



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF PANABO CITY

Office of the Schools Division Superintendent

DIVISION ADVISORY

SGOD-2025-006

August 13, 2025

Mandatory Reporting of Notifiable Diseases and Health Events in Public and Health Concert Act

This advisory is for the information of the Assistant Schools Division Superintendent, Chiefs of the Schools Governance Operations Division and Curriculum Implementation Division, Public School District Supervisors and Public Elementary and Secondary Principals and School Heads on the Imposition of Penalties Under RA 11332 Entitled "Mandatory Reporting of Notifiable Diseases and Health Events in Public and Health Concert Act".

Please be informed on the attached copy of the following policy and guidelines from the Department of Health, 1. DOH DCHD MEMORANDUM CIRCULAR NO. 2025-0024: Imposition of Penalties Under RA 11332 Entitled "Mandatory Reporting of Notifiable Diseases and Health Events in Public and Health Concert Act". 2. DOH DCHD ADVISORY NO. 8: Guide for Disease Surveillance Officer Before Interview and Investigation.

For your information and guidance.


JINKY B. FIRMAN PhD, CESO VI
Schools Division Superintendent

RELEASED

AUG 14 2025

RECORDS SECTION SDO PANABO CITY
BY 

Enclosed.: As stated.
SGOD/aba/jcc



Schools Division Office of Panabo City
City Hall Compound, Km. 31, JP Laurel, Panabo City
Tel. No. (084)8231469
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Recd

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Republic of the Philippines
Department of Education
DAVAO REGION



0825101546

1st Indorsement
August 08, 2025

Respectfully referred to all Schools Division Superintendents of this Region the herein copy of the following policy and guidelines from Department of Health:

1. DOH DCHD MEMORANDUM CIRCULAR NO. 2025-0024: Imposition of Penalties Under RA 11332 Entitled "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.
2. DOH DCHD ADVISORY NO. 8: Guide for Disease Surveillance Officers Before Interview and Investigation.

For immediate and wide dissemination.

ALLAN G. FARNAZO
Director IV

DEPARTMENT OF EDUCATION
RECORDS SECTION
RELEASED

BY: _____

Time: _____

Date: _____

Enclosed: As stated

ROE/rsa



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1st Indorsement
July 3, 2025

28 JUL 2025

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Respectfully forwarding to **Mr. Allan G. Farnazo**, Regional Director, Department of Education XI, Elpidio Quirino Avenue, Davao City, the following documents, to wit:

1. DOH DCHD MEMORANDUM CIRCULAR NO. 2025-0024: *Imposition of Penalties Under RA 11332 Entitled "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"*
2. DOH DCHD ADVISORY NO. 8: *Guide for Disease Surveillance Officers Before Interview and Investigation*

Furthermore, the Epidemiology and Disease Surveillance related policy issuances and guidelines can be viewed using these links:

DOH National Policies & Guidelines	https://bit.ly/DOHPoliciesonEpidemiologyandSurveillance
DOH Regional- Issued Policies	https://bit.ly/DCHDMEMOCIRRESU

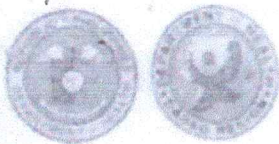
For your information and dissemination to Schools Divisions, Schools Districts, and individual schools.

For the Regional Director:

RAQUEL D. MONTEJO, MD, MCH
Chief, Local

ELLENIETTA HMV N. GAMOLO, MD, MPH, CESO IV
OIC Regional Director

resu/mlma



Republic of the Philippines
DEPARTMENT OF HEALTH
Davao Center for Health Development



March 31, 2025

DCHD MEMORANDUM CIRCULAR

NO. 2025 - 0024

TO: PROVINCIAL, CITY AND MUNICIPAL HEALTH OFFICES, CHIEFS OF MEDICAL CENTERS, GOVERNMENT AND PRIVATE HOSPITALS, NATIONAL GOVERNMENT AGENCIES, SCHOOLS, UNIVERSITIES AND OTHER DISEASE REPORTING UNITS

FROM: ABDULLAH B. DUMAMA, JR. MD, MPA, CESO I For the Regional Director
Undersecretary of Health
and Concurrent Regional Director
DAVID A. MENDOZA, MD, PHSAE
Assistant Regional Director

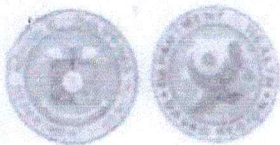
SUBJECT: IMPOSITION OF PENALTIES UNDER RA 11332 ENTITLED "MANDATORY REPORTING OF NOTIFIABLE DISEASES AND HEALTH EVENTS OF PUBLIC HEALTH CONCERN ACT"

In accordance with Republic Act No. 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act," this memorandum serves as a reminder to all concerned personnel about the importance of complying with the mandatory reporting requirements for notifiable diseases and health events of public health concern.

Key Provisions:

1. Persons and Entities Required to do Mandatory Reporting:

- a. Licensed public and private medical and allied health professionals.
- b. Health facilities and offices as defined under DOH Administrative Order No. 2019- 0060 or the Guidelines on the Implementation of the National Health Facility Registry
- c. Workplaces including those in special economic and/ or free port zones.
- d. Public and private educational institutions providing basic education, high education, or technical- vocational education and/or training
- e. Prisons, jails, or detention centers.
- f. Major transportation passenger terminals, and seaports and airports.
- g. Dining and hotel and other accommodation establishments, including other establishments as may be required by public health authorities.
- h. Communities, including household members, the punong barangay, barangay health emergency response teams, homeowners' associations, indigenous people communities, cooperatives and community- based organizations.
- i. Other government agencies providing health and emergency frontline services, border control, and other critical services, and
- j. Profession societies, civic organizations, and other NGOs

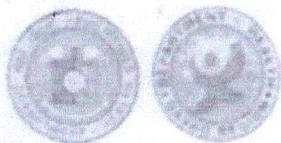


2. Prohibited Acts: RA 11332 outlines penalties for the following offenses:

- a. Unauthorized disclosure of private and confidential information pertaining to a patient's medical condition or to any advice or treatment given to a patient considered privileged communication in accordance with existing laws, rules and regulations.
- b. Tampering of records relating to notifiable disease or health events of public health concern.
- c. Intentionally providing misinformation.
- d. Non-operation of the disease surveillance and response systems.
- e. Non-cooperation of persons and entities that should report notifiable diseases or health events of public health concern, which can be any of the following acts:
 - i. Failure if persons or entities mentioned in Rule VI, Section 2 of the IRR to comply with mandatory reporting of notifiable diseases or health event of public health concern; or
 - ii. Failure of persons and entities mentioned in Rule VI, Section 2 of the IRR to grant public health authorities timely access to information of persons infected with or suspected of having notifiable disease or health events of public health concern.
- f. Non-cooperation of persons and entities that should respond to notifiable diseases or health events of public concern, which can be any of the following acts:
 - i. Failure in the part of entities required to establish ESUs under Rule VII of the IRR to comply with the duty to establish the same.
 - ii. Failure on the part of entities identified under Rule X of the IRR to perform specific disease response activities.
 - iii. Failure to abide by minimum public health standards and/or non-pharmaceutical interventions as enforced by public health authorities pursuant to Rule X of the IRR; or
 - iv. Failure to abide by other disease response activities as enforced by public health authorities pursuant to Rule X of the IRR.
- g. Non-cooperation of persons and entities identified as having the notifiable disease.
- h. Non-cooperation of the person or entities affected by a notifiable disease or a health event of public health concern.

3. Penalties: Non-compliance with RA 11332 may lead to penalties, including:

- a. A fine of not less than Twenty Thousand Pesos (P20,000.00) but not more than Fifty Thousand Pesos (P50,000.00) or imprisonment of not less than (1) month but not more than six (6) months, or both such fine and imprisonment at the discretion of the proper court.
- b. If the offender is a foreign national, the case shall be referred to the Bureau of Immigration for the institution of summary deportation proceedings after service of sentence.
- c. If the offender is a professional with a license issued by the Professional Regulation Commission, the case shall be referred to the said commission for the institution of appropriate proceeding to suspend or revoke the license to practice for any violation of the Act and this IRR.
- d. If the offender is a civil servant, the case shall be referred to the Civil Service Commission for the institution of appropriate proceeding to suspend or revoke the civil service eligibility for violation of the Act and this IRR.



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- e. If the offense is committed by a public or private health facility, institution, agency, corporation, school, or other juridical entity duly organized in accordance with law, the chief executive officer, president, general manager, or such other officer in charge shall be held liable. In addition, the business permit and license to operate of the concerned facility, institution, agency, corporation, school, or legal entity shall be cancelled.

To ensure the effective enforcement of penalties outlined under this Republic Act, the region shall implement the following procedures:

A. The penalties and sanctions detailed herein shall apply to all public and government health facilities and institutions concerning delayed or non-reporting of notifiable diseases and/or health events of public health concern in the Epidemic-Prone Disease Case-based Surveillance Information System and the Event-based Surveillance and Response Information System (ESR-IS).

First Offense:

Penalty: Reprimand.

Action: A formal notice shall be issued from the Regional Epidemiology and Surveillance Unit (RESU). The health facility or institution shall be required to submit a letter of explanation to the RESU addressing the delay or non-reporting.

Second Offense:

Penalty: Stern Warning.

Action: A formal notice shall be issued from the RESU. The health facility or institution shall be required to submit a letter of explanation addressing the second instance of delayed or non-reporting.

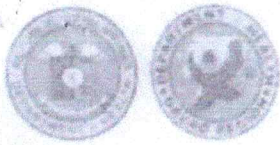
Third Offense:

Penalty: A fine of not less than **P20,000.00** but not more than **P50,000.00** shall be imposed on the health facility or institution.

Action: A Formal Notice of Violation will be issued by the RESU. A Motion for Reconsideration (MOR) may be submitted by the health facility or institution. The MOR will be reviewed and deliberated upon by the Department of Health Davao Center for Health Development (DCHD) Legal Office and the RESU representatives. Further action will be determined following this deliberation. A second Motion for Reconsideration is not allowed. Further, no appeal may be filed from the decision of the DOH-DCHD.

* **Habitual offenders**, defined as institutions that have committed the same violation on more than three (3) occasions, shall be referred to the **Regulation, Licensing and Enforcement Division** for appropriate review and deliberation regarding the status of their license to operate.

B. The penalties set forth herein shall apply to all individuals, as well as public or private health facilities, institutions, agencies, corporations, schools, or other juridical entities duly organized in accordance with law, who fail to cooperate in any manner with the reporting and response



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activities aimed at mitigating the spread of a specific disease. Such actions shall be subject to the penalties prescribed under Section XI, Section 2 of this Act.

As the regional authority responsible for the implementation of this law, the DCHD is vested with the authority to collect evidence, file complaints, and initiate administrative actions against any violators of the provisions of this Act. This authority is consistent with the DCHD's duty to oversee and enforce compliance with health regulations, thereby ensuring the protection of public health and the effective management of public health responses.

Furthermore, any Provincial, City, or Municipal Health Offices shall possess the authority to enact local regulations consistent with the provisions of this Act, to ensure the proper execution of their respective mandates as functional units of epidemiology and surveillance.

To allow sufficient time for all institutions to prepare and for the RESU to effectively disseminate this information, the enforcement of this Republic Act shall commence on the **1st of July 2025**.

For dissemination and strict compliance.



Republic of the Philippines
DEPARTMENT OF HEALTH
Davao Center for Health Development



ADVISORY NO. 7

**FOR: ALL REGIONAL/ PROVINCIAL/ CITY/ MUNICIPAL/ DISTRICT/ HOSPITAL
DISEASE SURVEILLANCE OFFICERS**

FROM: ELENIETTA HMV N. GAMOLO, MD, MPH, CESO IV
OIC- Regional Director

**SUBJECT: GUIDE FOR DISEASE SURVEILLANCE OFFICERS BEFORE INTERVIEW
AND INVESTIGATION**

DATE: June 23, 2025

Disease Surveillance Officers (DSOs) are vital to the implementation of the country's notifiable disease surveillance system. As frontliners in the early detection and response to public health threats, they are tasked with conducting case investigations and gathering critical information necessary for the control and prevention of infectious disease transmission.

In the course of their duties, DSOs engage directly with individuals identified as suspected, probable, or confirmed cases of notifiable diseases. These initial interactions are crucial, as they not only serve to collect epidemiological data but also influence the patient's willingness to cooperate with the public health investigation.

Without a standardized approach, DSOs may vary in how they introduce themselves, explain the purpose of the investigation, and communicate the legal and ethical obligations tied to disease reporting. This inconsistency can result in confusion, anxiety, or mistrust on the part of the patient, potentially leading to incomplete disclosures or refusal to participate in the investigation. Such outcomes can compromise data accuracy, hinder timely response measures, and pose further risks to public health.

Providing a clear and professionally crafted communication guide ensures that DSOs are equipped to deliver accurate, consistent, and empathetic messages during the initial stages of case investigation. This includes informing patients about the legal basis of the surveillance process under **Republic Act No. 11332**, assuring them of confidentiality in accordance with the **Data Privacy Act**, and respectfully conveying the consequences of non-cooperation or providing false information.

A standardized communication guide not only enhances the quality of information gathered but also upholds the principles of patient dignity, transparency, and trust. Moreover, it empowers DSOs to perform their duties with confidence, clarity, and professionalism.

To support communication across various language groups, attached herewith is the guide provided in three language versions. These annexes may be used during field interviews, phone calls, or as reference material for training DSOs to conduct professional, rights-based, and effective investigations in the context of notifiable diseases.



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Annex A. GUIDE FOR DISEASE SURVEILLANCE OFFICERS BEFORE INTERVIEW AND INVESTIGATION

Good day, [Sir/Ma'am/Name]. I am [Your Full Name], a Disease Surveillance Officer assigned to conduct interviews and carry out contact tracing. This is in relation to a report we received identifying you as a suspected case of [name of disease], which is one of the notifiable diseases under Republic Act 11332.

When we say "suspected case," it means that your symptoms meet the criteria used to classify someone as a suspected case of [name of disease].

Right now, we're still in the process of verifying details, so this is part of an ongoing investigation. I'd like to ask for your help by answering a few questions — mainly about your symptoms, recent travel history, and any people you may have had close contact with over the past days. This will really help us trace and protect others who may be at risk.

As part of our public health mandate, I'm required to report this case to the Department of Health. This allows us to monitor and respond to diseases that could pose a risk to the community. But I want to assure you — all your information is treated with full confidentiality and in accordance with the Data Privacy Act.

Also, just to let you know — under the law (Republic Act 11332), refusing to answer, hiding information, or giving false details during this process can lead to penalties, which may include a fine of ₱20,000 to ₱50,000, or even jail time of 1 to 6 months.

That said, we're not here to scare you — our main goal is to help you and make sure everyone stays safe. Your honesty and cooperation are really important and appreciated.

Do you have any questions at this point? I want to make sure you're fully informed and supported throughout the process."



Annex B. GUIDE FOR DISEASE SURVEILLANCE OFFICERS BEFORE INTERVIEW AND INVESTIGATION (TAGALOG VERSION)

Magandang araw po, [Ginoo/Ginang/Pangalan]. Ako po si [Buong Pangalan], isang Disease Surveillance Officer na naatasang magsagawa ng panayam at contact tracing. Ito po ay kaugnay ng ulat na aming natanggap kung saan kayo ay kinilala bilang isang suspected case ng [pangalan ng sakit], na kabilang sa mga notifiable disease sa ilalim ng Republic Act 11332. Kapag sinabing "suspected case," ibig sabihin nito ay ang inyong mga sintomas ay tumutugma sa mga pamantayan upang maituring na suspected case ng [pangalan ng sakit].

Sa ngayon po, isinasagawa pa namin ang pagbeberipika ng mga detalye, kaya ito po ay bahagi ng isang patuloy na imbestigasyon. Hihingi lamang po ako ng kaunting tulong mula sa inyo — sa pamamagitan ng pagsagot sa ilang tanong tungkol sa:

- mga nararamdaman ninyong sintomas,
- inyong mga naging biyahe o pinuntahan kamakailan, at
- mga taong malapit ninyong nakasalamuha nitong mga nakaraang araw.

Bilang bahagi ng aming tungkulin sa pampublikong kalusugan, kinakailangan po naming i-report ang kasong ito sa Department of Health. Mahalaga po ito para ma-monitor at mapigilan ang mga sakit na maaaring maging banta sa komunidad. Pero nais ko rin pong tiyakin sa inyo na ang lahat ng impormasyon na inyong ibabahagi ay mananatiling kumpidensyal at poprotektahan alinsunod sa Data Privacy Act.

Sa ngayon po, isinasagawa pa namin ang pagbeberipika ng mga detalye, kaya ito po ay bahagi ng isang patuloy na imbestigasyon. Hihingi lamang po ako ng kaunting tulong mula sa inyo — sa pamamagitan ng pagsagot sa ilang tanong tungkol sa:

- mga nararamdaman ninyong sintomas,
- inyong mga naging biyahe o pinuntahan kamakailan, at
- mga taong malapit ninyong nakasalamuha nitong mga nakaraang araw.

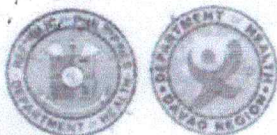
Makakatulong po nang malaki ito para matunton ang iba pang maaaring nalantad at maprotektahan sila laban sa sakit.

Gusto ko rin pong ipaalala na ayon sa batas (Republic Act 11332), ang pagtanggap sumagot, pagtatago ng impormasyon, o pagsasabi ng maling detalye ay may kaukulang parusa, kabilang ang:

- Multa mula ₱20,000 hanggang ₱50,000, o
- Pagkakakulong mula 1 hanggang 6 na buwan.

Pero huwag po kayong mag-alala — hindi po kami narito para manakot. Ang layunin po namin ay tulungan kayo at siguraduhing ligtas ang lahat. Malaking bagay po ang inyong katapatan at pakikipagtulungan, at kami po ay lubos na nagpapasalamat.

May mga tanong po ba kayo sa puntong ito? Gusto ko pong siguraduhin na lubos ninyong naiintindihan ang proseso, at nararamdaman ninyong may suporta kayo sa bawat hakbang.



Annex C. GUIDE FOR DISEASE SURVEILLANCE OFFICERS BEFORE INTERVIEW AND INVESTIGATION (BISAYA VERSION)

Maayong adlaw, [Sir/Ma'am/Ngalan]. Ako si [Imong Tibuok Ngalan], Disease Surveillance Officer nga mao mag interview ug mag pahigayon ug contact tracing. Kini tungod base sa among nadawat nga report, ikaw giila nga suspected case sa [ngalan sa sakit], nga usa sa mga notifiable disease ilawom sa Republic Act 11332. Kung muingon nga suspect case, pasabot ana nga ang imong mga sintomas nagtuman sa criteria aron kini makonsiderar nga suspect case sa [ngalan sa sakit].

Karon, nagapadayon pa ang among pag-verify sa mga detalye, busa kini nga interview kabahin sa usa ka nagpadayon nga imbestigasyon. Mangayo unta ko og tabang nimo sa paghatag og tubag sa pipila ka mga pangutana — may kalabotan sa:

- imong mga gibati o sintomas,
- mga lugar nga imong nabisitahan, ug
- mga tawo nga imong nakaduol o nakauban sa miaging mga adlaw.

Dako kaayo ni nga tabang para matrace nato ang ubang tawo nga posibleng na-expose ug aron mapugngan ang pagkaylap sa sakit.

Isip kabahin sa among trabaho sa public health, kinahanglan namo i-report ang kaso ngadto sa Department of Health. Kini para matutukan ug matubag dayon ang mga sakit nga posibleng makatakod ug makadaot sa komunidad. Ayaw kabalaka — tanang impormasyon nga imong ihatag kay among ampingan ug protektado ubos sa Data Privacy Act.

Gusto pud tika pasayron nga ubos sa balaod (Republic Act 11332), kung dili ka motubag, maghatag og sayop nga impormasyon, o maglikay sa imbestigasyon, pwede ka masilutan og:

- Multa nga ₱20,000 hangtod ₱50,000, o
- Priso sulod sa 1 hangtod 6 ka buian.

Apan ayaw kabalaka — wala mi diri aron hadlokong ka. Ang among tumong mao ang pagtabang nimo ug pagpanalipod sa tanan. Dakong tabang ang imong pagka-matinud-anon ug kooperasyon.

Aduna bay butang nga gusto nimo ipangutana karon? Gusto lang nako masiguro nga kasabot ka sa proseso ug suportado ka sa tibuok lakang.