

# **Implementing Rules and Regulations of RA 11332, otherwise known as Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

## **SECTION 1. *Short Title***

- 1.1. These rules and regulations shall be known as the Implementing Rules and Regulations (IRR) of Republic Act No. 11332, otherwise known as the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, hereinafter referred to as the Act.

## **SECTION 2. *Declaration of Policy***

- 2.1. It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them.
- 2.2. It shall endeavor to protect the people from public health threats through the efficient and effective disease surveillance of notifiable diseases including emerging and reemerging infectious diseases, diseases for elimination and eradication, epidemics, and health events including chemical, biological, radioactive, nuclear and environmental agents of public health concern and provide an effective response system in compliance with the 2005 International Health Regulations (IHR) and its amendments of the World Health Organization (WHO).
- 2.3. The State recognizes epidemics and other public health emergencies as threats to public health and national security, which can undermine the social, economic, and political functions of the State.
- 2.4. The State also recognizes disease surveillance and response systems of the Department of Health (DOH) and local government units (LGUs) as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security.

## **SECTION 3. *Definition of Terms***

As used in this IRR:

- 3.1. *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;



- 3.2. *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;
- 3.3. *Disease surveillance* refers to the on-going systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice in terms of epidemics, emergencies, and disasters.
  - 3.3a. 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;
- 3.4. *Emerging or re-emerging infectious diseases* refer to diseases that:
  - 3.4a. Have not occurred in humans before;
  - 3.4b. Have occurred previously but affected only small numbers of people in isolated areas;
  - 3.4c. Have occurred throughout human history but have only recently been recognized as a distant disease due to an infectious agent;
  - 3.4d. Are caused by previously undetected or unknown infectious agents;
  - 3.4e. Are due to mutant or resistant strains of a causative organism; and
  - 3.4f. 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;
- 3.5. *Epidemic or 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;
- 3.6. *Epidemiologic investigation* refers to an inquiry to the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence;
- 3.7. *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;
- 3.8. *Infectious disease* refers to a clinically manifested disease of humans or animals resulting from an infection;
- 3.9. *Mandatory reporting* refers to the obligatory reporting of a condition to local or state health authorities, as required for notifiable diseases, epidemics or public health events of public health concern;
- 3.10. *Notifiable disease* refers to a disease that, by legal requirements, must be reported to the public health authorities;
- 3.11. *Public health authority* refers to the DOH and its regional counterparts (specifically the Epidemiology Bureau, Disease Prevention and Control Bureau, Bureau of Quarantine and International Health Surveillance, Health Emergency Management Bureau, Food and Drug Administration, Government hospitals, Research Institute of Tropical Medicine, and other

National Reference Laboratories, and Centers for Health Development), the local health office (provincial, city or municipality), or any person directly authorized to act on behalf of the DOH and/or the local health offices

3.12. *Public health emergency* refers to an occurrence or imminent threat of an illness or health condition that:

3.12.a. Is caused by any of the following: (i) Bioterrorism; (ii) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; (iii) A natural disaster; (iv) A chemical attack or accidental release; (v) A nuclear attack or accident; or, (vi) An attack or accidental release of radioactive materials; and,

3.12.b. Poses a high probability of any of the following: (i) A large number of deaths in the affected population; (ii) A large number of serious injuries or long-term disabilities in the affected population; (iii) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population; (iv) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or, (v) Trade and travel restrictions;

3.13. *Public health threat* refers to any situation or factor that may represent a danger to the health of the people; and,

3.14. *Response* refers to the implementation of specific activities to control further spread of infection, outbreaks or epidemics and prevent re-occurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, conduct of prevention activities, and rehabilitation.

#### **SECTION 4. Objectives**

4.1. This IRR shall have the following objectives:

4.1.a. To continuously develop and upgrade the list of nationally notifiable diseases and health events of public health concern with their corresponding case definitions and laboratory confirmation;

4.1.b. To ensure the establishment and maintenance of relevant, efficient and effective disease surveillance and response system at the national and local levels;

4.1.c. To expand collaborations beyond traditional public health partners to include others who may be involved in the disease surveillance and response, such as agricultural agencies, veterinarians, environmental agencies, law enforcement entities, and transportation and communication agencies, private airlines, ships, and other vehicles coming in and out of the ports and airports of entry or exit, among others;

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- 4.1.d. To provide accurate and timely health information about notifiable diseases, and health-related events and conditions to citizens and health providers as an integral part of response to public health emergencies;
- 4.1.e. To establish effective mechanisms for strong collaboration with national and local government health agencies to ensure proper procedures are in place to promptly respond to reports of notifiable diseases and health events of public health concern, including case investigations, treatment, and control and containment, including follow-up activities;
- 4.1.f To ensure that public health authorities have the statutory and regulatory authority to ensure the following:
  - 4.1.f.i. Mandatory reporting of reportable diseases and health events of public health concern;
  - 4.1.f.ii. Epidemic/outbreaks and/or epidemiologic investigation, case investigations, patient interviews, review of medical records, contact tracing, specimen collection and testing, risk assessments, laboratory investigation, population surveys, and environmental investigation;
  - 4.1.f.iii. Implement quarantine and isolation procedures; and,
  - 4.1.f.iv. Rapid containment and implementation of measures for disease prevention and control;
- 4.1.g. To provide sufficient funding to support operation requirements to establish and maintain Epidemiology and Surveillance Units (ESU) at the DOH, health facilities and LGUs; efficiently and effectively investigate epidemics and health events of public health concern; validate, collect, analyze and disseminate disease surveillance information to relevant agencies or organizations; and implement appropriate epidemiologic response;
- 4.1.h. To require public and private physicians, allied medical personnel, professional societies, hospitals, clinics, health facilities, laboratories, pharmaceutical companies, private companies and institutions, workplaces, schools, prisons, ports, airports, establishments, communities, other government agencies, and non-government organizations to actively participate in disease surveillance and response; *Provided*, that they are capacitated to perform such functions; and,
- 4.1.i. To respect to the fullest extent possible, the rights of people to liberty, bodily integrity, and privacy while maintaining and preserving public health and security.

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## **SECTION 5. Notifiable Diseases and Health Events of Public Health Concern**

- 5.1. The Epidemiology Bureau under the DOH shall regularly update and issue a list of nationally notifiable diseases and health events of public health concern with their corresponding case definitions.
- 5.2. The selection and the deletion of diseases and health events of public health concern shall be based on, but not limited to, the contents of the DOH Administrative Order No. 2018 - 0028, otherwise known as the “*Guidelines for the Inclusion and Delisting of Diseases, Syndromes, and Health Events in the List of Notifiable Diseases, Syndromes and Health Events of Public Health Concern (NDEPH)*”

The criteria for inclusion, recommendation and issuance of the List of Notifiable Diseases and Health Events of Public Health Concern Diseases or health events for mandatory reporting are any one or more of the following:

- 5.2a. Disease is of international or national concern;
  - 5.2b. Disease has epidemic (outbreak) potential;
  - 5.2c. Disease is being eliminated;
  - 5.2d. Disease is included in the top 10 leading cause of morbidity and/or mortality in the Philippines;
  - 5.2e. Disease with large number of serious or long term disabilities in the affected population;
  - 5.2f. Disease with large number of deaths in the affected population;
  - 5.2g. Disease characteristics, prevalence, incidence and/or mortality is changing and would likely impact public health;
  - 5.2h. Disease is a priority of the DOH; and
  - 5.2i. Disease or health event that fulfills either one of the following surveillance goals:
    - 5.2.i.i. To monitor and control the spread of disease
    - 5.2.i.ii. To monitor the trends of a disease over time
- 5.3. The following are the criteria for exclusion (de-listing) in the List of Notifiable Diseases and Health Events of Public Health Concern for mandatory reporting:
    - 5.3a. Disease is NOT considered a public health risk or threat;
    - 5.3b. Disease has NO epidemic (outbreak) potential;
    - 5.3c. Disease has been eliminated or controlled;
    - 5.3d. Disease is NO LONGER included in the top 10 leading cause of morbidity and/or mortality;
    - 5.3e. Disease has LOW to NO incidence of disability or residual complication;
    - 5.3f. Disease has LOW risk for mortality; and
    - 5.3g. Disease characteristics, prevalence, incidence and/or mortality is consistently LOW to NO impact to public health

*Provided further*, That the reference on notifiable diseases shall likewise include Volume 2, Section 10 of the Manual of Procedures of the Philippine Integrated Disease Surveillance and response, entitled the “*Guidelines for Diseases, Syndromes and Health Events under Surveillance*”.



**SECTION 6. Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern**

- 6.1. The DOH, through the Epidemiology Bureau, shall issue the official list of institutionalized public health information system, disease surveillance and response systems for mandatory reporting of notifiable diseases and health events of public concern provided under Section 5 of this IRR.
- 6.2. This official list shall include, but not limited to, the Field Health Service Information System (FHSIS), the Philippine Integrated Disease Surveillance Response (PIDSRS) System with its Case-based Surveillance and Event-based Surveillance, the Community Based Disease Surveillance System, the Quarantine Health Services and Information System of the Bureau of Quarantine, and other duly institutionalized public health disease surveillance and response systems of the DOH.
- 6.3. Reporting of notifiable diseases and health events shall be done in their respective health information and surveillance and response systems in accordance with their specific policy issuances as mandated by the DOH.
- 6.4. The DOH and LGUs are mandated to implement the mandatory reporting of notifiable diseases and health events of public health concern; *Provided*, That the DOH shall issue the necessary guidelines to implement this provision.
- 6.5. The DOH and LGUs shall establish and maintain functional disease surveillance and response systems, which include coordination mechanisms, implementation protocols for reporting and response, measures for data security and confidentiality, and procedures and provision to ensure safety of personnel conducting disease surveillance and response activities; *Provided*, That the DOH shall issue the necessary guidelines to implement this provision.
- 6.6. All public and private physicians, allied medical personnel, professional societies, hospitals, clinics, health facilities, laboratories, institutions, workplaces, schools, prisons, ports, airports, establishments, communities, other government agencies, and non-government organizations are required to accurately and immediately report notifiable diseases and health events of public health concern as issued by the DOH; *Provided*, That the DOH shall issue the necessary guidelines to implement this provision.
- 6.7. Data collection, analysis, and the dissemination of information from official disease surveillance and response systems shall be done by authorized personnel from the DOH and LGUs, and shall only be used for public health concern purposes only; *Provided*, that this information should be exempted in the provision of Data Privacy Act on accessibility of data; *Provided further*, the DOH shall issue the necessary guidelines to implement such provision;
- 6.8. To perform their disease surveillance and response functions, authorized health personnel from the DOH and its local counterparts have the statutory and regulatory authority to enforce the following, subject to the guidelines to be issued by the DOH:
  - 6.1a. Establishment of public health information system disease surveillance and response systems in private and public health facilities deemed necessary to

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- protect the health of the population in coordination with the DOH through the Epidemiology Bureau;
- 6.1b. Mandatory reporting of notifiable diseases and health events of public health concern;
  - 6.1c. Conduct of epidemic/outbreak and epidemiologic investigations, case investigations, patient interviews, review of medical records, contact tracing, collection, storage, transport and testing of samples and specimen, risk assessments, laboratory investigation, population surveys, and environmental investigation;
  - 6.1d. Rapid containment, quarantine and isolation, disease prevention and control measures, and product recall; and,
  - 6.1e. Rapid response activities for events of public health concern.
- 6.9. The DOH and LGUs shall ensure that all surveillance and response officers have adequate capacity for mandatory reporting of notifiable diseases, risk assessment, epidemiology, disease surveillance, and response to epidemics and health events of public health concern. It shall also ensure that the safety and protection of all personnel directly involved in surveillance and response activities are upheld; *Provided*, that the DOH shall develop necessary guidelines to implement such provision.
- 6.10. All personnel of the DOH and LGUs, and all other individuals or entities involved in conducting disease surveillance and response activities shall respect, to the fullest extent possible, the rights of people to liberty, bodily integrity, and privacy while maintaining and preserving public health and security.

## **SECTION 7. Declaration of Epidemic or Public Health Emergency**

- 7.1. The Secretary of Health shall have the authority to declare epidemics of national and/or international concerns, which include:
- 7.1a. *Epidemic linked with nationally or internationally distributed product*: Epidemic linked by investigation to a product that has national or international distribution, such as a manufactured food item, that has the potential to affect individuals in municipalities and cities simultaneously;
  - 7.1b. *Case(s) of exotic disease acquired locally*: All cases of illness due to communicable diseases that are not endemic in the Philippines shall be investigated rapidly to confirm whether the illness has been acquired locally or from overseas, such as but not limited to; Human avian influenza, SARS, Ebola, Poliomyelitis are among the exotic diseases that are of national importance;

Based on the 2014 Manual of Procedures for the Philippine Integrated Disease Surveillance and Response (PIDSUR) of the Epidemiology Bureau, the following processes shall be observed in detecting an epidemic:

- 7.1b.i. Epidemics can be detected through the following surveillance systems:
- a. Case-based – routine collection of data, analyzed on a periodic basis (e.g. NESSS).
  - b. Event-based – reports are received anytime from sources outside the routine reporting system (e.g. Media reports).
  - c. Laboratory-based – reporting of laboratory results based on criteria (e.g. Influenza surveillance).

The disease surveillance officers (DSOs) at the RHUs and CHOs shall promptly verify reports of epidemics received from health facilities, laboratories, or through community rumors. A feedback (verbal or written) to stakeholders (Local Chief Executives, Province, Centers for Health Development, and Epidemiology Bureau) should be provided within 24 hours. This is important to ensure that timely decisions are made and to prevent expending resources on investigating events that are not true epidemics.

The Bureau of Quarantine (BOQ) shall immediately notify EB/CHD/local health authorities of any suspected case of notifiable disease detected in airports and ports of entries. Travel itinerary and other health-related documents shall be submitted to EB/CHD/local health authorities.

- 7.1c. *Diseases with high pathogenicity*: Epidemics of highly-virulent organisms (e.g., Ebola) that are likely to cause heightened public concern, and may require technical expertise and collaboration at the national level.
- 7.1d. Diseases with significant risks of international spread;
- 7.1e. Epidemics in tourist facilities, among foreign travelers or at national/international events; and,
- 7.1f. *Epidemics associated with health service failure*: Epidemics linked to breakdown in standards of health care delivery, such as infection control failure, blood product contamination or systematic immunization failure, that shall require a strategic national approach.
- 7.2. The Secretary of Health shall have the authority to affirm or reverse any declaration of an epidemic pursuant to Section 105 of the Implementing Rules and Regulations of the Republic Act No. 7160, otherwise known as the Local Government Code of 1991.
- 7.3. In cases of epidemics, pestilence, and other widespread public health dangers, the Secretary of Health, upon the direction of the President of the Republic of the Philippines and in consultation with the LGU concerned, may temporarily assume direct supervision and control over the health operations of the LGU for the duration of the emergency, but in no case exceeding a cumulative period of six (6) months; *Provided*, that the period for such direct national control and supervision may be further extended upon the concurrence of the LGU concerned.
- 7.4. The Epidemiology Bureau of the DOH, together with the respective Regional Epidemiology and Surveillance Unit (RESU), shall take the lead in the investigation of epidemics of

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national and international importance, in coordination with the LGUs, Centers for Health Development, and other concerned agencies; *Provided*, that when the same threatens national security, the President of the Republic of the Philippines shall declare a State of Public Health Emergency and mobilize governmental and non-governmental agencies to respond to the threat; *Provided further*, that the roles and responsibilities of other national and local agencies shall be observed as follows:

7.4.a. The DOH, through the following offices, shall:

7.4.a.i. Epidemiology Bureau

1. Assess all reported epidemics within 48 hours;
2. Notify the WHO when the assessment indicates that the event is a public health emergency of international concern (PHEIC);
3. Determine rapidly the control measures required to prevent domestic and international spread of disease;
4. Provide support through specialized staff and logistical assistance during epidemic investigation and response;
5. Establish effective networking with other relevant government agencies at the national level and local level;
6. Provide direct operational link with senior health and other officials at the national and local levels to approve rapidly and implement containment and control measures;
7. Facilitate the dissemination of information and recommendations from DOH Central office and WHO regarding local and international public health events to the concerned agencies and institutions; and,
8. Facilitate the budget allocation for surveillance and response at the Centers for Health Development.

7.4.a.ii. Bureau of Quarantine

1. Develop and ensure compliance to protocols and field operation guidelines on entry or exit management of persons, conveyances, and goods in coordination with airport and port authorities;
2. Conduct surveillance in ports and airports of entry and sub-ports as well as the airports and ports of origin of international flights and vessels;
3. Monitor public health threats in other countries; and,
4. Provide effective networking and collaboration among the Bureau of Quarantine stakeholders.

7.4.a.iii. Disease Prevention and Control Bureau

1. Provide updates, technical advice, and recommendations on the recognition, prevention, and control of diseases; and,
2. Organize the DOH Management Committee for the Prevention and Control of Emerging and Re-emerging Infectious Diseases.

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7.4.a.iv. Health Emergency Management Bureau

1. Act as the DOH coordinating unit and operations center for all health emergencies, disasters, and incidents with potential of becoming an emergency.

7.4.a.v. Health Promotion and Communication Service

1. Develop and implement strategic risk and response communications plan to empower all stakeholders in observing recommended and evidence-based measures, upon the Secretary of Health's declaration of an epidemic.

7.4.a.vi. Regional Epidemiology and Surveillance Units

1. Provide on-site assistance (e.g., technical, logistics, and laboratory analysis of samples) as requested to supplement local epidemic investigations and control;
2. Establish, operate, and maintain a regional epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern;
3. Assess reported epidemics immediately and report all essential information to the DOH central office;
4. Provide direct liaison with other regional government agencies;
5. Provide a direct operational link with senior health and other officials at the regional level;
6. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals;
7. Provide technical and logistical assistance in the establishment of ESUs at the provincial/city/municipal health offices; and,
8. Ensure the functionality of the regional disease surveillance and response system.

7.4.b. The Local Government Units, through the following offices, shall:

7.4.b.i. Provincial Health Office

1. Setup and maintain a functional provincial disease surveillance system equipped with the necessary resources and adequate local financial support. Financial support may come from the disaster, calamity, or other appropriate funding sources as determined by the provincial government officials;
2. Collect, organize, analyze, and interpret surveillance data in their respective areas.
3. Report all available essential information (e.g., clinical description, laboratory results, numbers of human cases and deaths, sources and type of risk) immediately to the regional level;

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4. Assess reported epidemics immediately and report all essential information to Centers for Health Development and DOH Central office;
5. Provide on-site assistance (e.g., technical, logistical, and laboratory analysis of samples) as requested to supplement local epidemic investigations and control.
6. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals; and,
7. Establish, operate, and maintain a provincial epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of local and international concern.

7.4.b.ii. Municipal/City Health Office

1. Setup and maintain a functional municipal/city/community disease surveillance system equipped with the necessary resources and adequate local financial support. Financial support may come from the disaster, calamity, or other appropriate funding sources as determined by the municipal/city government officials;
2. Collect, organize, analyze, and interpret surveillance data in their respective areas;
3. Report all available essential information (e.g., clinical description, laboratory results, numbers of human cases and deaths, sources and type of risk) immediately to the provincial level;
4. Implement appropriate epidemic control measures immediately;
5. Establish, operate, and maintain a municipal/city epidemic preparedness and response plan, including the creation of multidisciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency; and,
6. Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals.

7.5. Provincial, city or municipal health offices shall only declare a disease outbreak within their respective localities; *Provided*, That the declaration is supported by sufficient scientific evidence based on disease surveillance data, epidemiologic investigation, environmental investigation, and laboratory investigation; *Provided further*, that such declaration is guided by existing administrative issuances of DOH on declaration of an outbreak in LGUs.

**SECTION 8. *Establishment of Epidemiology and Surveillance Units***

8.1. The DOH, in coordination with the LGUs, shall ensure that the ESUs are established and functional in all levels of the DOH and LGUs, respectively, and in public and private health facilities and laboratories, as well as ports and airports in all provinces, cities and

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municipalities throughout the country; *Provided*, that the Organizational Structure of the ESU at the local level shall be determined by the Health Service Delivery Division of Provincial/City Health Office, as approved by the Provincial/City Health Office Board, in accordance to the organization of respective Province/City-Wide Health System of the said LGU; *Provided*, that municipalities that will not join their respective province-wide health services shall provide for their own epidemiology and surveillance capabilities. *Provided*, that ESUs, together with their resources, shall be a distinct unit separated from the health emergency units at all levels from the region to the LGUs; *Provided*, that the RESUs of the Centers for Health Development shall be directly under the supervision of the Office of the Director (Directors IV and III) of the said office. *Provided further*, that the DOH shall issue guidelines to implement this provision.

- 8.2. The ESU shall capture and verify all reported notifiable diseases and health events of public health concern; provide timely, accurate, and reliable epidemiologic information to appropriate agencies; conduct disease surveillance and response activities; coordinate needed response; and facilitate capacity building in the field of epidemiology, disease surveillance and response at the Epidemiology Bureau.
- 8.3. All ESUs shall have trained required human resource complement and provision of adequate resources to include but not limited to its budgetary requirements, equipment, logistics, communication, transportation, laboratory supplies and reagents, personal protective equipment (PPE) and health insurance, to effectively perform their epidemiologic and surveillance functions; *Provided*, that the functionality of the RESU shall be monitored quarterly by the EB; while the Provincial/City Epidemiology and Surveillance Unit (PESU and CESU) shall be monitored by the RESU on the following areas of concern:
  - 8.3a. Presence of a policy (Regional order for the RESU) and ordinance for the creation of the PESU and CESU;
  - 8.3b. With a duly approved organogram;
  - 8.3c. Presence of dedicated staff trained on epidemiologic investigation and disease surveillance;
  - 8.3d. Presence of annual budgetary allocation for its operation; and,
  - 8.3e. Evidence of reports generated and disseminated to stakeholders and decision makers.

*Provided further*, that the EB together with the RESU shall provide technical assistance to the PESU/CESU in determining appropriate organizational structures with its required plantilla positions and budgetary complements to ensure efficient and effective operation; *Lastly*, That the budgetary requirement for the operation of the ESU shall be drawn from the annual budgetary allocation of their respective mother offices.



**SECTION 9. *Prohibited Acts***

- 9.1. The following shall be prohibited under this IRR:
- 9.1.a. Unauthorized disclosure of private and confidential information pertaining to a patient's medical condition or treatment;
  - 9.1.b. Tampering of records or intentionally providing misinformation;
  - 9.1.c. Non-operation of the disease surveillance and response systems;
  - 9.1.d. Non-cooperation of persons and entities that should report and/or respond to notifiable diseases or health events of public concern; and
  - 9.1.e. Non-cooperation of the person or entities identified as having the notifiable disease, or affected by the health event of public concern.
- 9.2. Disclosure of confidential information to the Epidemiology Bureau and its counterparts at the regional and local levels shall not be considered a violation of this Act under this Section if the disclosure was made to comply with a legal order issued by a court of law with competent jurisdiction.

**SECTION 10. *Penalties***

- 10.1. Any person or entity found to have violated Section 9 of this IRR shall be penalized with a fine of not less than twenty thousand pesos (P20,000.00) but not more than fifty thousand pesos (P50,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.
- 10.2. The Professional Regulation Commission shall have the authority to suspend or revoke the license to practice of any medical professional for any violation of this IRR.
- 10.3. The Civil Service Commission shall have the authority to suspend or revoke the civil service eligibility of a public servant who is in violation of this IRR.
- 10.4. If the offense is committed by a public or private health facility, institution, agency, corporation, school, or other juridical entity duly organized in accordance with law, the chief executive officer, president, general manager, or such other officer in charge shall be held liable. In addition, the business permit and license to operate of the concerned facility, institution, agency, corporation, school, or legal entity shall be cancelled.

**SECTION 11. *Appropriations***

- 11.1. The amount needed for the initial implementation of this IRR shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this IRR shall be included in the annual General Appropriations Act.

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**SECTION 12. *Separability Clause***

12.1. If any part, section or provision of this IRR is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

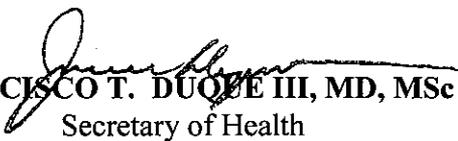
**SECTION 13. *Repealing Clause***

13.1. Act No. 3573, otherwise known as the “Law on Reporting of Communicable Diseases”, is hereby repealed. All laws, decrees, orders, issuances and rules and regulations or parts thereof inconsistent with the provisions of this IRR are hereby repealed or modified accordingly.

**SECTION 14. *Effectivity***

14.1. This IRR shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved:

  
FRANCISCO T. DUQUE III, MD, MSc  
Secretary of Health