectious agents; (5) are due to mutant or resistant strains of a causative
15 organism; and (6) once were major health problems in the country, and then
16 declined dramatically, but are again becoming health problems for a significant
17 proportion of the population;
- 18 (g) *Epidemic/outbreak* - refers to an occurrence of more cases of disease than
19 normally expected within a specific place or group of people over a given period
20 of time;
- 21 (h) *Health care facility* – refers to any institution, building, or agency or portion
22 thereof, whether public or private that is used, operated, or designed to
23 provide health services, medical treatment, or nursing, rehabilitative, or
24 preventive care to any person or persons. This includes, but is not limited to:
25 ambulatory surgical facilities, home health agencies, hospices, hospitals,
26 infirmaries, intermediate care facilities, kidney treatment centers, long term
27 care facilities, medical assistance facilities, mental health centers, outpatient
28 facilities, public health centers, rehabilitation facilities, residential treatments
29 facilities, skilled nursing facilities, and adult day-care centers. This also
30 includes, but is not limited to, the following related property when used for or
31 in connection with the foregoing: laboratories; research facilities; pharmacies;
32 laundry facilities; health personnel training and lodging facilities; patient,
33 guest, and health personnel food service facilities; and offices and office
34 buildings for persons engaged in health care professions or services;
- 35 (i) *Health event of public health concern* - refers to either a public health
36 emergency or a public health threat due to biological, chemical, radio-nuclear
37 and environmental agents;
- 38 (j) *Infectious disease* – refers to a disease caused by a living organism or other
39 pathogen, including a fungus, bacillus, parasite, protozoan, or virus. An
40 infectious disease may, or may not, be transmissible from person to person,
41 animal to person, or insect to person.
- 42 (k) *Infectious waste* – refers to (i) "biological waste," which includes blood and
43 blood products, excretions, exudates, secretions, suctioning and other body
44 fluids, and waste materials saturated with blood or body fluids; (ii) "cultures
45 and stocks," which includes etiologic agents and associated biologicals,
46 including specimen cultures and dishes and devices used to transfer, inoculate,

1 and mix cultures, wastes from production of biologicals and serums, and
2 discarded live and attenuated vaccines; (iii) "pathological waste," which
3 includes biopsy materials and all human tissues, anatomical parts that emanate
4 from surgery, obstetrical procedures, necropsy or autopsy and laboratory
5 procedures, and animal carcasses exposed to pathogens in research and the
6 bedding and other waste from such animals, but does not include teeth or
7 formaldehyde or other preservative agents; and (iv) "sharps," which includes
8 needles, I. V. tubing with needles attached, scalpel blades, lancets, breakable
9 glass tubes, and syringes that have been removed from their original sterile
10 containers.

11 (l) *Notifiable disease* - refers to a disease that, by legal requirements, must be
12 reported to the public health authorities;

13 (m) *Pre-communicable stage* - refers to the stage beginning upon an individual's
14 earliest opportunity for exposure to an infectious agent and ending upon the
15 individual entering or reentering the communicable stage of the disease or, if
16 the individual does not enter the communicable stage, the latest date at which
17 the individual could reasonably be expected to have the potential to enter or
18 reenter the communicable stage;

19 (n) *Quarantine* - refers to the physical separation and confinement of an individual
20 or groups of individuals, who are or may have been exposed to a contagious
21 or possibly contagious disease and who do not show signs or symptoms of a
22 contagious disease, from non- quarantined individuals, to prevent or limit the
23 transmission of the disease to non- quarantined individuals.

24 (o) *Sudden onset health outbreak or sudden onset health events* - refers to
25 diseases whose risks to public health and safety exponentially increase over
26 time absent intervention;

27 **CHAPTER II** 28 **CREATION OF THE CENTER FOR DISEASE CONTROL PHILIPPINES**

29 **Sec. 4. *Creation of the Center for Disease Control and Prevention.*** - There
30 shall be created a Center for Disease Control and Prevention (CDC), hereinafter
31 referred to as "Center," a government agency attached to the Department of Health
32 (DOH), which shall exercise administrative supervision over the Center.

33 The Center shall be the principal agency tasked with developing and applying
34 communicable disease control and prevention initiatives. It shall be responsible for
35 controlling the introduction and spread of infectious diseases and shall provide
36 consultation and assistance to other nations and international agencies to assist in
37 improving their disease prevention and control. It shall also

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

- 40 (a) The Disease Prevention and Control Bureau
- 41 (b) The Epidemiology Bureau
- 42 (c) The Research Institute for Tropical Medicine
- 43 (d) The Disease Emergency Management Bureau

1 **Sec. 6. Functions of the Center.** - The Center shall perform the following
2 functions:

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

43
44 **Sec. 7. Executive Director.** - The Center shall be headed by an Executive
45 Director who shall be appointed by the President upon the effectivity of this Act, with
46 the rank of Undersecretary, and who shall perform the following functions and powers:

- (a) Manage and direct the activities of the Centers for Disease Control and Prevention (CDC);
- (b) Provide leadership for the implementation of CDCs responsibilities related to disease prevention and control;
- (c) Advise the Secretary of Health on policy matters concerning CDC activities;
- (d) Recommend to the President and the Secretary of Health the exercise of special powers in the case of an epidemic;
- (e) Certify to the existence of an epidemic, which shall be treated as a public health emergency;
- (f) Participate in the development of CDC goals and objectives;
- (g) Provide overall direction and coordination to the epidemiologic activities of CDC;
- (h) Coordinate CDC response to health emergencies;
- (i) Provide liaison with other governmental agencies, international organizations including the World Health Organization, learning institutions, and other outside groups;
- (j) Coordinate international health activities relating to disease prevention and control;
- (k) In cooperation with DOH Regional Offices, provide or obtain technical assistance for regional and local health departments and private and official agencies as needed;
- (l) Provide overall direction to, and coordination of, the scientific/medical programs of CDC;
- (m) Oversee and provide leadership for laboratory science, safety, and quality management;
- (n) Plan, promote, and coordinate an ongoing program to assure equal employment opportunities in CDC;
- (o) Provide leadership, coordination, and assessment of administrative management activities;
- (p) Coordinate with appropriate DOH staff offices on administrative and program matters;
- (q) Coordinate the consumer affairs activities for CDC; and
- (r) 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 under the CDC with the following functions:

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

1 **Sec. 9. Divisions of the Disease Prevention and Control Bureau.** - There
2 shall be created the following divisions under Disease Prevention and Control Bureau
3 under the CDC with the following functions:

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

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

25 (b) The Infectious Disease of Prevention and Control Division (IDPCD) shall have
26 the following functions:

- 27 (1) Develop policies, standards and guidelines for the prevention and control
28 of infectious diseases;
- 29 (2) Develop plans, programs and projects to carry out preventive and control
30 strategies against infectious diseases;
- 31 (3) Assist and strengthen capacity to measure and analyze the burden of
32 infectious diseases;
- 33 (4) Provide technical assistance and expert services to collaborating and
34 implementing agencies on matters pertaining to the prevention and
35 control of infectious diseases;
- 36 (5) Develop capability of health sector agencies and organizations in the
37 implementation of programs and projects related to the prevention and
38 control of infectious diseases;
- 39 (6) Promote coordination and collaboration with partner agencies and
40 organizations on matters pertaining to infectious diseases; and
- 41 (7) Mobilize resources to assist collaborating and implementing agencies and
42 organizations.

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

4 **Sec. 10. Epidemiology Bureau.** - There shall be an Epidemiology Bureau under
5 the Center with the following functions:

- 6 (a) Develop and evaluate surveillance systems and other health information
7 systems;
- 8 (b) Collect, analyze and disseminate reliable and timely information on the
9 health status;
- 10 (c) Investigate disease outbreaks and other threats to public health; and
- 11 (d) Network public health laboratories in support of epidemiological and
12 surveillance activities.

13 There shall create the divisions under the Epidemiology Bureau with the following
14 functions:

15 (1) Applied Epidemiology Health Management Division

- 16 i. Investigate and respond to epidemics and other urgent public health
17 threats as the need arises;
- 18 ii. Develop and maintain field epidemiology training programs for public
19 health workers;
- 20 iii. Develop, capture, filter, verify, assess, respond, disseminate and
21 evaluate event- based surveillance systems; and
- 22 iv. Collect and maintain resource materials on epidemiology,
23 surveillance, management and monitoring and evaluation in public
24 health.

25 (2) Public Health Surveillance Division - Undertake notifiable disease
26 surveillance through Philippine Integrated Disease Surveillance and
27 Response.

28
29 (3) Survey, Monitoring & Evaluation Division

- 30 i. Provide statistical services to priority health programs of the DOH;
- 31 ii. Monitoring non-behavioral risk factors priority non-communicable
32 diseases through globally standardized survey;
- 33 iii. Monitor HIV and AIDS Registry and Integrated HIV Behavioral and
34 Serologic Surveillance, size estimates and Most At-Risk Population;
35 and
- 36 iv. Provide program health indicators information

37 **Sec. 11. Disease Emergency Management Bureau.** - There shall be created
38 the Disease Emergency Management Bureau under the Center with the following
39 functions:

- 40 (a) Act as the DOH Coordinating Unit and Operation Center for all health

- 1 emergencies and disasters, as well as incidents with the potential of becoming
2 an emergency, and coordinate the mobilization and sharing of resources.
- 3 (b) Provide the communication linkage among DOH Central Office and other
4 concerned agencies, including the hospitals and the regions, during
5 emergencies and disasters.
- 6 (c) Maintain updated information of all health emergencies and disasters (except
7 epidemiological investigation reports) and provide such information to other
8 offices and agencies in accordance with existing protocols.
- 9 (d) Maintain a database of all health emergency personnel, technical experts, and
10 resource speakers. Together with the National Center for Health Facilities
11 Development (NCHFD), the DEMB shall maintain a database of capabilities of
12 health facilities.
- 13 (e) Lead in the development of Disaster Risk Reduction & Management In Health
14 (DRRMH) Plan and the development of protocols, guidelines and standards for
15 health emergency management.
- 16 (f) Provide technical assistance in the development of programs and planning
17 activities for HEM for other government and non-government organizations.
- 18 (g) Lead advocacy activities, including simulation exercises.
- 19 (h) Develop and implements an Integrated Human Resource Training Agenda for
20 the Health Sector for emergencies and disasters.
- 21 (i) Lead in the networking of hospitals and health sector organizations responding
22 to emergencies and disasters.
- 23 (j) Monitor and evaluate the enforcement of compliance to policies and recommend
24 the formulation or amendment of policies related to health emergency
25 management.

26 There shall be create the divisions under the Disease Emergency Management
27 Bureau with the following functions:

28 (1) Prevention, Mitigation & Preparedness Division

- 29 i. Develop, disseminates, and monitors the implementation of policies for
30 health emergency preparedness.
- 31 ii. Develop standardized training modules for various stakeholders on health
32 emergency
- 33 iii. Develop, disseminate and update emergency preparedness programs
- 34 iv. Develop policy-related and operational researches and documentation
35 relevant to health emergency preparedness that will serve as inputs for
36 policy development and program/systems improvement.
- 37 v. Develop well-performing managerial human resources for health
38 emergency management
- 39 vi. Provide technical assistance to ensure the availability of functional health
40 emergency preparedness systems (including policies, planning and
41 capability building activities) at all levels of the health sector.
- 42 vii. Provide technical assistance to ensure delivery of appropriate services in
43 time of emergencies.
- 44 viii. Develop and implement an overall Monitoring and Evaluation System and
45 Plan for health emergency management
- 46 ix. Lead in public information and awareness-raising activities.

1 (2) Response, Recovery & Rehabilitation Division

- 2 i. Mobilize resource of technical experts, health response teams and tangible
3 logistics needed locally and internationally.
4 ii. Manage information through rapid health assessment, damage assessment
5 and needs analysis in response, recovery and rehabilitation phases.
6 iii. Plan and develop policies and guidelines essential in the implementation and
7 management of projects, programs and activities relevant to emergency and
8 response, recovery and rehabilitation.
9 iv. Develop and capacitate human resource of regional offices, operation
10 centers and local government units in responding to emergencies.
11 v. Perform such other functions as may be necessary in performing its
12 functions as a health emergency response division.

13 **Sec. 12. *Research Institute of Tropical Medicine.*** - The Center shall
14 absorb all functions and divisions under the Research Institute of Tropical Medicine
15 pursuant to Executive Order No. 674 as follows:

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

23 The Research Institute shall also:

- 24 (1) Provide high quality tertiary care to both in-patients and out-patients
25 suffering from tropical diseases included within the scope of the Institute's
26 research activities.
27 (2) Undertake research activities in the diagnosis, control and prevention of
28 tropical diseases that are major causes of mortality and morbidity in the
29 Philippines.
30 (3) Develop cost effective strategies for the control of infectious/tropical
31 diseases.
32 (4) Conduct clinical trials according to accepted Good Clinical Practice (GCP)
33 guidelines, aimed at better understanding and control of tropical diseases.
34 (5) Conduct regular training courses for medical and paramedical personnel in
35 the control of common tropical diseases in the country.
36 (6) Participate in the technical cooperation programs with foreign government
37 in research activities in the diagnosis, control and prevention of tropical
38 diseases.

39 **CHAPTER III**
40 **REGULATIONS TO CONTROL COMMUNICABLE DISEASES**

1 **Sec. 13. Promulgation and enforcement by the Secretary of Health. -**
2 The Secretary of Health, upon the recommendation of the Executive Director, is
3 authorized to make and enforce such regulations as in his/her judgment are necessary
4 to prevent the introduction, transmission, or spread of communicable diseases from
5 foreign countries into the Philippines or its territory.

6
7 For purposes of carrying out and enforcing such regulations, the Secretary of
8 Health, or the Executive Director upon delegation by the Secretary of Health, may
9 provide for such inspection, fumigation, disinfection, sanitation, pest extermination,
10 destruction of animals or articles found to be so infected or contaminated as to be
11 sources of dangerous infection to human beings, and other measures, as in his/her
12 judgment may be necessary.

13
14 **Sec. 14. Apprehension, detention, or conditional release of**
15 **Individuals. -** Regulations prescribed under this Chapter shall not provide for the
16 apprehension, detention, or conditional release of individuals except for the purpose
17 of preventing the introduction, transmission, or spread of such communicable diseases
18 as may be specified from time to time in Executive orders of the President upon the
19 recommendation of the Secretary of Health and/or the Executive Director.

20 **Sec. 15. Application of regulations to persons entering from foreign**
21 **countries. -** Except as specifically provided by law, regulations prescribed under this
22 section, insofar as they provide for the apprehension, detention, examination; or
23 conditional release of individuals, shall be applicable only to individuals coming into
24 Philippine territory from a foreign country or a possession.

25 **Sec. 16. Apprehension and examination of persons reasonably**
26 **believed to be infected. -**

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

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

39 **Sec. 17. Suspension of entries and imports from designated places to**
40 **prevent spread of communicable diseases. -** Whenever the Executive Director
41 determines that by reason of the existence of any communicable disease in a foreign
42 country there is serious danger of the introduction of such disease into the Philippines;

1 and that this danger is so increased by the introduction of persons or property from
2 such country that a suspension of the right to introduce such persons and property is
3 required in the interest of the public health, the Secretary of Health, upon the
4 recommendation of the Executive Director, in accordance with regulations approved
5 by the President, shall have the power to prohibit, in whole or in part, the introduction
6 of persons and property from such countries or places as he shall designate in order
7 to avert such danger, and for such period of time as he may deem necessary for such
8 purpose.

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

20 **Sec. 19. *Quarantine regulations governing civil air navigation and civil***
21 ***aircraft.*** - The Executive Director and the Secretary of Health are jointly authorized
22 to provide by regulations for the application to air navigation and aircraft of any of the
23 provisions of sections 12 and 13 of this Act and regulations prescribed thereunder
24 (including penalties and forfeitures for violations of such sections and regulations), to
25 such extent and upon such conditions as they deem necessary for the safeguarding
26 of the public health.

27
28 **Sec. 20 *Penalties.*** - Any person who violates any regulation prescribed under
29 this Chapter, or who enters or departs from the limits of any quarantine station,
30 ground, or anchorage in disregard of quarantine rules and regulations or without
31 permission of the quarantine officer in charge, shall be punished by a fine of not more
32 than Five Million Pesos (Php 5,000,000.00) or by imprisonment for not more than two
33 years, or both.

34
35 **Sec. 21. *Administration of oaths by quarantine officers.*** - Medical
36 officers, when performing duties as quarantine officers at any port or place within the
37 Philippines, are authorized to take declarations and administer oaths in matters
38 pertaining to the administration of the quarantine laws and regulations of the
39 Philippines.

CHAPTER IV
MANAGEMENT OF SUDDEN ONSET HEALTH EMERGENCIES

Sec. 22. 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) 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 Center shall act as the Secretariat of the HECC.

Sec. 23. Meetings. - 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. 24. 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. 25. 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

1 outbreak of highly contagious and/or infectious diseases, and biological or biochemical
2 disasters.

3
4 **Sec. 26. Emergency Powers during a sudden onset health outbreak.**

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

11
12 **Sec. 27. Health Care Facilities and Services During a Sudden Onset**
13 **Health Outbreak.** — During the period of a Sudden Onset Health Outbreak, the
14 Council may, within reasonable and necessary grounds for emergency response to a
15 public health emergency, require privately- owned health care facilities to provide
16 services or the use of their facilities.

17
18 **Sec. 28. Dangerous Facilities and Materials.** — During the State of Health
19 Emergency, the Council may exercise, in coordination with national government
20 agencies, local governments, and other organizations responsible for the
21 implementation of the SOHEMP, the following powers over facilities or materials that
22 may be considered dangerous due to contamination or exposure to chemical, nuclear
23 or biological agents or infectious disease pathogen,

24
25 To close, direct and compel the evacuation of, or to decontaminate or cause to
26 be decontaminated, any facility of which there is reasonable cause to believe that it
27 may endanger the public health: and To decontaminate or cause to be
28 decontaminated, any material of which there is reasonable cause to believe that it
29 may endanger the public health.

30
31 **Sec. 29. Control of Pharmaceutical Agents or Medical Supplies.** — After
32 the declaration of a State of Public Health Emergency, the Council may authorize
33 concerned agencies to purchase, store or distribute anti-toxins, serums, vaccine,
34 immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies
35 that it considers advisable in the interest of preparing for or controlling a public health
36 emergency, with the right to take immediate possession thereof.

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

43 **Sec. 30. Sudden Onset Health Hazards and Emergencies Management**
44 **Service.** There shall be created, within the CDC, a Sudden Onset Health Hazards and
45 Emergencies Management Service (SOHHEMS), under the DEMB, which shall perform
46 the following functions:

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

19 **Sec. 31. National Health Emergency Response Unit.** - There shall be created
20 a National Health Emergency Response Unit to perform the following functions:

- 21 (a) Execute, in coordination with relevant law enforcement authorities, orders for
- 22 seizure, surveillance, search, and disposal issued by the President, the
- 23 Secretary of Health, the CDC, or the HECC.
- 24 (b) Act as the first-response unit of the SOHHEMS during a public health
- 25 emergency;
- 26 (c) Conduct investigative and intelligence gathering activities as ordered by the
- 27 CDC or by the Secretary of Health;
- 28 (d) Verify reports of cases of serious infectious diseases, the presence of serious
- 29 amounts of biohazards; and such other reports whose verification is in the
- 30 interest of protecting public health;
- 31 (e) Perform such other functions as may be inherent in its role as the first-response
- 32 unit of the PHEMS, or as may be assigned by the Secretary of Health and/or
- 33 the CDC Executive Director.

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

38
39 **Sec. 32. Right to information during a sudden onset health outbreak.** -
40 The Secretary of Health shall make publicly available information which he/she deems
41 essential to preserving the health and safety of the public. During a sudden onset
42 health outbreak, the right to vital information shall take precedence over the right to
43 privacy.
44

1 **Sec. 33. *Special supervision over the Bureau of Quarantine.*** - During a
2 sudden onset health outbreak, or as may be mandated by the Secretary of Health in
3 the interest of preventing an outbreak, the Bureau of Quarantine shall report directly
4 to the Executive Director of the CDC. The Bureau of Quarantine shall at all times
5 practice full transparency with the Executive Director of the CDC. The CDC shall have
6 full access to information in the possession of the Bureau of Quarantine.

7 **Sec. 34. *Safe disposal of infectious waste.*** - The CDC may exercise, for such
8 period as the state of public health emergency exists, the following powers regarding
9 the safe disposal of infectious waste:

10 (a) Adopt measures. To adopt and enforce measures to provide for the safe
11 disposal of infectious waste as may be reasonable and necessary to respond to
12 the public health emergency. Such measures may include, but are not limited
13 to, the collection, storage, handling, destruction, treatment, transportation, and
14 disposal of infectious waste.

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

26 (c) Use of facilities. To procure, by condemnation or otherwise, any business or
27 facility authorized to collect, store, handle, destroy, treat, transport, and
28 dispose of infectious waste under the laws of the country and any landfill
29 business or other such property as may be reasonable and necessary to
30 respond to the public health emergency, with the right to take immediate
31 possession thereof.

32 (d) Identification. All bags, boxes, or other containers for infectious waste shall be
33 clearly identified as containing infectious waste, and if known, the type of
34 infectious waste.

35
36 **Sec. 35. *Safe disposal of human remains.*** - The CDC may exercise, for such
37 period as the state of public health emergency exists, the following powers regarding
38 the safe disposal of human remains:

39 (a) Adopt measures. To adopt and enforce measures to provide for the safe
40 disposal of human remains as may be reasonable and necessary to respond to
41 the public health emergency. Such measures may include, but are not limited
42 to, the embalming, burial, cremation, interment, disinterment, transportation,
43 and disposal of human remains.

44 (b) Possession. To take possession or control of any human remains.

45 (c) Disposal. To order the disposal of any human remains of a person who has died

1 of a contagious disease through burial or cremation within twenty-four (24)
2 hours after death. To the extent possible, religious, cultural, family, and
3 individual beliefs of the deceased person or his or her family shall be considered
4 when disposing of any human remains.

5 (d) Control of facilities. To require any business or facility authorized to embalm,
6 bury, cremate, inter, disinter, transport, and dispose of human remains under
7 the laws of the country to accept any human remains or provide the use of its
8 business or facility if such actions are reasonable and necessary to respond to
9 the public health emergency as a condition of licensure, authorization, or the
10 ability to continue doing business in the country as such a business or facility.
11 The use of the business or facility may include transferring the management
12 and supervision of such business or facility to the CDC for a limited or unlimited
13 period of time, but shall not exceed the termination of the declaration of a state
14 of public health emergency.

15 (e) Use of facilities. To procure, by condemnation or otherwise, any business or
16 facility authorized to embalm, bury, cremate, inter, disinter, transport, and
17 dispose of human remains under the laws of the Philippines as may be
18 reasonable and necessary to respond to the public health emergency, with the
19 right to take immediate possession thereof.

20 (f) Labeling. Every human remains prior to disposal shall be clearly labeled with
21 all available information to identify the decedent and the circumstances of
22 death. Any human remains of a deceased person with a contagious disease
23 shall have an external, clearly visible tag indicating that the human remains is
24 infected and, if known, the contagious disease.

25 (g) Identification. Every person in charge of disposing of any human remains shall
26 maintain a written or electronic record of each human remains and all available
27 information to identify the decedent and the circumstances of death and
28 disposal. If human remains cannot be identified prior to disposal, a qualified
29 person shall, to the extent possible, take fingerprints and photographs of the
30 human remains, obtain identifying dental information, and collect a DNA
31 specimen. All information gathered under this paragraph shall be promptly
32 forwarded to the CDC.

33 ***Sec. 36. Other powers of control of health care supplies. -***

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

39 (b) Rationing. If a state of public health emergency results in a national or regional
40 shortage or threatened shortage of any product under (a), whether or not such
41 product has been purchased by the public health authority, the CDC may
42 control, restrict, and regulate by rationing and using quotas, prohibitions on
43 shipments, allocation, or other means, the use, sale, dispensing, distribution,
44 or transportation of the relevant product necessary to protect the public health,
45 safety, and welfare of the people.

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

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

15 **Sec. 37. Vaccination and treatment.** - During a state of public health
16 emergency, or a state of sudden onset health outbreak, the CDC may exercise the
17 following emergency powers over persons as necessary to address the public health
18 emergency:

19 (a) Vaccination. To vaccinate persons as protection against infectious disease and
20 to prevent the spread of contagious or possibly contagious disease. (1)
21 Vaccination may be performed by any qualified person authorized to do so by
22 the CDC. (2) A vaccine to be administered must not be such as is reasonably
23 likely to lead to serious harm to the affected individual. (3) To prevent the
24 spread of contagious or possibly contagious disease the CDC may isolate or
25 quarantine, pursuant to the provisions of this Act, persons who are unable or
26 unwilling for reasons of health, religion, or conscience to undergo vaccination
27 pursuant to this Section.

28 (b) Treatment. To treat persons exposed to or infected with disease. (1) Treatment
29 may be administered by any qualified person authorized to do so by the CDC
30 or DOH. (2) Treatment must not be such as is reasonably likely to lead to
31 serious harm to the affected individual. (3) To prevent the spread of contagious
32 or possibly contagious disease the public health authority may isolate or
33 quarantine, persons who are unable or unwilling for reasons of health, religion,
34 or conscience to undergo treatment pursuant to this Section.

35 CHAPTER V

36 TRACKING OF PUBLIC HEALTH EMERGENCIES

37 **Sec. 38. Reporting.** -

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

42 (b) Pharmacists. In addition to the foregoing requirements for health care

1 providers, a pharmacist shall report any unusual or increased prescription
2 rates, unusual types of prescriptions, or unusual trends in pharmacy visits
3 that may be potential causes of a public health emergency. Prescription-
4 related events that require a report include, but are not limited to— (1) an
5 unusual increase in the number of prescriptions or over-the-counter
6 pharmaceuticals to treat conditions that the CDC identifies through
7 regulations; (2) an unusual increase in the number of prescriptions for
8 antibiotics; and (3) any prescription that treats a disease that is relatively
9 uncommon or may be associated with bioterrorism.

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

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

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

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

38 **Sec. 39. Tracking.** - The CDC shall ascertain the existence of cases of an illness
39 or health condition that may be potential causes of a public health emergency;
40 investigate all such cases for sources of infection and to ensure that they are subject
41 to proper control measures; and define the distribution of the illness or health
42 condition. To fulfill these duties, the CDC shall identify exposed individuals as follows—

43 (a) Identification of individuals. Acting on information developed in accordance
44 with Section 34 of this Act, or other reliable information, the CDC shall
45 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. 40. 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. 41. 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. 42. 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.

1 **Sec. 43. Appropriations.** - In addition to the appropriations for the units
2 subsumed in the Center under this Act, there shall be appropriated a sum of Fifty
3 Million Pesos (Php 50,000.000.00) for the implementation of this Act, including the
4 operations of the Center. *Provided*, that such appropriation shall apply only when this
5 Act is passed before the Center could be given appropriations under the General
6 Appropriations Act for the nearest upcoming year.

7
8 **Sec. 44. Staffing.** - The Secretary of Health, in consultation with the
9 Department of Budget and Management (DBM), shall determine the organizational
10 structures including regional or field offices, qualification standards, staffing pattern
11 and compensation of the newly created Center in accordance with existing laws, rules
12 and regulations.

13 **Sec. 45. Implementing Rules and Regulations.** - The Secretary of Health
14 shall promulgate the necessary rules and regulations within ninety (90) working days
15 from the effectivity of this Act.

16 **Sec. 46. Separability Clause.** — If any portion or provision of this Act is
17 subsequently declared invalid or unconstitutional, other provisions hereof which are
18 not affected thereby shall remain in full force and effect.

19
20 **Sec. 47. Repealing Clause.** — All other laws, acts, presidential decrees,
21 executive orders, presidential proclamations, issuances, rules and regulations, or parts
22 thereof which are contrary to or inconsistent with any of the provisions of this Act are
23 hereby repealed, amended, or modified accordingly.

24
25 **Sec. 48. Effectivity.** — This Act shall take effect fifteen (15) days after its
26 publication in the Official Gazette or in a newspaper of general circulation.

Approved,