



Republic of the Philippines
QUEZON CITY COUNCIL
Quezon City
22nd City Council

PO22CC-205

40th Regular Session

ORDINANCE NO. SP- 3232, S-2023

AN ORDINANCE CREATING THE QUEZON CITY EPIDEMIOLOGY AND SURVEILLANCE DIVISION (QCESD) UNDER THE QUEZON CITY HEALTH DEPARTMENT DEFINING ITS STRUCTURE, COMPOSITION AND FUNCTIONS AND PROVIDING FUNDS THEREFOR

Introduced by Councilors BERNARD R. HERRERA, DOROTHY A. DELARMENTE, M.D., JOSEPH P. JUICO and KRISTINE ALEXIA R. MATIAS

Co-Introduced by Councilors Tany Joe "TJ" L. Calalay, Charm M. Ferrer, Fernando Miguel "Mikey" F. Belmonte, Candy A. Medina, Aly Medalla, Dave C. Valmocina, Tatay Rannie Z. Ludovica, Godofredo T. Liban II, Kate Galang-Coseteng, Geleen "Dok G" G. Lumbad, Albert Alvin "Chuckie" L. Antonio III, Don S. De Leon, Wencerom Benedict C. Lagumbay, Atty. Anton L. Reyes, Edgar "Egay" G. Yap, Imee A. Rillo, Raquel S. Malañgen, Irene R. Belmonte, Nanette Castelo-Daza, Marra C. Suntay, Joseph Joe Visaya, Alfred Vargas, MPA, Ram V. Medalla, Shaira "Shay" L. Liban, Aiko S. Melendez, Mutya Castelo, Maria Eleanor "Doc Ellie" R. Juan, O.D., Eric Z. Medina, Emmanuel Banjo A. Pilar, Vito Sotto Generoso, Victor "Vic" Bernardo and Julian Marcus D. Trono

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, on January 30, 2020, the Philippines reported its first case of coronavirus disease (known as COVID-19). On March 7, 2020, the first local transmission of COVID-19 was confirmed, and on March 9, 2020, Quezon City detected its first case of COVID-19;

WHEREAS, the COVID-19 pandemic has been an eye-opener for the entire nation and our City to design a strategic plan to fight a public health emergency; thus, there is a need to establish a Public Health Emergency Plan and a task force intended to serve as the framework and coordinating body of Quezon City in times of public health emergencies;

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WHEREAS, Section 2 of Republic Act No. 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Concern Act" declared that it is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. It shall endeavor to protect the people from public health threats through the efficient and effective disease surveillance of notifiable diseases including emerging and re-emerging infectious diseases, diseases for elimination and eradication, epidemics, and health events including chemical, radio-nuclear and environmental agents of public health concern and provide an effective response system in compliance with 2005 International Health Regulations (HR) of the World Health Organization (WHO);

WHEREAS, on the same declaration of policy, the State also recognizes the disease surveillance and response system of the Department of Health (DOH) and its local counterpart, as the first line of defense to epidemics and health events of public concern that pose risk to public health and security;

WHEREAS, Section 6 of Republic Act No. 11332 states that the DOH and its local counterpart are mandated to implement the mandatory reporting of notifiable diseases and health events of public concern;

WHEREAS, Republic Act No. 11332 and its Implementing Rules and Regulations, prescribe the guidelines for the establishment of a functional City Disease Surveillance System equipped with the necessary resource and adequate local financial support;

WHEREAS, Section 8 of Republic Act No. 11332 (Establishment of Epidemiology and Surveillance Units) provides that DOH, in coordination with Local Government Units, shall ensure that the Epidemiology and Surveillance Units (ESUs) are established and functional in all levels of DOH and its local counterparts, and in public and private health facilities and laboratories, as well as ports and airports in all provinces, cities, and municipalities throughout the country;

WHEREAS, Section 16 of the 1991 Local Government Code of the Philippines states that within their respective territorial jurisdictions, Local Government Units (LGUs) shall ensure and support, among other things, the preservation and enrichment of culture, promote health and safety, enhance the right of the people to a balanced ecology, encourage and support the development of appropriate and self-reliant scientific and technological capabilities, improve public morals, enhance economic prosperity and social justice, promote full employment among their residents, maintain peace and order, and preserve the comfort and convenience of their inhabitants;

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WHEREAS, a functional integrated disease surveillance and response system would result in a considerable reduction in morbidity, mortality, and disability caused by communicable diseases and other conditions in the locality;

WHEREAS, it is pressing to create the City Epidemiology and Surveillance Division to provide a reliable source of health-related indicators necessary for the interpretation and data analysis that aim to assist the Local Chief Executive, thus, prompting a response delivery of the essential health care services to the constituents and concerned health care agencies;

WHEREAS, non-cooperation of persons, entities, or facilities of the provisions of this Ordinance will be subject to the penalties stipulated in Section 10 of Republic Act No. 11332.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. TITLE. – This Ordinance shall be known as the “Quezon City Epidemiology and Surveillance Division (QCESD) Ordinance”.

SECTION 2. DEFINITION OF TERMS. – As used in this Ordinance, the following terms shall mean:

- A. **Acquired Immune Deficiency Syndrome (AIDS)** refers to a health condition where there is a deficiency of the immune system that stems from infection with the Human Immunodeficiency Virus (HIV), making an individual susceptible to opportunistic infections;
- B. **Adverse-Event Following Immunization** refers to any of the following that may arise after vaccination:
 - i. unfavorable or unintended sign and/or symptom;
 - ii. abnormal laboratory findings; or
 - iii. disease that may arise after immunization;
- C. **Confirmed case** refers to a case that is classified as confirmed for reporting purposes, as may be defined by the DOH specific to a disease. Case definition for this case classification is commonly based on clinical, laboratory, and other epidemiological criteria but may only be based on current/existing recommendations as to confirming laboratory test;

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- D. **Contact tracing** refers to the process of identification, listing, assessment, and monitoring of persons who may have come into contact with an infected person and the subsequent collection of further information about these contacts. It is a major public health intervention to interrupt ongoing transmission and reduce the spread of an infection;
- E. **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;
- F. **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;
- G. **Disease response** refers to the implementation of specific activities to control the 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 repositioning and distribution of personal protective equipment for health workers;
- H. **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;
- I. **District Epidemiology and Surveillance Unit** refers to the unit under the Quezon City Health Department who manages and operates the Disease Surveillance System from their district to their respective catchment areas;

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- J. **Emerging or re-emerging infectious diseases** refer to diseases that:
- i. have not occurred in humans before;
 - ii. have occurred previously but affected only small numbers of people in isolated areas;
 - iii. have occurred throughout human history but have only been recognized recently as a distant disease due to an infectious agent;
 - iv. are caused by previously undetected or unknown infectious agents;
 - v. are due to mutant or resistant strains of a causative organism; or
 - vi. once were major health problems in the Country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population;
- K. **Event-based Surveillance and Response (ESR)** refers to an organized and rapid capture of epidemiologic data on acute public health threats;
- L. **Epidemic or outbreak** refers to an occurrence of more cases of a specific disease than normally expected within a specific place or group of people over a given period of time;
- M. **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;
- N. **Field Health Services Information System (FHSIS)** is a nationwide facility-based recording and reporting system that provides information to the Local Government Units (LGUs) and the Department of Health (DOH) as basis for decision-making relative to the management and implementation of public health programs throughout the Country;
- O. **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;

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- P. **Human Immunodeficiency Virus** refers to the virus which causes AIDS;
- Q. **Infectious disease** refers to a clinically manifested disease of humans or animals resulting from an infection;
- R. **Isolation** refers to the separation of ill or contaminated persons or affected baggage, containers, conveyances, goods, or postal parcels from others in such a manner as to prevent the spread of infection or contamination;
- S. **Local counterparts of the DOH** refer to government offices and agencies performing the same purposes, mandates, and/or functions as the DOH within the provinces, cities, or municipalities;
- T. **Mandatory reporting** refers to the obligatory reporting to the DOH Epidemiology Bureau (DOH-EB) or their local counterparts, as required for notifiable diseases, epidemics, or health events of public health concern;
- U. **Non-cooperation** refers to the failure to fully comply with a duty required under the provisions of Republic Act No. 11332 and this Ordinance, or to abide by the guidelines, orders, issuances, or ordinances issued pursuant to, and to implement the provisions of Republic Act No. 11332 and this Ordinance;
- V. **Notifiable disease** refers to a disease enumerated or may be listed pursuant to Rule VI, Section 3 of Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, which is also defined in section 8 of this Ordinance;
- W. **Probable case** refers to a case that is classified as probable for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical, laboratory, and/or other epidemiological criteria;
- X. **Philippine Integrated Disease Surveillance and Response (PIDSRS)** refers to a system established by the DOH to improve the current disease surveillance systems in the Philippines;

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- DD. **Social Hygiene Clinic** refers to the primary implementers of HIV prevention programs in local government;
- EE. **Sundown Clinic** refers to the Quezon City program of extending operational hours to certain clinics that cater to STI, HIV, and AIDS health care needs, extending up to 11:00 in the evening; and
- FF. **Suspect case** refers to a case that is classified as a suspect for reporting purposes, as may be defined by the DOH specific to a disease. Case definitions for this case classification are commonly based on clinical and other epidemiological criteria.

SECTION 3. CORE FUNCTION. – The Core Function of the Quezon City Epidemiology and Surveillance Division (QCESD) includes the following:

1. Collects, verifies, analyzes, interprets, and communicates surveillance data in a timely and accurate manner;
2. Builds and maintains a network of skilled and trained health surveillance workers in key locations such as health facilities, workplaces, schools, and closed-setting facilities;
3. Provides ongoing training and capacity-building opportunities for disease surveillance officers and health workers;
4. Continuously improves and evaluates existing surveillance systems for effectiveness;
5. Designs, plans and executes public health activities as required;
6. Securely stores and manages surveillance data, including data related to PIDSR, HIV, AIDS, injuries, and non-communicable diseases, as well as data from the Field Health Services Information System (FHSIS); and
7. Promptly investigates disease outbreaks and provide technical support during emergencies and disasters.

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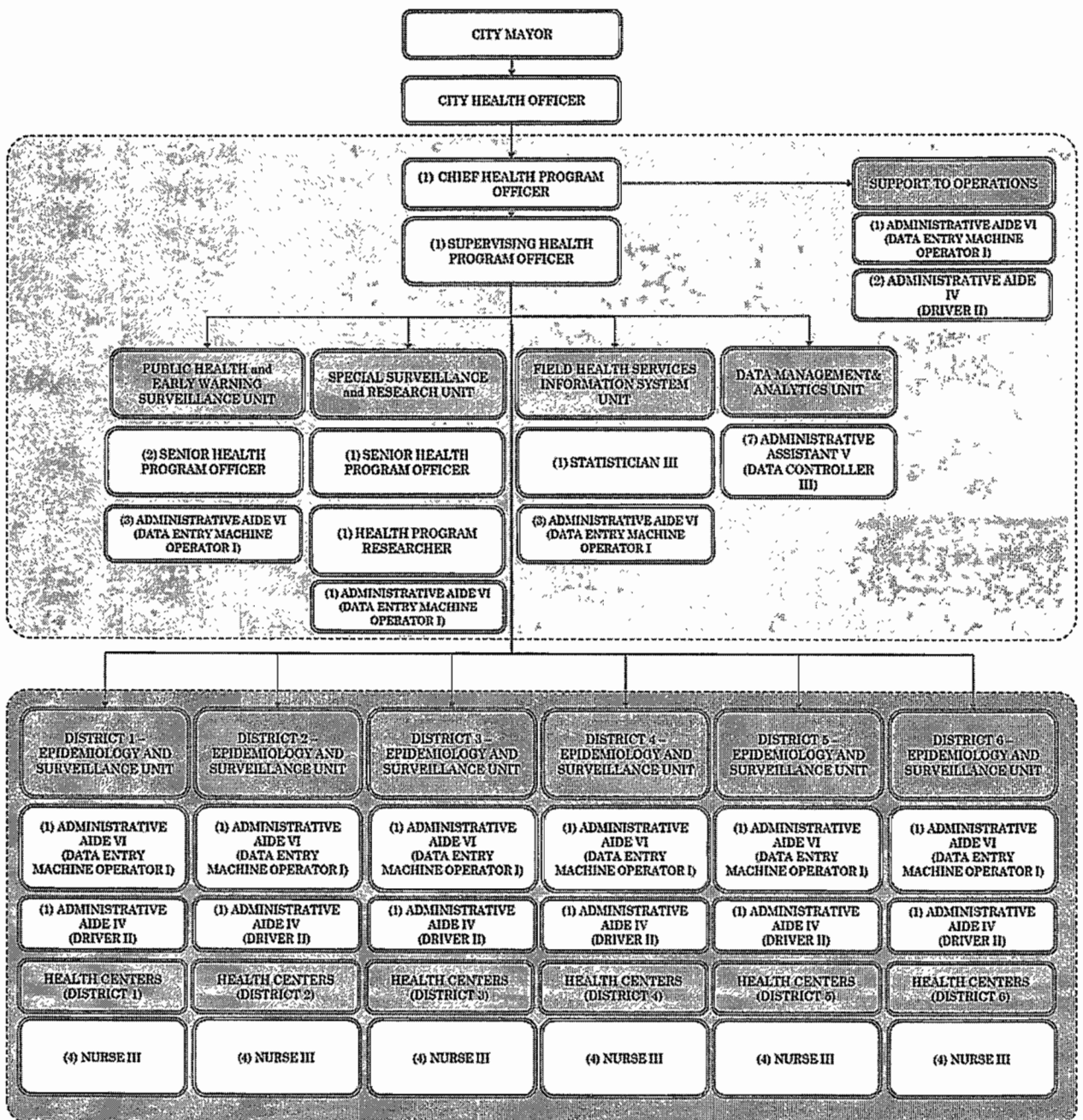
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SECTION 4. ORGANIZATIONAL STRUCTURE AND COMPOSITION. – The Quezon City Epidemiology and Surveillance Division will be directly under the City Health Officer, the QCESD shall be headed by the Chief Epidemiologist and shall have a Surveillance Coordinator and the units stated hereunder including the establishment of District Epidemiology and Surveillance Unit (DESU).



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Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under City Epidemiology and Surveillance Division

	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Chief Epidemiologist	Chief Health Program Officer	24	Masteral Degree, Career Service (Professional - Second Level Eligibility)	4 years in position/s involving management and supervision, 24 hours training in management and supervision	Must have an Advance 2-year training on field epidemiology	1
B	Surveillance Coordinator	Supervising Health Program Officer	22	Bachelor's Degree, Career Service (Professional - Second Level Eligibility)	2 years of relevant experience, 8 hours of relevant training	Intermediate training on field epidemiology	1
C	Data Encoder and Phone Contact Tracers	Administrative Aide VI (Data Entry Machine Operator I)	6	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 - Cat. I)	Non-required	Fluent in English and Tagalog; 35 wps, 90% Accuracy	1

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D	Driver	Administrative Aide IV – Driver II	4	Elementary Graduate, Driver’s License (MC No. 11, S-96 Cat. II)	Non-required	Knowledgeable of Metro Manila thoroughfares and traffic rules and regulations; Can Drive light to heavy vehicle	2
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Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under City Epidemiology and Surveillance Division – Public Health and Early Warning Surveillance Unit

	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Disease Surveillance Officer	Senior Health Program Officer	18	Bachelor’s Degree, Career Service (Professional - Second Level Eligibility)	2 years of relevant experience, 8 hours of relevant training	Intermediate training on field epidemiology	2
B	Data Encoder and Phone Contact Tracers	Administrative Aide VI (Data Entry Machine Operator I)	6	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 – Cat. I)	Non-required	Fluent in English and Tagalog; 35 wps, 90% Accuracy	3

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Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under City Epidemiology and Surveillance Division – Special Surveillance and Research Surveillance Unit

	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Disease Surveillance Officer	Senior Health Program Officer	18	Bachelor's Degree, Career Service (Professional - Second Level Eligibility)	2 years of relevant experience, 8 hours of relevant training	Intermediate training on field epidemiology	1
B	Research Assistant	Health Program Researcher	9	Bachelor's Degree relevant to the job, Career Service (Professional-Second Level Eligibility)	Non-required		1
C	Data Encoder and Phone Contact Tracers	Administrative Aide VI (Data Entry Machine Operator I)	6	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 – CAT I)	Non-required	Fluent in English and Tagalog; 35 wps, 90% Accuracy	1

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Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under City Epidemiology and Surveillance Division – Field Health Services and Information System Unit

	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Field Health Services and Information System Officer	Statistician III	18	Bachelor's Degree relevant to the job, Career Service (Professional - Second Level Eligibility)	2 years of relevant experience, 8 hours of relevant training	Data Manager for Disease Surveillance (1 Year)	1
B	Data Encoder and Phone Contact Tracers	Administrative Aide VI (Data Entry Machine Operator I)	6	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 – Cat. I)	Non-required	Fluent in English and Tagalog; 35 wps, 90% Accuracy	3

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Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under City Epidemiology and Surveillance Division – Data Management and Analytics Unit

	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Data Manager and Analyst	Administrative Assistant V – Data Controller III	11	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 – Cat. I)	Two (2) years of relevant experience; Eight (8) hours of relevant training	Data Manager for Disease Surveillance (1 Year)	7

Plantilla Positions and their required Education and Eligibility, Work Experiences and Other Qualifications under District Epidemiology and Surveillance Unit and at the Health Center level

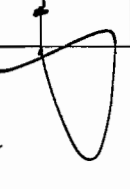
	POSITION TITLE	PLANTILLA POSITIONS	SALARY GRADE	EDUCATION AND ELIGIBILITY	TRAINING AND WORK EXPERIENCE	PREFERRED ADDITIONAL QUALIFICATIONS	REQUIRED NUMBER OF PLANTILLA POSITIONS
A	Disease Surveillance Officer – Health Center	Nurse III	17	Bachelor of Science in Nursing); R.A. 1080	Two (2) years of relevant experience; 8 hours of relevant training	Must have a Certificate of Intermediate training in Field epidemiology	24

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B	Data Encoder and Phone Contact Tracers	Administrative Aide VI (Data Entry Machine Operator I)	6	Completion of two (2) years in college or High School Graduate with relevant vocational/ trade course; Career Service (Sub-Professional-First Level Eligibility); Data Encoder (MC 11, s-96 – Cat. I)	Non-required	Fluent in English and Tagalog; 35 wps, 90% Accuracy	6
C	Driver	Administrative Aide IV – Driver II	4	Elementary Graduate, Driver's License (MC No. 11, S-96 Cat. II)	Non-required	Knowledgeable of Metro Manila thoroughfares and traffic rules and regulations; Can Drive light to heavy vehicle	6

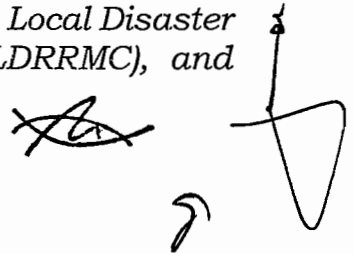
SECTION 5. FUNCTIONS, DUTIES, AND RESPONSIBILITIES OF QUEZON CITY EPIDEMIOLOGY AND SURVEILLANCE DIVISION (QCESD) INCLUDING ITS SUB-UNITS. – The QCESD shall have the following duties and functions.

5.1 Chief Health Program Officer

- Leads the QCESD, ensuring that all QCESD teams and units including all district epidemiology and surveillance units are operational;
- Establishes networks with other government and non-government agencies such as the Department of Health (DOH), Regional Epidemiology and Surveillance Units (RESU), Department of Science and Technology (DOST), Local Disaster Risk Reduction and Management Council (LDRRMC), and World Health Organization (WHO);

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- *Manages an early warning public health surveillance and response system within the geographic jurisdiction of the Local Government of Quezon City, using the Philippine Integrated Disease Surveillance and Response System (PIDSRS) and Event-based Surveillance (ESR): This will involve mandatory reporting of notifiable diseases by all health centers, local and private hospitals, private clinics and laboratories within Quezon City (includes other establishments which are identified by QCESD as a Disease Reporting Unit);*
- *Identifies and informs the City health offices immediately of any disease or condition in their expected areas that exceeds an epidemic threshold, occurs in locations where it was previously absent, occurs more often in a population group than previously, and presents unusual trends or patterns;*
- *Supervises rapid health assessment during calamities, disasters and/or public health emergencies; and*
- *Provides epidemiological reports on notifiable diseases including vaccine-preventable diseases and health events to the Office of the Mayor, Policymakers, Program Managers, and other Key Stakeholders.*

5.2 Supervising Health Program Officer

- *Assists the City Epidemiologist in Unit management and ensures that all QCESD teams and units including all district epidemiology and surveillance units are operational;*
- *Provides technical assistance and capacity-building activities related to epidemiology and disease surveillance; and*
- *Provides epidemiological reports regarding all types of notifiable diseases to the City Epidemiologist.*

5.3 Administrative Aide VI – Data Entry Machine Operator I
(For Support to Operation Unit)

- *Ensures individual responsibilities, existing systems, and unit workflows are being followed through systematic quality assurance (QA) and comprehensive training;*
- *Ensures individual responsibilities, existing systems, and unit workflows are properly collected, encoded, consolidated, and reported to immediate supervisor; and*
- *Performs other related tasks assigned by the health immediate supervisor.*

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- 5.4 **Administrative Aide IV – Driver II** (Support to Operation Unit)
- Assists the operational Unit of the QCESD in terms of administrative, logistics, transportation, and other basic support necessary for the full operation of the division.
 - Performs other related tasks assigned by the health immediate supervisor.
- 5.5 **Senior Health Program Officer** (For Public Health and Early Warning Surveillance Unit)
- Conducts field epidemiologic investigations, including the following:
 - a. Outbreak Investigations
 - b. Event-based investigations;
 - Detects and captures all potential outbreaks of Epidemic-prone diseases;
 - Disseminates information through different communication channels necessary for Public Health Interventions; and
 - Provides information and guide the public regarding health protocols and interventions through hotline inquiry and social media platforms.
- 5.6 **Administrative Aide VI – Data Entry Machine Operator I** (For Public Health and Early Warning Surveillance Unit)
- Monitors the reports of all QCESD identified Disease Reporting Units (DRU) including all hospitals, schools, laboratories, health centers and workplaces;
 - Collects, verifies, encodes, and ensures the accurateness and completeness of data health information from all Disease Reporting Units (DRU) as the initial basis for case investigation of the disease surveillance officers; and
 - Performs other related tasks assigned by the health immediate supervisor.
- 5.7 **Senior Health Program Officer** (For Special Surveillance and Research Unit)
- Maintains special surveillance operations including HIV Surveillance, STI Laboratory Surveillance, and Adverse Effect Following Immunization (AEFI);
 - Disseminates information through different communication channels necessary for Public Health Interventions; and
 - Conducts field epidemiologic investigations, including the following:
 - a. Outbreak Investigations
 - b. Event-based investigations.

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- 5.8 **Administrative Assistant II – Health Program Researcher**
(For Special Surveillance and Research Unit)
- Assists in conducting special HIV surveys (e.g., Integrated HIV Behavioral and Serologic Survey, etc.) and other scientific research; and
 - Performs other related tasks assigned by the health immediate supervisor.
- 5.9 **Administrative Aide VI – Data Entry Machine Operator I**
(For Special Surveillance and Research Unit)
- Collects, verifies, encodes, and consolidates data and other health information from Quezon City Social Hygiene and Sundown Clinics; and
 - Performs other related tasks assigned by the health immediate supervisor.
- 5.10 **Statistician III** (For Field Health Services and Information System Unit (FHSIS))
- Provides summary data on Field Health Services and Information System accomplishment indicators at the city, district, and barangay levels;
 - Provides data on indicators used for program monitoring and evaluation purposes; and
 - Provides a standardized, facility-level database that can be accessed for more in-depth studies.
- 5.11 **Administrative Aide VI – Data Entry Machine Operator I**
(For Field Health Services and Information System Unit (FHSIS))
- Collects, consolidates, validates, and encodes health service delivery data and selected program accomplishment indicators at the city, district, and barangay levels; and
 - Performs other related tasks assigned by the health immediate supervisor.
- 5.12 **Administrative Assistant V – Data Controller III** (For Data Management and Analytics Unit)
- Manages and maintains the data ecosystem of QCESD ensuring its full and systematic data flow;
 - Reconciles and validates data of Disease Surveillance Data through other health program data;
 - Develops, monitors, and evaluates disease surveillance systems; eases data processing and provides real-time case investigation and reports;
 - Develops and upgrades Surveillance Systems to a much more efficient and effective way of collecting and analyzing data; and

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- Provides quality information as a strong basis of Principals, Division Chief, and other stakeholders for decision-making and policy development.

5.13 Nurse III – (For Health Centers)

- Reports under the Administrative Supervision of the District Health Office (DHO) and Technical Supervision by QCESD.
- Manages and operates the Disease Surveillance System from their health center to their respective catchment areas;
- Establishes disease surveillance in evacuation centers during disasters or calamities in their health center jurisdiction;
- Conducts investigation for communicable diseases including field and phone contact tracing and rapid response to any notifiable disease detected by QCESD;
- Conducts and maintains a Non-Communicable Disease Surveillance system; and
- Performs other related tasks assigned by the health immediate supervisor.

5.14 Administrative Aide VI – Data Entry Machine Operator I (For District Epidemiology and Surveillance Unit (DESU))

- Collects and reports all detected cases and captured data from Health Centers to QCESD; and
- Performs other related tasks assigned by the health immediate supervisor.

5.15 Administrative Aide IV – Driver II (For District Epidemiology and Surveillance Unit (DESU))

- Assists the operational Unit of the DESU in terms of administrative, logistics, transportation, and other basic support necessary for the full operation of the district; and
- Perform other related tasks assigned by the health immediate supervisor.

SECTION 6. SCOPE AND COVERAGE OF REPORTING. – All of the following, whether public or private within the boundaries of Quezon City are required to accurately and immediately report Notifiable Disease to QCESD:

- A. Public and private medical and allied health professionals;
- B. Health facilities and offices as defined under the DOH Administrative Order No. 2019-0060;
- C. All establishments or workplaces in mandatory reporting of notifiable diseases;
- D. All Public and private educational institutions providing basic education, higher education, or technical-vocational education and/or training;

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- E. Prisons, jails, or detention centers;
- F. Dining and hotel and other accommodation establishments, including other establishments as may be required by public health authorities;
- G. Communities, including household members, the punong barangay, barangay health emergency response teams, homeowners' associations, indigenous people communities, cooperatives, and community-based organizations;
- H. Other government agencies providing health and emergency frontline services; Professional societies, civic organizations, and other NGOs;
- I. Long-term care facilities including adoption centers, homes for the aged, and other similar facilities; and
- J. Other facilities, establishments, and offices as may be identified by QCESD.

SECTION 7. REPORTABLE HEALTH DATA. – The following health data shall be reported to the QCESD: All Notifiable Diseases and Health Events of Public Health concern listed in the Republic Act No. 11332, Rule VI, Section 3:

I. Category I Notifiable Disease:

- a. Acute Flaccid Paralysis;
- b. Adverse Event Following Immunization;
- c. Anthrax;
- d. COVID-19;
- e. Hand-Foot-and-Mouth Disease;
- f. Human Avian Influenza;
- g. Measles;
- h. Meningococcal Disease;
- i. Middle East Respiratory Syndrome (MERS);
- j. Neonatal Tetanus;
- k. Paralytic Shellfish Poisoning;
- l. Rabies; and
- m. Severe Acute Respiratory Syndrome (SARS).

II. Category II Notifiable Disease:

- a. Acute Bloody Diarrhea;
- b. Acute Encephalitis Syndrome;
- c. Acute Hemorrhagic Fever Syndrome;
- d. Acute Viral Hepatitis;
- e. Bacterial Meningitis;
- f. Cholera;
- g. Dengue;
- h. Diphtheria;
- i. Influenza-like Illness;
- j. Leptospirosis;
- k. Malaria;
- l. Non-neonatal Tetanus;
- m. Pertussis; and
- n. Typhoid and Paratyphoid Fever.

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The above-listed diseases and events of public health concern may be removed, changed, and updated by the DOH – Epidemiology Bureau based on the provisions stated in the Republic Act No.11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.

III. Other health-related data may be prescribed by the City Epidemiology and Surveillance Division including:

- a. Clustering of cases
- b. Deaths
- c. Zero reporting

SECTION 8. MANPOWER AND SUPPORT. – The City Health Officer shall ensure that the QCESD shall have trained the required human resource complement and provision adequate resources such as equipment, logistics, communication, transportation, laboratory supplies and reagents, personal protective equipment, and health insurance to effectively perform their disease surveillance and response functions.

SECTION 9. TRAINING. – All QCESD staff (permanent or contractual) shall attend or participate in relevant trainings, seminars, and workshops (local government-funded or other organization initiatives) to capacitate and upgrade their capabilities. They are required to attend appropriate training courses, and seminars, and enroll on Field Epidemiology Training Program provided that their attendance on such courses does not disrupt the delivery of vital health services.

SECTION 10. LOGISTICS. – All logistical support (e.g., Computer, Internet, and Vehicles,) needed for QCESD to function efficiently and properly will be shouldered by the City Government through the annual budget of the Quezon City Health Department (QCHD).

SECTION 11. AUTHORITY TO REVIEW HEALTH RECORDS. – The QCESD Disease Surveillance officers or his/her authorized representative upon order of the City Health Officer shall be authorized to review the pertinent health data records of patients suspected or confirmed to have communicable disease or cases with potential or significant threat/impact on the health status of the people of Quezon City.

SECTION 12. APPROPRIATIONS. – The budgetary requirement shall be automatically funded through the annual city budget of the Quezon City Health Department.

SECTION 13. SEPARABILITY CLAUSE. – If for any reason or reasons, any part or provision of this Ordinance shall be held unconstitutional or invalid, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

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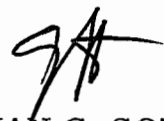
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SECTION 14. REPEALING CLAUSE. – All ordinances, resolution, local issuances, or rules inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 15. EFFECTIVITY CLAUSE – This Ordinance shall take effect upon its approval and publication in a newspaper of general or local circulation.


ENACTED: August 29, 2023.


GIAN G. SOTTO
City Vice Mayor
Presiding Officer

ATTESTED:


ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)

APPROVED: NOV 29 2023


MA. JOSEFINA G. BELMONTE
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on August 29, 2023 and was PASSED on Third/Final Reading on September 4, 2023.


ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)

