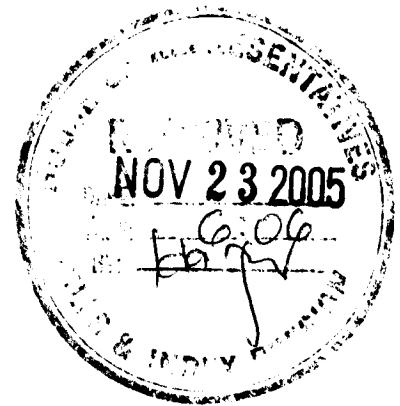


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Thirteenth Congress
Second Regular Session

House Bill No. 4944



Introduced by Representative Imee R. Marcos

EXPLANATORY NOTE

Avian Influenza - an infection common to birds and carried in their intestines world wide by wild birds - has posed a threat and caused panic and fear to the people since 1918. The United States, in 1976, established a program to address the threat of an influenza pandemic. Over the years, as incidents of human infection are discovered around the world, a bird flu panic begins to intensify.

Several instances of human infections of avian influenza have been reported since 1997. In 1997, a highly pathogenic avian influenza A infections has been reported to occur in both poultry and humans in the Hong Kong Special Administrative Region. During this outbreak, eighteen (18) people were hospitalized and six (6) of them died. In 1999, a low pathogenic avian influenza A was confirmed in two children in China and Hong Kong. In 2003, two (2) cases of highly pathogenic avian influenza A infection occurred among members of a Hong Kong family that had traveled to China. And just recently, in 2004, human infections of highly pathogenic avian influenza A among poultry workers in Canada were associated with an outbreak in the poultry. At present, the World Health Organization has reported outbreaks of highly pathogenic influenza in Indonesia, Cambodia, Thailand, China and Vietnam. The Ministry of Health in China has reported its first two (2) human cases of infection of H5N1 Avian Influenza Virus as of October 17, 2005. Indonesia has likewise confirmed eleven (11) cases of human infection of the said virus which are considered fatal. Most of these cases of avian influenza infection in humans are thought to have resulted from direct contact with infected poultry or contaminated surfaces. However, health researchers and scientists do not discount the possibility of a person-to-person transmission.

Influenza pandemic is a real threat which should be given serious attention by the Philippine government. Cases of highly pathogenic influenza have resulted to the death of the infected humans. And to date, no researches have been concluded to rule out human-to-human transmission of the avian virus. The severity and schedule of an influenza pandemic is not predictable. Scientists are concerned that the avian influenza virus could one day be able to infect humans for which we have no immunity protection.

This bill aims to establish a pandemic emergency plan to enable the Philippines to be better prepared to recognize and manage an influenza pandemic. It is the opinion of this author that a preparedness plan may help reduce transmission of the pandemic virus, reduce cases of hospitalization and deaths, and maintain essential services to reduce its possible adverse economic and social impact.

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

Imee R. Marcos
Imee R. Marcos
Representative
2nd District, Ilocos Norte

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AN ACT
ESTABLISHING A PANDEMIC PREPAREDNESS PLAN AND FOR OTHER PURPOSES
THEREFOR

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

SECTION 1. *Short Title.* - This Act shall be known and cited as the "Pandemic Preparedness Act of 2005"

SECTION 2. *Declaration of Policy.* - While considering national sovereignty, territorial integrity, national interest and the right to self-determination paramount in its relations with other states, the State shall, at all times, give paramount importance to the health of its citizens whether in the country or overseas, in general, and Filipino migrant workers, in particular.

The State shall likewise endeavor to efficiently and immediately address all potential and actual public health emergencies for the promotion of the general welfare of the people.

SECTION 3. *Definition of Terms.* -

- (a) Avian Flu also called H5N1 virus - is an influenza A virus subtype that occurs mainly among birds. Avian Flu is found to be very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick;
- (b) Influenza Pandemic - refers to the adaptation of an avian influenza virus into a strain that is contagious among humans;
- (c) Quarantine - refers to separation and restriction of movement of persons who are exposed or may be infected to protect public from the disease. Quarantine may be practiced by individuals in their homes;
- (d) Isolation - refers to separation or restriction of movement of an ill person from healthy persons by way of seclusion in hospitals or designated health care facilities;
- (e) Health Care Facility - means any institution, building or agency or portion thereof that is used, operated or designed to provide health services, medical treatment, or nursing, rehabilitative or preventive care to any person or persons.
- (f) Health Care Provider - refers to any person or entity providing health care services including, but not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, physician assistants, nurse practitioners, registered and other nurses, paramedics, medical and laboratory technicians, and ambulance and emergency medical workers.

- (g) Oseltamivir and zanamivir – refer to the influenza anti-viral drugs approved by the U.S. Food and Drug Administration for the treatment of influenza and for prophylaxis.

I. AVIAN INFLUENZA INFORMATION AND EDUCATION CAMPAIGN

SECTION 4. *Campaign at the Community Level.* – A comprehensive information dissemination and education campaign shall be conducted in every barangay unit of the country to educate the community on the nature, causes, prevention and treatment of Avian Influenza or the possibility of a new strain thereof. For this purpose, the provincial governor, city or municipal mayor and the barangay chairman shall collaborate and/or coordinate with the Department of Health (DOH), other concerned government agencies, non-governmental organization and other members of the private sector.

A separate and a more extensive instruction shall be given to barangay, municipal, city or provincial health and social workers, health care providers, health organizations, and other concerned non-governmental organizations on how to detect, diagnose and prevent the spread of avian influenza, and how to prepare for a possible Influenza Pandemic.

SECTION 5. *Campaign in Educational Institutions.* – The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall require and facilitate the education of the students on the nature, causes, transmission, and prevention of avian influenza, and its possible transmission to human beings.

SECTION 6. *Campaign in the Government Sector.* – The Department of Health (DOH) shall coordinate with the different heads of government agencies in the education of all government employees, officials and officers, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP) on the nature, causes, transmission, and prevention of avian influenza, and the respective responsibilities of each government office in the event of an Influenza Pandemic.

SECTION 7. *Mandatory Education of Foreigners and Filipino Citizens Traveling Abroad.* – The State shall ensure that all individuals traveling abroad, whether Foreigner or Filipino citizen, shall undergo instruction or attend a seminar on the cause and prevention of avian influenza before leaving the Philippines. The Department of Justice (DOJ), through the Bureau of Immigration (BI), and in collaboration with the Department of Health, shall oversee the implementation of this section.

II. PREVENTION AND SUPPRESSION MEASURES WITHIN THE TERRITORY

SECTION 8. *Duty of Heads of Families, Person In-Charge of Places.* – Where a person living in a building used for human habitation is suffering from avian influenza, the head of the family or the relatives shall immediately send notice of the same to the nearest city or municipal health office.

If it is a child attending a school, orphanage or other such institution, or a person residing in any hotel, boarding house or other such institution, the person in charge of such a place shall send notice of the infectious disease to their nearest city or municipal health officer and give the officer a list of scholars or residents, together with their addresses.

SECTION 9. *Duty of Medical Practitioners and other Health Care Providers.* – Every medical practitioner who attends to a patient suffering from avian influenza shall send to the nearest city or municipal health office a report stating the name of the patient and the situation of the building.

Any medical practitioner who becomes aware, by post-mortem or other means, that any person had died of avian influenza shall immediately give to the nearest city or municipal health office a certificate of such disease and inform the head of the household, person in charge of

school, orphanage, hotel and so on the infectious nature of the disease and the precautions to be taken to prevent its conveyance to others.

SECTION 10. *Power of City or Municipal Health Officers.* – A city or municipal health officer may at any time enter and inspect any premises in which he has reason to believe that someone is suffering from, or had recently suffered from avian influenza. The city or municipal health officer may medically examine any person in such premises for the purpose of ascertaining whether such person is suffering or has recently suffered from any infectious disease. He may also order the arrest, apprehension, detention or conditional release of individuals to prevent the transmission or spread of the suspected infectious disease.

SECTION 11. *Duty of City or Municipal Health Officers.* – If a city or municipal health officer is of the opinion that the cleansing and disinfecting of any building or any part of the building, and any articles in the building which are likely to retain infection, would tend to prevent or check infectious diseases, it shall be his duty to give notice in writing to the owner or occupant of the building specifying the steps to be taken to cleanse and disinfect the building and articles within a specified time.

III. PANDEMIC EMERGENCY COUNCIL

SECTION 12. *Pandemic Emergency Council.* The Pandemic Emergency Council (Council) is hereby established composed of the following: the Secretary of Health as *ex officio* Chairman of the council, with the Secretary of Interior and Local Government, Administrator of the Philippine Overseas Employment Administration (POEA), President of Philippine Health Insurance Corporation (PhilHealth) as *ex officio* members, and three (3) representatives from the private health sector.

The Council shall convene within thirty (30) days following the approval of the Implementing Rules and Regulations (IRR) of this Act. Upon organization of the Council, it shall draw up a National Pandemic Emergency Plan, and conduct a briefing for all local government units and health care workers in the government sector.

SECTION 13. *Health Care Facilities and Services.* - The Council, in coordination with local government units and other concerned government agencies, shall set up health care facilities and isolation centers which shall undertake pandemic prevention and preparedness services and activities, and shall respond to any public health emergency, particularly avian influenza.

The Council may require privately owned health care facilities to provide services or the use of its facility in the event of an influenza pandemic and only if government health institutions are unable to cope with the public health emergency.

SECTION 14. *Isolation and Quarantine of Individuals or Groups.* - The Council may, in cooperation with the concerned local chief executive, authorize isolation or quarantining of individuals or groups of individuals who have not been vaccinated, treated, tested, or examined for diagnosis or treatment, in accordance with existing laws, rules and regulations.

Restriction on the movement of persons in and out of the initially affected area by the Council shall likewise be permitted under this Act. If evidence indicates amplified transmission or dispersion of the infection into the wider community, the Council shall be authorized to adapt "social distancing" measures, such as the closing of schools or cancellation of large gatherings.

SECTION 15. *Control of Pharmaceutical Agents and Medical Supplies.* - The Council shall purchase, store or distribute sufficient quantity of anti-viral agents for influenza such as oseltamivir and zanamivir, anti-toxins, serums, vaccines and other pharmaceutical agents or medical supplies that it considers advisable in the interest of preparing for or controlling an influenza pandemic.

In the event of an Influenza Pandemic, the Department of Health may control, restrict and regulate the use and rationing of the abovementioned products.

SECTION 16. *Monitoring Program.* - A comprehensive Avian Influenza monitoring program shall be established by the Council to determine and monitor the presence, magnitude and progression of avian flu infection or a new strain thereof in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

SECTION 17. *Reporting Procedures.* - All hospitals, clinics, laboratories, and testing centers for avian influenza or a new strain thereof shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, and other files. The Council through its monitoring programs shall receive, collate and evaluate all avian flu related medical reports. The Council monitoring data base shall utilize a coding system that promotes anonymity.

IV. PROTECTION OF HEALTH CARE WORKERS

SECTION 18. *Vaccination of health-Care Workers against Human Influenza.* - Health care workers involved in the care of patients with document or suspected avian influenza shall, before handling these patients, be vaccinated with the most recent seasonal human influenza vaccine.

SECTION 19. *Wearing of Surgical Masks.* - For their protection, health care workers and first responders shall be provided with N95 respiratory masks or well-fitting surgical masks. Patients are likewise required to wear surgical masks.

SECTION 20. *Surveillance and Monitoring of Health Care Workers.* - Health care workers shall be vigilant of the development of fever, respiratory systems, and/or conjunctivitis for one week after last exposure to avian influenza-infected patients.

Health care workers who become ill should seek medical care and should stay home until 24 hours after resolution of fever, unless an alternative diagnosis is established or diagnostic tests are negative for influenza A virus.

V. PROTECTION OF OVERSEAS WORKERS

SECTION 21. *Medical Examination and Treatment of Overseas Workers.* - The Overseas Workers Welfare Administration (OWWA), in coordination, the Philippine Health Insurance Corporation (PhilHealth), the Department of Foreign Affairs (DFA), and the Council, shall undertake the medical examination and treatment of overseas workers and their families in cases of influenza epidemics or pandemic, or similar events abroad. All costs attendant to the medical examination and treatment of overseas workers shall be borne by the Philippine Health Insurance Corporation (PhilHealth).

SECTION 22. *Where Undertaken.* - The medical examination shall be undertaken in most populated foreign cities, especially in countries affected by an epidemic or possible outbreak of emergency infectious diseases, and shall be administered compulsorily to citizens who are returning to the Philippines.

SECTION 23. *Mandatory Application of Appropriate Clinical Procedures.* - The appropriate clinical management procedure, which includes quarantine or voluntary home confinement, isolation, and use of anti-viral drugs for treatment of cases and prophylaxis, shall be mandatorily applied to persons found to have been infected or suspected of being infected.

SECTION 24. *Creation of Emergency Fund.* - There is hereby created and established an emergency fund for the medical examination and treatment of overseas workers under the administration, control and supervision of the PhilHealth initially to consist of Ten Million pesos (P10,000,000.00), which shall be taken from the existing fund held in trust by the PhilHealth for the benefit of the overseas workers.

SECTION 25. *Authority of OWWA.* - The functions and responsibilities of OWWA shall include:

- a. the formulation and implementation of measures and programs, in consultation with appropriate agencies, to safeguard the health of overseas workers and their families abroad;
- b. the forging of memorandum of agreements with the POEA, the DOH, the DFA, the PhilHealth and other appropriate international organizations in connection with the purpose of this Act.

VI. MISCELLANEOUS PROVISIONS

SECTION 26. *Influenza Pandemic Crisis Fund.* - For purposes of this Act, there shall be created an Influenza Pandemic Crisis Fund to be determined and approved by the President of the Philippines upon recommendation of the Secretary of the Department of Health.

SECTION 27. *Formulation and Implementation of an Avian Flu Preparedness Plan and Handbook.* The Pandemic Emergency Council, in collaboration with the Department of Health, local government units, other concerned agencies and private health organizations, shall be responsible for the formulation and implementation of a Pandemic Preparedness Plan and Handbook to detect, prevent the spread, contain and manage emergencies resulting from an influenza pandemic, among others.

The aforementioned pandemic preparedness plan and handbook shall include the following:

1. Basic Information about Avian Influenza;
2. Typical symptoms of avian influenza infection among humans, poultry and other animals;
3. Guidelines for the Treatment of Influenza Infections;
4. Respiratory Hygiene and Cough Etiquette;
5. Guidelines in the handling of poultry, swine and other animals;
6. Guidelines for enhanced surveillance, testing, and infection control;
7. Environmental Infection Control Guidelines;
8. Guidelines for the protection of health care workers;
9. Guidelines for Hospitals and other Health care facilities workers;
10. Emergency measures in case of an influenza pandemic.

SECTION 28. *Penalties.*

(a) *Penalty for Breach of Duty under Sections 8, 9, and 11 of this Act.* – All persons, under a duty to inform the nearest city or municipal health office of the infectious disease, who fail or neglect to inform the same shall be sentenced to an imprisonment of not more than six (6) months or a fine of not more than Twenty thousand pesos (P20,000.00) or both upon the discretion of the Court.

(b) *Penalty for Violation of Orders of Medical Officers deployed by the OWWA.* – Any person who refuses or violates the order of the medical officer deployed by OWWA shall be arrested without prejudice to the applicable laws of foreign countries, and denied entry into the Philippines until a medical clearance has been issued to him by OWWA. In addition, he shall be sentenced to an imprisonment of not more than six (6) months or a fine of not more than Twenty thousand pesos (P20,000.00) or both upon the discretion of the Court.

(c) *Penalty for Refusal to Provide Health Services under Section 12 of this Act.* The owner, manager or administrator of a private health care facility who refuses to give services or allow the use of its facility during an influenza pandemic shall suffer the penalty of imprisonment of not more than one (1) year nor less than six (6) months, and/or a fine of One Hundred Thousand Pesos (P100,000.00), upon the discretion of the Court.

(d) *Penalty for Individuals who refuse isolation, quarantine, testing, vaccination under Section 13.* Any person who refuses vaccination, treatment, testing, examination for diagnosis or treatment, or isolation and quarantine in accordance with existing laws, rules and regulations and to the detriment of the general public shall suffer the penalty of imprisonment of

not more than six (6) months or a fine of not more than Twenty thousand pesos (P20,000.00) or both upon the discretion of the Court.

SECTION 29. *Implementing Rules and Regulations.* Within thirty (30) days from promulgation of this Act, DOH, in collaboration with the OWWA, the POEA, PhilHealth, DOJ and the DFA and representatives from the private health sector, shall issue necessary rules and regulations to make this Act operative.

SECTION 30. *Repealing Clause.* Any law, presidential decree or issuance, executive order, rule or regulation contrary to, or inconsistent with the provisions of this Act is hereby repealed, modified, or amended accordingly.

SECTION 31. *Effectivity.* This Act shall take effect fifteen (15) days following its complete publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,