Republic of the Philippines
CITY GOVERNMENT OF MUNTINLUPA
Sangguniang Panlungsod ng Muntinlupa

OFFICE OF THE SECRETARY TO THE SANGGUNIANG PANLUNGSOD MUNTINLUPA
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DATE: 22 APR 2025 BY: Julia Siaboc

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Administrative Rules and Regulations
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TIME: BY:
REG #2025-073

ORDINANCE NO. 2024-228

AN ORDINANCE CREATING THE MUNTINLUPA CITY EPIDEMIOLOGY SURVEILLANCE and HEALTH INFORMATION UNIT UNDER THE MUNTINLUPA CITY HEALTH OFFICE AND DIRECTING ALL STAKEHOLDERS TO REPORT ALL NOTIFIABLE DISEASES AND OTHER IMPORTANT HEALTH DATA NECESSARY IN THE PRIORITIZATION AND IMPLEMENTATION OF HEALTH PROGRAMS AND PROJECTS IN MUNTINLUPA CITY

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Sponsored by: ***Hon. Coun. Allan Rey A. Camilon***
Hon. Coun. Atty. Raul R. Corro
Hon. Coun. Alexson V. Diaz
Hon. Coun. Paty Katy C. Boncayao
Hon. Coun. Atty. Rachel Katriel Ann C. Arciaga
Hon. Coun. Ivee Rhia Arciaga-Tadefa
Hon. Coun. Jedidiah R. Presnedi, LPT
Hon. Coun. Ting D. Niefes
Hon. Coun. Mark Lester M. Baes
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Hon. Coun. Engr. Arlene D. Hilapo
Hon. Coun. Cornelio M. Martinez
Hon. Coun. Rodolfo W. Moldez, Jr.
Hon. Coun. Allen F. Ampaya-LB President
Hon. Coun. Jonas Angelo L. Abadilla – SK Federation President

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WHEREAS, it is the commitment of Muntinlupa City to adhere to the national mission of providing quality, equitable, and accessible health services for all as a fundamental human right of every person;

WHEREAS, Republic Act 7160 (An Act Providing for Local Government Code of 1991) SECTION 16. General Welfare. Stated that "Every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare. Within their respective territorial jurisdictions, local government units shall ensure and support, among other things, the preservation and enrichment of culture and promote health and safety";

WHEREAS, Resolution 48.13 (1995) of World Health Assembly (WHA) urges Member States to strengthen active surveillance, improve infectious disease capacity, enhance communications, encourage antimicrobial sensitivity testing, foster rational antimicrobial practices, increase skilled staff in epidemiology efforts, promote applied research and accurate and timely reporting;

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WHEREAS, Article 5-1 (Surveillance) of International Health Regulations (IHR) Of 2005 urges Member States to develop, strengthen, and maintain as soon as possible but not later than five years from the entry into forces of these Regulations, the capacity to detect, assess, notify and report events in accordance with these Regulations;

WHEREAS, Administrative Order No. 2005-0023 of the Department of Health (DOH) (Implementing Guidelines for Formula One for Health as Framework for Health Reforms) Section C2 c. iii states that "Disease surveillance shall be intensified to ensure that targets for disease elimination, prevention and control are attained";

WHEREAS, disease surveillance is a contract component of health systems providing essential information for the optimal health care delivery and cost-effective disease control and prevention strategies,

WHEREAS, Republic Act 11332 or an Act Providing Policies and Prescribing Procedures on Surveillance and to Notifiable Diseases, Epidemics and Health Events of Public Health Concern, otherwise known as the "Law on Reporting Communicable Diseases" empowers the Department of Health (DOH) and its local counterpart to implement the mandatory reporting of notifiable diseases and health event of public health concern;

WHEREAS, Republic Act 3573 (Law on Reporting of Communicable Disease -an Act Providing for the Prevention and Suppression of Dangerous Communicable Disease, November 26, 1929) requires all individuals and health facilities to report notifiable diseases to local and national health authorities;

WHEREAS, the City Health Office had a different tack on Surveillance in Post Extreme Emergencies and Disaster (SPEED) manual and Hazard Prevention and Vulnerability Reduction Plan in Health and Health Hazards of Health Emergency and Management System (HEMS);

WHEREAS, on November 16, 2020 on its 71st Regular Session, the 9th Sangguniang Panglungsod ng Muntinlupa passed the Ordinance No. 2020-173 ***"An Ordinance Mandating all hospitals, healthcare facilities, and similar establishments providing laboratory and diagnostic services located and/or operating in Muntinlupa City, to submit a daily COVID-19 related data and all disease with outbreak potential to the City Epidemiology Surveillance Unit (CESU) of the City Health Office (CHO) and local public health authority***";

WHEREAS, timely reporting of vital health information will help the policymakers to formulate strategies for interventions or actions to address a health problem,

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WHEREAS, functional health or disease surveillance system is useful for priority setting, planning, resource mobilization and allocation and prediction and early detection of epidemics, and monitoring and evaluation of health programs;

WHEREAS, it is necessary to have a comprehensive and quality reporting system of the vital health information such as but not limited to communicable and non-communicable diseases, deaths, causes of death, births, child immunization, and other health data deemed necessary in the formulation of strategies and prioritization of health programs;

NOW THEREFORE, BE IT ORDAINED, by the ***10th Sangguniang Panglungsod of Muntinlupa*** in session assembled that:

SECTION 1. ***Short Title***-This Ordinance shall be cited as "Ordinance Creating the **Muntinlupa City Epidemiology Surveillance and Health Information Unit (MCESHIU)**".

SECTION 2. ***Definition Of Terms***-As used in this Ordinance, the following shall mean:

1. **Epidemiology** - refers to the study of the distribution and determinants of health- related states or events in specified populations and the application of this study to the control of health problems.

2. **MCESHIU** - refers to the Muntinlupa City Epidemiology Surveillance and Health Information Unit.

3. **Notifiable Diseases** - refer to diseases that under Administrative Order No. 2008-0009 must be reported to the public health authority in the pertinent jurisdiction where the diagnosis is made. Such diseases are categorized into two according to the urgency of reporting, namely: Immediately Notifiable Disease Syndrome Events and Conditions (Category 1) and Weekly Notifiable Disease or Syndrome (Category II). Such diseases include:

a. Immediately Notifiable Disease/Syndrome/Events and Conditions (Category I)

1. Acute Flaccid Paralysis (AFP)
2. Adverse Event Following Immunization (AEFI)
3. Anthrax
4. Human Avian Influenza
5. Measles-Rubella
6. Meningococcal Disease
7. Neonatal Tetanus
8. Paralytic Shellfish Poisoning
9. Rabies
10. Severe Acute Respiratory Syndrome (SARS)
11. Outbreaks
12. Clusters of Diseases
13. Unusual diseases or threats

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b. **Weekly Notifiable Disease or Syndrome (Category II)**

1. ***Acute Bloody Diarrhea***
2. ***Acute Encephalitis Syndrome***
3. ***Acute Hemorrhagic Fever Syndrome***
4. ***Acute Viral Hepatitis***
5. ***Bacterial Meningitis***
6. ***Cholera***
7. ***Dengue***
8. ***Diphtheria***
9. ***Influenza-like illnesses***
10. ***Leptospirosis***
11. ***Malaria***
12. ***Non-Neonatal Tetanus***
13. ***Pertussis***
14. ***Typhoid and Paratyphoid fever***

4. **Disaster** - a serious disruption of the functioning of society causing widespread human, material, and environmental losses, which exceed the ability of the affected society to cope using only its resources.

5. **Emergency** - any occurrence, which requires immediate response.

6. **Hazards** - any phenomenon, which has the potential to cause disruption or damage to humans and the environment.

7. **Stakeholders** - refer to health facilities such as hospitals, lying-in clinics, infirmaries, medical/surgical clinics, health centers, laboratories, and all medical and non-medical entities such as but not limited to business establishments, schools, workplaces, public terminals, transport groups, organizations, prisons, other enclosed institutions, communities, health practitioners, allied medical professionals, tradition birth attendants, volunteers, and other concerned individuals.

SECTION 3. ***Scope And Coverage*** - All health facilities, both private and government hospitals, Barangay Health Centers, Health Stations, City Health Offices, Lying In Clinics, infirmaries, emergency clinics, medical surgical clinics, specialty clinics, laboratories and all medical and non-medical entities such as doctors, nurses, midwives, allied medical professionals, scientists and researchers, barangay health workers, practitioners of traditional medicine, traditional birth attendants are hereby mandated to report all attended cases and patients as stated in RA 3573 and RA 11332 either directly to MCESHIU through its reporting system or through their respective hospital, city or barangay disease surveillance officer.

SECTION 4. ***The Health Information and Disease Surveillance Unit*** - The health information and disease surveillance unit of the city shall be called "The Muntinlupa City Epidemiology Surveillance and Health Information Unit".

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SECTION 5. ***Composition*** - The City Epidemiology Surveillance and Health Information Unit shall be composed of the following:

1. ***Epidemiologist (1)***
2. ***Disease Surveillance Officer (1)***
3. ***Disease Surveillance Staff (1)***
4. ***Encoders per Information System - EDCS (1), HMIS (1), FHSIS (2)***
5. ***Disease Surveillance Coordinator (in every hospital within the city)***
6. ***Health Center Surveillance Coordinator (17) one in every health center of the city***
7. ***Barangay Disease Surveillance Coordinator***
8. ***Transport Personnel (for investigation of outbreaks, health events, and submission of specimens to the National Reference Laboratory.***

SECTION 6. ***Duties And Responsibilities***

1. The City Epidemiology Surveillance and Health Information Unit shall have the following duties and responsibilities:

a) Be responsible for collecting, analyzing and disseminating reliable and timely information on the health status; investigate disease outbreaks and other threats to public health.
b) Develop and maintain surveillance and other health information system that generates accurate, reliable and timely information for decision-making.
c) Establish a network with sentinel hospitals, clinics and other municipal surveillance units. of the national and regional
d) Support the surveillance activities and programs epidemiology and surveillance units.

2. The City Epidemiologist shall have following duties and responsibilities:

a) Oversee the overall activities and ensure the functionality of the epidemiology and surveillance unit.
b) Review and validate all the reports and information that are about to be disseminated.
c) Take the role as lead investigator during outbreaks and other health events.
d) Prepare and submit comprehensive reports of outbreak investigation findings and recommend control and preventive measures.
e) Orient and advise the City Health Officer in informing the Local Chief Executive should there be a need for an outbreak declaration.
a) f. Coordinate and notify the higher level of reporting units should there be an outbreak declaration.

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f) Coordinate with the National and Regional Epidemiology Surveillance
g) Units for the policies needed for the implementation of functional epidemiology and surveillance unit.
h) Initiate the development of policies needed for the control and prevention of notifiable diseases.
i) Update the City Health Officer and other authority on the health status of the community

3. The Disease Surveillance Officer and Surveillance Staff shall have the following duties and responsibilities:

a) Coordinate with hospital, clinic, and barangay disease coordinators for the systematic and timely reporting of reportable disease and other relevant health data including deliveries and immunization reports of the private health facilities.
b) Review pertinent hospital records and laboratory tests; verify diagnosis based on standard case definition and interview patients for more specific information that is deemed necessary in controlling possible outbreaks.
c) Collate and analyze all reported data for review and appropriate action by the City Health Office and other higher authorities.
d) Submit reports to the Regional Epidemiology Surveillance Unit.
e) Perform other health surveillance functions, which may be assigned by the head of the unit, the City Health Officer, or other local health authority.
f) Assist the epidemiologist in the conduct of outbreak investigation.
g) Submit to the Regional FHSIS all the required monthly, quarterly, and annual reports.
h) *Attend the regular data and report reconciliation with programs and FHSIS.*

4. The Encoder shall be responsible for the encoding and generating computer outputs of all reported data for easy analysis by the end-users.

5. The Disease Surveillance Coordinator in every hospital shall be responsible for active case finding and notification of all reportable cases and other health information in the hospital and community respectively. They shall also be responsible in the submission of surveillance forms to MCESHIU at the city health office.

6. The Health Center Surveillance Coordinator shall be responsible for conducting active case surveillance at the health center and other health facilities of the city. They also are responsible for verifying cases in their community, assisting the outbreak investigator during the investigation, accomplishing and submitting surveillance forms, and collaborating with the programs in the implementation of recommended control and preventive measures.

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7. The Barangay Disease Surveillance Coordinator or the BHW assigned in the community shall be responsible for notifying their health center or facility of any reportable case. They shall assist other surveillance coordinators and the investigating team during the conduct of the outbreak investigation.

8. The Transport Personnel shall be responsible in assisting the MCESHIU personnel during the conduct of active case surveillance, outbreak investigation and submission of samples and specimens designated national reference laboratory.

SECTION 7. ***Reportable Health Data*** - The following health information/data shall be reported to the Muntinlupa City Health Office through the Muntinlupa City Epidemiology Surveillance and Health Information Unit.

1. ***All notifiable diseases listed in Administrative Order No. 2008-2009. (Adopting the 2008 Revised List of Notifiable Disease, Syndromes, Health-Related Events and Conditions).***
2. ***Deaths and the underlying cause of death (all deaths, maternal deaths, infants, and deaths among under five-year-old children)***
3. ***Birth deliveries were attended in the community and Birthing facilities.***
4. ***Immunization is given at birth and until 12 months old***
5. ***Newborn screening done at health facilities***
6. ***Birth defects seen at the community and health facilities***
7. ***Other health data may be prescribed by the CESU, RESU, Epidemiology Bureau, and the Field Health Services Information System (FHSIS)***

SECTION 8. ***Guidelines In Reporting*** - The time frame for reporting health data to MCESHIU shall be the following:

1. Notifiable diseases shall be reported based on the guideline set by AO No. 2008-0009 Adopting the 2008 Revised List of Notifiable Diseases Syndromes, Health Related Events and Conditions).

2. Deaths must be reported by relatives or attending medical or non-medical personnel within 48 hours, or within 72 hours if death occurs on a Friday. If the cause of death however is due to a suspected communicable disease or a medical-legal case, it should be reported as soon as possible or within 24 hours.

3. Births attended at birthing facilities shall be reported monthly. Births attended at home or in the community however shall be reported by the attending traditional birth attendant, midwife, nurse, doctor, or relatives to the barangay surveillance coordinator or the nearest health center as soon as possible or within 48 hours after birth, or 72 hours if birth occurs on a Friday.

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4. Child immunization and newborn screening done in both public and private health facilities shall be reported every month.

5. Birth defects seen at birthing facilities or in the community must be reported as soon as possible to the MCESHIU or the nearest health center.

6. The Barangay Disease Surveillance Coordinator or the BHW assigned in the community shall be responsible for notifying their health center or facility of any reportable case. They shall assist other surveillance coordinators and the investigating team during the conduct of the outbreak investigation.

7. The Transport Personnel shall be responsible in assisting the MCESHIU personnel during the conduct of active case surveillance, outbreak investigation and submission of samples and specimens designated national reference laboratory.

SECTION 9. ***Manpower*** - The City Epidemiologist, Disease Surveillance Officer, and Surveillance Staff shall be initially designated by the City Health Officer from among the regular personnel of the health office. However, the City Government of Muntinlupa, through the recommendation of the head of the office may hire a dedicated encoder and transport personnel for MCESHIU.

All health facilities such as hospitals, puericulture infirmaries, and birthing facilities shall designate their own Health/Disease Surveillance Coordinators and Assistant Coordinators who shall become members or the MCESHIU.

All Barangay Chairpersons shall designate their own Disease Surveillance Units composed of Barangay Health/Disease Surveillance Coordinators, Assistant Coordinators, and members who shall likewise become part of the MCESHIU.

SECTION 10. ***Authority To Review Health Records*** - The City Epidemiologist, City Disease Surveillance Officer, or his/her authorized representative, upon written recommendation or order of the City Health Officer, shall be authorized to review the chart or medical and laboratory records and obtain a copy thereof of patients suspected to have communicable disease or cases with potentials or significant impact on the health status of the community. Reviewed and obtained copies of records, however, shall be treated with utmost confidentiality and shall never be used except for disease surveillance or health investigation purposes. All the activities shall be undertaken following strict compliance with the City Government of Muntinlupa Data Privacy Policy.

SECTION 11. ***Implementing Rules*** - The City Health Office upon the direction of the City Mayor shall within thirty (30) days from the enactment of this ordinance promulgate the rules and regulations necessary for the implementation of this ordinance, furnishing a copy thereof to the Sangguniang Panglungsod.

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SECTION 12. *Penal Provision* - The following penalties shall be imposed upon individuals, institutions or facilities found to have violated the provisions of this ordinance:

1. **Against Public Employee** - subject to pertinent Civil Service Rules and Regulations, the imposable penalties for erring government employees are the following:

First offense	-	Reprimand
Second Offense	-	Suspension for one (1) to thirty (30) days
Third Offense	-	Suspension for 30-60 days

2. ***Against private individual health/institution/facilities.***

First offense	-	Fine of P3,000
Second Offense	+-	Fine of P4,000
Third Offense	-	Fine of P5,000 and recommendation for suspension of business permit to operate or Health and Sanitary Permit or Occupational Mayor's Permit.

SECTION 13. *Appropriation* - A sum sufficient in amount shall be appropriated and included in the Annual or Supplemental Budget of the City Government for the effective implementation of this Ordinance.

SECTION 14. *Separability Clause* - in the event that any section, paragraph, sentence, clause, or word of this ordinance is declared invalid for any reason, other provisions thereof should not be affected thereby.

SECTION 15. *Repealing Clause* - All laws, as well as regulations thereof which are inconsistent with the provisions of this ordinance, are hereby repealed pertinent rules and or amended accordingly.

SECTION 16. *Effectivity* - This ordinance shall take effect upon its approval.

ENACTED, by the ***10th Sangguniang Panlungsod of Muntinlupa*** this **15th** day of **July, 2024,** on its **104th Regular Session.**

I HEREBY CERTIFY, as to the correctness of the foregoing ***Ordinance***.

CECILIA C. LAZARTE
Secretary to the Sanggunian

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COUN. ENGR. HUMERTO T. SEVILLA, JR.

COUN. ENGR. MARISSA C. RONGAVILLA

COUN. ENGR. ARLENE D. HILAPO

COUN. CORNELIO M. MARTINEZ

COUN. RODOLFO W. MOLDEZ, JR

COUN. ALLEN F. AMPAYA

COUN. JONAS ANGELO L. ABADILLA

ATTESTED:

ARTEMIO A. SIMUNDAC
City Vice-Mayor/Presiding Officer

APPROVED:

ROZZANO RUFINO B. BIAZON
City Mayor
Date: 31 JUL 2024