



MUNICIPAL ORDINANCE NO. 2025-08

“ADOPTING THE PHILIPPINE INTEGRATED DISEASE SURVEILANCE AND RESPONSE (PIDS) MANUAL AS THE OFFICIAL GUIDELINES FOR DISEASE REPORTING, SURVEILLANCE, AND RESPONSE FRAMEWORK FOR THE MUNICIPALITY OF BUSTOS, BULACAN.”

Sponsored by:

Honorable Kyle Gabrielle DR. Navarro

Chairman

Committee on Health, Nutrition, Sanitation, and Education

WHEREAS, Section 13, Article X of the 1987 Constitution allows Local Government Units (LGUs) to coordinate their efforts for commonly beneficial purposes;

WHEREAS, Republic Act No. 11223 or the Universal Health Care Act and its Implementing Rules and Regulations mandate the institutionalization of population-based health services including disease surveillance and response mechanisms;

WHEREAS, the Department of Health, through the National Epidemiology Center, has developed the Philippine Integrated Disease Surveillance and Response (PIDS) Manual of Procedures to harmonize disease surveillance and strengthen LGU capabilities in detecting and responding to epidemics;

WHEREAS, the Municipality of Bustos, recognizing the urgency of pandemic and epidemic preparedness and the value of health data in local planning, deems it necessary to institutionalize the PIDS system at the municipal level;

NOW THEREFORE, BE IT ORDAINED by the Sangguniang Bayan of Bustos, Bulacan, in session assembled that:

M. J. Angeles
Hon. Martin SJ Angeles, MMPA

F. G. Juan
Hon. Francis Albert G. Juan

Section 1. DECLARATION OF POLICY. – It is the policy of the Municipality of Bustos to protect the health of its population through a strengthened, evidence-based, and integrated epidemiologic surveillance system. The Philippine Integrated Disease Surveillance and Response (PIDS) system shall be adopted to ensure timely detection, reporting, investigation, and response to diseases and public health events.

Section 2. SCOPE AND COVERAGE. – This Ordinance shall apply to all health offices, health facilities, public and private medical practitioners, laboratories, and other relevant stakeholders operating within the territorial jurisdiction of Bustos, Bulacan.

Section 3. DEFINITION OF TERMS. – For purposes of this Ordinance that following words and acronyms shall be understood as the following:

- a. **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;
- b. **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;
- c. **Disease response** - refers to the implementation of specific activities to control further spread of infection, outbreaks or epidemics and to prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, conduct of prevention activities, and rehabilitation and reintegration. Disease response activities shall include the imposition of minimum public health standards including, but not limited to, movement restrictions, partial or complete closure of schools and businesses, imposition of quarantine in specific geographic areas and international or domestic travel restrictions, construction of facilities for the quarantine of health and emergency front liners, and the prepositioning and distribution of personal protective equipment for health workers;

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d. **Disease surveillance** - refers to the ongoing 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. 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;

e. **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;

f. **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;

g. **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;

h. **Infectious disease** - refers to a clinically manifested disease of humans or animals resulting from an infection;

i. **Mandatory reporting** - refers to the obligatory reporting to the MESU or MHO, as required for notifiable diseases, epidemics or health events of public health concern, mandatory reporting likewise applies to the required process/procedure of reporting from DRUs up to the Department of Health Epidemiology Department;

j. **Notifiable disease** - refers to a disease enumerated or may be listed pursuant herein, which must be reported to public health authorities in accordance with this Ordinance;

k. **“Zero Reporting”** - refers to the reporting of “zero case” when no cases have been detected by the reporting unit.

l. **DOH** - Department of Health

m. **PIDSР** - Philippine Integrated Disease Surveillance and Response

n. **DRU** - Disease Reporting Unit

o. **MESU** - Municipal Epidemiology and Surveillance Unit

p. **MHO** - Municipal Health Office

q. **DSC/DSO** - Disease Surveillance Coordinator/Officer

Section 4. ADOPTION OF PIDSР. - The PIDSР shall be adopted as the official framework for all disease surveillance and response activities in Bustos. The Municipality of Bustos shall follow DOH protocols and use standard PIDSР forms.

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Section 5. THE MUNICIPAL EPIDEMIOLOGY AND SURVEILLANCE UNIT (MESU). – The MESU shall perform its functions, duties and responsibilities as provided for in Municipal Ordinance No. 2023-26.

Section 6. Strengthening and Staffing of MESU. – The MESU shall be composed of trained health professionals and disease surveillance officers. The Municipal Mayor, by an Executive Order may create working group or secretariat to assist the MESU on performing its functions and may designate trained staff on basic epidemiology and event-based surveillance response.

Section 7. Disease Reporting Units (DRUs); functions and responsibilities. – Is a component of a public health system responsible for the continuous, systematic collection, analysis, and interpretation of health-related data, specifically related to diseases. Its primary function is to monitor and report on disease occurrences to detect potential outbreaks, track trends, and inform public health interventions.

The following shall be considered as DRUs: (a) Local Hospital, (b) Private Hospital, (c) Private Clinics, (d) testing/clinical laboratories, (e) medical research facilities operating in the municipality and other synonymous establishments engaged in rendition of medical services.

Section 8. Disease Surveillance Coordinator/Officer. – Pending the creation of the Disease Surveillance Coordinator/Officer, the Municipal Mayor shall designate Disease Surveillance Coordinator/Officer, under the Municipal Office; and, who shall be primarily responsible for overseeing and managing disease surveillance activities within the Municipality, which includes collecting, analyzing, and interpreting data related to notifiable diseases and health events. He/she also plays a crucial role in implementing control measures, coordinating responses to outbreaks, and ensuring compliance with relevant regulations.

Section 9. Notifiable Disease; inclusion/exclusion. – For purposes of this Ordinance, the following diseases, but not limited, shall be categorized as immediately notifiable (Category I) or weekly notifiable (Category II).

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For the purpose of this Ordinance, the following diseases/syndromes shall be categorized as immediately notifiable (Category I):

1. Acute Flaccid Paralysis;
2. Adverse Event Following Immunization;
3. Anthrax;
4. COVID-19;
5. Hand-Foot-and-Mouth Disease;
6. Human Avian Influenza;
7. Measles;
8. Meningococcal Disease;
9. Middle East Respiratory Syndrome (MERS);
10. Neonatal Tetanus;
11. Paralytic Shellfish Poisoning;
12. Rabies; and
13. Severe Acute Respiratory Syndrome (SARS).

On the other hand, the following diseases/syndromes shall be categorized as weekly notifiable (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 Illness;
10. Leptospirosis;
11. Malaria;
12. Non-neonatal Tetanus;
13. Pertussis; and
14. Typhoid and Paratyphoid Fever.

Any of the disease mentioned above may be deleted from the list as Notifiable Disease subject to the order of exclusion by the Department of Health. On the other hand, a disease may be included in the list of Notifiable Disease as ordered by the Department of Health.

Section 10. Mandatory Reporting of Notifiable Diseases. – All DRUs existing or operating in the municipality shall submit reports of Notifiable Diseases to the MESU or to the MHO.

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Section 11. Deadline for Reporting. — Diseases or syndromes included under Category I are considered immediately notifiable and should be reported to the MESU or MHO within twenty-four (24) hours from detection. Diseases or syndromes included under Category II shall be reported every Friday of the week.

Section 12. Minimum Data Needed for Mandatory Reporting. — The Minimum Data Needed for Mandatory Reporting shall be in accordance with the requirement and form issued by the Department of Health.

Section 13. Processing of Information. — Subject to the foregoing conditions and consistent with the provisions of the Data Privacy Act of 2012, Data collection, analysis, dissemination of information, from official disease surveillance and response systems shall be done by authorized personnel from the RHU, who is the Municipal Health Officer, and shall be used for public health concern purposes only.

However, DRUs also may collect, obtain, process data as basis for its reporting or for initial analysis which should be submitted to the MESU/RHU, subject to the provision of the same Privacy Act of 2012.

Section 14. Data Collection and Reporting Of Hospitals and Other Medical Institutions. — All DRUs (hospitals, Medical Research Facility, Medical and Testing/Clinical Laboratory and other similar establishment) which obtained or collected data and report the same to the MESU shall:

- Submit reports using DOH-prescribed forms;
- Ensure accuracy, completeness, and timeliness of data;
- Practice “zero reporting” even if no cases are found.

Section 15. Diseases/syndromes/conditions targeted for surveillance. — diseases/syndromes/conditions targeted for surveillance shall be selected based on the following categories:

1. Diseases spread by droplet:

- Bacterial meningitis;
 - *Haemophilus influenzae* type b (Hib)
 - *Streptococcus pneumoniae*

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- Coronavirus disease 2019 (COVID-19);
 - Severe acute respiratory syndrome (SARS)-associated coronavirus 2 (SARS-CoV 2)
- Diphtheria;
 - *Corynebacterium diphtheriae*
- Hand Foot and Mouth Disease;
- Human Avian Influenza;
- Influenza-like Illness (ILI);
- Severe acute respiratory syndrome (SARS);
 - SARS-associated coronavirus
- Measles;
 - *Measles morbillivirus*
- Meningococcal Disease;
 - *Neisseria meningitidis*
- Middle East Respiratory Syndrome (MERS);
 - Middle East respiratory syndrome coronavirus (MERS-CoV); and
- Pertussis (Whooping cough)
 - *Bordetella pertussis*

2. Airborne diseases:

- Anthrax;
 - *Bacillus anthracis*
- Human Avian Influenza;
- Influenza-like Illness (ILD); and
- Measles
 - *Measles morbillivirus*

3. Diseases spread by direct contact:

- Acute Viral Hepatitis;
 - Hepatitis A virus (HAV)
 - Hepatitis B virus (HBV)
 - Hepatitis D virus (HDV)
- Anthrax;
 - *Bacillus anthracis*
- Bacterial meningitis;
 - Group B Streptococcus
 - *Escherichia coli*
 - *Neisseria meningitidis*
- Diphtheria;
 - *Corynebacterium diphtheriae*
- Hand-Foot-and-Mouth Disease
- Leptospirosis;
 - *Leptospira*
- Meningococcal Disease; and
 - *Neisseria meningitidis*
- Rabies
 - *Rabies virus (RV)*

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4. Vehicle-borne diseases:

- Acute Bloody Diarrhea
 - Campylobacter bacteria
 - Salmonella bacteria
 - Shigella species (bacillary dysentery)
 - Entamoeba histolytica (amoebic dysentery)
 - Enterohaemorrhagic E. coli (EHEC)
- Acute Viral Hepatitis;
 - Hepatitis A virus (HAV)
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Hepatitis E virus (HEV)
- Anthrax;
 - Bacillus anthracis
- Bacterial meningitis;
 - E. coli
 - Listeria monocytogenes
- Cholera;
 - Vibrio cholerae
- Neonatal tetanus
 - Clostridium tetani
- Paralytic Shellfish Poisoning;
- Typhoid and Paratyphoid Fever; and
 - Salmonella enterica serotype Typhi
 - Salmonella enterica serotypes Paratyphi A, B (tartrate negative), and C (S. Paratyphi)
- Poliomyelitis (Acute Flaccid Paralysis)
 - Poliovirus

5. Vector-borne diseases:

- Dengue;
 - Dengue viruses (DENV-1, -2, -3, and -4)
- Acute Encephalitis Syndrome/Japanese Encephalitis; and
 - Japanese Encephalitis Virus
- Malaria
 - Plasmodium parasites (P. falciparum, P. malariae, P. ovale, and P. vivax)

Any of the disease mentioned above may be modified as ordered by the Department of Health, as to conform with the national level, standard or procedure.

Section 16. Disease Response Activities Required of the Municipal Health Office. – Local health offices shall perform the following response activities:

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- 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;
- Collect, organize, analyze, and interpret surveillance data in their respective areas;
- 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;
- Implement appropriate epidemic control measures immediately;
- 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
- Facilitate submission of weekly notifiable disease surveillance reports from public and private hospitals.

Section 17. Response and System/s to be employed in case of disease epidemic and/or outbreak in the municipality. – In case there is disease epidemic and/or outbreak in the municipality, the response and systems to be employed shall be in accordance with the procedure and systems implemented by the PIDS, including the epidemiologic investigation and disease control.

Section 18. PARTNERSHIPS AND COORDINATION. – The municipality shall coordinate with:

- Department of Health (DOH)
- Provincial and regional health offices
- PhilHealth and relevant institutions
- Barangay officials, NGOs, and civic groups

Section 19. RESOURCE ALLOCATION. – For the full implementation of Ordinance, the Municipal Government shall annually allocate appropriate funds, including manpower, logistics, training, IT systems, and response mechanisms in the Annual Budget of the Municipality.

Section 20. MONITORING, EVALUATION, AND FEEDBACK. – The MHO shall regularly monitor BIDS

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compliance. Reports and evaluations shall be submitted quarterly to the Municipal Health Board. Feedback mechanisms shall be institutionalized to ensure looped reporting from community to national level.

Section 21. SEPARABILITY CLAUSE. - If any part of this ordinance is declared as unconstitutional or unlawful, such declaration shall not affect the other parts or the section hereof that are not declared unlawful or unconstitutional.

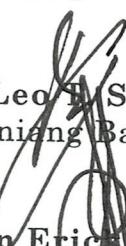
Section 22. REPEALING CLAUSE. - All previous ordinances inconsistent with this ordinance shall be deemed repealed or modified accordingly.

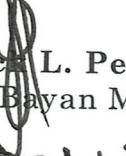
Section 23. EFFECTIVITY CLAUSE. - This Ordinance shall take effect immediately after approval and publication in a newspaper of general circulation or posting in at least three (3) public places within the municipality.

ENACTED, 29th day of August, 2025 by the Sangguniang Bayan at the Amado Raymundo Session Hall.

Phillip Wryner B. Santos
Sangguniang Bayan Member


Romeo B. Cabalquinto
Sangguniang Bayan Member


Leo T. Santos
Sangguniang Bayan Member


John Eric L. Perez
Sangguniang Bayan Member

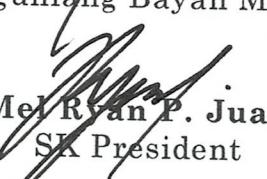

Raymond R. Perez
ABC Vice President


Kyle Gabrielle DR. Navarro
Sangguniang Bayan Member


Aljhaneal E. Quiñones
Sangguniang Bayan Member


Melvin H. Melencio
Sangguniang Bayan Member


Engr. Glicerio M. Perez
Sangguniang Bayan Member


Mel Ryan P. Juan
SK President

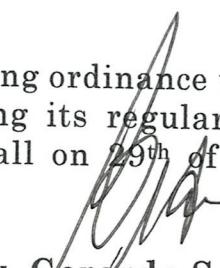

Martin S.J. Angeles, MMPA
Vice Mayor and
Presiding Officer of the Sangguniang Bayan

Hon. Francis Albert G. Juan

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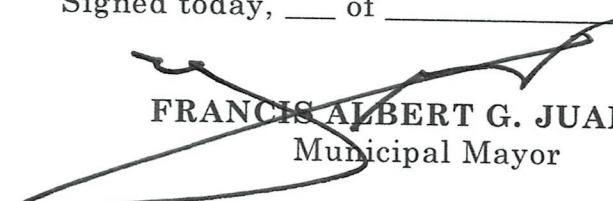
CERTIFICATION

I HEREBY CERTIFY that the foregoing ordinance was duly enacted by the Sangguniang Bayan during its regular session held at the Amado Raymundo Session Hall on 29th of August, 2025.


Atty. Gerardo S. Briasa
Secretary

Attested:

Signed today, ____ of _____ 2025


FRANCIS ALBERT G. JUAN
Municipal Mayor


Hon. Phillip Wryner B. Santos


Hon. Romeo B. Balsaquin


Hon. John Erick L. Perez


Hon. Leo T. Santos


Hon. Raymond R. Perez


Hon. Ky. Gabriele Dr. Navarro


Hon. Aljhaneal E. Quiñones


Hon. Melvin H. Melencio


Hon. Martin SJ. Angeles, MMPA