

[MANILA CITY ORDINANCE NO. 8355, September 10, 2014]

**REGULAR SESSION NO. 97
9th CITY COUNCIL**

**Begun and held in the City Council on Thursday,
the twenty-eight day of November, Two Thousand Thirteen**

**AN ORDINANCE CREATING A COMPREHENSIVE ANTI-DENGUE
ORDINANCE OF MANILA**

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PREAMBLE

WHEREAS, it is the policy of the City of Manila to promote the health and welfare of its constituents, as well as to perform its constitutional obligation to protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, it has been universally recognized that dengue remains a public health concern of major importance. It has now become a deadly mosquito-borne viral disease globally. It affects young and old, rich and poor alike especially those living in densely populated urban areas throughout the tropics;

WHEREAS, despite wide scale implementation of several strategies and interventions, dengue is a great threat to mankind and people tend to underestimate the health risks of dengue infections;

WHEREAS, dengue prevention and control program is a community-based program;

WHEREAS, in addition to the mandate of the Sangguniang Panlungsod, the City of Manila, through the provisions set forth in this Ordinance hereby further adopts appropriate measures that will enhance the general welfare of its residents and inhabitants as it is duly empowered to do so by the Local Government Code of 1991;

WHEREAS, recognizing the hazards associated with dengue infections, the City of Manila intends, by the enactment of this Ordinance, to protect present generation in the City of Manila from the devastating and pernicious health and socio-economic consequences of the disease, it is the purpose of this Ordinance to reduce continually and substantially, if not completely eliminating, the prevalence of dengue in the City of Manila;

WHEREAS, there is a need for concerted efforts to fight dengue with the active participation of the City Government, barangays, school authorities, NGOs, POs and constituents concerned: NOW, THEREFORE,

Be it ordained by the City Council of Manila, in session assembled, THAT:

Article I GENERAL PROVISION

SECTION 1. Title. - This Ordinance shall be known as the "Anti-Dengue Ordinance of Manila."

SEC. 2. Definition of Terms. - As used in this Ordinance, the following terms shall have meanings ascribed to them in this section, unless the context of their usage indicates otherwise:

- a. **Dengue Infection** - is a viral disease which causes a sudden onset of fever with headache, muscle and joint pains and which may vary from a simple Dengue Fever (DF) to a more serious Dengue hemorrhagic Fever (DHF) and its subsequent fatal form, the Dengue Shock Syndrome (DSS).
- b. **Vector** - serves as the vehicle that transmits the disease and which itself is not affected by it.
- c. **Entomology** - branch of medical science concerned with the causes and origins of the disease.
- d. **Flavivirus** - a genus of virus that includes both mosquito-borne agents and some agents with recognized vectors.
- e. **Mode of Transmission** - an act or process of transmitting the disease.

- f. **Morbidity** - the condition or state of being sick.
- g. **Mortality** - the state of death.
- h. **Serotypes** - a group of intimately related organisms distinguished by a common set of antigen.
- i. **Cross-immunity** - resistance to infection due to protection by another serotype.
- j. **Platelet** - microscopic circular or oval disk found in the blood of mammals concerned in coagulation of the blood and contraction of the clot.

SEC. 3. Etiology. - Dengue is caused by any of the four (4) serotype of flavivirus: DEN-1, DEN-2, DEN-3 and DEN-4. All the four (4) serotypes have been isolated in the country. Hence, a person can get a Dengue Infection four (4) times at most of his/her lifetime. There is no cross-immunity between serotypes; however, there is lifetime immunity if affected by specific serotypes.

SEC. 4. Mode of Transmission. - Dengue is transmitted by the bite of an infective female Aedes mosquito. Two Aedes species are known disease vectors in the Philippines: Aedes aegypti, the primary vector and predominant in urban areas and Aedes albopictus, the secondary vector and common in rural areas. The disease is directly transmitted from person to person. The person is usually infective to the mosquitos a day before the occurrence of the fever up to the last day of fever or an average of about five (5) days.

SEC. 5. Epidemiologic Pattern. -

A. Seasonal Trend:

Dengue cases are observed to increase during rainy season. A rise in the number of cases usually starts in July or few days after the onset of the rainy season and peaks in October and November or two (2) months after peak of rainfall. A plateau, however, is noted when wet season extends up to December or even the first quarter of the following year.

During the rainy months, water collects in containers which serve as breeding places for the mosquito vectors.

B. Age and Sex Distribution:

All ages are at risk of having Dengue Fever/Dengue Hemorrhagic Fever but children in the 0-9 year age group are commonly affected.

No appreciable difference is observed between sexes. Both are equally affected with slight increase among males during the past five (5) years.

Article II
MISCELLANEOUS PROVISIONS

SEC. 6. Implementing Rules. The Manila Health Department assisted by the City