

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City**

**Eighteenth Congress
Second Regular Session**

House Bill No. 7366



**Introduced by Representatives
ESTRELLITA B. SUANSING and HORACIO P. SUANSING, JR.**

EXPLANATORY NOTE

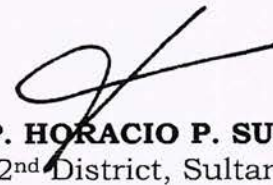
This bill seeks to create the Philippine Center for Disease Control and Prevention which will be the country's epidemiology and surveillance body.

The COVID-19 pandemic has already infected more than 110,000 Filipinos and more than 2,000 have died from the disease. Aside from the COVID-19 pandemic, Filipinos are also still facing outbreaks of other communicable diseases, namely polio, measles diphtheria and dengue, not to mention noncommunicable diseases putting our people's health at risk everyday. There is a need to strengthen the current health units in place to undertake the necessary research, as well as provide adequate facilities, to prevent and control such diseases.

Under this bill, the Philippine Center for Disease Control is principally tasked to identify, assess and communicate current and emerging threats to human health posed by diseases of national and international importance and other health risks that are of public concern. To prevent redundancy and overlap of functions, the Disease Prevention and Control Bureau and the Epidemiology Bureaus of the Department of Health and the Research Institute for Tropical Medicine (RITM) shall be transferred to the CDC. The CDC is also given powers and functions that are necessary to out its activities to prevent and control the spread of communicable diseases.

To protect the Filipino people health threats, the passage of this bill is earnestly sought.


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AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR
OTHER PURPOSES

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

CHAPTER I
TITLE AND GUIDING PRINCIPLES

SECTION 1. Title. – This Act shall be known as the “Philippine Center for Disease Control and Prevention Act.”

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State:

- (a) To protect and promote the right to health of the people and instill health consciousness among them;
- (b) To adopt, support, establish and maintain an effective health mechanism responsive to the country’s health, needs, emergency and other emerging health problems;
- (c) To ensure the health and well-being of Filipinos and protect them from infectious diseases, chronic diseases and other public health threats;
- (d) To prevent the emergence and transmission of serious and communicable diseases;
- (e) To provide a framework for control and prevention of diseases in the country; and
- (f) To establish a health protection agency that will increase the health security of the Filipinos and protect them from diseases and other public health threats, domestically and internationally.

In the implementation of the foregoing, the Government shall devote significant material and institutional resources to provide for an effective disease control and prevention program through a high-level public institution imbued with the capacity, competence and authority to confront global and local public health risks.

SEC. 3. Objectives. – The objectives of this Act is to:

- (a) Protect the Filipino people from the impact of communicable and non-communicable diseases of public health importance;
- (b) Maintain the highest state alertness to detect and respond to disease outbreaks, public health disasters, mass morbidity and mortality due to pathogenic, chemical or biological agents;
- (c) Develop and coordinate capabilities measures and activities to control outbreaks and mitigate the health impact of public health disasters;
- (d) Develop and coordinate an information network for the reporting notification of communicable and chronic diseases;
- (e) Develop and make accessible guidelines and standards for relevant public health activities at all levels in the country;
- (f) Communicate information to the public on the need to protect themselves from public health threats as well as health professional on the need to safely manage their patients and protect themselves; and
- (g) Lead the country's implementation of International Health Regulations and coordinate its participation in international disease prevention and control activities by establishing and maintain close communication and collaboration with relevant international health organizations, as well as other foreign States.

CHAPTER II DEFINITION OF TERMS

SEC. 4. Definition of Terms. – As used in this Act, the following terms shall mean:

- (a) *Apprehension* – the temporary taking into custody of an individual or group for purposes of determining whether quarantine, isolation, or conditional release is warranted.
- (b) *Communicable/Infectious diseases* – infectious diseases or illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as

from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment.

(c) *Detention* – the temporary holding of a person, ship, aircraft, or other carrier, animal, or thing in such place and for such period of time as may be determined by the Executive Director.

(d) *Disease* – 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.

(e) *Disease control* – 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.

(f) *Disease surveillance* – the ongoing systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice. 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.

(g) *Disinfection* – the killing of infectious agents or inactivation of their toxic products outside the body by direct exposure to chemical or physical agents.

(h) *Disinfestation* – any chemical or physical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or the environment of an individual, or upon animals and carriers.

(i) *Emerging or re-emerging infectious diseases* – are diseases that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threatens to increase in the near future, that:

(1) have not occurred in humans before;

(2) have occurred previously but affected only small numbers of people in isolated areas;

(3) are caused previously undetected or unknown infectious agents;

(4) are due to mutant or resistant strains of a causative organism or bacteria; and

- 101 (5) re-emergence of agents whose incidence of disease had
102 significantly declined in the past, but whose incidence of disease
103 has reappeared.
- 104 (j) *Epidemic/outbreak* – an occurrence of disease in excess of normal
105 expectancy within a specific place or group of people over a given
106 period of time.
- 107 (k) *Epidemiological investigation* – refers to an inquiry to the incidence,
108 prevalence, extent, source, mode of transmission, causation of, and
109 other information pertinent to a disease occurrence.
- 110 (l) *Epidemiology* – the study of the distribution and determinants of
111 health-related states or events (including disease), and the application
112 of this study to the control of diseases and other health problems.
- 113 (m) *Executive Director* – refers to the Executive Director of the CDC.
- 114 (n) *Isolation* – the separation of an individual or group reasonably believed
115 to be infected with a quarantinable communicable disease from those
116 who are healthy to prevent the spread of the quarantinable
117 communicable disease.
- 118 (o) *Health event of public health concern/Public health event* – refers to
119 either a public health emergency or a public health threat due to
120 biological, chemical, radio-nuclear and environmental agents;
- 121 (p) *Notifiable disease* – a disease that, by legal requirements, must be
122 reported to the public health authorities.
- 123 (q) *Public health emergency* – refers to an occurrence or imminent threat
124 of an illness or health condition that:
- 125 (1) Is caused by any of the following:
- 126 i. Bioterrorism;
- 127 ii. Appearance of a novel or previously controlled or
128 eradicated infectious agent or biological toxin;
- 129 iii. A natural disaster;
- 130 iv. A chemical attack or accidental release;
- 131 v. A nuclear attack or accident; or
- 132 vi. An attack or accidental release of radioactive materials;
133 and
- 134 (2) Poses a high probability of any of the following:
- 135 i. A large number of deaths in the affected population;

- 136 ii. A large number of serious injuries or long-term disabilities
137 in the affected population;
- 138 iii. Widespread exposure to an infectious or toxic agent that
139 poses a significant risk of substantial harm to a large
140 number of people in the affected population;
- 141 iv. International exposure to an infectious or toxic agent that
142 poses a significant risk to the health of citizens of other
143 countries; or
- 144 v. Trade and travel restrictions.
- 145 (r) *Port* – means any place in the Philippines and any navigable river or
146 channel leading to such place under the Revised Charter of the
147 Philippine Ports Authority and includes an airport.
- 148 (s) *Public health threat* – any situation or factor that may represent a
149 danger to the health of the people due to biological, chemical, radio-
150 nuclear and environmental agents.
- 151 (t) *Public health prevention measures* – the assessment of an individual
152 through non-invasive procedures and other means, such as
153 observation, questioning, review of travel documents, records review,
154 and other non-invasive means, to determine the individual's health
155 status and potential public health risk to others.
- 156 (u) *Quarantine* – the compulsory detention in isolation or separation of an
157 individual or group reasonably believed to have been exposed to a
158 quarantinable communicable disease, but who are not yet ill, from
159 others who have not been so exposed, to prevent the possible spread of
160 the quarantinable communicable disease.
- 161 (v) *Response* – refers to the implementation of specific activities to control
162 further spread of infection, outbreaks or epidemics and prevent re-
163 occurrence. It includes verification, contact tracing, rapid risk
164 assessment, case measures, treatment of patients, risk
165 communication, conduct of prevention activities, and rehabilitation.

166
167 **CHAPTER III**
168 **CREATION AND FUNCTION OF A**
169 **NATIONAL CENTER FOR DISEASE CONTROL AND PREVENTION**
170

171 **SEC. 5. Creation of the Philippine Center for Disease Control and**
172 **Prevention.** – (a) There is hereby created an independent body to be known
173 as the Philippine Center for Disease Control and Prevention, hereinafter
174 referred to as "CDC".
175

- 176 (b) The CDC shall be the country's epidemiology and surveillance body
177 sufficiently funded and equipped with bio-safety level 2 to 4
178 laboratories.
- 179 (c) The CDC shall be the principal agency tasked to identify, assess and
180 communicate current and emerging threats to human health posed
181 by diseases of national and international importance and other health
182 risks of public concern.
- 183 (d) The CDC shall carry out activities for the prevention and control of
184 communicable diseases for promotion of public health.
- 185 (e) The CDC shall be attached to the Department of Health for policy and
186 program coordination.

187

188 **SEC. 6. Functions.** – The CSC shall have the following functions:

- 189 (a) Prevent, detect, monitor and control diseases of national and
190 international public health importance, including emerging and re-
191 emerging diseases;
- 192 (b) Maintain active surveillance of diseases through epidemiologic and
193 laboratory investigations and data collection, analysis, and
194 distribution;
- 195 (c) Develop, maintain and coordinate systems of and database for
196 epidemiological surveillance, in order to detect public health threats,
197 guide health interventions and set public health priorities;
- 198 (d) Investigate disease outbreaks and other threats to public health;
- 199 (e) Develop and maintain a network of reference and specialized
200 laboratories for pathogen detection, disease surveillance and outbreak
201 response;
- 202 (f) Strengthen diagnostic capacity for and laboratory surveillance of
203 infectious diseases;
- 204 (g) Develop and maintain guidelines and processes for specimen
205 collection and transportation to reference laboratories;
- 206 (h) Conduct, collate, synthesize and disseminate public health research
207 to inform policy and guide on diseases of public health importance,
208 and put in place a national public health research agenda and
209 databases;
- 210 (i) Maintain a Registry of Notifiable Diseases, which shall be published
211 and updated online;
- 212 (j) Strengthen national health information systems to support prevention
213 and control measures of communicable diseases;

- 214 (k) Provide information to the public through multiple platforms on
215 diseases and public health events;
- 216 (l) Coordinate operationalization of, and ongoing international health
217 regulations, including regional disease surveillance and control
218 activities and lead the collaboration with global health agencies;
- 219 (m) Provide support and coordinate the control of national and
220 transborder responses to mass public health emergencies, such as
221 mass casualties, floods, nuclear, biological, and chemical terrorism,
222 disease outbreaks and heavy metal poisoning;
- 223 (n) Develop and maintain a communication network with all public
224 health institutions, with roles in mitigating the impact of diseases;
- 225 (o) Provide scientific guidelines for local production of vaccines and other
226 biological agents, such as diagnostic kits, sera and anti-sera, food
227 science and nutritional products, and other related substances useful
228 for health services, through locally developed technology or technology
229 transfer;
- 230 (p) Provide support to the Department of Health for the development of
231 evidence-based guidelines and policies, as well as the implementation
232 of programs relating to disease prevention and control, in line with
233 international guidelines and recommendations;
- 234 (q) Provide guidance, technical and logistic support to the Local
235 Governments preventing and managing the emergence and
236 transmission of communicable diseases;
- 237 (r) Provide technical support to relevant government institutions on
238 environmental health activities, as it relates to disease prevention,
239 control and emergency disaster response;
- 240 (s) Provide technical support for health disaster risk reduction and
241 management in collaboration with other major stockholders in the
242 country;
- 243 (t) Implement relevant decisions and regulations of the Department of
244 Health as regards to disease control, prevention and disaster
245 management;
- 246 (u) Recommend to the Secretary of Health the parameters for the
247 declaration of the existence of a pandemic;
- 248 (v) Set the standards and the process for the establishment of
249 Epidemiology and Surveillance Units, as required under Section 8 of
250 Republic Act No. 11332, and assist DOH-retained hospitals, local
251 health facilities and private hospitals and laboratories in establishing
252 ESUs and assess their performance;

(w) Lead the training of field epidemiologists through the Philippine Field Epidemiology Training Programme; and

(x) Perform such functions as may be mandated by law or duly delegated by relevant authorities, as well as those that may be necessary or expedient for the performance of its functions under this Act.

The CDC shall submit an annual detailed costed work plans relating to its functions to the Secretary of Health for approval.

SEC. 7. Powers. – The CDC shall have the following powers:

(a) Lead the response to disease outbreaks, public health emergencies and disasters in order to minimize the impact on health;

(b) Obtain or require submission of information, data, clinical samples and report on diseases of public health relevance and control of public health events, including communicable diseases, emergencies and disasters within the Philippines;

(c) Develop and enforce the use of standards, protocols and guidelines for disease prevention and control, including diagnostics, disease detection and reporting in compliance with international best practices;

(d) Collaborate with the Ports and Airports Health Services Division of the Department of Health to operate quarantine services, including inspection, isolation, detection and management of quarantine stations at points of entry into the Philippines to prevent the entry of communicable diseases from foreign countries into and within the Philippines;

(e) Implement and coordinate disease detection, prevention and control activities, including international health regulations, surveillance, disease preparedness and response, capacity building for health workers, research and ethical standards as it relates to disease of public health importance;

(f) Coordinate relevant health sectors on the preparation and response to public health emergencies and disasters in the country, including networking and liaising with relevant establishments within and outside the Philippines pursuant to the functions of the CDC;

(g) Accredite Epidemiology and Surveillance Units based on the standards set by the CDC; and

(h) Perform such acts as may be necessary for or incidental to discharge its functions under this Act.

CHAPTER IV
OPERATIONAL STRUCTURE,
MANAGEMENT AND STAFF OF THE CDC

SEC. 8. Local Centers and Field Offices. – The CDC shall have local centers and field offices with concomitant laboratories with at least bio-safety levels 2, 3, and 4 (BSL 2, BSL 3 and BSL 4) geographically dispersed across the Philippines.

SEC. 9. Operational Structure. – Subject to the determination of the Secretary of Health, in consultation with public health experts, the operational structure of CDC may comprise of:

- (a) Office of the Executive Director;
- (b) Divisions headed by Directors:
 - (1) Outbreak and Health Emergencies Preparedness and Response
 - (2) Epidemiology and Surveillance
 - (3) Planning, Research and Statistics
 - (4) Laboratory and Diagnostic Services
 - (5) Infectious Diseases
 - (6) Non-Infectious Diseases
 - (7) Finance and Accounts, and
 - (8) Human Resources and Administration
- (c) Such other departments as may be required for the proper performance and functions of the CDC.

SEC. 10. Transfer of Agencies. – (a) *Functions and Properties.* – The following offices and agencies are hereby abolished and their powers and functions, applicable funds and appropriations, records, equipment and property are transferred to the CDC:

- (1) Disease Prevention and Control Bureau of the Department of Health
- (2) The Epidemiology Bureau of the Department of Health
- (3) The Research Institute for Tropical Medicine.

(b) *Personnel.* – Employees of the abolished agencies or offices that occupies non-technical positions shall be transferred to the CDC. Officers and employees occupying technical positions must qualify and shall comply with the eligibility requirement set forth in Section 13.

SEC. 11. Executive Director. – (a) *Appointment.* – The CDC shall be headed by an Executive Director, with the rank of Undersecretary, who shall be appointed by the President, upon the recommendation of the Secretary of Health, on the basis of technical expertise, academic background, and appropriate work experience.

(b) *Eligibility.* – The Executive Director shall be a public health professional with at least fifteen (15) years of post-graduate qualification experience in relevant fields of medicine or public health. The Executive Director shall also possess a master's or doctorate degree in Epidemiology or other allied sciences. No person shall be eligible for appointment as Executive Director without satisfactorily passing the examination referred to in Section 13.

(c) *Powers and functions.* – The Executive Director shall perform the following functions and powers:

- (1) Manage and direct the activities of the CDC;
- (2) Coordinate CDC response to health emergencies;
- (3) Certify to the existence of a pandemic, which shall be treated as a public health emergency;
- (4) Recommend to the President the exercise of special powers in the case of an epidemic;
- (5) Coordinate international health activities relating to disease prevention and control;
- (6) Liaise with other government agencies, international organizations, including the World Health Organization, learning institutions and other outside groups; and
- (7) Appoint employees of the CDC in accordance with civil service law, rules and regulations and Section 13 of this Act.

(d) *Tenure.* – To ensure and uphold the independence of the CDC, the Executive Director shall have security of tenure and shall not be removed from office unless for cause.

(e) *Removal.* – Notwithstanding the provisions of subsection 11 (d), the Executive Director may be removed from office by the President of the Philippines on the following grounds:

- (1) Inefficiency and incompetence in the performance of official duties, *Provided, That* the performance of the Executive Director shall be

evaluated by a panel formed for that purpose, which shall be composed of the Chairman of the Civil Service Commission and public health experts; and

- (2) Inability to discharge the duty of the office, whether arising from the infirmity of the mind or body, grave misconduct or in the public interests, upon the recommendation of the Secretary of Health and the Civil Service Commission.

SEC. 12. Staffing Pattern. – The Secretary of Health, in consultation with the public health experts and the Department of Budget and Management (DBM), shall determine the qualification standards, staffing pattern and compensation of the newly created CDC, in accordance with existing laws, rules and regulations.

SEC. 13. Examination for Appointment and Promotion. – (a) The DOH, in consultation with the National Institute for Health-Center for Epidemiology Unit (NIH-CEU) of the University of the Philippines-Manila, other academic institutions and public health experts, is mandated to prescribe and conduct a system of examination of:

- (1) All persons applying for any position requiring technical expertise and special skills to determine their fitness and aptitude to perform the functions or duties of the position applied for; and
- (2) All employees and officers to determine their fitness for promotion to an officer-level position.

(b) The Executive Director, Deputy Directors, Officers and technical employees shall only be appointed or promoted upon conferment of eligibility by the Department of Health, which shall be granted after undergoing and passing the examination referred to in subsection 13(a).

(c) No officer or employee who fails to pass the examination satisfactorily and reported unfit for promotion shall be eligible for appointment or promotion to a managerial/officer-level position.

CHAPTER V

LABORATORIES, EMERGENCY OPERATION CENTER AND EARLY WARNING AND RESPONSE SYSTEM

SEC. 14. Biological Laboratories. – (a) *Establishment.* – There shall be established High-Containment Laboratories or Bio-Safety Level 3 and 4 (BSL-3 and BSL-4) laboratories that are accessible and concomitant to the CDC national offices and local centers. The State shall endeavor to construct and fund at least one (1) BSL-4 laboratory and at least five (5) BSL-3 laboratories

within ten (10) years from the effectivity of this Act. The CDC shall also construct, equip and maintain such number of Bio-Safety Level 2 (BSL-2) laboratories as necessary. For this purpose, the CDC may partner with academic institutions, private companies, non-profit institutions, foreign states or international organizations.

(b) *Funding.* – Appropriations for the construction and maintenance of biological laboratories referred to in subsection 15(a) of this Act shall be provided in the General Appropriations Act.

(c) *Oversight and regulatory functions.* – The CDC shall exercise supervisory and oversight functions over bio-safety level 2 laboratories in the country. High-containment (BSL0-3 and BSL-4) laboratories must be registered with and shall be regulated by the CDC.

SEC. 15. Emergency Operation Center. – There shall be established an Emergency Operations Center (EOC), which is a central control tower to respond to infectious disease emergencies.

SEC. 16. Early Warning and Response System. – The CDC shall operate an Early Warning and Response System, which will ensure that the national government and local government units are able to respond in a timely and coordinated manner to emerging health threats in the country.

The CDC shall take action to ensure that the early warning and response system is efficiently and effectively linked with other forms of community alert systems.

CHAPTER VI DISEASE MONITORING AND SURVEILLANCE

SEC. 17. Public Health Surveillance Programme. – (a) The Executive Director may, from time to time, institute public health surveillance programmes or undertake epidemiological investigations or surveys of people, animals or vectors in order to determine the existence, prevalence or incidence, or to determine the likelihood of a possible outbreak of –

- (1) any infectious disease; or
- (2) any other disease which the CDC or the Secretary of Health, by notification in the Official Gazette and in the official website of the CDC and the DOH, declared to be a disease which this section applies.

(b) For the purpose of any public health surveillance programme, epidemiological investigation or survey under subsection 17(a), the Executive

Director may issue an order requiring any person to furnish CDC, within the period stated therein, with –

- (1) such information as he may require; and
- (2) any sample of any substance or matter in the possession of that person or control of that person, whether taken pursuant to this Act or otherwise, as he may consider necessary or appropriate.

SEC. 18. *Obligation of Local Government Units.* – Local government units must provide the CDC, in a timely manner, available health and technical data relevant to the prevention and control of diseases.

SEC. 19. *Mandatory Reporting of Notifiable Disease and Health Events of Public Health Concern.* – (a) *Transfer of functions.* – The CDC shall perform the functions and obligations of the Epidemiology Bureau and the Department of Health under Sections 5 and 6 of Republic Act No. 11332, otherwise known as the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.”

(b) *Mandatory reporting.* – 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 NGOs are required to accurately and immediately report notifiable diseases and health events of public health concern to the CDC.

CHAPTER VII

MEASURES FOR DISEASE CONTROL AND PREVENTION

SEC. 20. *Authority to Promulgate and Enforce Rules and Regulations and Provide Penalties for Their Violations.* – The Executive Director is authorized to promulgate and enforce rules and regulations as are necessary to control and prevent diseases within the country and to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the Philippines or from one (1) domestic seaport/airport to another. For purposes of implementing these regulations, the Executive Director may provide public health preventive measures and intervention strategies such as health education and advisories, apprehensions, detention, isolation, quarantine, inspections, fumigation, disinfection, disinfestation, pest extermination, vaccination for international travel, medical examination of aliens/foreigners, and destruction of animals or articles found to be infected or contaminated as to be sources of infection to human beings in coordination with other concerned quarantine agencies such as veterinary quarantine, plant quarantine, etc. and other measures as the Executive Director’s judgment may find necessary.

SEC. 21. Measures in the event of inadequate local control of communicable diseases. – Whenever the Executive Director determines that the measures taken by the health authorities of the local government units are insufficient to prevent the outbreak of an infectious disease or spread of any of the communicable diseases, the Executive Director may take such measures to prevent such spread of the diseases as he/she deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.

SEC. 22. Quarantine Stations. – The Executive Director, in coordination with the Bureau of Quarantine, with the approval of the Secretary of Health, may establish such additional quarantine stations, grounds and anchorages if, in the Executive Director's judgment, these are necessary to prevent the introduction of diseases of international concern into the country. The Bureau of Quarantine shall retain its jurisdiction and functions provided under Republic Act No. 9271, otherwise known as the "Quarantine Act of 2004."

SEC. 23. Special supervision over the Bureau of Quarantine. – During a Public Health Emergency, in the interest of preventing a disease outbreak, endemic or pandemic, the Bureau of Quarantine shall report directly to the CDC. The CDC shall have full access to information in the possession of the Bureau of Quarantine.

SEC. 24. Wakes and disposal of corpses. – (a) When any person has died whilst being, or suspected of being, a case or carrier or contact of a communicable disease, the Executive Director may impose such conditions necessary for the conduct of the wake of the deceased, or the collection, removal and disposal of the body of that person.

(b) Any health officer of the Department of Health or CDC may take such steps as may be necessary to ensure that the order is complied with.

SEC. 25. Penalties. – Any person who violates any regulation prescribed or order issued pursuant to this Chapter, or who enters or departs from the limit of any quarantine station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer-in-charge shall be punished by fine of not more than Five Million Pesos (₱5,000,000.00) or by imprisonment for not more than two (2) years, or both.

CHAPTER VIII MISCELLANEOUS PROVISIONS

553 **SEC. 26. Annual Report.** – The CDC shall submit to Congress an annual
554 evaluation of the current and emerging threats to health in the country and
555 recommend such measures and policies as may be necessary to prevent the
556 transmission of communicable diseases.

557
558 **SEC. 27. Appropriations.** – The amount needed for the initial
559 implementation of this Act shall be taken from the current fiscal year's
560 appropriation of the offices and agencies herein absorbed by the CDC.
561 Thereafter, the amount needed for the operation and maintenance of the CDC
562 shall be included in the annual General Appropriations Act.

563
564 **SEC. 28. Separability Clause.** – If any provision of this Act shall be declared
565 unconstitutional or invalid, the other provisions not otherwise affected shall
566 remain in full force and effect.

567
568 **SEC. 29. Repealing Clause.** – All laws, orders, rules and regulations, other
569 issuances, or parts thereof, inconsistent with any provision of this Act, are
570 hereby repealed or modified accordingly.

571
572 **SEC. 30. Effectivity.** – This Act shall take effect after fifteen (15) days
573 following its publication in the *Official Gazette* or in a newspaper of general
574 circulation.

575
576 Approved,