

'18 JUL -4 P3:32

SENATE

S.B. No. 1864

RECEIVED _____

Introduced by Senator Ana Theresia "Risa" Hontiveros-Baraquel

AN ACT PROVIDING POLICIES AND PRESCRIBING PROCEDURES ON SURVEILLANCE AND RESPONSE TO NOTIFIABLE DISEASES, EPIDEMICS, AND HEALTH EVENTS OF PUBLIC HEALTH CONCERN, AND APPROPRIATING FUNDS THEREFOR, REPEALING FOR THE PURPOSE ACT NO. 3573 ENTITLED, "AN ACT PROVIDING FOR THE PREVENTION AND SUPPRESSION OF DANGEROUS COMMUNICABLE DISEASES AND FOR OTHER PURPOSES"

EXPLANATORY NOTE

The Constitution enshrines the right to health of every Filipino. Specifically, Article 2 Section 15 that provides that "State shall protect and promote the right to health of the people and instill health consciousness among them."

According to the World Health Organization (WHO), over 13 million people die each year from infectious and parasitic diseases: one in two deaths in some developing countries. Poor people, women, children, and the elderly are the most vulnerable. Infectious diseases continue to be the world's leading killer of young adults and children. In the Philippines, it has been reported that eight out of ten leading causes of morbidity is due to communicable diseases (FHSIS, 2015).

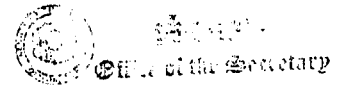
The Philippine's Act 3573 - Law on Reporting of Communicable Diseases, a law passed on November 26, 1929 by the Philippine Legislature in an American occupied country, is still being used as the basis for requiring all individuals and health facilities to report notifiable diseases to local and national health authorities. Up to now, guidelines of the Department of Health for reporting communicable diseases refer to this old law. Despite significant advances in the science of medicine and the emergence of new diseases in the past 90 years, the law has not been updated.

Notification, by the fastest means possible, of epidemic-prone diseases and health events of public health concern is required for the State to appropriately assess the health situation and respond quickly in order to prevent more people from getting infected, control outbreaks, contain health events of public health concern, and prevent mortalities.

This measure seeks the repeal of the archaic Act 3573, otherwise known as the "Law on Reporting of Communicable Diseases" and the institution of new policies and regulations pertaining to the reporting of important public health concerns and the strengthening of disease surveillance systems at the national and local level.

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

Ana Theresia Hontiveros-Baraquel
Ana Theresia "Risa" Hontiveros-Baraquel



SENATE

'18 JUL -4 P3:32

S.B. No 1864

RECEIVED

Introduced by Senator Ana Theresia "Risa" Hontiveros-Baraquel

AN ACT PROVIDING POLICIES AND PRESCRIBING PROCEDURES ON SURVEILLANCE AND RESPONSE TO NOTIFIABLE DISEASES, EPIDEMICS, AND HEALTH EVENTS OF PUBLIC HEALTH CONCERN, AND APPROPRIATING FUNDS THEREFOR, REPEALING FOR THE PURPOSE ACT NO. 3573 ENTITLED, "AN ACT PROVIDING FOR THE PREVENTION AND SUPPRESSION OF DANGEROUS COMMUNICABLE DISEASES AND FOR OTHER PURPOSES"

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

**CHAPTER 1
GENERAL PROVISIONS**

1 **SECTION 1. Short Title.** – This Act shall be known as the "Mandatory Reporting of
2 Notifiable Diseases and Health Events of Public Health Concern Act".
3

4 **SECTION 2. Declaration of Principles & Policies.**

5 It is hereby declared the policy of the State to protect and promote the right to health of
6 the people and instill health consciousness among them. It shall endeavor to protect the
7 people from public health threats through the efficient and effective surveillance of
8 notifiable diseases including emerging and re-emerging infectious diseases, diseases
9 for elimination and eradication, epidemics, and health events of public health concern
10 and provide an effective response system in compliance with the 2005 International
11 Health Regulations (IHR) of the World Health Organization (WHO). The State
12 recognizes epidemics and other public health emergencies as threats to public health
13 and national security, which can undermine the social, economic, and political functions
14 of the State.
15

16 The State also recognizes disease surveillance and response systems of the
17 Department of Health (DOH) and its local counterparts, as the first line of defense to
18 epidemics and health events of public health concern that pose risk to public health and
19 security.
20

21 **SECTION 3. Definition of Terms.** – As used in this Act:
22

- 23 a. *Disease* refers to an illness due to a specific toxic substance, occupational
24 exposure or infectious agent, which affects a susceptible individual, either directly
25 or indirectly, as from an infected animal or person, or indirectly through an
26 intermediate host, vector, or the environment.
27
28 b. *Disease control* refers to the reduction of disease incidence, prevalence, morbidity
29 or mortality to a locally acceptable level as a result of deliberate efforts and
30 continued intervention measures to maintain the reduction.

- 1 c. *Disease surveillance* refers to the on-going systematic collection, analysis,
2 interpretation, and dissemination of outcome-specific data for use in the planning,
3 implementation, and evaluation of public health practice. A disease surveillance
4 system includes the functional capacity for data analysis as well as the timely
5 dissemination of these data to persons who can undertake effective prevention and
6 control activities.
7
- 8 d. *Emerging or re-emerging infectious diseases* refer to diseases that (1) have not
9 occurred in humans before; (2) have occurred previously but affected only small
10 numbers of people in isolated areas; (3) have occurred throughout human history
11 but have only recently been recognized as a distant disease due to an infectious
12 agent; (4) are caused by previously undetected or unknown infectious agents; (5)
13 are due to mutant or resistant strains of a causative organism; (6) once were major
14 health problems in the country, and then declined dramatically, but are again
15 becoming health problems for a significant proportion of the population.
16
- 17 e. *Epidemic or outbreak* refers to an occurrence of more cases of disease than
18 normally expected within a specific place or group of people over a given period of
19 time.
20
- 21 f. *Epidemiologic investigation* refers to an inquiry to the incidence, prevalence,
22 extent, source, mode of transmission, causation of, and other information pertinent
23 to a disease occurrence.
24
- 25 g. *Health event of public health concern* refers to either a public health emergency or
26 a public health threat.
27
- 28 h. *Infectious disease* is a disease caused by pathogenic microorganisms, such as
29 bacteria, viruses, parasites or fungi. These diseases can be spread, directly or
30 indirectly, from one person to another or from animals to humans.
31
- 32 i. *Mandatory reporting* refers to the obligatory reporting of a condition to local or state
33 health authorities, as required for notifiable diseases, epidemics or public health
34 events of public health concern.
35
- 36 j. *Notifiable disease* refers to a disease that, by legal requirements, must be reported
37 to the public health authorities.
38
- 39 k. *Public health authority* refers to the DOH (specifically the Epidemiology Bureau,
40 Disease Prevention and Control Bureau, Bureau of Quarantine and International
41 Health Surveillance, Health Emergency Management Bureau, Food and Drug
42 Administration, Research Institute for Tropical Medicine and other National
43 Reference Laboratories, and its counterparts at the DOH Regional Offices), the
44 local health office (provincial, city or municipality), or any person directly authorized
45 to act on behalf of the Department of Health or a local health office.
46
- 47 l. *Public health emergency* refers to an occurrence or imminent threat of an illness or
48 health condition that:
49
- 50 1. Is caused by any of the following:
 - 51 • bioterrorism;
 - 52 • appearance of a novel or previously controlled or eradicated infectious
53 agent, or biological toxin;
 - 54 • a natural disaster;
 - 55 • a chemical attack or accidental release;
 - 56 • a nuclear attack or accident; or
 - 57 • an attack or accidental release of radioactive materials.

- 1 2. Poses a high probability of any of the following:
2 • a large number of deaths in the affected population;
3 • a large number of serious or long-term disabilities in the affected
4 population;
5 • widespread exposure to an infectious pathogen or toxic agent that may
6 pose a significant risk of substantial harm to large number of people in the
7 affected population;
8 • potential for national or international spread; or
9 • threatens the elimination or eradication of a disease.

10
11 m. *Public health threat* refers to any situation or factor that may represent a danger to
12 the health of the people. This includes diseases in animals that affect humans, and
13 environmental events that impact human health.

14
15 n. *Response* refers to the implementation of specific activities to control further
16 spread of infection, outbreaks or epidemics and prevent reoccurrence; to contain
17 or reduce the effect of a health event of public health concern; or to prevent
18 mortalities or disabilities. It includes verification, rapid assessment, case measures,
19 treatment of patients, conduct of prevention activities, and rehabilitation.
20

21 **SECTION 4. Objectives.** – This Act shall have the following objectives:
22

- 23 a. To continuously update the list of nationally notifiable diseases and health events
24 of public health concern with their corresponding case definitions and reporting
25 mechanisms;
26
27 b. To enforce mandatory reporting of notifiable diseases and health events of public
28 health concern to the DOH and its local counterparts;
29
30 c. To continuously strengthen the capacity and collaboration of national and local
31 agencies in responding to epidemics and health events of public health concern;
32
33 d. To ensure the establishment and maintenance of relevant, efficient, effective and
34 responsive disease surveillance and response systems and structures at the
35 national and local levels, including Epidemiology and Surveillance Units (ESU)
36 and public health laboratories;
37
38 e. To provide sufficient funding to support operations needed to establish and
39 maintain epidemiology and surveillance units at the DOH, health facilities and
40 local government units; efficiently and effectively investigate outbreaks and
41 health events of public health concern; validate, collect, analyze and disseminate
42 disease surveillance information to relevant agencies or organizations; and
43 implement appropriate response;
44
45 f. To require public and private physicians, allied medical personnel, professional
46 societies, hospitals, clinics, health facilities, laboratories, pharmaceutical
47 companies, private companies and institutions, workplaces, schools, prisons,
48 ports, airports, establishments, communities, other government agencies, and
49 non-government organizations to actively participate in disease surveillance and
50 response;
51
52 g. To require the real-time reporting of, and immediate response to, public health
53 emergencies and health events of national and international concern;
54
55 h. To strengthen reporting and response systems that ensure provision of accurate
56 and timely health information on notifiable diseases and health- events and

1 conditions of public health concern to citizens and health providers as an integral
2 part of response to epidemics and public health emergencies;-
3

- 4 i. To establish effective mechanisms for strong collaboration and communication
5 with national and local government health agencies and ensure that proper
6 procedures are in place to promptly respond to reports of notifiable diseases and
7 health events of public health concern. These include case and environmental
8 investigations, management and treatment of cases, risk assessment and
9 communication, control and containment, prevention interventions, community
10 mobilization, monitoring, evaluation and other follow up activities.
11
- 12 j. To expand health sector collaboration beyond traditional public health partners to
13 include others who may be involved in the disease surveillance and response,
14 such as the Department of Agriculture, Department of Environment and Natural
15 Resources, Department of Foreign Affairs, Department of Social Welfare and
16 Development, veterinarians, animal industry, law enforcement entities,
17 transportation agencies, among others;
18
- 19 k. To ensure that public health authorities have the statutory and regulatory
20 authority to implement mandatory reporting of notifiable diseases, conditions and
21 health events of public health concern, and immediately response to these
22 reports;
23
- 24 l. To respect to the fullest extent possible, the rights of people to liberty, bodily
25 integrity, and privacy while maintaining and preserving public health and security.
26

27 **SECTION 5. *Notifiable Diseases and Health Events of Public Health Concern.*** – The
28 Epidemiology Bureau, under the DOH, shall regularly update and issue a list of
29 nationally notifiable diseases and health events of public health concern with their
30 corresponding case definitions and reporting mechanisms, signed by the Secretary of
31 Health. The list of notifiable disease and health events of public health concern will
32 include emerging and re-emerging diseases and diseases for elimination and
33 eradication, among others. The selection and the deletion of diseases and health
34 events of public health concern shall be based on criteria established by the DOH.
35

36 **SECTION 6. *Mandatory reporting of notifiable diseases and health events of public***
37 ***health concern.*** – The DOH, through the Epidemiology Bureau, shall issue the official
38 list of institutionalized public health disease surveillance and response systems for
39 mandatory reporting of notifiable diseases and health events of public health concern
40 provided in Section 5 of this Act. This official list shall include the Philippine Integrated
41 Disease Surveillance and Response (PIDSRS) System with its Case-based Surveillance
42 and Event-based Surveillance, and other duly institutionalized public health disease
43 surveillance and response systems of the DOH.
44

45 Under this Act:

- 46
- 47 a. The DOH and its local counterparts are mandated to implement the mandatory
48 reporting of notifiable diseases and health events of public health concern.
49
- 50 b. All public and private physicians allied medical personnel, professional societies,
51 hospitals, clinics, health facilities, laboratories, pharmaceutical companies,
52 private companies and institutions, workplaces, schools, prisons, ports, airports,
53 establishments, communities, other government agencies, and non-government
54 organizations are required to accurately and immediately report notifiable
55 diseases and health events of public health concern as issued by the DOH.
56

- 1 c. The DOH and its local counterparts shall establish and maintain functional
2 disease surveillance and response systems, which include inter-agency and
3 intra-agency coordination mechanisms; implementation protocols for reporting,
4 data verification, data management, data analysis, and other surveillance and
5 response activities; measures for data security and confidentiality; and
6 procedures and provision to ensure safety of personnel conducting disease
7 surveillance and response activities.
8
- 9 d. The DOH and its local counterparts shall establish Epidemiology and
10 Surveillance Units in all localities and health facilities that has a yearly budget for
11 its operations and response to epidemics and public health emergencies;
12 adequate human resources trained in epidemiology, disease surveillance and
13 response; information and communication technology; appropriate infrastructure,
14 equipment and logistics for activities listed in Section 6i; transportation for quick
15 response; laboratory equipment, supplies and reagents; access to courier and
16 warehousing services; and personal protective equipment.
17
- 18 e. The DOH and its local counterparts shall ensure that all surveillance and
19 response officers have adequate capacity for mandatory reporting of notifiable
20 diseases, risk assessment, epidemiology, disease surveillance, and response to
21 epidemics and health events of public health concern.
22
- 23 f. The DOH and its local counterparts shall ensure that the safety and protection of
24 all personnel directly involved in surveillance and response activities are upheld.
25 These personnel shall be provided with health insurance, personal protective
26 equipment and prophylaxis; provided treatment and hospital management when
27 exposed to toxins or infectious agents; and given pay and other benefits
28 commensurate to the hazard of their duties.
29
- 30 g. The DOH shall strengthen and expand public health laboratories and the
31 capacity for biosafety nationwide.
32
- 33 h. The DOH, in collaboration with other public health partners, other government
34 agencies, local government units, the private sector and other partners listed in
35 Section 4j, shall establish and continually strengthen disease surveillance and
36 reporting systems; mechanisms for provision of accurate and timely information;
37 and strong coordination and communication systems for appropriate and
38 immediate response to reports of notifiable diseases, epidemics and health
39 events of public health concern.
40
- 41 i. To perform their disease surveillance and response functions, authorized health
42 personnel from the DOH and its local counterparts have the statutory and
43 regulatory authority to enforce the following:
44
- 45 1. implement mandatory reporting of notifiable diseases, conditions and health
46 events of public health concern;
47
 - 48 2. establish disease surveillance and response systems in private and public
49 facilities deemed necessary to protect the health of the population;
50
 - 51 3. conduct epidemic and epidemiological investigation, outbreak investigation,
52 case investigation, patient interviews, review of medical records, contact
53 tracing, collection, storage, transport and testing of samples laboratory
54 investigation, risk assessments, population surveys, and environmental
55 investigation;
56

- 1 4. rapid containment, quarantine and isolation of persons suspected or
2 confirmed to have a notifiable disease and/or conditions that can compromise
3 public health, and limit movement to and from affected areas;
4
 - 5 5. conduct of autopsies and disposal of dead bodies;
6
 - 7 6. disease prevention and control measures including product recall; and,
8
 - 9 7. response activities for health events of public health concern.
10
- 11 j. Information reported to the PIDSR and other official public health disease
12 surveillance and response systems are considered information necessary to
13 carry out the mandated public health function of the Department of Health. All
14 information shall be kept secure and confidential, and used for public health
15 purposes only.
16
 - 17 k. To fulfill the public health mandate of the DOH and its local counterparts, all
18 medical and allied medical personnel, health facilities, laboratories, and
19 institutions shall provide the DOH and its local counterparts access to necessary
20 personal information and pertinent medical records during outbreak
21 investigations, case investigations, and similar surveillance and response
22 activities.
23
 - 24 l. All personnel of the DOH and its local counterparts, and all other individuals or
25 entities involved in conducting disease surveillance and response activities shall
26 respect, to the fullest extent possible, the rights of people to liberty, bodily
27 integrity, and privacy while maintaining and preserving public health and security.
28

29 **SECTION 7. Declaration of Epidemic or Public Health Emergency** – The Secretary of
30 Health shall have the authority to declare epidemics of national and/or international
31 concern except when the same threatens national security. In which case, the President
32 of the Republic of the Philippines shall declare a State of Public Health Emergency and
33 mobilize government and non-government agencies to respond to the threat.
34

35 Provincial, City or Municipal Health Offices may declare an outbreak within their
36 respective localities provided the declaration is supported by sufficient scientific
37 evidence based on disease surveillance data and epidemiologic investigation,
38 environmental investigation, and/or laboratory investigation. A province, city or
39 municipality cannot declare a public health emergency of national or international
40 concern.
41

42 **SECTION 8. Establishment of Epidemiology and Surveillance Units.** – The DOH
43 through the Epidemiology Bureau, Regional Epidemiology and Surveillance Units,
44 Bureau of Quarantine, and the National Reference Laboratories, in coordination with the
45 local government units, health facilities and laboratories, shall ensure that
46 Epidemiology and Surveillance Units (ESU) are established and functional at all levels
47 of DOH and its local counterparts, and in public and private health facilities and
48 laboratories as well as ports and airports in all provinces, cities and municipalities
49 throughout the country. The Epidemiology and Surveillance Units shall capture and
50 verify all reported notifiable diseases and health events of public health concern;
51 provide timely, accurate, and reliable epidemiologic information to appropriate agencies;
52 conduct surveillance and response activities; coordinate needed response; and facilitate
53 capacity building in the field of epidemiology, disease surveillance and response.
54

55 All ESU shall have an annual budget for its operations and response activities,
56 appropriate number of trained human resources, and provision of adequate resources
57 including information and communication technology, infrastructure, equipment,

1 logistics, transportation, laboratory equipment, supplies and reagents, personal
2 protective equipment to fulfill and effectively perform its surveillance and response
3 functions listed in Section 6i.

4
5 All ESU staff should have the competencies and skills to effectively and efficiently
6 perform their surveillance and response duties and implement the conditions set by the
7 International Health Regulations.

8
9 **SECTION 9. *Prohibited Acts.*** – The following shall be prohibited under this Act:

- 10
11 a. Breach of privacy and confidentiality;
12 b. Tampering of records or intentionally providing misinformation;
13 c. Non-performance of the operation of the disease surveillance and response
14 systems;
15 d. Non-cooperation of persons and entities that should report and/or respond to
16 notifiable diseases or health events of public health concern; and
17 e. Non-cooperation of the person or entities identified as having a notifiable disease
18 or affected by the health event of public health concern.

19
20 Disclosure of confidential information will not be considered a breach of confidentiality
21 and privacy if the Department of Health or its local counterparts is issued a legal order
22 by a Court of law.

23
24 **SECTION 10. *Penalties.*** – Any person or entity found to have violated Sec. 9 of this Act
25 shall be penalized with a fine of not less than Twenty thousand pesos (Php 20,000.00)
26 but not more than Fifty thousand pesos (Php 50,000.00) or imprisonment of not less
27 than one month, but not more than six months, or both such fine and imprisonment, at
28 the discretion of the proper court.

29
30 The Professional Regulation Commission shall include any violation of this Act as a
31 basis for suspension or revocation of the license to practice the profession.

32
33 The Civil Service Commission shall include any violation of this Act as a basis for
34 suspension or revocation have the authority to suspend or revoke the civil service
35 eligibility of a public servant who is in violation of this Act.

36
37 If the offense is committed by a public or private health facility, institution, agency,
38 corporation, school, or other juridical entity duly organized in accordance with law, the
39 chief executive officer, president, general manager, or such other officer in charge shall
40 be liable for the commission of the offense. Such offense shall be penalized by
41 cancellation of the facility's business permit and license to operate.

42
43 **SECTION 11. *Appropriations.*** – The DOH shall include in its program the
44 implementation of this Act, the funding of which shall be included in the annual General
45 Appropriations Act.

46
47 **SECTION 12. *Implementing Rules and Regulations.*** – The DOH shall issue
48 Implementing Rules and Regulations for this Act within one hundred and twenty (120)
49 days after the approval of this Act.

50
51 **SECTION 13. *Separability Clause.*** – If any part, section or provision of this Act is held
52 invalid or unconstitutional, other provisions not affected thereby shall remain in full force
53 and effect.

54
55 **SECTION 14. *Repealing Clause.*** – Act No. 3573 is hereby repealed. All laws, decrees,
56 orders, issuances and rules and regulations or parts thereof, inconsistent with the
57 provisions of this Act are hereby repealed or modified accordingly.

1
2 **SECTION 15. Effectivity.** – This Act shall take effect fifteen (15) days after its publication
3 in the *Official Gazette* or in a newspaper of general circulation.
4

5
6
7 *Approved,*