

ANNUAL REPORT 2023



ALABAMA
PUBLIC
HEALTH

STATE COMMITTEE OF PUBLIC HEALTH



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A LETTER FROM THE STATE HEALTH OFFICER

The Honorable Kay Ivey
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Ivey:

It is my pleasure to present the Annual Report of the Alabama Department of Public Health for 2023. This report outlines the many achievements made by our department's caring, dedicated, and resilient employees during the past year.

With the expiration of the federal public health emergency for Coronavirus Disease 2019 (COVID-19) in May, the department transitioned from a focus on mitigating COVID-19's harmful effects to addressing it along with other continued needs. COVID-19 remained a leading cause of death in Alabama, and preliminary data for 2023 indicate that the number of deaths from all causes exceeded births in Alabama for the fourth consecutive year.

Alabama has made significant strides in providing care to families in our state. The department reported the lowest infant mortality rate in the state's history, a rate of 6.7 per 1,000 live births during Calendar Year 2022, the most recent year for which statistics are available. Alabama's progress occurred during a year when the national infant mortality rate increased. Racial disparities persist in the state; however, and the infant mortality rate for Black infants was three times as high as the rate for white infants. Alabama faces challenges related to prenatal care, especially access to healthcare in rural areas of the state. Wastewater disposal issues continue to be a concern, especially in Black Belt counties where there is inadequate wastewater infrastructure coupled with many low-income households.

Social determinants of health such as food deserts; lack of transportation, education, and employment opportunities; limited access to healthcare; and unsafe neighborhoods are among the factors that lead to poor health outcomes. We are reviewing programs, developing strategies, and exploring solutions to reduce racial and social disparities in vulnerable populations throughout the state.

Departmental programs continue to help improve children's health. Alabama's Women, Infants, and Children (WIC) Program was able to serve an average of 111,154 monthly participants during Fiscal Year 2023, despite ongoing responses to both the COVID-19 pandemic and a nationwide infant formula shortage. Other programs offered education, screening, care coordination referrals, and follow-up for children. The Children's Health Insurance

Program provided comprehensive health coverage for more than 200,000 Alabama children in 2023.

Since 2013, a total of 1,083 breast cancers and 2,912 cervical pre-invasive and invasive cancers have been diagnosed through the Alabama Breast and Cervical Cancer Early Detection Program. Cervical cancer mortality in Alabama continues to be in the top five states nationally. In response, the department has launched *Operation WIPE OUT Cervical Cancer*, a strategic action plan to eliminate cervical cancer as a public health threat involving university partners, healthcare providers, community leaders, agencies, and organizations.

Ongoing initiatives in other areas provided educational services to promote healthy and safe lifestyles, prevent injury, and modify risk factors that lead to chronic disease.

Data collection is critical, and new technologies include improved data gathering and monitoring for infectious diseases. To help Alabamians make informed decisions to evaluate their risk of illnesses such as influenza and COVID-19, a respiratory disease dashboard was created in 2023.

Public health enhances our quality of life and health through regulating healthcare facilities, inspecting food service and other establishments, providing home care, protecting the public from unnecessary exposure to ionizing radiation, providing immunizations, and conducting a host of other activities which contribute significantly to the well-being of our state's residents.

Every individual in Alabama at every stage of life is impacted by the department's work to protect, promote, and improve health. I am proud of the significant accomplishments made by our committed public health professionals, often silent and unseen, in every Alabama county as summarized in this report.

Sincerely,



Scott Harris, M.D., M.P.H.
State Health Officer



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MISSION

To promote, protect, and improve Alabama's health

VISION

Healthy People. Healthy Communities. Healthy Alabama.

CORE VALUES

Excellence – We believe in providing the highest quality services to our clients. We believe that all clients should be served with compassion, empathy, fairness, and respect.

Integrity – We believe our employees should be professional, competent, honest, and knowledgeable; maintaining the highest level of integrity, accountability, confidentiality, and concern for our clients. We believe in always striving to maintain the public trust.

Innovation – We believe that we should demonstrate the ability to adapt to change and to be flexible in our approach to solving problems and providing services.

Community – We believe that we should build and maintain internal and external partnerships to address public health challenges including effectively utilizing resources, solving problems, and building relationships.

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CENTRALIZED BILLING UNIT

The Centralized Billing Unit (CBU) exists to provide statewide county support for claim corrections, credits, and resubmissions to recover the maximum amount of revenue owed to the department. CBU also provides administrative services to ensure compliance and integrity with all insurance payer sources as well as local, state, and federal requirements. CBU's responsibilities include the following:

- Provider enrollment
- Re-enrollment of clinical locations
- Reactivation of provider status
- Liaison for all payer sources including private and state agencies
- Utilizing current procedural terminology coding with a certified coder on staff
- Monitoring billing contracts and/or provider agreements
- Credentialing
- Other reporting analysis and trends

CERTIFIED PROFESSIONAL CODER

CBU has a full-time certified professional coder (CPC) with expertise in coding medical services and procedures performed by clinicians to ensure services rendered are billed in compliance with payer sources' regulations and guidelines as well as offering consultation for new services being implemented within the department. The CPC assists with internal auditing of records and claims to reduce errors and address coding issues. The CPC also assists with any coding inquiries for family planning, immunization, child health, disease control services, laboratory services, or any clinical services required.

DENTAL BILLING

CBU continued to provide consultation to the dental staff regarding billing for services rendered as they transitioned to a new dental

software system. The new software is a practice management solution to help the dental clinic with patient records and payment processing. Dental services are provided at the Tuscaloosa and Greene County Health Departments.

DISEASE CONTROL SERVICES

CBU continued its pursuit of billing for disease control services. CBU worked with the Bureau of Information Technology (IT) to submit claims and receive reimbursement for disease control services rendered in the local county health departments for fully Medicaid-eligible patients. The ability to bill for these services helped with the financial reimbursement to continue to prevent the spread of sexually transmitted diseases and related sequelae such as preterm birth, congenital syphilis, and infertility. The ability to bill also satisfied the department's obligation to federal partners to seek additional funding to support prevention efforts.

CLINICAL AND LABORATORY SERVICES

CBU continued its partnership with IT, working with CLAIMS to bill for clinical and laboratory services to both state and third-party payers. CBU worked successfully with IT to implement billing for additional newborn screening tests statewide. CBU also submitted invoices on behalf of the state laboratory for environmental water testing.

LOOKING AHEAD

To better represent what the office does, the office will be renamed Billing Compliance and Integrity (BC&I). BC&I will continue to work with the department's Electronic Health Record staff to implement an electronic encounter form to be used by county health departments statewide.

BUREAU OF CHILDREN'S HEALTH INSURANCE

The Bureau of Children's Health Insurance administers ALL Kids, Alabama's separate Children's Health Insurance Program (CHIP). ALL Kids provides comprehensive healthcare coverage to eligible children and uses the Blue Cross Blue Shield of Alabama provider network. In addition to the ALL Kids Program, as a result of provisions in the Affordable Care Act, CHIP also funds a group of Medicaid-eligible children (MCHIP), which is administered by the Alabama Medicaid Agency.

At the end of FY2023:

Total CHIP enrollment: 190,767 (ALL Kids 64,597; MCHIP 126,170)

Figure 1. ALL Kids Enrollment by Age Group

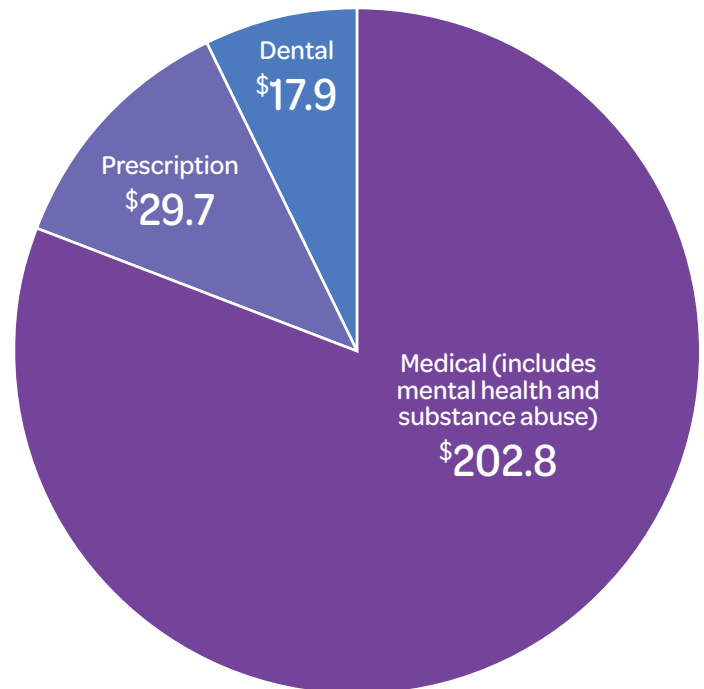
	<1	1-5	6-12	13-18	Total
ALL Kids	3,065	15,641	24,647	21,244	64,597
MCHIP	5	182	26,532	99,451	126,170
CHIP Total	3,070	15,823	51,179	120,695	190,767

The total unduplicated number of children ever enrolled in Alabama CHIP during FY2023: 213,125 (97,522 ALL Kids; 115,603 MCHIP).

In FY2023, the ALL Kids Program paid over \$250 million in claims, primarily to Alabama providers.

ALL Kids, through ALL Babies coverage, provides comprehensive healthcare coverage from conception to end of pregnancy for unborn babies. ALL Babies coverage is available in 36 Alabama

Figure 2. Amount ALL Kids Paid in FY2023 (in millions)



counties as of June 2023. As of September 30, 2023, 757 unborn children were enrolled in ALL Babies.

ALL Kids continued a digital media campaign in FY2023 and added a radio advertising campaign that ran from February through April. ALL Kids plans to continue a digital campaign in FY2024.

BUREAU OF CLINICAL LABORATORIES

The mission of the Bureau of Clinical Laboratories (BCL) is to improve and protect Alabama residents' health through laboratory science. The laboratory consists of the Administration, Business Operations, Analytical Chemistry (Chemical Terrorism/Lead), Logistics, Microbiology, Mycobacteriology and Mycotics, Newborn Screening (NBS) Follow-up, NBS Testing, Quality Management, Sanitary Bacteriology, Sexually Transmitted Diseases (STD), and Mobile Laboratory divisions. Testing is funded through Medicaid receipts and federal grants.

Public health laboratories form the backbone of a national laboratory network on alert 24/7 to respond to novel strains of disease, natural disasters, chemical spills, foodborne outbreaks, and other health emergencies. The Centers for Disease Control and Prevention (CDC) and other federal agencies including the Environmental Protection Agency (EPA), Food and Drug Administration (FDA), Federal Bureau of Investigation, and Department of Homeland Security collaborate with the BCL to perform complex testing and surveillance.

Processes at the central laboratory improved since relocating to its 66,000 square foot facility in 2020. This \$30 million building in Prattville replaced the Montgomery laboratory. It is currently being expanded to include more administrative space, warehouse space, and testing areas using CDC's Epidemiology and Laboratory

Capacity for Prevention and Control of Emerging Infectious Diseases Cooperative Agreement funds.

LABORATORY QUALITY

Laboratorians work diligently and are committed to ensure quality testing that supports public health. The BCL is credentialed by CDC, FDA, EPA, Clinical Laboratory Improvement Amendments, and recently, International Organization for Standardization 17025:2017 (A2LA Certificate # 5521.01) to reinforce obtaining quality test results.

DISTRIBUTION OF CLINICAL SPECIMENS AND ENVIRONMENTAL SPECIMENS RECEIVED

The BCL offers an array of laboratory testing services at the central laboratory in Prattville and the specialty laboratory in Mobile. A total of 1,595,617 laboratory tests were performed in 2023 for the 636,639 clinical and environmental specimens received. Clinical specimens received totaled 600,628 (444,803 from Prattville and 155,825 from Mobile) and 17,646 environmental samples (8,411 from Prattville and 9,235 from Mobile) were received. Clinical exams performed totaled 1,491,925 (1,334,077 from Prattville and 157,848 from Mobile) and environmental exams totaled 44,047 (30,128 from Prattville and 13,919 from Mobile). The distribution of specimens received and specific testing performed are depicted in the accompanying figures.

Figure 3. Total Specimens Received and Tested by Division, 2023

STD/Serology	468,443	449,847
Microbiology	3,873	45,720
Mycobacteriology	10,368	44,583
Mycology	743	7,052
Hematology	1,743	1,661
Chemistry	2,905	17,373
Lead	8,747	11,360
Flow, Viral Load, HIV	3,718	3,393
Newborn Screening	121,048	983,176
Sanitary Bacteriology	13,714	20,918
Rabies	1,337	10,534

■ Number of Specimens Received ■ Number of Tests Performed

Figure 4. Total Specimens Received and Tested by Location, 2023

Mobile Environmental	9,235	13,919
Mobile Clinical	155,825	157,848
Prattville Environmental	8,411	30,128
Prattville Clinical	444,803	1,334,077

■ Number of Specimens Received ■ Number of Exams Performed

LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)

Electronic ordering and reporting allow for near real-time results. The number of clinical and environmental results reported electronically to partners continues to increase. The BCL upgraded its Horizon LIMS to a new version in January 2024 and its capacity continues to expand as new capabilities, tests, and instruments are interfaced. BCL's LIMS is interfaced directly with the department's electronic health record (EHR), the EHRs of Mobile and Jefferson counties, and directly interfaced with an increasing number of partners in the private sector. The number of partners using the BCL's web portal continued to grow over the past year, increasing the number of private providers who utilize the BCL. This portal has proven to be a beneficial tool for timely reporting. The LIMS for the NBS Laboratory does not currently receive electronic requests but contains tools that facilitate billing, follow-up, and intervention. Registered medical providers can access a web-based, secure remote viewer to retrieve NBS test results. However, the BCL is collaborating with CDC and a local healthcare provider system to build the technical infrastructure to facilitate exchange of electronic test orders and results for NBS. This process will decrease errors due to manual data entry and allow transmission to patients' medical records timely.

CLINICAL CHEMISTRY SPECIMENS PROCESSED AND ANALYZED

The Clinical Services Branch receives specimens from county health departments, federally qualified health centers, and community based human immunodeficiency virus (HIV) treatment programs to support the clinical management of their patients. This branch performs routine chemistry profiles, hepatitis screenings, complete blood counts, and CD4/CD8 T-lymphocyte subset enumeration. Analysis is performed by quantitative polymerase chain reaction (PCR) for HIV and hepatitis C viral load. The Clinical Services Branch processed and analyzed 8,366 specimens during 2023. The Lead Branch conducts testing for environmental lead and testing in support of the department's childhood lead poisoning prevention program. The Lead Branch processed and analyzed 8,747 blood and 1,493 environmental specimens during 2023.

INFECTIOUS DISEASE TESTING - MICROBIOLOGY

The Microbiology Division received over 360 samples to support facilities with reference bacteriology identification. One hundred fifteen samples were tested for parasites where notable cases included *Giardia* and *Plasmodium falciparum* (malaria).

Ninety-nine respiratory samples were tested by PCR and 86 were sequenced. Twenty-four cases of influenza were detected. Thirteen specimens involved in outbreaks were tested on a respiratory panel that detected rhino/enterovirus, parainfluenza 3, influenza AH3, and respiratory syncytial virus type B.

As a participant in PulseNet, a national laboratory foodborne illness surveillance network that uses molecular techniques to detect outbreak clusters, the branch performed whole genome sequencing on 533 isolates.

One hundred eighty-five specimens associated with gastrointestinal outbreaks were analyzed. Of these, norovirus G1/GII, *Sapovirus*, Adenovirus F40/41, *Clostridium difficile* toxin A/B, enteropathogenic *Escherichia coli*, *Yersinia enterocolitica*, *Salmonella*, Shiga-like toxin-producing *Escherichia coli*, *Cryptosporidium*, *Cyclospora cayetaneis*, *Campylobacter*, Rotavirus A, and Enteroaggregative *Escherichia coli* were identified. The BCL is part of the norovirus Sentinel Testing and Tracking Network to help improve norovirus outbreak detection and reporting. Additional testing detected 22 G1 and 36 GII norovirus cases. In response to a multistate outbreak, 100 specimens were tested for *Cyclospora cayetaneis*.

For meningococcal disease surveillance, 91 *Haemophilus influenzae* were serotyped and 6 *Neisseria meningitidis* were serogrouped.

The division continued the partnership with CDC and Jefferson County Department of Health for the Gonococcal Isolate Surveillance Project to track antibiotic resistance trends in *Neisseria gonorrhoeae*. Eighty-eight specimens were collected and sent to the Antibiotic Regional Laboratory Network (ARLN) where they were collated and analyzed.

Screening for carbapenem-resistant *Enterobacteriaceae*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* was sustained. Three hundred sixty-six specimens were forwarded to the ARLN for enhanced surveillance. *Klebsiella pneumoniae* carbapenemase-producing bacteria continues to be endemic in the state.

An intradepartmental workflow was developed in partnership with the Mycobacteriology Division for performing whole genome sequencing on *Mycobacterium tuberculosis* samples. The implementation of this algorithm will aid in characterizing transmission patterns and provide additional details to surveillance data.

Preparedness: The Biological Terrorism (BT) Laboratory confirmed two cases of botulinum toxin. Several clinical samples were

tested to rule out for select agents; *Brucella* and *Burkholderia* were detected. The BT Laboratory also continued to respond to the mpox outbreak, testing over 130 specimens, and detecting 12 positive samples. The BT Laboratory also participated in three exercises provided by the Laboratory Response Network.

The Chemical Terrorism Laboratory participated in one materials' inventory, one analyte exposure exercise, and one specimen packaging and shipping exercise in 2023. In addition, the staff is available to assist with the COVID-19 response if needed. The section also collaborated with the Office of Radiation Control to acquire equipment in development of an environmental radiation testing program at the new laboratory with hopes of a new section for radiation testing becoming operational in 2024.

NBS

The Alabama NBS Program is a comprehensive and coordinated system encompassing education, screening, follow-up, diagnosis, evaluation, and management of certain genetic disorders. State law mandates every newborn be tested for certain metabolic, endocrine, hematological, and other genetic disorders. Initial screening is performed at birth, and a second screening is recommended at 2 to 6 weeks of age. The laboratory screens approximately 120,000 specimens for 33 core disorders and 26 secondary disorders annually. The newborns received hearing screening and pulse oximetry screening at the birthing facility. Testing began for X-linked adrenoleukodystrophy and adenosine deaminase-severe combined immunodeficiency on March 13, 2023. Early identification of a potential disorder makes it possible to provide care for the newborn, often before symptoms appear, and helps ensure these infants receive lifesaving treatments.

NBS allows treatment to be initiated within the first few weeks of life, preventing some of the complications associated with disorders. Early diagnosis may reduce morbidity, mortality, intellectual disability, and other developmental disabilities. The program works in partnership with pediatric subspecialists throughout the state to ensure all babies identified with presumptive positive results receive appropriate diagnostic evaluation and treatment. The program's subspecialists participate in provider education webinars and on the Alabama NBS Advisory Committee. Additionally, six community-based sickle cell organizations provide counseling services and follow-up for children identified with sickle cell disease or trait.

The Alabama Early Hearing Detection and Intervention (EHDI) Program, Alabama's Listening, ensures that all infants receive a hearing screening prior to hospital discharge, and that they are referred for further testing and intervention if they do not pass the inpatient newborn hearing screen. The Alabama EHDI Program is federally funded through a grant with the Health Resources and Services Administration and CDC. The goal of the program is to follow the Joint Committee on Infant Hearing Guidelines, which are screening by 1 month of age, diagnostic hearing evaluation by 3 months of age, and referral to early intervention by 6 months of age, to ensure optimal language acquisition, academic achievement, and social and emotional development. The Alabama EHDI Program continues to undergo many challenges with following

these guidelines as diagnostic facilities return from post-COVID pandemic to normal business hours and scheduling families for follow-up. During 2023, the Alabama NBS Program received approximately 815 presumptive positive laboratory referrals, 2,669 failed hearing screenings, and identified 159 infants with an NBS condition.

Planned activities for 2024 include the addition of two conditions to the Alabama NBS panel, including Pompe disease and mucopolysaccharidosis type I.

Figure 5. Newborn Screening Number Identified, 2023

3-Hydroxy-3-methylglutaric aciduria	0
3MCC	2
Argininosuccinic Aciduria	0
Beta Ketothiolase Deficiency	0
Biotinidase Deficiency	1
Carnitine Uptake Defect (CUD)	2
Citrullinemia Type 1	0
Classic Galactosemia	1
Classical Phenylketonuria (PKU)	2
Congenital Adrenal Hyperplasia	1
Congenital Hypothyroidism	61
Critical Congenital Heart Disease	1
Cystic Fibrosis	13
Glutaric Acidemia Type 1	1
Hearing Loss	64
Holocarboxylase Synthase Deficiency	0
Homocystinuria	0
Isovaleric Acidemia	1
LCHAD (Long-chain)	0
Maple Syrup Urine Disease	0
MCADD (Medium-chain)	3
Methylmalonic Acidemia (CblA, B)	0
Methylmalonic Acidemia Mutase	0
Propionic Acidemia	0
Multiple Carboxylase Deficiency	0
SCID	0
S Beta Thalassemia	1
SC Disease	16
SS Disease	27
Trifunctional Protein Deficiency	1
Tyrosinemia Type I	0
VLCAD (Very Long-Chain)	1
SMA	1
X-ALD	0

MYCOBACTERIOLOGY AND MYCOTICS

***Mycobacterium tuberculosis* (TB)**

The Mycobacteriology Branch received 6,033 specimens for isolation and identification of *Mycobacterium tuberculosis* complex as well as species of non-tuberculous mycobacteria (NTM). Using PCR-based technology, the TB Laboratory can confirm new smear positive patients in 2 hours. The TB Laboratory works with and provides TB Control staff genotyping data. The genotyping data is generated by the Infectious Disease Branch of the Microbiology Division and analyzed by CDC. Both this PCR-based technology and genotyping information have been assets during outbreak investigations as they aid in determining the origin of TB infections. The TB Laboratory uses Matrix Assisted Laser Desorption/Ionization Time of Flight technology to rapidly identify NTM.

Fungal Infections

The Mycotics Branch reported two endemic yeasts (*Cryptococcus neoformans* and *Cryptococcus* species) and five *Candida auris*, which is an emerging multidrug-resistant yeast that represents a global health threat. A total of 776 specimens were received in this branch from private healthcare providers.

SANITARY BACTERIOLOGY/MEDIA DIVISION (PRATTVILLE CAMPUS)

The Sanitary Bacteriology/Media Division tests dairy products, public and private water, and fluoride samples as well as prepares media used by both the county health departments and the BCL. Testing was conducted on 1,460 dairy samples to include raw producers, tank trucks, and finished dairy products. Testing was performed on 741 fluoride samples. The laboratory provides proficiency testing for the milk laboratories in the state. Working with the FDA, six milk laboratories were inspected for compliance with state and federal regulations. The laboratory tested 2,561 public and private water samples in support of the Safe Water Act. While continuing work with the Alabama Department of Environmental Management (ADEM), eight public water utility laboratories were inspected for compliance with state and federal regulations. The Media Branch made 1,110 liters of media in support of the NBS, Microbiology, Milk and Water, Mycology, TB, and Emerging Infectious Diseases programs.

HIV AND STD TESTING (PRATTVILLE CAMPUS)

The STD Division tests for chlamydia, gonorrhea, trichomoniasis, syphilis, and HIV. The division received 371,062 specimens and performed 349,343 tests. CT-GC-TV infections are detected using a nucleic acid test. The Bio-Rad BioPlex 2200 instrument is used to perform multiplex assays for syphilis and HIV testing. CDC's reverse algorithm is followed for syphilis testing. The initial screening test for syphilis is a multiplex treponemal IgG/IgM immunoassay test. Rapid plasma reagin (RPR) testing is performed via the Becton Dickinson RPR manual test. The BioPlex 2200 HIV Antigen/Antibody

(Ag/Ab) Assay is performed to screen for HIV infections. This multiplex assay produces individual results for HIV1Ag, HIV1Ab, and HIV2Ab. When an HIV screen is positive, an antibody or nucleic acid test is used to confirm the infection.

MOBILE DIVISION LABORATORY

Shellfish/Beaches Environmental Assessment and Coastal Health (BEACH)/Harmful Marine Phytoplankton Branch

The Mobile Division Laboratory collaborates with ADEM to meet EPA's BEACH Act requirements. Seven hundred thirty-three samples from coastal waterways were analyzed and reported for *Enterococcus*. The division collaborates with committees of the Interstate Shellfish Sanitation Conference and Gulf of Mexico Alliance to promote laboratory interests in commercial and environmental projects. Oyster growing and harvest areas require monitoring for bacterial contamination and harmful algal bloom (HAB) concentrations to ensure a safe supply of shellfish. Laboratorians analyzed and reported results for 314 samples collected from coastal waterways for HAB monitoring. In addition, 1,273 water samples from oyster growing areas were tested in compliance with National Shellfish Sanitation Program guidelines. Crab meat analysis for *Escherichia coli* and *Listeria* continues as the laboratory works to improve methodology through equipment automation. The division has gained FDA approval to establish a *Karenia brevis* enzyme-linked immunosorbent assay confirmation method and is certified for shellstock wet-storage compliance. The division performs testing and collaboration in a partnership with the state of Mississippi, as its shellfish testing capabilities are developed. The Mobile laboratory has been verified to participate in the CDC National Wastewater Surveillance Program by using the digital droplet PCR for SARS-CoV-2 detection. Testing will begin in 2024.

Mobile Division Clinical Branch

The Mobile Clinical Branch performs CT-GC-TV and syphilis testing with the same instrumentation and methods as does Prattville's STD Branch. The laboratory performed 42,082 tests for CT-GC-TV and tested 27,265 specimens for syphilis. The Urine Culture and Sensitivity Section analyzed 614 specimens for pathogens and antimicrobial sensitivity for the entire state.

Mobile Division Environmental Testing

The Drinking Water Section tested 6,631 samples from public systems and private wells in support of the Safe Water Act under contract with ADEM.

Rabies (Mobile and Prattville)

Both the Mobile and Prattville laboratories test suspect animal tissue for rabies. Unique cases in 2023 were associated with a positive bobcat, two foxes, and two cats. (For a map of reported laboratory-confirmed animal rabies cases, see Figure 13 from Communicable Disease report, page 13.)

BUREAU OF COMMUNICABLE DISEASE

The bureau’s mission is to prevent and control designated communicable diseases and illnesses in Alabama.

IMMUNIZATION (IMM)

The goal of the division is to reduce vaccine-preventable diseases and increase immunization rates. The division has four branches: Surveillance, Registry (ImmPRINT), Vaccines for Children (VFC) and Immunization Quality Improvement Program (IQIP), and Administration.

The Surveillance Branch conducts the Alabama School Survey, in conjunction with the Alabama Department of Education and private schools. This survey evaluates the immunization status of all children to ensure they have a current Certificate of Immunization (COI) or a valid exemption on file in compliance with the 2009 School Immunization and Rules. In the 2022-2023 Annual School Entry Survey, all medical and religious exemptions combined continue to be less than 1.5 percent (1.28) for students in public and private schools. The percent of students with expired and no COI was 4.94, an increase from the previous year by 0.35 percent. In addition, the branch oversees vaccine-preventable disease investigations statewide. IMM field staff investigate

Figure 6. Cases Classified as Vaccine-Preventable Disease Cases in Alabama, 2018-2023

Disease	2018	2019	2020	2021	2022	2023
Diphtheria	0	0	1	0	0	0
<i>H. influenzae</i>	127	119	46	78	121	170
Hepatitis A	40	225	922	399	51	23
Hepatitis B	40	64	48	68	57	60
Measles	0	0	0	0	0	0
Meningococcal	5	3	3	6	4	8
Mumps	17	15	0	0	1	0
Perinatal Hepatitis B	0	0	0	0	0	0
Pertussis	225	220	85	38	37	37
Polio	0	0	0	0	0	0
Rubella	0	0	1	0	1	0
<i>Strep. pneumoniae</i>	554	372	273	294	401	470
Tetanus	0	0	0	0	0	0
Varicella	93	85	17	40	40	29
Total	1,101	1,103	1,396	923	713	797

vaccine-preventable disease reports submitted by notifiable disease reporters and laboratories. In 2023, the IMM field staff investigated and confirmed 737 cases of diseases.

The VFC Branch manages Alabama’s VFC Program, a federal entitlement program that provides vaccine at no cost to providers who see children under 19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. As of December 2023, 526 enrolled public and private providers received approximately \$78.8 million worth of vaccines. As part of the vaccines distributed, the VFC Program provided 143,000 doses of seasonal influenza vaccine to providers in all 67 counties. IMM field staff perform regulatory VFC site visits and IQIP assessment visits on 50 percent of enrolled providers to promote proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement. The VFC Branch also manages the federal Section 317 funding for vaccines for uninsured/under-insured adults.

The Registry Branch manages the state’s immunization registry, ImmPRINT, for all residents of Alabama. Sites can submit vaccine

Figure 7. Number of Vaccines Recorded in ImmPRINT, 2015-2023

Year	Source	Number of Vaccines Submitted	Grand Total
2015	Manual	304,407	1,439,168
	HL7	1,134,761	
2016	Manual	453,800	1,846,835
	HL7	1,393,035	
2017	Manual	436,133	2,067,434
	HL7	1,631,301	
2018	Manual	410,401	1,906,688
	HL7	1,496,287	
2019	Manual	1,904,806	4,012,717
	HL7	2,107,911	
2020	Manual	1,337,078	3,978,095
	HL7	2,641,017	
2021	Manual	2,540,025	8,523,277
	HL7	5,983,252	
2022	Manual	1,387,631	4,990,490
	HL7	3,602,859	
2023	Manual	1,168,654	4,073,959
	HL7	2,905,305	

Figure 8. Number of Active Sites Recorded in ImmPRINT, 2015-2023

Year	Source	County Health Department	Clinic	FQHC/RHC	Hospital	Pharmacy	Schools	Childcare Center	Sub-Total	Grand Total
2015	Manual	68	432	68	23	36	546	2	1,175	3,532
	HL7	7	595	86	56	333	0	0	1,077	
2016	Manual	69	571	78	27	60	1,578	3	2,386	3,489
	HL7	5	606	86	60	346	0	0	1,103	
2017	Manual	71	685	86	34	109	1,664	242	2,891	4,057
	HL7	5	655	89	63	354	0	0	1,166	
2018	Manual	71	801	98	41	241	1,701	339	3,292	4,572
	HL7	4	720	99	66	391	0	0	1,280	
2019	Manual	39	818	88	38	304	1627	314	3,228	4,623
	HL7	37	648	106	62	542	0	0	1,395	
2020	Manual	71	761	145	77	404	853	0	2,311	3,551
	HL7	63	463	89	55	570	0	0	1,240	
2021	Manual	1	1,015	68	40	361	1,710	579	3,774	5,710
	HL7	72	807	159	81	771	46	0	1,936	
2022	Manual	8	466	40	29	231	646	1	1,421	3,133
	HL7	68	642	155	68	779	0	0	1,712	
2023	ImmPRINT Only	5	370	41	19	199	621	2	1,257	3,093
	HL7	70	748	169	68	781	0	0	1,836	

information manually or by electronic interface. The branch coordinates the interfaces between ImmPRINT and providers' electronic medical record who submit vaccine information, which includes bi-directional (2-way) communication. In 2023, there were over 3,304 providers who were actively submitting vaccine information into ImmPRINT, with approximately 4,020,930 vaccinations submitted during that time period. There are over 7.2 million patients of all ages and over 85 million vaccine doses recorded in ImmPRINT. ImmPRINT is also the system in which COVID-19 vaccine providers were enrolled and submitted COVID-19 vaccine orders in 2021-2023.

The Administration Branch manages state and federal budgets with over 50 staff statewide, including contracts, grants, payroll, leave, and personnel.

COVID-19 Pandemic Response

In November of 2019, a novel coronavirus (SARS-CoV-2) was discovered in Wuhan, China. In December 2019, the department began gathering information and planning for a possible epidemic of large-scale proportions. Enrollment of providers in the COVID-19 vaccine response continued, including setting up accounts in ImmPRINT, training providers on the use of ImmPRINT, validating providers, validating vaccine storage units, and educating providers about general immunization practices and standards. By August 31, 2023, there were 1,501 approved providers (clinics, hospitals, pharmacies) statewide who were receiving vaccine. Since the start of the distribution of COVID-19 vaccine in December 2020,

the division has distributed over 11.9 million doses of COVID-19 vaccine to enrolled providers throughout the state.

September 1, 2023, marked the transition of COVID-19 vaccine from being provided from the Department of Health and Human Services/CDC at no charge to commercialized COVID-19 vaccine purchased from the manufacturers. The CDC Bridge Access Program was created to continue to offer free COVID-19 vaccine to adults ages 18 years and older who are uninsured or underinsured. Since the start of the program, there have been 536 approved providers (clinics, local health departments, federally qualified health centers, rural health clinics, and independently owned pharmacies statewide) which have received vaccine. Since the start of the distribution of commercialized COVID-19 vaccine, the division has distributed over 9,000 doses of commercialized COVID-19 vaccine to VFC and Bridge Access Program enrollees throughout the state.

Mpox Response

An ongoing outbreak of mpox, a viral disease, was confirmed in May 2022. The initial cluster of cases was found in the United Kingdom, where the first case was detected in London, England, on May 6, 2022, in a patient with a recent travel history from Nigeria (where the disease is endemic). From May 18, 2022, onwards, cases were reported from an increasing number of countries and regions, predominantly in Europe and in the Americas but also in Asia, Africa, and Oceania. The outbreak marks the first time mpox has spread widely outside Central and West Africa.

Once mpox cases were discovered in Alabama in mid-to-late summer 2022, IMM worked with the STD Division to identify providers and distribute Jynneos vaccine throughout the state to those providers with patients who needed the vaccine. As of December 31, 2023, IMM has distributed over 4,400 doses of Jynneos vaccine to 58 mpox-enrolled providers throughout the state.

INFECTIOUS DISEASES & OUTBREAKS (ID&O)

The mission of the ID&O Division is to protect the health of Alabama residents by monitoring and investigating select infectious, zoonotic, and environmental diseases and events. Figure 9 demonstrates the number of disease reports that were counted as cases according to the criteria established by the Council of State and Territorial Epidemiologists and CDC in 2023 as compared to the previous 4 years.

Outbreak Investigations

ID&O defines an outbreak as the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time linked to a common exposure; a cluster is defined similarly, except a common exposure is not identified. Single cases or exposures related to certain rare and serious conditions, such as gastrointestinal anthrax, botulism, rabies, or healthcare-associated *Legionella*, may illicit an outbreak-like response. All reporters, as outlined in the Notifiable Disease Rules, are required to report outbreaks of any kind within 24 hours of presumption. In 2023, 332 outbreaks and clusters were investigated; of those, 53 percent were respiratory. Interdisciplinary, collaborative efforts among state and federal partners aided in the identification of causative agents, likely modes of transmission, and underlying environmental causes of illness.

[An Outbreak of Cyclosporiasis among Attendees of a Luncheon in Limestone County, Alabama](#)

Outbreaks of cyclosporiasis in the U.S. have historically been linked to the consumption of imported fresh produce. Since 2018, there have been fewer than 20 cyclosporiasis cases reported annually in Alabama. In May 2023, the department initiated an outbreak investigation after three laboratory-confirmed cases of *Cyclospora cayetanensis* were reported in persons attending a luncheon catered by Restaurant S in Limestone County. An outbreak-specific questionnaire (OSQ) was developed based on the menu items provided by Restaurant S and administered to all attendees to help determine which item may have caused illness. Using the responses to the OSQ, a cohort study was launched, and it was discovered that those who ate the broccoli salad were roughly three times more likely to become ill than those who did not. However, the result was not statistically significant due to the small sample size. Public Health environmentalists conducted an environmental assessment, performed a food flow for the broccoli salad, and obtained shopper card receipts for the ingredients used to make the broccoli salad during the period of interest. Collaboration with the Georgia Department of Public Health revealed that broccoli was the leading hypothesis in an outbreak it was investigating during that same period. Clinical specimens from both outbreaks were forwarded to CDC for genotyping. Genotyping results indicated specimens from both outbreaks were highly genetically and temporally related, suggesting a common source of infection. Traceback conducted

by the U.S. Food and Drug Administration (FDA) concluded that both restaurants purchased broccoli with the same UPC code from Wholesale Retailer S locations in their respective states prior to each outbreak. Upon further investigation, it was determined that the broccoli was imported from a distributor in Guatemala. This was the first time broccoli had ever been implicated as a food vehicle for *C. cayetanensis* in the U.S.

[An Outbreak of Cyclosporiasis among Patrons of a Mexican-Style Restaurant in Limestone County, Alabama](#)

In June 2023, an outbreak investigation was initiated when 71 patrons of Restaurant B, a Mexican-style restaurant, became ill with cyclosporiasis in the 2 weeks following meal consumption. To help determine which item may have caused illness, a case-control study was launched. Demographic, exposure, and clinical data for cases and controls were collected using an OSQ developed in REDCap® and analyzed using SAS® Studio 3.71. A case was defined as a person who ate at Restaurant B between May 20 and June 6 and subsequently became ill with diarrhea within 2-14 days. Controls were persons who ate at the restaurant during the period of interest and did not become ill.

Clinical specimens were requested to be sent to the BCL for individuals suspected to be involved in the outbreak. Stool specimens received that did not have a previous positive polymerase chain reaction (PCR) result were tested at the BCL on the Biomerieux BioFire® FilmArray® Gastrointestinal Panel, which is a molecular-based testing method that targets 22 gastrointestinal pathogens including *C. cayetanensis*. Confirmed positive specimens were then forwarded to CDC to be further characterized by genotyping. Of the 48 specimens successfully genotyped, 34 (71 percent) were assigned to temporal-genetic cluster (TGC) Code 2023_012; 4 (8 percent) were assigned to 2023_015; 3 (6 percent) were assigned to 2023_069; 2 (4 percent) were assigned to 2023_002; and 1 (2 percent) each to 2023_024 and 2023_041. With nearly three-quarters of specimens assigned to the same TGC Code, it suggests that most of the genotyped cases were closely related and likely shared exposure to the same contaminated food.

Eighteen controls and 47 cases were analyzed. Thirty-eight of the cases (81 percent) were laboratory-confirmed by PCR. The only food item significantly associated with illness in univariate analysis was salsa roja, which contained fresh tomatoes, onions, jalapeños, and cilantro. Cilantro was the only ingredient of the salsa to remain significantly associated with illness after multivariate analysis at the ingredient level.

Additionally, an environmental assessment and food flow were conducted at Restaurant B. Invoices for fresh produce items received by the restaurant in the 10 days before the earliest reported illness onset were reviewed. Traceback of the suspected food vehicle was initiated on July 10 by state agriculture partners in Georgia, which is where the distributor was located that directly supplied the ingredients for the salsa to the restaurant.

Based on epidemiological, environmental, laboratory, and traceback evidence, it was concluded that cilantro was the most likely food vehicle in this outbreak. Communication and coordination among state and local epidemiologists, county environmental health employees, partner state's Departments of Health and Agriculture, and FDA were necessary to complete this investigation.

Figure 9. Select Alabama Notifiable Disease Case Counts, by Year, 2019-2023

Diseases	2019	2020	2021	2022	2023
Acute Flaccid Myelitis	0 [^]	0	1	2	0
Anthrax	0	0	0	0	0
Arboviral Diseases (excludes Chikungunya virus, Dengue, and Zika virus)	6	10	12	5	32
Babesiosis	0	1	1	0	1
Botulism	1	1	0	2	2
Brucellosis	4	1	1	0	1
Campylobacteriosis	754	665	745	813	878
Chikungunya Virus (travel-related)	0	0	0	0	1
Cholera	0	0	0	0	0
Coccidioidomycosis	9	5	13	12	12 [^]
COVID-19	--	387,711 [^]	538,710 [^]	663,057	181,846 [^]
Cryptosporidiosis	225	138	125	158	212
Cyclosporiasis	4	9	6	19	140
Dengue (travel-related)	3	0	1	5	5
<i>E. coli</i> , shiga toxin-producing (includes O157: H7)	138	100	143	161	168
Ehrlichiosis/Anaplasmosis	39	12	24	11	5
Giardiasis	164	132	165	164	216
Hansen's Disease (Leprosy)	1	1	0	0	1
Hantavirus Pulmonary Syndrome	0	0	0	0	0
Hemolytic Uremic Syndrome (HUS)	6	3	3	10	6
Hepatitis E, Acute	0	0	0	0	0
Influenza-associated Non-pediatric Mortality	98	74	28	97	103
Influenza-associated Pediatric Mortality	2	1	0	3	1
Legionellosis	72 [^]	61	89	65	66
Leptospirosis	0	0	0	1	0
Listeriosis	7	14	12	12	16
Lyme disease	66	15	51	32	36
Malaria (travel-related)	9	2	8	8	11
Novel Influenza A Virus Infection	0	0	0	0	0
Paratyphoid Fever	1 [^]	1	2	2	0
Plague	0	0	0	0	0
Psittacosis	0	0	0	0	0
Q Fever	2	0	2	3	2
Rabies, Animal	50	51	44	45	38 [^]
Rabies, Human	0	0	0	0	0
Salmonellosis	1,001	891	861	996	878
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)	0	0	0	0	0
Shigellosis	433	346	88	81	99
Smallpox	0	0	0	0	0
Spotted Fever Rickettsiosis	476	90	122	118	81
Toxic Shock Syndrome (non-streptococcal)	0	0	0	0	0
Trichinellosis (Trichinosis)	0	0	1	0	0
Tularemia	4	1	0	3	1
Typhoid Fever	0	1	3	0	2
Vibriosis (non-Cholera)	41	26	34	41	37
Viral Hemorrhagic Fever	0	0	0	0	0
VISA (<i>Staphylococcus aureus</i> , vancomycin-intermediate)	1	0	1	1	1
VRSA (<i>Staphylococcus aureus</i> , vancomycin-resistant)	2	1	1	0	0
Yellow Fever (travel-related)	0	0	0	0	0
Zika Virus (travel-related)	0	0	0	0	0
Other Investigations	3	0	1	0	4
Total	3,622	390,364	541,298	665,927	184,902

[^]Preliminary counts include finalized investigations among Alabama residents as of February 15, 2024. These case counts do not include those for conditions investigated by other divisions (TB, IMM, STD).
^{*}The other investigations category includes a variety of conditions or events that have been investigated but are not reportable in Alabama or do not fall into any other category (such as histoplasmosis, streptococcal toxic-shock syndrome, yersiniosis).
[†]The case definition was updated this year for this condition.

Mosquito-borne Disease Surveillance

In 2023, ID&O investigated 102 reports of suspected human mosquito-borne illness; of which, 48 percent were determined to be cases. The majority of investigations were for West Nile virus (WNV). Out of the cases identified, 29 were WNV, 11 were travel-related malaria, 5 were travel-related dengue, 3 were eastern equine encephalitis virus (EEEV), and 1 was travel-related chikungunya. WNV remains an ongoing threat to Alabamians. This year, WNV cases doubled, partly due to an extended rainy season. It was only after the weather cooled that activity began to decrease.

In August 2023, the department initiated an EEEV outbreak investigation upon notification of a Baldwin County resident with severe neurological symptoms of an unknown etiology. Subsequently, two additional cases of EEEV were identified from the same county following the initial case. This investigation involved multiple agencies at the federal, state, and local levels. Commercial laboratory testing was performed for endemic arboviral diseases including WNV, EEEV, St. Louis encephalitis virus, and La Crosse encephalitis virus. Subsequently, CDC performed plaque reduction neutralization tests to confirm EEEV. The department issued a health alert to physicians statewide with EEEV diagnosis, testing, and clinical guidance.

Educational and awareness materials were created, including flyers on EEEV transmission, mosquito bite prevention, and mosquito control strategies and posted to the department’s website and distributed via social media. Repellents were made available to local residents and limited larvicides were distributed to local mosquito control entities and Public Health environmentalists. Furthermore, the community assisted by distributing flyers, which improved understanding about EEEV transmission and prevention and helped reduce misinformation. The goal of this investigation was to prevent additional cases by recommending and implementing control measures and providing information to the public on prevention of mosquito-borne diseases.

Tickborne Disease Surveillance

In 2023, ID&O investigated 579 reports of suspected tickborne illness; of which, 21 percent were determined to be cases. The majority of investigations were for spotted fever rickettsiosis. Out of the cases identified, there were 81 spotted fever rickettsiosis, 36 Lyme disease, 4 ehrlichiosis, 1 anaplasmosis, 1 babesiosis, and 1 tularemia. Data shows that spotted fever rickettsiosis is the most commonly reported tickborne disease in Alabama.

Respiratory Disease Surveillance

CDC described the 2022-2023 seasonal influenza activity (weeks 40-20) in the U.S. as having moderate severity activity compared to levels seen prior to the emergence of SARS-CoV-2, the virus that causes COVID-19. The overall burden of influenza (flu) for the 2022-2023 season was an estimated 31 million people sick with flu, 14 million visits to a healthcare provider for flu, 360,000 hospitalizations for flu, and 21,000 flu deaths.

Overall, influenza A(H3N2) viruses were the most detected this season. Furthermore, influenza A(H1N1) and influenza B/Victoria viruses were also reported. Avian influenza outbreaks in wild birds

Figure 10. Human Arboviral Investigations and Cases in Alabama, 2023*

Arboviral Disease	Investigations	Cases
California Encephalitis	0	0
Chikungunya (travel-related)	4	1
Dengue (travel-related)	13	5
Eastern Equine Encephalitis	3	3
Jamestown Canyon	0	0
La Crosse Encephalitis	0	0
Malaria (travel-related)	11	11
St. Louis Encephalitis	0	0
West Nile Virus	71	29
Western Equine Encephalitis	0	0
Yellow Fever	0	0
Zika Virus	0	0
Total	102	49

*As of February 15, 2024

Figure 11. Tickborne Disease Investigations and Cases in Alabama, 2023*

Tickborne Disease	Investigations	Cases
Anaplasmosis	7	1
Babesiosis	6	1
Ehrlichiosis	9	4
Lyme Disease	169	36
Powassan	0	0
Spotted Fever Rickettsiosis	382	81
Tularemia	5	1
Ehrlichiosis/Anaplasmosis, Underdetermined	1	0
Total	579	124

*As of February 15, 2024

and poultry continued across the U.S. Since early 2022 in the U.S., A(H5N1) viruses have been detected in wild aquatic birds, commercial poultry, and backyard and hobbyist flocks. As a result, CDC has been monitoring for illness among people exposed to bird flu virus-infected birds since these outbreaks were first detected in U.S. wild aquatic birds and poultry in late 2021. Alabama continued to monitor for symptoms among those who were exposed to birds infected with bird flu.

In October 2023, Alabama launched its respiratory disease dashboard, which displays emergency department visits due to respiratory diseases. The dashboard breaks down the activity by diagnosed COVID-19, flu, and respiratory syncytial virus (RSV). Emergency department visits decreased overall during January. However, COVID-19 visits increased during the summer months after the emergence of new variants including BA.2.86.

Additionally, wastewater surveillance is being conducted at several sites in Alabama. All wastewater samples are being tested for SARS-CoV-2, but the number of additional targets continues to be expanded. COVID-19 outbreaks, clusters, deaths, and investigations remained a priority for ID&O in 2023 as activities regarding other infectious diseases resumed to pre-COVID-19 status. ID&O continued conducting the following activities:

- Investigating positive cases
- Contact tracing
- Collecting data
- Analyzing and visualizing data
- Reporting to local, state, and national platforms
- Monitoring and responding to long-term care facility and school outbreaks
- Mining data for outbreaks and clusters
- Conducting death investigations
- Genomic Surveillance
- Wastewater Surveillance

On October 2, 2022, weekly reporting began for 2022-2023 influenza activity and, statewide influenza-like illness (ILI) was reported below the ILI baseline (3.27 percent) at 2.36 percent. ILI activity peaked during November above the baseline at 11.54 percent. After reaching the highest ILI activity of the season, ILI activity decreased and returned to the baseline in January.

The strains most frequently detected in virologic surveillance were influenza A(H3N2), influenza A(H3N2), and influenza B. Along with influenza, other respiratory pathogens detected in Alabama during influenza seasonal reporting were SARS-CoV-2, human rhinovirus/enterovirus, human parainfluenza viruses, RSV, and adenovirus. There were 360 influenza or ILI outbreaks reported during the 2022-2023 season. Lastly, there were 139 non-pediatric influenza-associated deaths and 4 pediatric influenza-related deaths reported.

Healthcare-Associated Infections (HAIs)

Alabama remains committed to reducing HAIs in its hospitals. Alabama hospitals began reporting four infection measures to the department in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs) associated with colon surgeries, and SSIs associated with abdominal hysterectomies. These data represent Alabama’s twelfth year of reporting infection measures. In 2022, Alabama hospitals had significantly fewer CAUTIs and colon SSIs than predicted using national baseline data. Abdominal hysterectomies and CLABSIs were statistically similar to the numbers predicted (Figure 12).

RABIES

In 2023, the department investigated 6,836 potential rabies exposures. The BCL performed 1,410 rabies tests as of December 15. ID&O confirmed 37 animal rabies cases. Of the confirmed cases, almost all (97 percent) were identified in wild animals (including racoons, bats, foxes, and a bobcat) and 3 percent were identified in domestic animals (including a cat). (Figure 13) Animal case counts include animals tested at the BCL, as well as positives reported from the U.S. Department of Agriculture Wildlife Services. News releases were issued when positive cases occurred to provide education about rabies in wildlife and highlight the importance of vaccination of domestic animals.

STD

Syphilis

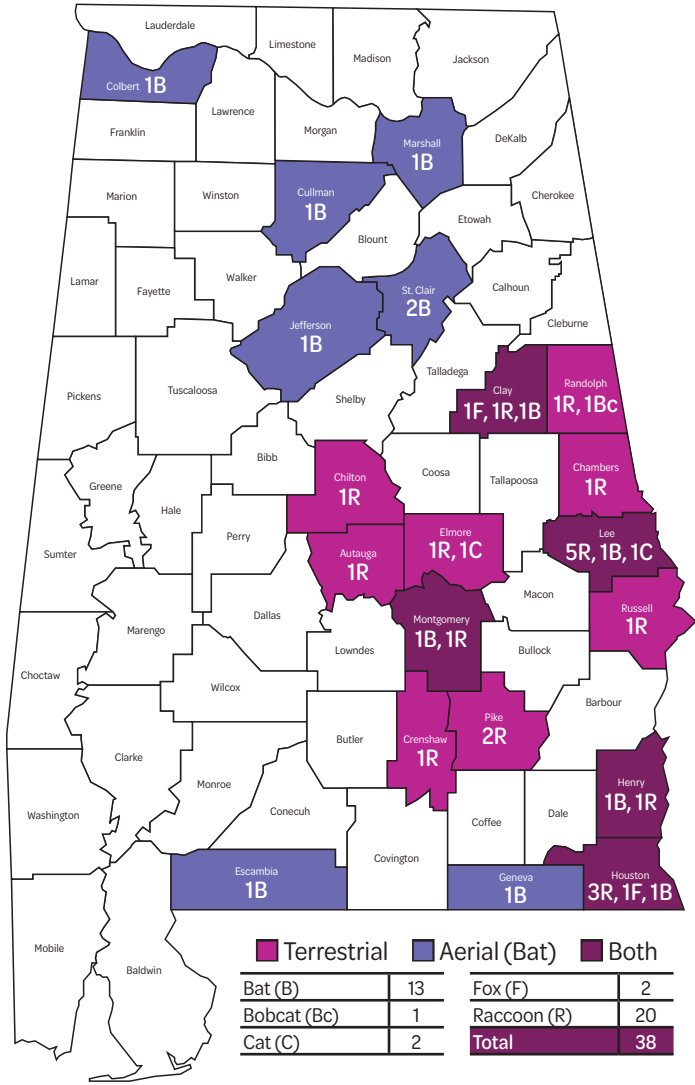
In 2023, a total of 3,299 Alabama residents were diagnosed with syphilis infection (Figure 14). This case count corresponds to a rate of 65.0 cases per 100,000 population. This represents an 8.2 percent increase from the number of cases reported in 2022. However, over the past 6 years, syphilis cases have increased by 162.2 percent. Nearly 41 percent of syphilis cases diagnosed in 2023 had signs and symptoms indicative of primary and secondary stages of

Figure 12. Hospital-Associated Infections (HAIs) Reported in Alabama Hospitals, 2022

Number of Alabama Hospitals Reporting	Number of Device Days/Procedures	Number of HAIs	Standardized Infection Ratio (SIR)	2022 AL Hospitals versus National Performance
CAUTIs				
89	432,911*	343	0.65**	Better
CLABSIs				
66	220,717***	254	1.01	Similar
SSIs Associated with Colon Surgeries†				
63	Adult: 6,037	106	0.70	Better
	Pediatric: 140	2	0.69	Similar
SSIs Associated with Abdominal Hysterectomies†				
48	Adult: 6,935	52	1.26	Similar
	Pediatric: 3	0	N/A	-

*Catheter days: The sum of patients per day with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units; facilities without these wards and units reported mixed acuity wards. **Does not include mixed acuity facilities. ***Central line days: The sum of patients per day with a central line in adult, pediatric, and neonatal critical care units. †Does not include superficial SSIs.

Figure 13. Reported Laboratory-Confirmed Animal Rabies Cases in Alabama, 2023



infection (Figure 15). More than 57 percent of the syphilis cases reported in 2023* were residents of these counties: Jefferson (644 cases), Montgomery (460 cases), Mobile (437 cases), Tuscaloosa (198 cases), and Madison (146 cases).

Congenital Syphilis

The department received 37 reported cases of probable congenital syphilis in 2023 (Figure 16). Although this is a partial report, it represents a 1,133.3 percent increase in reported congenital syphilis cases in Alabama between 2015 and 2023*. To stop the increase in number of cases, the department recommends prenatal screening for syphilis in all pregnant women during the initial prenatal visit, at 28 to 32 weeks gestation, and at delivery. According to CDC, obstetricians must treat pregnant women with a positive syphilis test at least 30 days before delivery to prevent maternal transmission. To stop the rise of congenital syphilis among unidentified missed opportunity congenital syphilis cases, the department recommends a repeat treatment of pregnant women previously positive for syphilis.

Chlamydia

In 2023, a total of 31,528 cases of *Chlamydia trachomatis* infection were reported to the department (Figure 17). This case count

Figure 14. Syphilis Cases in Alabama, 2018-2023*

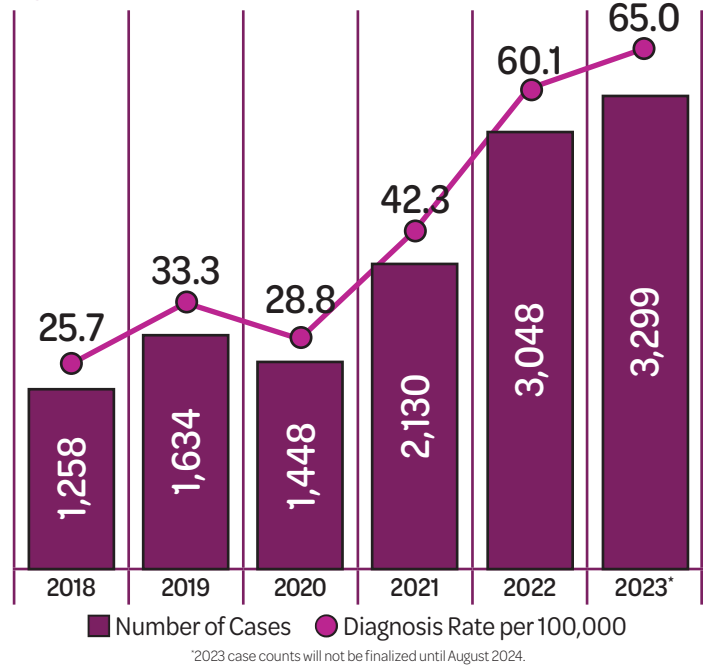
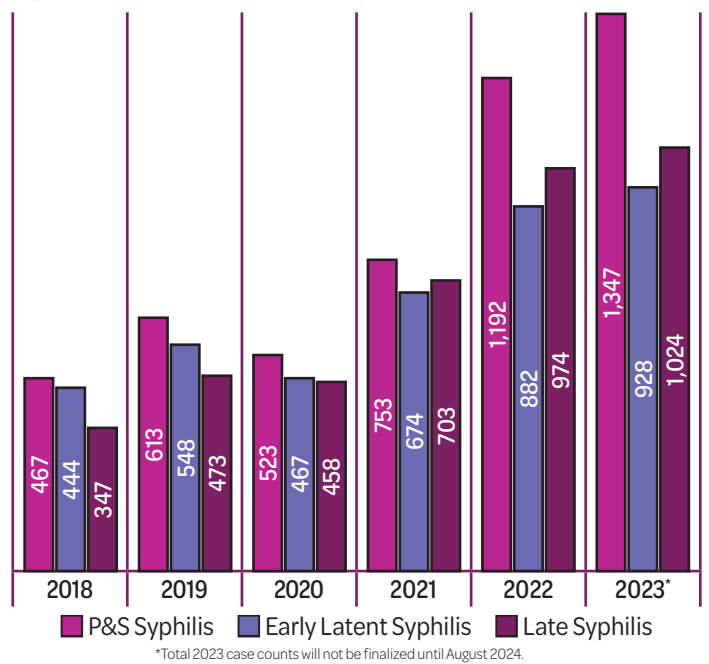


Figure 15. Syphilis Cases by Stage in Alabama, 2018-2023*



equals to a rate of 621.3 cases per 100,000 population. This reflects a 4.5 percent decrease in chlamydia cases from the previous year.

More than 64 percent of the chlamydia cases reported in 2023* were residents of these counties: Jefferson (5,654 cases), Mobile (3,147 cases), Montgomery (2,584 cases), Madison (2,465 cases), Tuscaloosa (1,945 cases), Morgan (1,889 cases), Lee (928), Baldwin (888 cases), and Houston (807).

Persons age 20-24 and age 15-19 accounted for 35.5 percent and 26.8 percent of the chlamydia cases reported in 2023, respectively, which demonstrates the need to engage adolescents and young adults in discussions on sexual health topics.

Figure 16. Congenital Syphilis Cases in Alabama, 2015-2023*

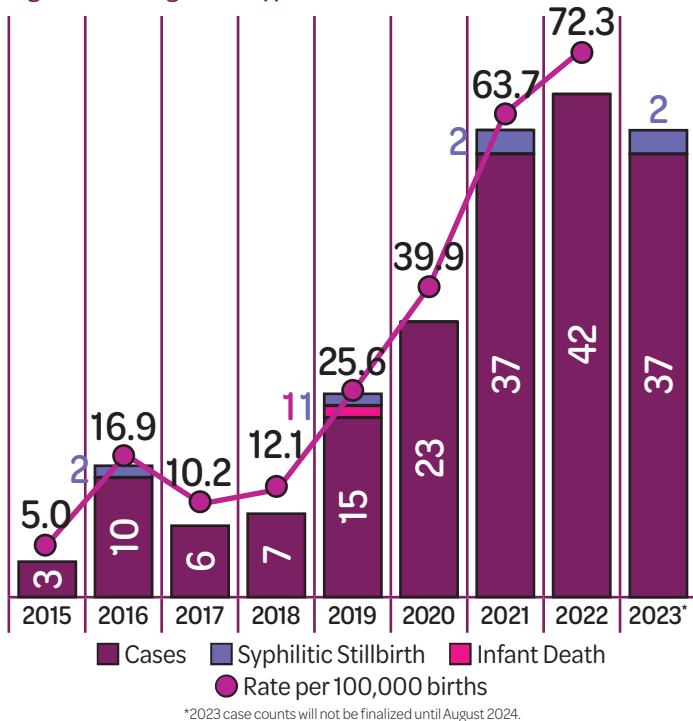
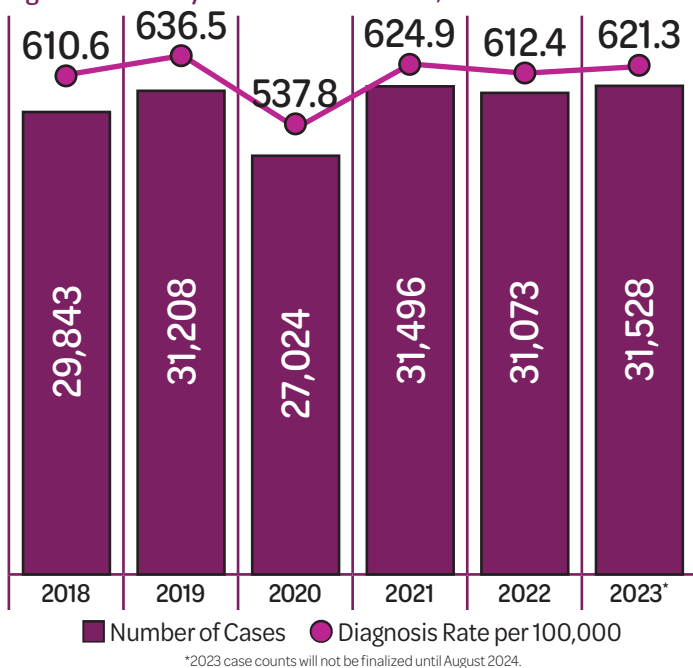


Figure 17. Chlamydia Cases in Alabama, 2018-2023*

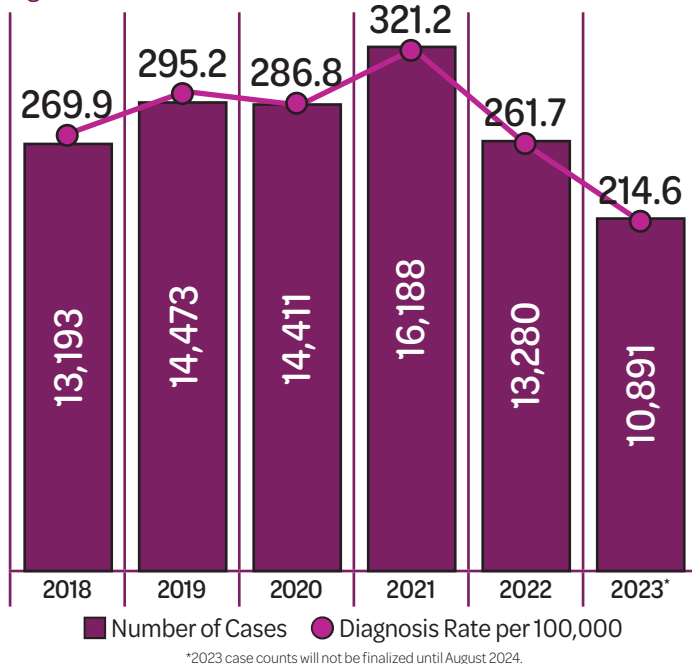


Gonorrhea

In 2023, a total of 10,891 cases of *Neisseria gonorrhoeae* infection were reported to the department (Figure 18). This case count corresponds to a rate of 214.6 cases per 100,000 population. The number of gonorrhea cases reported to the department decreased by 18.0 percent from the previous year.

Nearly 62 percent of the gonorrhea cases reported in 2023* were residents of these counties: Jefferson (2,325 cases), Mobile (1,112 cases), Montgomery (1,215 cases), Madison (967 cases), Tuscaloosa (815 cases), and Houston (284 cases).

Figure 18. Gonorrhea Cases in Alabama, 2018-2023**

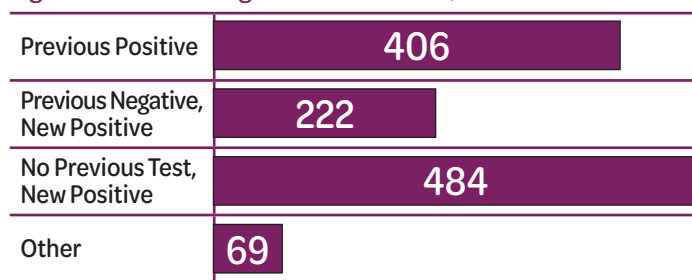


Persons age 20-24 and age 15-19 accounted for 31.4 percent and 20.1 percent of the gonorrhea cases reported in 2023, respectively.

HIV Investigation and Interviews

The Division of STD initiated HIV investigations of 1,181 patients (individuals with positive laboratory results and/or sexual/drug/social contacts). Seven hundred six patients were classified as newly diagnosed HIV cases.

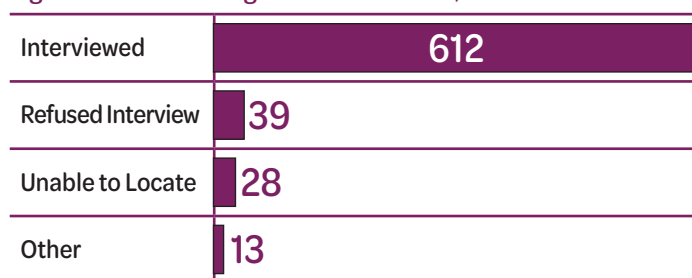
Figure 19. HIV Investigations in Alabama, 2023*



*Total 2023 case counts will not be finalized until August 2024.

More than 70 percent of the initiated HIV investigations reported in 2023 were residents of these counties (Figure 19): Jefferson (379 cases), Mobile (103 cases), Montgomery (100 cases), Tuscaloosa (73 cases), Madison (50 cases), Baldwin (37 cases), Houston (35 cases), Lee (28 cases), and Russell (23 cases).

Figure 20. HIV Investigations in Alabama, 2023*



*Total 2023 case counts will not be finalized until August 2024.

STD disease intervention specialists successfully interviewed 612 of the 706 newly diagnosed HIV infections.

TB

The goal of the Division of TB Control is to eliminate TB in Alabama. Until the goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision of diagnostic, treatment, case management, and contact investigation activities. The division provides these services to all persons in Alabama regardless of their ability to pay. In 2023, the division confirmed active TB disease in 92 patients. This figure represents a 41.5 percent increase in confirmed cases compared to 65 cases in 2022. During the past 5 years, Alabama has reported an average of 82 cases per year. The 10-year trend in confirmed active cases of TB, as illustrated in Figure 21, reveals an overall decline of 30.8 percent in verified TB cases from 2014 to 2023.

In addition to the identification, evaluation, and treatment of persons with active TB, the division seeks to prevent future cases through prompt identification and medical evaluation of contacts at risk for exposure, and to ensure the initiation and completion of preventive therapy for those contacts diagnosed with latent TB infection (LTBI). Preliminary data for 2023 show that 675 persons were identified as contacts to TB cases classified as Acid Fast Bacilli (AFB) sputum smear positive cases, and that 585 (86.7 percent) of those contacts were fully evaluated. Of the number of persons who were fully evaluated, initial reports indicate that 21 of 585 persons (3.6 percent) were diagnosed with LTBI, and 20 out of 21 (95.2 percent) were placed on preventive treatment for LTBI by division staff.

The division continues to place great emphasis on the identification of persons at an increased risk for exposure to TB or progression to active TB disease. Persons at an increased risk of exposure to TB are those who experience homelessness or are housing insecure, persons who are born in a country with high prevalence of TB, persons living in congregate settings, or persons who abuse drugs or alcohol. Individuals diagnosed with LTBI who are at an increased risk for rapid progression to TB disease are those who are close contacts to AFB smear positive cases or individuals living with certain immunocompromising medical conditions such as HIV or cancer. Identifying and treating persons at an increased risk of TB disease helps to protect the individual and the community at large from TB disease. The division accomplishes this through applying sound case management and contact investigation strategies and forging valuable community partnerships with key stakeholders.

Figure 21. TB in Alabama, 2014 - 2023

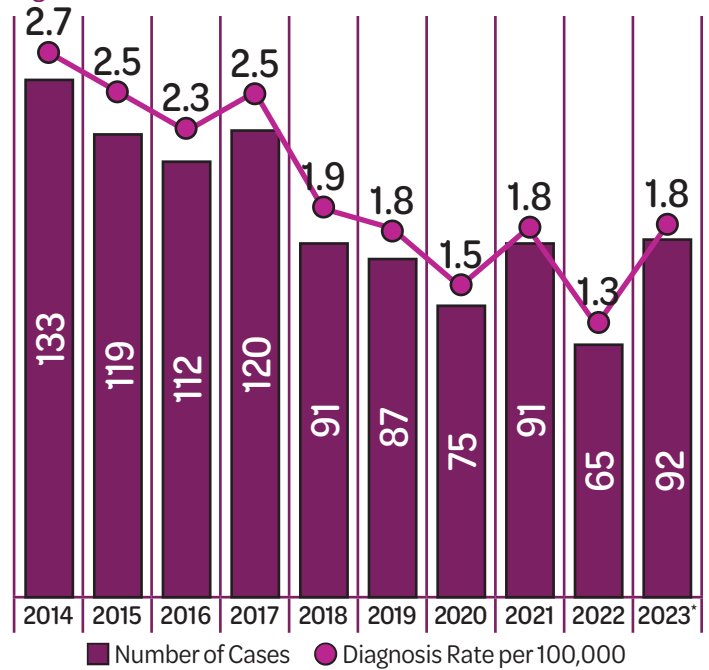


Figure 22. Demographics for Confirmed TB Cases in Alabama, 2023

Age	
0-4	2 (2.17%)
5-14	0 (0.00%)
15-24	11 (11.96%)
25-44	27 (29.35%)
45-65	29 (31.52%)
65+	23 (25.00%)
Race / Ethnicity	
White	20 (21.74%)
Black	34 (36.96%)
Asian	11 (11.96%)
Multi-race*	1 (1.09%)
Hispanic	26 (28.26%)
Gender	
Male	65 (70.65%)
Female	27 (29.35%)
Nativity	
U.S. Born	52 (56.52%)
Foreign Born	40 (43.48%)

*Multi-race is Asian/African American

OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

The OEMS is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services (EMS) provided by response agencies, training entities, and technicians meet or exceed established standards.

The OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke licensure when statutory or regulatory violation is substantiated.

Figure 23. EMS Personnel – Personnel Licensed by OEMS by License Type

License Type	Number of Personnel
Advanced Emergency Medical Technician (EMT)	1,231
Emergency Medical Responder	70
Emergency Medical Technician (EMT)	6,497
Intermediate	160
Paramedic	5,460
Critical Care Paramedic*	532
Tactical Paramedic*	51
Total	13,418

*Critical Care Paramedics are also counted in the total number of Paramedics.

ALABAMA ACUTE HEALTH SYSTEMS

Trauma System

The Alabama Trauma System currently consists of 62 trauma centers, including out-of-state trauma centers. The efforts and dedication of trauma centers, EMS, the Alabama Trauma Communication Center, regional EMS, and state and regional councils working together, facilitate timely routing of trauma patients to the appropriate hospitals.

From January 1, 2023 – December 31, 2023, 15,468 patients were entered into the trauma system. The most common mechanism of injury was motor vehicle-related.

Alabama Head and Spinal Cord Injury Registry/ Alabama Trauma Registry

Data collection for the Alabama Head and Spinal Cord Injury Registry and the Alabama Trauma Registry (ATR) continued throughout 2023. The data is collected for two specific purposes; one of which is to provide the Alabama Department of Rehabilitation Services information so it can contact patients to

provide information on services that patients may be eligible to receive related to a head and/or spinal cord injury. Secondly, the ATR data, collected from the trauma centers, is used for quality improvement purposes.

Stroke System

The Alabama Stroke System was activated statewide on October 30, 2017. The primary goal of the stroke system is to maintain a stroke emergency care system that results in 100 percent tPA (tissue plasminogen activator) administration to all eligible patients as well as decreased stroke mortality and disability. Patients who are experiencing symptoms of a stroke need to be rapidly evaluated at a hospital and treated to reverse the stroke and minimize the damage, if possible. Because tPA has to be administered within the first few hours of acute ischemic stroke onset, the system will improve the chances of survival regardless of proximity to an urban stroke center.

From January 1, 2023 – December 31, 2023, 10,060 patients were entered into the stroke system, 1,956 were ischemic stroke in which 489, 25 percent, received tPA. There were 470 patients entered into the stroke system who had hemorrhagic strokes.

The Alabama Stroke System includes 80 stroke centers, including out-of-state partners. There are four designation levels of stroke centers in the stroke system: Stroke Ready Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, and Comprehensive Stroke Center. ADPH continues to work with EMS and other stroke professionals to improve stroke care throughout the state.

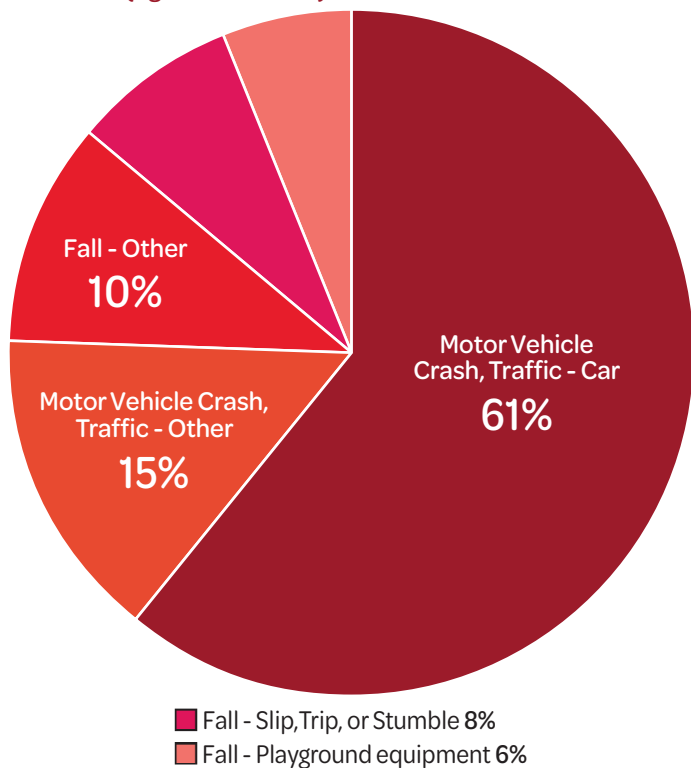
Cardiac System

The Cardiac Arrest Resuscitation to Enhance Survival Registry helps EMS measure performance and identify how to improve cardiac arrest survival rates. EMS providers and hospitals across the state provide data for the national report which can be found at mycares.net.

ALABAMA EMS FOR CHILDREN

The mission of the Alabama Emergency Medical Services for Children (EMSC) Program is to prevent and reduce child, youth, and adolescent disabilities and deaths that are the result of severe illness and injury. Several services are available through the program including education for prehospital professionals; continual permanent installation of the EMSC Program into Alabama's EMS system; and assurance that pediatric equipment, according to the American Academy of Pediatrics/American College of Emergency Physicians guidelines, is available on prehospital emergency vehicles that transport children.

Figure 24. Five Most Common Causes of Injury in Children (Ages 0 – 18 Years), 2023



PROVIDER SERVICES

Insignificant changes were made in the number of EMS services in Alabama. The most striking difference was the increase in the number of air EMS services from 15 to 44. The cause is most likely due to increasing number of services which are stationed in close proximity to the state’s borders. Fifty percent of the licensed air

Figure 25. EMS Services Licensed by the State of Alabama, 2023

Transport	230
Advanced Life Support	222
Basic Life Support (BLS)*	8
Air	44
Ground	186
Non-Transport	104
Advanced Life Support	104
Total	334

*The Alabama OEMS currently does not license non-transport BLS services.

Figure 26. Five Most Common Primary Impression Criteria, All Ages -Treated/Transported by EMS Unit, 2023

Primary Impression Type	Count of Events
General/Other - Weakness	111,326
Cognitive Function/Awareness - Altered Mental Status	31,166
Pain - Acute Pain, not elsewhere classified	19,456
General/Other - Syncope and Collapse	17,484
General/Other - Malaise	16,198

This table reflects the number of patients who were treated and transported by the transport services listed in Figure 25.

medical services are out of state. Figure 25 is a breakdown of the number of licensed services in the state of Alabama.

EMS EDUCATION

Alabama currently has 41 accredited EMS education programs. In 2023, several programs successfully achieved accreditation renewal by the Committee on Accreditation of Emergency Medical Services Programs (CoAEMSP) and the OEMS. The OEMS Education Section attends all site CoAEMSP site visits. In 2023, that included three site visits for accreditation renewal and two site visits for initial program accreditation.

In 2023, the continued development and implementation of Community Paramedic (CP-C) as a new licensure endorsement continued to be a high-priority initiative of the Education Section. CP-Cs are trained to provide a wide range of healthcare services in non-traditional settings, such as care in a patient’s residence or clinic. One of the most vital benefits of CP-Cs is the reduction of 911 system utilization by non-emergent patients.

The OEMS has seven active, certified NREMT exam representatives. In 2023, the OEMS NREMT exam representatives coordinated and administered well over 60 AEMT and paramedic psychomotor examinations. In 2023, the OEMS had a state office representative at each EMS program’s advisory board meeting to monitor and evaluate program performance and effectiveness, provide guidance, oversight, and assist with any issues or concerns.

The OEMS Education Section plays a vital role in ensuring the quality and effectiveness of EMS training provided throughout Alabama is of the highest standards. This is accomplished through strategic planning, innovation, and support from the six Alabama Regional EMS offices, state and nationally accredited public and private EMS education programs, agencies, and institutions.

BUREAU OF ENVIRONMENTAL SERVICES

The Bureau of Environmental Services ensures the wellness and safety of Alabamians by verifying compliance with requirements for food service establishments, milk production, lodging facilities, seafood production, onsite sewage disposal and soil mapping, solid waste disposal, vector control, and indoor air quality and home lead inspections.

ENVIRONMENTAL OPERATIONS UNIT

This unit creates the infrastructure for the bureau by ensuring that the bureau runs proficiently, effectively, and professionally by developing environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state's environmental programs. The unit also serves as a facilitator for the bureau by providing structured training through workshops, seminars, and conferences for bureau and county personnel. By serving as a "checkpoint" for the bureau, local environmentalists are kept abreast of new and innovative technology, as well as seminars on professional development.

DIVISION OF FOOD, MILK, & LODGING

Food and Lodging Branch

- 41,664 inspections were conducted at food establishments, and 3,018 complaints received from the public concerning food establishments were investigated. Additionally, 180 emergency closure orders were issued for sanitation imminent health hazards and 42 emergency closure orders were issued for unsecured grease trap lids.
- 885 lodging inspections were conducted; 305 complaints received from the public concerning hotels were investigated with 2 emergency closure orders issued.
- 462 body art facility inspections were conducted; 65 complaints received from the public concerning body art facilities were investigated.

Milk and Food Processing Branch

- 1,485 samples of milk were collected for laboratory analysis for bacterial contamination and the presence of antibiotic residue.
- 259 single-service container samples were collected for laboratory analysis for bacterial contamination.
- 78 dairy farm inspections and 196 milk processing plant inspections were conducted.
- 74 equipment tests were conducted to evaluate adequate pasteurization for processed milk and frozen dessert plants.
- 32 single-service container plant inspections were conducted.
- 173 milk distribution station inspections were conducted.

- 833 certificates of free sale were issued for milk and frozen dessert products manufactured in Alabama and shipped to overseas markets.

DIVISION OF COMMUNITY ENVIRONMENTAL PROTECTION

The Soil and Onsite Sewage Branch's primary objective is to coordinate the Onsite Sewage Program in county health departments. The division carries out programs to minimize the adverse effects of disposal of sewage and high-strength sewage on human health and the environment by establishing and enforcing requirements for the design, permitting, installation, approval, and use of onsite sewage treatment and disposal systems.

The Onsite Sewage Program issued 13,170 permits to install and repair onsite sewage systems, and 9,053 onsite sewage systems were issued an approval for use. A total of 1,906 sewage complaints were investigated, and 810 waivers of a permit to repair were issued by county health departments.

The Solid Waste/Vector Program provides information and education to individuals and communities on the storage and control of solid waste to minimize the threat of a health hazard, nuisance, or harborage for vermin or vectors. A total of 478 solid waste complaints were investigated, 61 transfer stations were inspected, and 968 solid waste collection and transport vehicles were inspected.

The Septage Management Program protects public health and the environment by establishing requirements regarding the approval, permitting, siting, operation, record keeping, and closure of land application facilities; regulating septage management practices; requiring minimum sanitary practices for the treatment, storage, and land application of septage and other permitted wastes, and authorizing regular inspections. In FY2023, 515 pumper stickers were issued to septic tank pumper vehicles. There are currently 10 land application sites permitted and 10 land application sites were inspected statewide in FY2023.

The Onsite Sewage Branch inspected 24 septic tank manufacturers in FY2023 out of 31 total manufacturers permitted.

Soil Branch

The Soil Branch aids local environmentalists with problem soils and sites for onsite sewage disposal systems. Presently, the staff consists of three soil scientists for 66 counties.

Activities for 2023:

- Onsite disposal sites evaluated (small flow) – 433
- Large flow developments evaluated – 51

- Lowndes County special project sites evaluated – 6
- Sites with water wells identified – 23
- Training activities conducted – 11
- Number of participants - 181

INDOOR AIR QUALITY/LEAD BRANCH

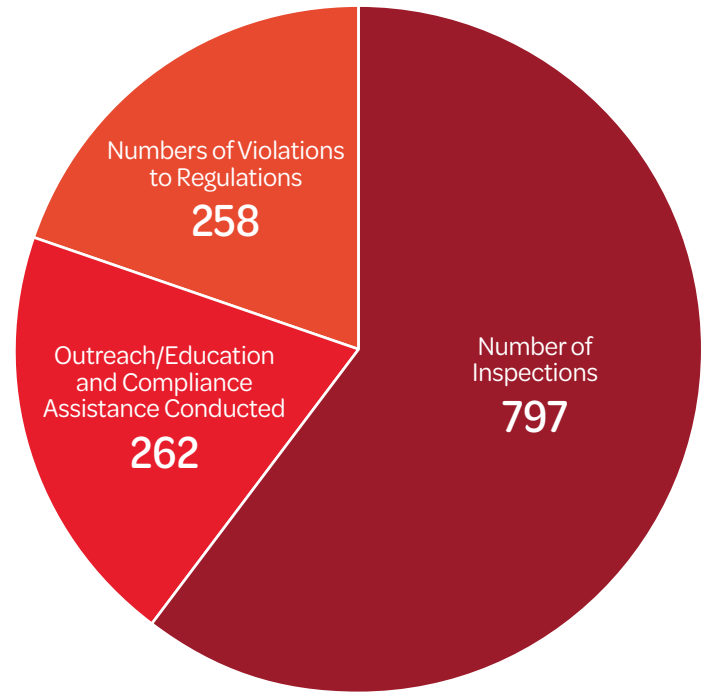
The branch provides information and printed materials on issues related to indoor air quality, molds, lead-based paint, and other lead hazards. The primary focus of the branch is to enforce the state regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require individuals and firms engaged in lead identification and risk assessment and lead-based paint removal of pre-1978 housing and child-occupied facilities to be trained and certified to perform according to established safe work practice standards. The branch administers the Asbestos Hazard Emergency Response Act (AHERA) Program and its regulations that require public school districts and non-profit schools, including charter schools and schools affiliated with religious institutions, to:

- Inspect their schools for asbestos-containing building material.
- Prepare management plans and take action to prevent or reduce asbestos hazards.

Branch personnel also provide support for the Alabama Childhood Lead Poisoning Prevention Program. The branch is the EPA-designated state indoor air contact providing advisory services for the state and those who request it by providing indoor air quality, molds, and asbestos information and printed materials. It is also

the EPA-designated agency for AHERA requiring local education agencies to inspect their school buildings for asbestos-containing building material, prepare asbestos management plans, and perform asbestos response actions to prevent or reduce asbestos hazards.

Figure 27. Lead Contractor Certification Program Activities, FY2023



BUREAU OF FAMILY HEALTH SERVICES

CANCER PREVENTION AND CONTROL

Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)

For more than 25 years, ABCCEDP has provided free breast and cervical cancer screening and diagnostic services for women in Alabama who have no insurance and are at or below 250 percent of the poverty level. Statewide funding for the program is provided by CDC, the state of Alabama, and the Joy to Life Foundation. In addition, the Joy to Life Foundation funds services for underserved women who are not eligible for ABCCEDP. The foundation's funding significantly enhances breast cancer screening efforts. Breast cancer screening includes free clinical breast exams and biennial mammograms. Cervical cancer screening includes a free pelvic exam, a Pap smear, and an HPV test. If needed, diagnostic services such as mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided. If a patient is diagnosed with breast cancer or cervical pre-invasive or invasive cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Since 2013, a total of 1,083 breast cancers and 2,912 cervical pre-invasive and invasive cancers have been diagnosed through ABCCEDP.

WISEWOMAN Program (Well Integrated Screening and Evaluation for Women Across the Nation)

WISEWOMAN strives to help women who participate in ABCCEDP understand and reduce their risk for cardiovascular disease. The

program provides services to improve hypertension and promote healthy lifestyles. Each participant is screened for hypertension, hypercholesterolemia, diabetes, smoking, and body mass index (BMI). Since the program began in 2013, more than 7,276 unique women have participated in the program. Ninety-eight percent of these women have received at least one face-to-face health coaching session with a licensed social worker. Medication assistance was provided to 1,198 participants, 1,321 participants received assistance for seasonal sustenance, 2,897 received one-on-one counseling with a nutritionist, and 644 have attended a support group. Participants are given access to resources needed to improve their cardiovascular health such as risk reduction counseling, health coaching, nutrition visits, and support groups. Program efforts have led to improvements in blood pressure control through increased awareness, knowledge, and skills to improve nutrition, physical activity, and reaching and maintaining a healthy weight.

Alabama Statewide Cancer Registry

The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for the collection, management, and analysis of cancer data. The purpose of the cancer registry is to collect accurate and up-to-date information about cancer in Alabama. The cancer data is then disseminated to public health and medical professionals, community groups, volunteer agencies, and others who are interested in cancer prevention and control. Cancer is the second leading cause of

Figure 28. ABCCEDP Diagnosed Breast Cancers by Year*

2013	129
2014	129
2015	105
2016	127
2017	111
2018	106
2019	99
2020	99
2021	100
2022	78

*2022 is the most recent year for which statistics are available.

Figure 29. ABCCEDP Diagnosed Preinvasive and Invasive Cervical Cancers by Year*

2013	504
2014	324
2015	404
2016	445
2017	259
2018	317
2019	225
2020	153
2021	127
2022	154

*2022 is the most recent year for which statistics are available.

death in Alabama, exceeded only by heart disease. Approximately 1 in 3 people will be diagnosed with cancer at some point in his or her lifetime. Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables health professionals to better understand the cancer burden. The registry plays a significant role in disseminating data to aid efforts to reduce the burden of cancer in Alabama.

Alabama Comprehensive Cancer Program

The Alabama Comprehensive Cancer Program facilitates the statewide Alabama Comprehensive Cancer Control Coalition. The coalition is a statewide group of cancer-related organizations and advocates that are responsible for assessing the burden of cancer,

Figure 30. Alabama Cancer Incidence Rates by Site and Sex, 2011-2020 Combined*

Cancer Site	MALE		FEMALE	
	Rate	Count	Rate	Count
All Sites	506.3	140,177	400.4	127,310
Bladder	31.2	8,265	7.2	2,460
Brain and Other Nervous System	7.6	1,977	5.8	1,697
Breast	1.4	382	123.2	38,625
Cervix Uteri	-	-	9.4	2,402
Colon and Rectum	48.8	13,134	36.8	11,868
Esophagus	7.9	2,252	1.6	554
Hodgkin Lymphoma	2.6	616	2.1	528
Kidney and Renal Pelvis	24.8	6,774	12.9	4,106
Larynx	6.9	2,016	1.5	503
Leukemia	15.3	3,951	9.7	3,011
Liver and Intrahepatic Bile Duct	12.4	3,650	4.4	1,495
Lung and Bronchus	80.3	22,486	48.8	16,873
Melanoma of the Skin	27.2	7,177	17.6	5,186
Myeloma	8.5	2,324	5.9	1,969
Non-Hodgkin Lymphoma	18.8	4,964	12.6	4,095
Oral Cavity and Pharynx	19.6	5,512	6.9	2,229
Ovary	-	-	10.8	3,400
Pancreas	15.0	4,125	11.3	3,853
Prostate	119.8	35,498	-	-
Stomach	8.5	2,300	5.0	1,613
Testis	4.4	992	-	-
Thyroid	4.8	1,246	13.5	3,616
Uterine (Corpus and Uterus, not otherwise specified)	-	-	19.9	6,566

Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard. Rates and counts are for malignant cases only with the exception of urinary bladder and groups that contain urinary bladder. *2020 is the most recent year for which statistics are available.

determining priorities for cancer prevention and control, and implementing the 2022-2027 Alabama Cancer Control Plan. The vision is to eliminate the burden of cancer in Alabama; reduce the incidence, morbidity, and mortality of cancer in all Alabamians; and build sustainable strategies for cancer prevention and control. The current 5-year goal for the Alabama cancer plan is to foster policy, systems, and environmental changes, as well as health promotion activities to address the burden of cancer through evidence-based strategies that support primary prevention, early detection efforts, and survivors' quality of life. The plan serves as a blueprint for every person in the state to have an equally effective chance of receiving appropriate healthcare of equal quality. The goals and objectives of this cancer plan are aligned with state partners' programs and plans to include the state's vaccination plan, the tobacco prevention and control plan, and the nutrition and physical activity plan.

Colorectal and Prostate Cancer Prevention Program

The division oversees legislative funds to provide colorectal and prostate cancer screening for underserved men and women. Over the past year, prostate cancer funding was used to screen 956 persons, and colorectal cancer funding was used to screen 88 persons. Of the 88 persons screened for colorectal cancer, 4 cancers were found.

CHILD AND ADOLESCENT HEALTH

The Child and Adolescent Health Division is comprised of the Adolescent Pregnancy Prevention Branch (APPB), the Social Work Branch, and the Child Health Branch which includes the Alabama Childhood Lead Poisoning Prevention Program (ACLPPP) and the Healthy Child Care Alabama (HCCA) Program.

The APPB works to reduce the incidence of unplanned pregnancies and sexually transmitted infections among teens in Alabama. The branch's work is made possible through federal grants from the Department of Health and Human Services, Administration for Children and Families. The APPB works at the community level to provide opportunities and resources that promote the overall health and well-being of youth, which includes abstinence education, personal responsibility education, and overall positive youth development. In FY2023, media campaigns were launched to provide educational information in locations throughout the state with teen pregnancy rates at or above the state rate in which youth are not receiving program implementation.

The APPB contains the Alabama Sexual Risk Avoidance Education Program (ASRAE) which provides through grants to youth-serving organizations, evidence-based and evidence-informed abstinence education to middle school aged youth in school and community settings. This programming equips youth with the tools needed to resist sexual risk behaviors and to make healthy relationship choices. The APPB also contains the Alabama Personal Responsibility Education Program (APREP), which provides education regarding abstinence and contraception to youth in community settings through grants to youth-serving organizations as well as high schools. Youth received evidence-based, medically accurate programs, including lessons on adulthood preparation, designed to promote successful transition to young adulthood.

During FY2023, the APPB provided programming to approximately 793 youth participating in APREP and 852 youth participating in ASRAE in 12 Alabama counties.

The Social Work Branch continues to provide care coordination services for multiple programs throughout the state. The Early Periodic Screening, Diagnostic, and Treatment Care Coordination Program provides services for newborn hearing, newborn screening, and elevated lead levels. In FY2023, the unit completed 4,517 referrals in this program including 1,451 elevated lead referrals, 65 newborn screening referrals, and 3,001 newborn hearing referrals. The unit continues to collaborate on a grant with the Alabama Department of Human Resources to ensure children enrolled in Early Head Start attend medical and dental appointments and assist in the recruitment of children with special needs into the Early Head Start Program. The Community Health Advisor Program provides care coordination services that focus on family planning services, women’s health-related conditions, and promotion of HPV vaccine in seven underserved counties. A total of 1,618 women received care coordination services during FY2023.

The ACLPPP is a collaborative effort of the Bureau of Family Health Services, Bureau of Environmental Services, CDC, and the Alabama Medicaid Agency. The program provides case investigation, family education, case management services, and environmental testing to help identify and eliminate sources of lead exposure. In January 2022, ACLPPP aligned with updated CDC recommendations, decreasing the blood lead reference value, which is the level at which public health intervention is initiated, from 5 micrograms per deciliter (mcg/dL) to 3.5 mcg/dL. This has enabled the ACLPPP to identify and provide services to more lead-exposed children and their families.

In addition, the ACLPPP provides public education and outreach to spread awareness about lead poisoning and increase the number of children screened for lead exposure. Staff share the new blood lead reference value and the associated recommendations, provide sample resources for clinic use, and remind providers of the reporting mandates for blood lead results. During 2023, program staff made more than 1,000 face-to-face visits with pediatric, family practice, and occupational health clinics across the state to reinforce provider education.

The HCCA Program provides health and safety training and technical assistance to early childcare providers throughout the state. In an effort to prevent injury, and promote health, 16 nurse consultants work to provide first aid, safety, CPR, infection control, emergency preparedness, and poison prevention training. During FY2023, programming was provided through 9,472 classes to more than 49,000 provider staff statewide.

Figure 31. Number of Children with Reported Blood Lead Tests

Description	Total 2021*	Total 2022**	Total 2023***
Reported Number of Individual Children Less than 18 Years Old with at Least 1 Blood Lead Test Collected	35,122	48,929	47,933
Number of Unduplicated Positive Lead Cases Eligible for Services	677	1,659	1,896

*2021 positive is ≥ 5 mcg/dL and data is finalized **2022 positive is ≥ 3.5 mcg/dL and data is finalized ***2023 positive is ≥ 3.5 mcg/dL and data is preliminary

ORAL HEALTH OFFICE (OHO)

The OHO introduced a unique, first-of-its-kind initiative into the dental environment. Alabama is the first state to introduce a stillbirth prevention campaign, Count the Kicks, which is an evidence-based tool developed and first implemented in Iowa by five mothers who had experienced stillbirth. An app developed by Healthy Birth Day, Inc., helps track a baby’s movements and alert a mother to possible indications of distress of the baby. In the first 10 years of the program, Iowa experienced a 32 percent reduction in stillbirths. The OHO launched its initiative when Governor Kay Ivey signed a proclamation declaring December 2023 Count the Kicks Month in Alabama. A 2-hour training session was recorded and placed on the OHO web page offering two continuing education (CE) credit hours to Alabama licensed dentists and hygienists. The introduction of the initiative in the dental arena represents a perfect example of efforts of the OHO to engage in medical-dental integration activities for overall maternal and child health (MCH) and equity. Six additional states have now initiated promotion of Count the Kicks in dental offices, following Alabama’s pilot program.

Citing Alabama’s oral cancer ranking of twelfth in incidence, third in deaths, and fortieth in HPV vaccination uptake, education is paramount in the fight against oral cancer. In its fourth year, the #WATCHYOUR MOUTH oral cancer awareness campaign continued to garner nationwide attention. Originally developed in a collaboration between the OHO and the University of Alabama Mitchell Cancer Institute in observance of April as Oral Cancer Awareness Month, the campaign seeks to offer providers and patients education on oral cancers and HPV-related oropharyngeal cancers. Additionally, the campaign promotes the FDA-approved HPV vaccine for males and females, an example of interdisciplinary integration promoting protection against six different types of cancer, and accentuating the campaign’s slogan, “What could be better than a cure for cancer?...Not needing one.” In FY2023, the campaign received renewed attention with the addition of a recorded interview and statewide public service announcement by Dr. David Bronner, Chief Executive Officer of the Retirement Systems of Alabama. The interview chronicled Dr. Bronner’s 2-year battle with oral cancer, offering a very personal insight into the physical and emotional trauma that accompanies the oral cancer experience. A familiar face to many people in the state and nation, Dr. Bronner’s professional stature offers a unique platform to convey the importance of regular dental examinations for early diagnosis and intervention of oral cancer. A partnership with a relatively new nonprofit organization, VAX2STOPCANCER, provides a 1-hour Board of Dental Examiners of Alabama-approved CE credit to Alabama dentists and hygienists for participating in online HPV training, by virtue of the partnership with the office.

The relatively new partnership between the Northern Public Health District and dental hygiene programs at Calhoun Community College and Wallace State Community College experienced continued success in FY2023. The partnership allows uninsured MCH population patient referrals from the department to the colleges for preventive dental visits, including sealant applications, at no charge to patients. The cost of the visits is offset through in-kind provision of dental hygiene supplies by the

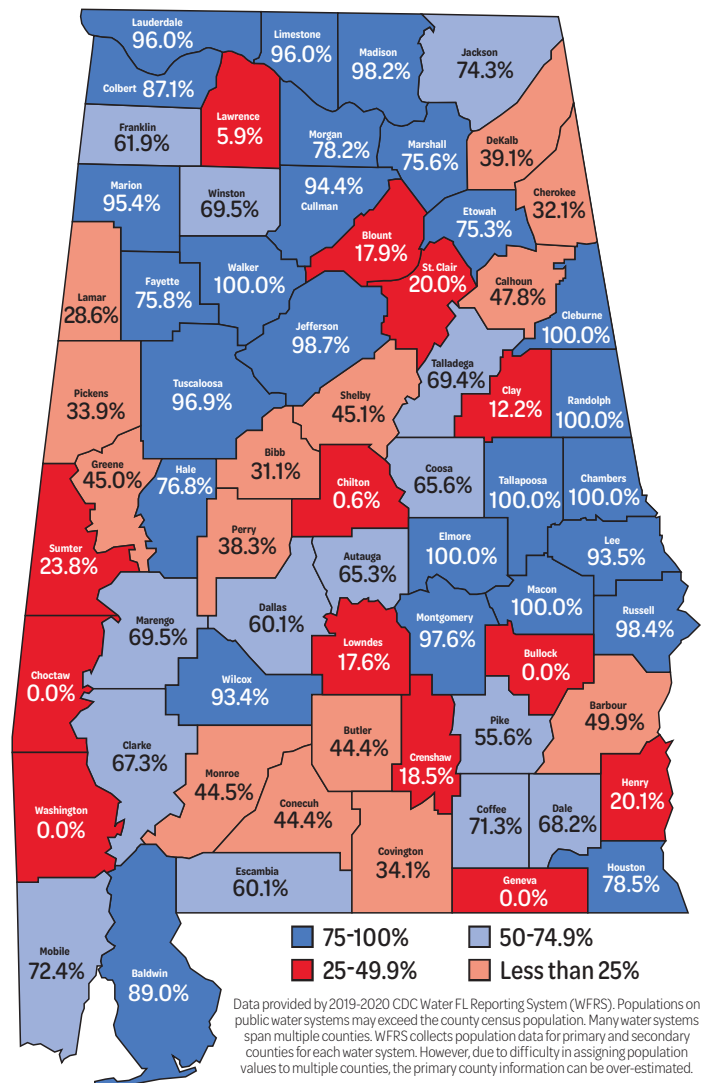
department. In addition to the radiographs, cleanings, and exams, education is provided to patients on numerous oral health-related issues such as caries prevention, fluoridation, adverse effects on pregnancy by poor oral health, HPV-related cancers, and HPV vaccines. Patients are assisted in seeking appropriate referrals to address identified treatment needs. The collaboration benefits both patients and hygiene programs, thus far providing services to 302 children and 40 expectant mothers. A similar partnership was launched with a multi-practice private entity to provide preventive dental services at its Russellville location with plans to expand to its additional rural locations.

Another unique opportunity afforded the OHO was a first-time invitation to host a 3-hour CE session at the annual state meeting of the Alabama Dental Association, the Gulf Coast Dental Conference. Through its continued efforts to bridge the disconnect between public health and the private sector, the session, "Public Health Dentistry: CDHC, Fluoride, Health Equity, Vaccines and More!", sought to highlight many of the resources public health can provide to private practices and community organizations. The session featured a virtual panel of four subject matter experts from the American Dental Association who discussed recent developments and initiatives related to current topics in public health dentistry including community dental health coordinators, fluoride, health equity, HPV vaccination, tobacco/vaping cessation, and medical-dental collaboration. A presentation titled "Alabama Dentists: The State of Their Decay" highlighted the pending crisis of decreasing numbers of dentists in Alabama. The OHO provided educational packets at registration to more than 1,100 of the attendees, including information on HPV-related oral cancers and vaccines, Community Water Fluoridation (CWF), sealants, Brush/Book/Bed, Count the Kicks in the dental arena, oral health and pregnancy, and the importance of preventive dental visits. The event drew the largest attendance on record, representing 28 states.

In observation of, and in correlation with, National Children's Dental Health Month in February, the sixth annual "Share Your Smile with Alabama" smile contest was successfully conducted. A third-grade girl and boy were each selected the winners by the department's staff from photos of third-grade children submitted statewide by their parents or guardians. The contest initially was developed to promote preventive dental visits of children ages 1-17 years, aligning with the MCH population that the department serves. It has grown to encompass promotion of CWF, as well as promotion of the HPV vaccine for boys and girls at the earliest recommended age, which corresponds with typical ages of third graders. The winners were announced at a statewide news conference, their likenesses were pictured on billboards near their schools, and posters were distributed to county health departments and various public spaces statewide.

The first updated data since 2017 from CDC related to optimally adjusted fluoridation levels of water supplies was released in July. The 2020 data was compiled by states' submissions of monthly split samples from their water systems through the Water Fluoridation Reporting Systems site of CDC. The data, when used in tandem with tooth caries incidence, is one of the best ways to demonstrate to communities the impact CWF has on the oral

Figure 32. Fluoride in Public Drinking Water Supplies of Alabama in 2020



health of their residents. The OHO offers competitive fluoridation grants to water systems needing to replace failing equipment, wishing to purchase new equipment, or for initiation of CWF at their facilities. The grants have bolstered fluoridation efforts resulting in the provision of fluoridated water to 77.7 percent of Alabama, higher than the U.S. level of 72.7 percent.

PERINATAL HEALTH

The Perinatal Health Division offers various programs in support of improving MCH. These programs include MCH Epidemiology, Fetal Infant Mortality Review (FIMR), Perinatal Regionalization, Maternal Mortality Review Program (MMRP), Office of Women's Health, and Well Woman.

MCH Epidemiology

The mission of the MCH Epidemiology Branch is to utilize research and analysis to impact public health policy that will assure the healthiest conditions for the state's MCH populations. Staff may sometimes perform literary searches and statistical testing and identify and glean information from key subject matter experts to answer a request or provide context for a statistic or topic. The branch administers the MCH Title V Block Grant Annual Report and

Application, the State Systems Development Initiative (SSDI), and the Pregnancy Risk Assessment Monitoring System (PRAMS).

The branch provides support to the following programs within the bureau: the Alabama State Perinatal Program, which includes FIMR and MMRP; the Family Planning Program; and the Childhood Lead Program. The branch also provides support to the State of Alabama Infant Mortality Reduction Plan Workgroup as well as the Pregnancy Outcomes Team of the department’s Strategic Planning Team.

The MCH Program coordinates federal MCH Title V Block Grant activities. The Alabama MCH Program staff continue to change the different ways in which the grant is administered to better align with the objectives and performance measures across six population health domains. Additionally, states must select evidence-based or informed strategy measures (ESM) for each of the selected national performance measures. Bureau staff work with community, state, and national partners to identify and implement ESMs that improve the health of Alabama’s MCH population. An update to the MCH priority needs for 2021-2025 and the evidence-informed strategies to address those needs is being completed. The SSDI supports efforts of the MCH Title V Block Grant to include expansion of staff knowledge with statistical analysis and provision of program analytical support as needed. The bureau collaborates with the Alabama Department of Rehabilitation Services, Children’s Rehabilitation Services, to support services for children and youth with special healthcare needs.

PRAMS is a joint research project between the department and CDC. The department began collecting PRAMS data in 1993. The purpose of this program is to determine why some babies are born healthy and others are not. To do this, a questionnaire asks new mothers about their behaviors and experiences around the time of their pregnancy. In 2021, the PRAMS Project sampled 1,406 mothers who were randomly selected from the state birth certificate registry. Responses to the survey are used to implement new projects or modify existing ones to help improve the health of mothers and babies in Alabama.

State Perinatal Program

The purpose of the State Perinatal Program is to identify and recommend strategies that will effectively decrease maternal and infant morbidity and mortality. Program activities include maternal, fetal, and infant mortality reviews; community outreach and education to reduce risk factors associated with maternal, fetal, and infant deaths; support and promotion of breastfeeding and safe sleep practices; promotion of Alabama Regionalization System guidelines; and continuing the initiatives of the State of Alabama Infant Mortality Reduction Plan.

In November, the department reported the lowest infant mortality rate in the state’s history which was 6.7 per 1,000 births during Calendar Year 2022. The 3-year rolling average was also a historic low of 7.1 per 100,000 births. Alabama had the twelfth highest infant mortality rate in the nation; however, racial disparities persist. The infant mortality rate for black infants is three times as high as the rate for white infants. The FIMR Program is reviewing the accomplishments of the initiatives of the State of Alabama

Infant Mortality Reduction Plan as strategies are developed on how to reduce racial disparities throughout the state. The Perinatal Program staff completed the FIMR report for activities and efforts accomplished by staff from 2010–2018. The FIMR Program will be transitioning to the national FIMR database to improve the standardization of data from infant death reviews.

In 2021, Alabama had the sixth highest maternal mortality rate in the nation of 36.4 per 100,000 live births. The Alabama Maternal Mortality Review Committee (MMRC) 2023 report indicates members reviewed data from 2018 and 2019 for women ages 15-56 who were identified as maternal deaths. Of the 93 maternal deaths, 24 deaths were found to be pregnancy-related and 69 were pregnancy-associated. Pregnancy-related deaths occur during pregnancy or within 1 year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Pregnancy-associated deaths are deaths that occur during pregnancy or within 1 year of the end of pregnancy from a cause that was not related to pregnancy. More than 60 percent of all cases reviewed were preventable.

The table below is taken from the MMRC 2023 Report and shows the distribution of maternal mortality cases by preventability. Approximately 50 percent of all maternal deaths reviewed by the MMRC did not have an autopsy, which would provide critical information in determining the cause of death. In December 2023, the Maternal Autopsy Program was implemented, providing families who lost a loved one who was pregnant or up to 1 year after delivery with an autopsy free of charge upon request of the family. This program will help provide answers to family members regarding their loved one’s death and provide critical information to the MMRC. As the committee continues to review maternal deaths in Alabama, it is making recommendations and developing strategies to help save lives and reduce the maternal mortality rate in Alabama.

Figure 33. Maternal Mortality Cases Reviewed, 2018 and 2019

Death Preventability	Pregnancy-Related	Pregnancy-Associated
Preventable	15	55
Not Preventable	9	14

Over 60 percent of both categories were preventable

Office of Women’s Health (OWH)

The OWH provides statewide leadership and coordination to promote the health of women and girls through policy, advocacy, education, and partnership. The office achieves its mission and vision by educating health professionals and motivating behavior change in consumers through the dissemination of health information. The 2023 Annual Women’s Health Conference was held in person for the first time since the onset of the COVID-19 pandemic with an option to attend virtually. With nearly 100 in attendance, topics included information on breastfeeding, self-care, teen pregnancy prevention, maternal health, and acute coronary syndrome. Additionally, the OWH provides health education programs to incarcerated women at Julia Tutwiler Prison monthly. During the COVID-19 pandemic, the program shifted to virtual sessions. However, in 2023, some in-person sessions were provided.

Well Woman Program

The Well Woman Program promotes healthy living, prevention, and early detection of disease to assist in increasing longevity and quality of life for women ages 15 to 55. The program was piloted in FY2017 with 3 counties and expanded to 12 counties in 2022. Due to a staffing shortage, Greene, Hale, and Perry counties ended their Well Woman programs in 2023. The remaining nine counties are Barbour, Butler, Dallas, Henry, Macon, Marengo, Montgomery, Russell, and Wilcox.

The program enhances access to preventative screenings for cardiovascular disease, wellness checks, and vision and oral screenings. The Well Woman Program also offers free services to address issues such as obesity, hypertension, high cholesterol, and diabetes. Patients are given the opportunity to participate in behavioral change programs addressing chronic diseases, food choices and portion control, physical activity, and smoking cessation. The program utilized the New Leaf curriculum, which is a nationally recognized, science-based intervention tool that emphasizes practical strategies for making changes in dietary intake and physical behaviors. The referrals are from community partners, local physicians, and other programs within the department. In 2023, 50 percent of the Well Women enrollees who returned for their second visit saw a reduction in their BMI, and 61 percent saw a reduction in their blood pressure.

FAMILY PLANNING

The Family Planning Program (FPP) promotes the well-being of families, responsible behavior, and healthy mothers and babies. The program goal is to prevent unintended pregnancies through education and contraceptive services, allowing for the planning and timing of pregnancies. The program is funded in part by Federal Title X family planning services grants. For more than 50 years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.

Title X family planning services are available in all 67 county health departments that include 81 sites across Alabama. The FPP provides a wide range of confidential and professional family planning services to both females and males of all ages. Services are provided regardless of income, and many clients may be eligible for free or reduced cost services. Family planning services include testing for pregnancy and sexually transmitted diseases, breast and cervical cancer screening, reproductive and contraceptive counseling, and access to a broad range of contraceptive methods, including oral and injectable contraception, intrauterine devices (IUDs), contraceptive implants, emergency contraception, and referrals for male and female sterilization.

Despite ongoing COVID-19 precautions in the beginning of 2023, the FPP continued to push forward providing inclusive comprehensive family planning services. Telehealth visits assured uninterrupted client access to essential, time-sensitive family planning and related preventive health services until full

face-to-face services were restored at the end of the COVID-19 emergency. In FY2023, department providers served just over 39,000 family planning clients, completing nearly 81,339 in-person visits; Title X sub recipients, Jefferson County Department of Health and Mobile County Health Department, provided family planning services to an additional 9,142 clients.

During FY2023, the FPP continued advancing colposcopy services, improving access to care, and increasing patient compliance with abnormal cervical screening follow-up. Nurse practitioner senior colposcopy training was completed in 2022 and was in full operation by 2023 in every Alabama public health district, bridging the gap in patient care services for uninsured or underinsured patients. Additionally, in 2023, 3 new nurse practitioners were employed bringing the total to 44 nurse practitioners working across the state providing patient care.

Figure 34. Total Colposcopies Performed by Year

Year	Number of Colposcopies	Referral for further treatment
2019	264	48 (18%)
2020*	251	43 (17%)
2021*	216	35 (16%)
2022	253	58 (23%)
2023	823	138 (17%)

*Decrease in number of clinics offered due to COVID-19 for 2020 and 2021

Alabama's FPP provides a comprehensive contraceptive menu, giving clients a vast choice in contraceptives. The program can offer not only oral and injectable contraception but also IUDs and implants provided by certified nurse practitioners in local clinics improving access to these long-acting contraception products.

Figure 35. IUD and Implant Insertion Totals

Year	IUD	Implants
2022	445	1,901
2023	651	2,295

Through community-based outreach, education, and collaborative relationships with community organizations, bureau staff emphasize focused goals of reducing cervical cancer morbidity and mortality through regular cervical cancer screening and preventing cervical cancer with HPV vaccine. The HPV vaccine, Gardasil®9, prevents most cervical cancers, as well as six HPV-related oropharyngeal cancers, and is available in all department family planning clinics. During FY2023, the FPP provided, free of charge, 6,665 doses of HPV vaccine to 5,872 clients. Also, during FY2023, the program utilized a media campaign to promote community awareness of the broad range of family planning services and contraceptive methods that are available in local department clinics. Additionally, social workers stationed in strategic locations throughout the state provide individualized, risk-based care coordination services, such as education and follow-up to facilitate clients' completion of provider referrals for higher-level medical care and completion of the HPV

vaccination series. In 2023, social workers under the Title X Program provided care coordination services to seven focused risk counties, reaching 1,618 family planning clients.

WOMEN, INFANTS, AND CHILDREN PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves women who are pregnant, recently had a baby, or are breastfeeding; infants; and children up to 5 years of age. To qualify to receive WIC benefits, the applicant must meet income guidelines and have at least one nutrition risk identified. Benefits provided by the WIC Program include quality nutrition education, breastfeeding promotion and support, referrals to maternal and child healthcare services and other assistance agencies, and supplemental foods prescribed as a monthly food package. Supplemental foods include fruits and vegetables, whole grains, dairy, protein sources, juice, infant foods, and standard contract formulas as well as other specialized formulas ordered by physicians.

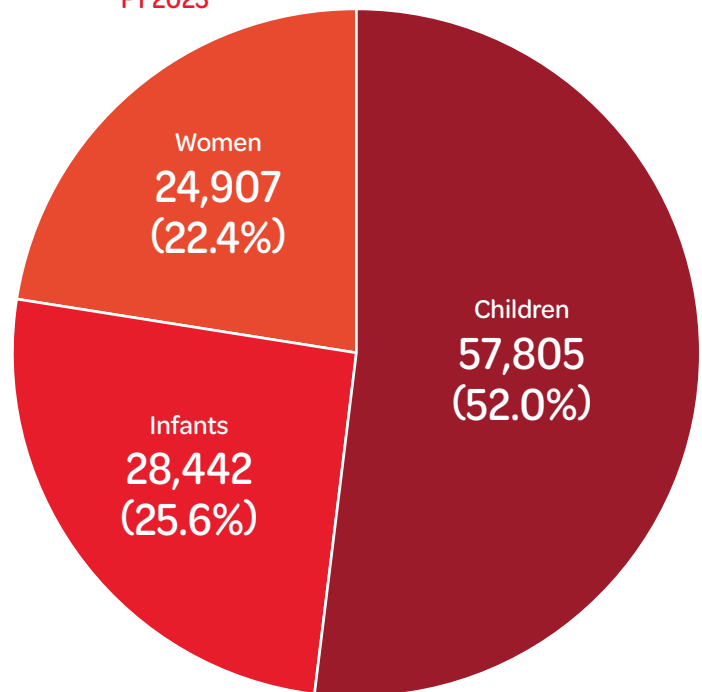
During FY2023, WIC increased the amount of cash value benefits (CVBs) issued to qualifying participants to purchase fresh and frozen fruits and vegetables. Monthly CVBs were increased to \$25 per child, \$44 per pregnant or postpartum woman, and \$49 per breastfeeding woman. The CVB increase enabled many WIC families to expand the variety of nutritious produce options consumed, building a strong foundation for lifelong healthy eating choices. WIC issues electronic food instruments, with each family receiving an eWIC card to purchase approved foods. To further improve the shopping experience, WIC participants are also able to utilize their eWIC card at self-checkout lanes at certain authorized vendors (stores). The effects of the nationwide formula shortage that began in February 2022 continued during FY2023. To ensure affected infants were able to obtain formula, WIC implemented several federally authorized infant formula waivers and added numerous temporary infant formula options to the approved product list. Being an eWIC state was instrumental in Alabama’s response to the formula shortage as it allowed families to redeem their formula benefits throughout the 30-day benefit period. Alabama’s response was extremely important as the most recent birth data from 2021 suggests that WIC served an estimated 50.4 percent of the infants born in Alabama during that year.

As the COVID-19 public health emergency declaration came to an end, Alabama’s WIC Program transitioned back to offering in-person services at all WIC clinics. Remote services remained available for participants with a qualifying need and provided flexibility to return to in-person services through a phased-in approach while ensuring participant safety and continuation of services. When permissible, benefits were automatically issued each month without action from the participant until all clinics

Figure 36. WIC Food Redemptions by District, FY 2023

Public Health District	Food Redemption
East Central	\$14,359,576.05
Jefferson	\$10,046,031.09
Mobile	\$9,059,200.15
Northern	\$19,743,421.27
Northeastern	\$13,913,068.07
Southeastern	\$9,036,212.22
Southwestern	\$8,131,513.91
West Central	\$8,840,256.48
Total	\$93,129,279.24

Figure 37. Alabama WIC Program Average WIC Participation, FY 2023



successfully returned to in-person services. Participants in need of regular nutritional assessments received benefits via individualized appointments, either remotely over the telephone or in person at WIC clinics based on participant needs. Alabama’s WIC Program was able to serve an average of 111,154 monthly participants during FY2023, despite ongoing responses to both the COVID-19 pandemic and the nationwide infant formula shortage. Alabama’s WIC Program closed out FY2023 with the highest monthly caseload seen in 2.5 years, serving 114,025 participants during September 2023.

OFFICE OF FIELD OPERATIONS

CLINICAL MANAGEMENT AND PRACTICE

Clerical

Public Health clerical staff provide professional assistance in the daily operations of county health departments and in the daily functions of the districts and Central Office. Staff serve in a variety of roles including front desk receptionist, intake clerk, home health clerk, and office manager. Each administrative support staff member is vital to the agency's ability to meet the needs of the citizens of Alabama.

Electronic Health Record

The Electronic Health Record (EHR) was implemented in 2017 and is the system of record for all clinical encounters and includes interfaces with the BCL, the Alabama ImmPRINT vaccine registry, the Alabama Medicaid One Health Record, and the Alabama NEDSS Based System (ALNBS) for disease reporting. All patients have access to a patient portal, where they can see detailed information about previous visits, and have access to all prescriptions as well as all laboratory orders and results they have had.

The department has around 950 active users of the EHR, which include nurses, providers, social workers, disease intervention specialists, and other non-clinical roles. The EHR staff provide on-site training monthly for all users on a first-come, first-served basis. A new billing module is being implemented in 2024 which will replace Claims Integration as the single repository for all clinical billing for the department.

Infection Control and Employee Health

The Infection Control and Employee Health Program provides educational support for the district infection prevention and control (IPC) teams. Each district team provides testing, vaccination, and education for emerging diseases. These teams have the capability to respond quickly and efficiently to furnish crucial services to Alabamians in community settings statewide. District IPC teams provide support and education regarding infection control principles, CPR, and nurse competency training for departmental staff. Acquiring knowledge for the proper utilization of personal protective equipment is an ongoing task for the IPC teams with emerging diseases always on the horizon. IPC teams mobilize statewide as needed to assist within county health departments with testing and vaccination as well as assist community agencies. The program provides ongoing learning opportunities and training. IPC teams continue to monitor current disease trends to provide up-to-date educational information and guidance as the infection landscape continues to shift.

Nursing

The mission of Public Health Nursing is to assure conditions in which individuals, families, and communities can be healthy utilizing the unique expertise of Public Health nurses to assess, plan, and implement programs which promote health and prevent disease. The department employs approximately 750 nurses. Approximately 350 of those nurses provide family planning, child health, preventive and treatment services for disease control, and immunizations. Public Health nurses are active in the community through involvement in health fairs and other educational opportunities. The department is an approved provider of CE and offers numerous opportunities for CE hours via satellite and on-site classes. The division has continued to respond to Public Health needs for COVID-19 cases by providing testing and vaccinations throughout the state.

Social Work

Public Health social work staff serve as members of a multi-disciplinary team of professionals, skilled in using social work values, knowledge, and community resources to promote positive health outcomes, while respecting personal choice and promoting the health and well-being of individuals, groups, and communities. Public Health social workers act as liaisons within their respective communities, educating and advocating for changes to improve poor outcomes related to social determinants of health. Public Health Social Work is an approved provider of Social Work Continuing Education by the Alabama Board of Social Work Examiners, and during 2023 provided social work CE credit for more than 25 programs both onsite and via satellite.

The department employs approximately 125 social workers who provide care in county health department clinics, patient homes, and the local community. They are responsible for programmatic oversight in the county, district, and Central Office. Social workers provide direct service to a multitude of Alabamians in a variety of settings and programs within the department including the ASRAE, the APREP, ALL Babies, CHIP, COVID-19 Response and Education, Diabetes Self-Education, Elevated Lead, Emergency Preparedness, HIV Care Coordination, Home Health, Licensure and Certification, Health Equity and Minority Health, Newborn Hearing Screening, Newborn Screening Care Coordination, STD, Suicide Prevention, Telehealth, Tobacco Prevention, TB, Well Woman, and WISEWOMAN, and serve on several committees at the local level using the Collective Impact framework to address deeply entrenched and complex social problems that negatively impact the communities of Alabama.

Telehealth

Telehealth provides a solution that connects patients with providers through increasing access to healthcare, improving health outcomes, and reducing healthcare costs. The Telehealth Program encompasses 66 county health departments which are equipped with carts that use digital technology to supply medical care, health education, and additional public health services.

Collaborating with healthcare agencies, departmental staff facilitate services such as nephrology, neurology, cardiology, behavioral health, and HIV follow-up. Telehealth staff work with special partners, such as the Alabama Lions Sight Association and

UAB's Living Donor Program, to reach patients where they are in rural communities. The telehealth equipment is also utilized by departmental staff for meetings and training events.

Telehealth Program staff also manage several funding opportunities such as testing and mitigation of the COVID-19 virus among people who are experiencing homelessness and awarding American Rescue Plan Act funds to hospitals to expand telehealth throughout Alabama. The department continues to improve and increase the usage opportunities of the telehealth carts by growing its network of partners and equipment upgrades to expand the reach of healthcare access across Alabama.

BUREAU OF FINANCIAL SERVICES

The Bureau of Financial Services provides support to the department through financial and cost accounting management. Services rendered in support of the department and its goals include accounts receivable, payroll, accounts payable, purchasing, budgeting, grant accounting, production planning, and administrative support.

In FY2023, Financial Services managed the department's \$1.1 billion budget using 335 internal budgets interfaced with 13 Executive Budget Office spending plan activities, and 213 internal funds interfaced with 13 State Comptroller's funds in the State Treasury. The bureau managed a total of more than 100 federal grants with a value in excess of \$753 million and 460 contracts totaling over \$1.061 billion.

Included in the federal grants are WIC gross food outlays of \$96.1 million including \$24.9 million received from the department's infant formula rebate contract. The bureau provided fiscal agent services for the department in the form of payroll, procurement, accounts payable, contract payment processing, and also budget management to the Family Practice Rural Health Board and the Board of Medical Scholarship Awards.

As a result of the COVID-19 pandemic, the bureau was responsible for increased grant funding provided to the department for use in responding to the pandemic. Additionally, the bureau provides all accounting services for the Alabama Public Health Care Authority

Figure 38. Public Health Funding History (Fiscal Year)

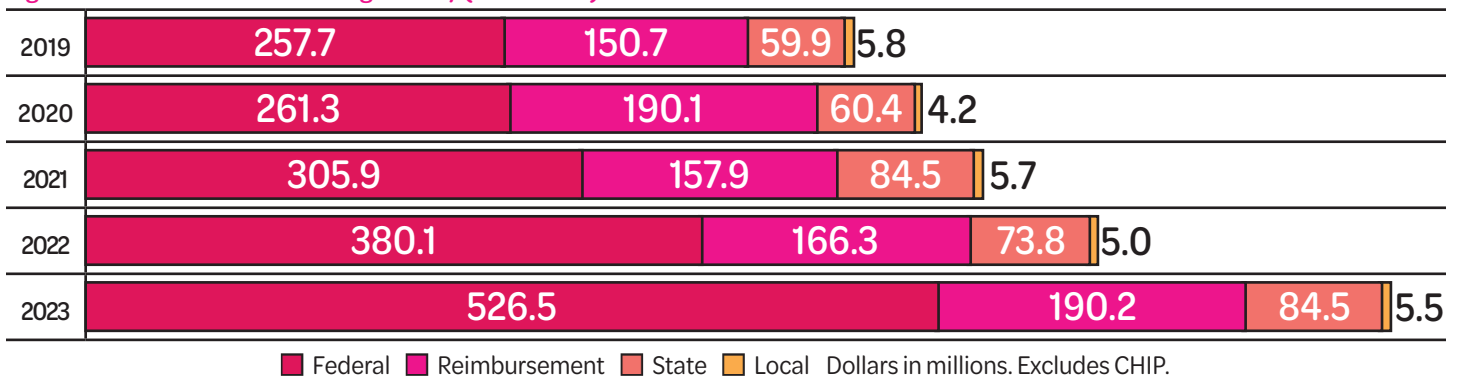


Figure 39. State Appropriations – Public Health, FY2018-2024

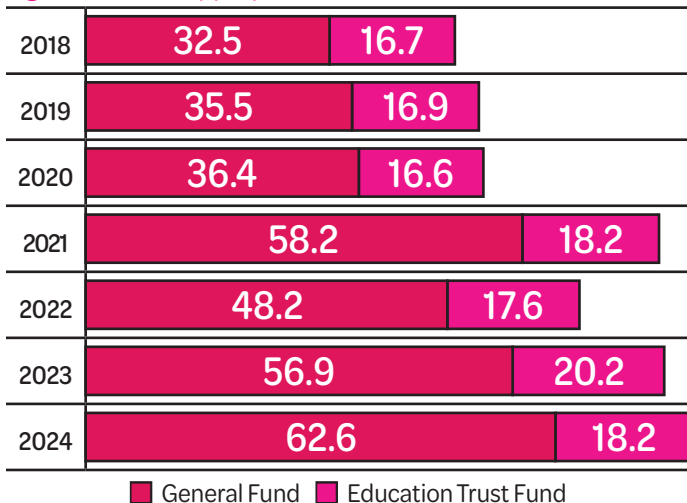
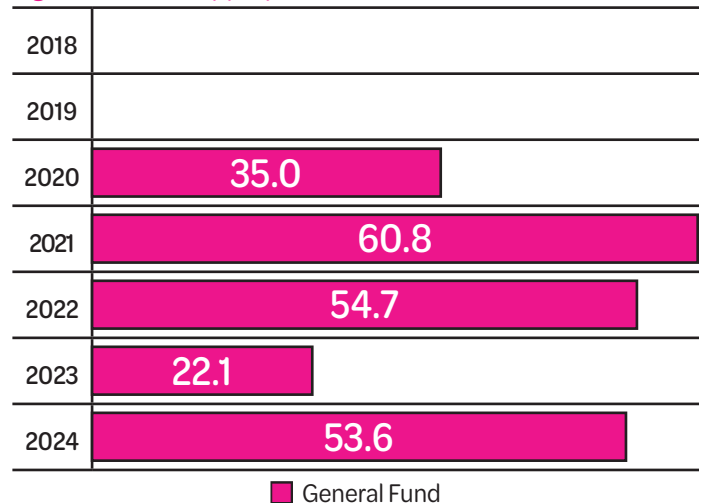


Figure 40. State Appropriations - CHIP, FY2020-2024



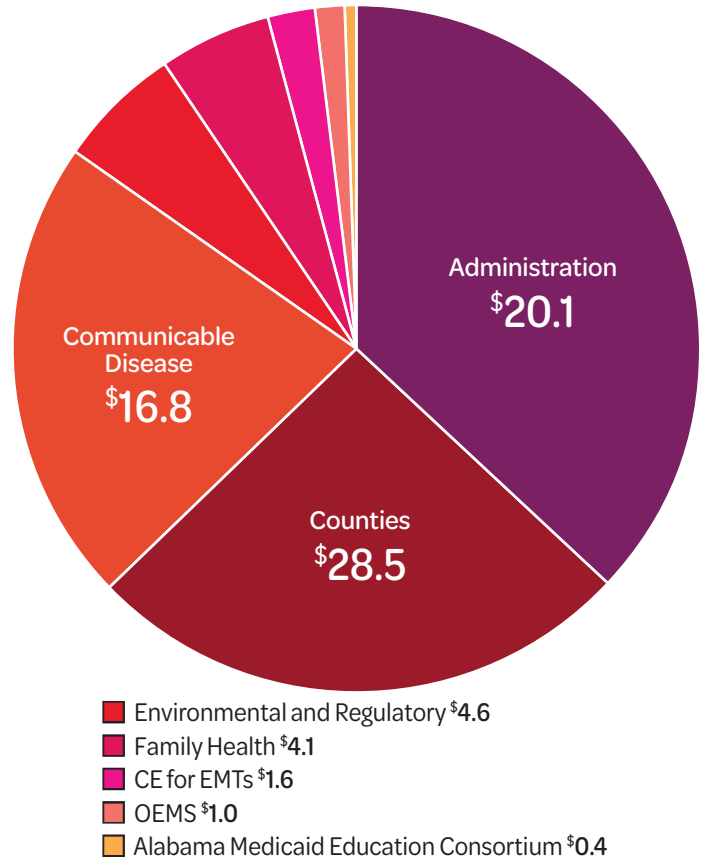
(the authority). The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout Alabama.

The authority has completed the Phase I, II, III, and IV building programs, which included constructing and renovating 66 facilities, including a new state laboratory and training center. The authority continues to propose and develop solutions for additional Public Health buildings and equipment needs.

The authority manages the Alabama Public Health Capital Maintenance Trust Program, which provides funding for a comprehensive, coordinated preventative maintenance improvement and replacement program for Public Health facilities in Alabama. The authority’s construction management firm provides technical assistance, advice, and program monitoring. The program spent \$1,893,963 during FY2023 to provide the following services:

- Periodic facility inspections to identify deficiencies, repairs, and maintenance needs.
- Maintenance contracts for heating, ventilation, air conditioning systems, fire alarms, and fire sprinkler systems.
- Roof systems maintenance/repair and a full range of other maintenance repair expenditures and renovations to maintain public health facilities in good working order.

Figure 41. Use of State Funds, FY2023
General Fund and Education Trust Fund only (in millions)



OFFICE OF INFORMATICS & DATA ANALYTICS (OIDA)

The mission of OIDA is to ensure that the determinants and distribution of disease and health for Alabama are accurately identified and the information is shared in a meaningful way. OIDA supports programs across the department with epidemiologic integration, analysis, interpretation, visualization, and dissemination.

Leading the department's data modernization activities, OIDA continues to identify opportunities for data integration and maximize data-driven decision making across the department. During 2023, the team assisted several bureaus with performance measures reports, data visualization, and reports to inform program activities.

OIDA also increased the number of hospitals sending automated electronic clinical reports, which is needed to reduce reporting burden on providers and improve public health response times. All hospitals in Alabama have expressed interest in participating.

In accordance with the Hospital Discharge Data Act and associated rules, all hospitals in the state are submitting discharge data. Hospital discharge data will be available for public use in 2024. These data can be used to identify opportunities for public health interventions, especially for conditions for which there are not standard data collection mechanisms, such as diabetes and heart disease.

Syndromic surveillance provides a way to understand why people are visiting emergency rooms or urgent care centers. OIDA links various public health team members to this emergency/urgent care data relevant to their programs. This type of data has many

seasonal and year-round applications. Some examples of applications of syndromic surveillance are situational awareness for emerging pathogens, information on ILLI, drug overdoses, heat- and cold-related illness, and carbon monoxide poisonings.

To strengthen applied epidemiology skills within the department, OIDA advocates for workforce development within the department. For example, OIDA promoted a workshop on presenting data effectively to 25 epidemiologists and data analysts. In addition, another 10 employees were enrolled in a 1-year data visualization academy. OIDA also launched access to the Public Health Digital Library (PHDL) accompanied by a live training session and distribution of training resources on how to access the PHDL. The PHDL has a collection of over 290 scientific journals, 80 e-books, and multiple databases which provide access to evidence-based public health practice literature, and which is now available for the first time to all employees in the department.

Another effort to develop applied epidemiology capacity of the department's workforce was the funding to participate in the 2023 Council of State and Territorial Epidemiologists annual conference, the only national professional conference for applied epidemiologists. In order to support epidemiologists and data analysts in their projects and foster collaboration across the department, OIDA reestablished ClubEpi where epidemiologists and data enthusiasts can meet monthly to share and discuss technical issues related to their professional practice in a collaborative environment.

OFFICE OF GOVERNMENTAL AFFAIRS, EXTERNAL AFFAIRS, AND COMMUNITY RELATIONS

The Office of Governmental Affairs, External Affairs, and Community Relations serves as the primary liaison between the department and various legislative and state government offices as well as private entities, community officials, and stakeholders to address the most pressing public health issues affecting Alabama citizens. Governmental Affairs assists with the development of the department's legislative agenda and reviews all legislation relating to public health issues and programs. The office also serves as a resource for public health information needed by decision makers at all levels of government and their constituents needing public health information.

The office works to identify ways the department can partner with private entities and community stakeholders to ensure poor social determinants of health and risky health behaviors are addressed by connecting programs, populations, and resources. The office focuses on working across multiple organizations and through stakeholders to address the complex public health concerns that impact Alabama citizens.

OFFICE OF HEALTH EQUITY AND MINORITY HEALTH (OHEMH)

The OHEMH was re-imagined in 2021 during the height of the COVID-19 pandemic. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. During COVID-19, increased mortality and morbidity were observed in populations carrying increased risks of comorbidities including the elderly and the chronically ill. Those populations in rural communities which lack access to healthcare also suffered a disproportionate burden of disease.

With these structural inequities magnified during the COVID-19 pandemic, the OHEMH, with stakeholder input, developed a 3-year plan for elevating health equity throughout departmental programs and policies. Utilizing reliable data to identify communities at highest risk of poor social determinants of health, the office and its partners seek to deliver intentional strategies that will support access to healthcare resources for underserved and rural populations, improve culturally and linguistically appropriate communication around healthcare issues, and develop health

equity plans to address future public health emergencies at the community and state levels.

The OHEMH also assists other departmental programs and external stakeholders to build capacity by providing technical assistance and training. The OHEMH plans to host trainings focused on personal health literacy. Communication of health issues and the ability to understand how to prevent and manage chronic illness and communicable diseases is a critical component of improving health outcomes. The OHEMH plans to address both personal health literacy and organizational health literacy within the framework of public health programs and messaging.

The OHEMH will be highlighting and publishing the results of several community outreach efforts funded by a grant from CDC. These sub-grant awardees include the Unincorporated Community Initiative, the University of Alabama Center for Economic Development Equitable Neighborhood Initiative, the Black Belt Community Foundation/H.O.P.E Ambassadors Project, the Alabama Institute for Deaf and Blind Limitless Community Health Initiative, the City of Montgomery/Partners in Health Community Health Worker Program, the Area Health Education Center COVID Testing and Outreach Workers Program, the Jefferson County Department of Health and the Mobile County Health Department Offices of Health Equity Project, the UAB Health Literacy Training Program as well as the OHEMH Historically Black Colleges and Universities Student Health Initiative.

All of these initiatives focus on building capacity of communities and addressing those social determinants of health that lead to poor health outcomes such as lack of transportation, lack of education and job opportunities, food deserts, limited access to healthcare, and unsafe neighborhoods impacting social relationships, physical activity, and increased personal stress.

The OHEMH is also focused on building the office's capacity and workforce to further improve the OHEMH's ability to address poor health outcomes and improve organizational systems through policies and standards in practice and protocols that eliminate variations in care and inefficiencies that lead to poorer health outcomes.

BUREAU OF HEALTH PROVIDER STANDARDS

MISSION STATEMENT

The mission of the Bureau of Health Provider Standards is to improve quality of care and quality of life for healthcare consumers and to reduce adverse outcomes through the process of licensure inspection and certification of healthcare providers.

The bureau consists of several units that include, but are not limited to Acute and Continuing Care, Assisted Living, Long Term Care, and Clinical Laboratory Improvement Amendment (CLIA). Each unit serves only in its specialty and performs license inspections, unannounced surveys for complaints and compliance, and certification surveys when required. Provider Services processes applications for initial licensure, certification, change of ownership, annual license renewal, and changes in provider information.

ACUTE AND CONTINUING CARE

The Acute and Continuing Care (ACC) Unit met four of five U.S. Centers for Medicare and Medicaid Services (CMS) State Performance Standards System measures in FY2023. With a staff of 10 surveyors, the unit completed 191 on-site surveys and 46 non-on-site surveys. The on-site surveys included 30 complaint surveys, 104 recertification surveys, 26 follow-up surveys to ensure compliance, and 31 licensure and initial certification surveys. The ACC Unit was not able to complete the CMS measure for reducing the number of overdue recertification surveys by 50 percent across all provider types, including Home Health, Hospice, and End Stage Renal Disease Treatment Centers. The overdue recertifications resulted during the COVID-19 pandemic when survey activity was halted by CMS. The ACC Unit receives complaints from the public and other sources for over 12 different facility types in Alabama. In FY2023, complaints increased to more than 850 contacts. The ACC Unit has conducted initial licensure, initial certification, Emergency Medical Treatment and Labor Act, and immediate jeopardy/ complaint surveys.

LONG TERM CARE

The Long Term Care (LTC) Unit completed 50 of the 229 CMS standard surveys and investigated 308 complaints and facility reported incidents during FY2023. The statewide average interval requirement between consecutive standard health surveys must be 12.9 months or less. In FY2023, the statewide average with 47 infection control surveys conducted in FY2023 was above the average. This was as the result of low staffing, the backlog of recertification surveys as a result of the COVID-19 pandemic suspension of CMS surveys in March 2020, and the requirement to conduct infection control surveys of long-term care

facilities. Licensure and certification surveyors completed basic long-term care training and participated in the Surveyor Minimum Qualifications Test to conduct federal surveys of nursing homes. Seven licensure and certification surveyors were hired in the LTC Unit during FY2023.

ASSISTED LIVING FACILITIES

The Assisted Living Facilities (ALF) Unit is responsible for ensuring assisted living facilities and specialty care assisted living facilities (SCALFs) are following the State Board of Health rules. The ALF Unit maintains oversight of 191 licensed ALFs and 112 licensed SCALFs. Recently, two licensure and certification surveyors were replaced in the ALF Unit due to the attrition of one supervisor and one surveyor. The new surveyors will complete basic ALF training, including working with a preceptor, to conduct surveys throughout the state.

In FY2023, the ALF Unit completed 63 total surveys: 31 ALF surveys, 26 SCALF surveys, and 6 initial SCALF surveys. In addition to the standard surveys, 35 complaints were investigated. Survey findings for three facilities resulted in regular licenses being downgraded to probational licenses. Complaint investigations were conducted at two unlicensed boarding homes.

CLIA LABORATORY

Any laboratory performing clinical laboratory tests for the purpose of diagnosis, treatment, or prevention is required to be CLIA (Clinical Laboratory Improvement Amendment) certified. CLIA offers four types of certificates commensurate with the complexity of testing performed at the laboratory: Certificate of Waiver, Certificate of Provider Performed Microscopy Procedures, Certificate of Compliance (for high and/or moderate complexity testing), and Certificate of Accreditation (for high and/or moderate complexity testing).

CLIA serves to assess how clinical laboratories monitor their pre-analytic, analytic, and post-analytic systems to ensure the quality of testing provided for the patients/clients. Although CLIA's main objective is to determine a laboratory's compliance with the regulations, CMS CLIA seeks to aid the laboratories in improving patient care by promoting an educational survey process. In FY2023, CLIA served Alabama with three full-time surveyors. The suspension of surveys due to the COVID-19 pandemic caused a significant backlog of surveys, usually performed in alternate years. The pandemic increased the responsibilities of the CLIA Unit, especially due to numerous laboratories implementing COVID-19 testing; as well as special-focused surveys protocol implementation by CMS.

Figure 42. Summary of Licenses and Investigations

Facility Type	Total Complaints Investigated	Facilities with Probational Licenses
Abortion Centers	0	0
ALFs/SCALFs	131	7
Ambulatory Surgical Centers	0	0
End Stage Renal Disease Treatment Centers	2	0
Home Health Agencies	0	0
Hospice Agencies	5	0
Hospitals	21	0
Independent Laboratories	3	0
Nursing Homes	211	0

Despite the many challenges faced, CLIA successfully completed 289 recertification and initial surveys for FY2023 and finished the year at 100 percent completion of usual on-site survey processes laboratories included in CMS’s Budget Call Letter. The CMS Regional Office technical consultant conducted federal monitoring surveys for surveyors on staff and found no deficits in the surveyors’ performance. Three surveyors participated in the annual CLIA training.

Not only is the CLIA Unit responsible for laboratories with CLIA certifications, but also laboratories in the state of Alabama licensed and seeking licenses as independent clinical and independent physiological laboratories.

PROVIDER SERVICES LICENSE AND CERTIFICATION

Certification: There are 1,109 certified facilities and agencies in Alabama.

Licensure: There are 1,862 licensed facilities in Alabama. The Provider Services License Unit has continued to process applications for initial facility licensure and license amendments. There were 178 licenses processed for FY2023.

Figure 43. Licensed Health Care Facilities and Agencies

Abortion or Reproductive Health Centers	5
Ambulatory Surgical Centers	55
ALFs	191
Cerebral Palsy Centers	1
End Stage Renal Disease Treatment Centers	175
Freestanding Emergency Departments	9
Hospice Agencies	185
Hospitals	118
Independent Clinical Laboratories	662
Independent Physiological Laboratories	75
Nursing Homes	229
Rehabilitation Centers	28
SCALFs	110
Sleep Disorder Centers	19
Total	1,862

CENTER FOR HEALTH STATISTICS

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. In addition to registering vital records and issuing certified copies, the center corrects and amends birth and death records and creates new certificates after legal actions. The center consists of the following divisions: Administrative Services, Quality Assurance and Registration, Record Services, Special Services, and Statistical Analysis.

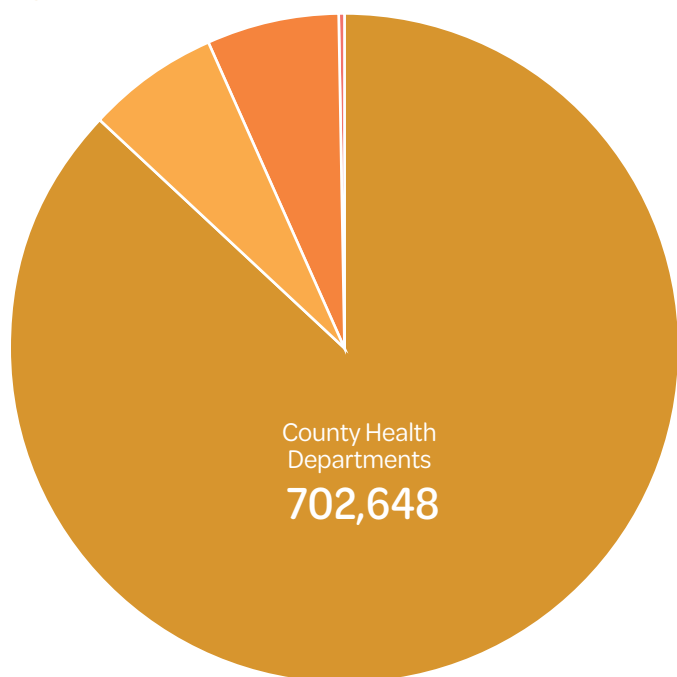
An automated vital records system called VISION, or Vital Statistics Image Oriented Network, allows vital records to be issued in all Alabama county health departments. Customers can obtain vital records from the center through county health departments, usually within 30 minutes or less. Customers may also order records over the Internet, by telephone for next business day delivery, or by regular mail.

More than 170,439 vital records were registered with the center in 2023. All birth records are registered electronically, and approximately 97 percent of divorce and 99 percent of death

certificates are registered electronically. The center continues to increase the number of death records registered through the Electronic Death Registration System (EDRS), which allows families to obtain certified copies more quickly. A significant component of EDRS, the Supplemental Medical Certification, allows medical certifiers to electronically make changes, corrections, or additions to the cause of death information on a death certificate. Nearly 2,100 supplementals were completed electronically in 2023. Other changes to vital records are made in the center by the Special Services Division, which created approximately 4,935 new birth certificates following adoption or parentage determination and amended approximately 3,110 birth certificates and 1,130 death certificates.

The center's Statistical Analysis Division conducts studies and provides analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce, and other demographic and health-related data for public health policy and surveillance. Results are distributed through numerous publications, reports, presentations, special tabulations, and the department's website to the public, news media, researchers, government or private agencies, and various units within the department.

Figure 44. Certified Copies of Vital Records Issued, 2023



The center issued 806,403 certified copies of vital records through county health departments, mail, Internet, and operator-assisted requests.

Internet 51,789 Mail 50,693 Operator-Assisted 1,273

Figure 45. Death Registration, 2023

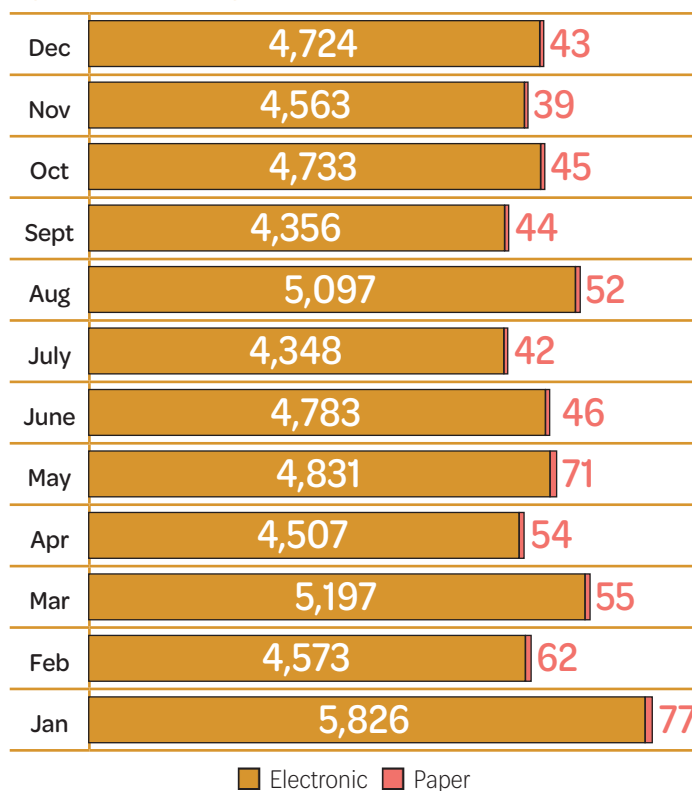


Figure 46. Vital Statistics, 2022

	Number	Rate/Percent	
Births	58,162	11.5	(Per 1,000 population)
Births to Teenagers	3,494	10.9	(Per 1,000 females aged 10-19 years)
Low Weight Births	6,068	10.4	(Percent of all live births)
Birth to Unmarried Women	26,335	45.3	(Percent of all live births)
Deaths	62,241	12.3	(Per 1,000 population)
Marriages	36,869	7.3	(Per 1,000 population)
Divorces	16,069	3.2	(Per 1,000 population)
Induced Terminations of Pregnancy	6,154	6.2	(Per 1,000 females aged 15-44 years)
Infant Deaths (Neonatal + Postneonatal)	391	6.7	(Per 1,000 live births)
Neonatal Deaths (0-27 days of life)	208	3.6	(Per 1,000 live births)
Postneonatal Deaths (28-364 days of life)	183	3.1	(Per 1,000 live births)

Total estimated state population is 5,074,296.

Figure 47. Alabama's Leading Causes of Death, 2022

Cause of Death	Rank	Number	Rate ¹	Population
Total Deaths		62,241		5,074,296
Heart Diseases	1	14,929	294.2	
Malignant Neoplasms	2	10,297	202.9	
COVID-19	3	3,557	70.1	
Accidents	4	3,492	68.8	
Cerebrovascular Diseases	5	3,285	64.7	
Chronic Lower Respiratory Diseases	6	3,149	62.1	
Alzheimer's Disease	7	2,651	52.2	
Diabetes Mellitus	8	1,638	32.3	
Nephritis, Nephrotic Syndrome, and Nephrosis	9	1,323	26.1	
Septicemia	10	1,176	23.2	
Chronic Liver Disease and Cirrhosis	11	966	19.0	
Influenza and Pneumonia	12	954	18.8	
Essential (Primary) Hypertension and Hypertensive Renal Disease	13	844	16.6	
Suicide	14	837	16.5	
Homicide	15	704	13.9	
All Other Causes, Residual		12,439		

¹Rate is per 100,000 population.

OFFICE OF HIV PREVENTION AND CARE (OHPC)

In 2023, the OHPC, in consultation with Organization Idea, Inc., a national consulting firm, guided the office in the revision of the 34-year-old mission statement and development of a new vision statement to align with the national HIV Program shift to “End the Epidemics” of HIV and hepatitis C. The change reflects keeping persons from acquiring HIV infection and those now living with HIV to remain in care and virally suppressed while living and managing HIV as a chronic disease. The mission and vision statements are as follows:

OHPC Mission:

The mission of the OHPC is “to improve the quality of life for all Alabamians by ending intersecting epidemics impacting HIV and Hep C through equitable, accessible, and stigma-free prevention and treatment services.”

OHPC Vision:

The vision of the OHPC is “an Alabama that embraces the dignity of self-respect and universal caring in the human experience where HIV and Hep C are eliminated by leveraging community partnerships.”

Thus, the OHPC’s role continues to rely on meaningful collaboration with community partners to reduce the incidence of HIV infections; increase life expectancy for those infected; and improve the quality of lives for persons living with or affected by HIV. Reducing new HIV infections by 75 percent in 5 years and by 90 percent by 2030 are the goals of Ending the HIV Epidemic: A Plan for America (EHE), with multiyear funding appropriations directed to highly impacted communities nationwide.

Alabama has been identified as one of the priority jurisdictions of the national EHE initiative. The office’s strategic plan is the product of a collaborative process conducted through community meetings, focus groups, surveys, and provider interviews. HIV prevention and care providers, people with HIV, and other community members participated in all data collection phases. Social determinants of health were given special consideration in the design of the plan so that its interventions might reach Alabama’s priority populations through new and innovative prevention and care activities.

A key component toward the success for EHE is to establish active partnerships with non-traditional partners. To date, four new non-traditional partners have been added to the OPHC’s list of sub-recipients inclusive of a media radio broadcast outlet; faith-based worship center, rape crisis center, and another community-based organization. A common goal for these state partners is “achieving health equity and eliminating HIV” through their tailored program efforts.

Needs assessment activities have identified key priority populations; however, non-traditional partners also recognize other marginalized populations may need specific attention and tailored

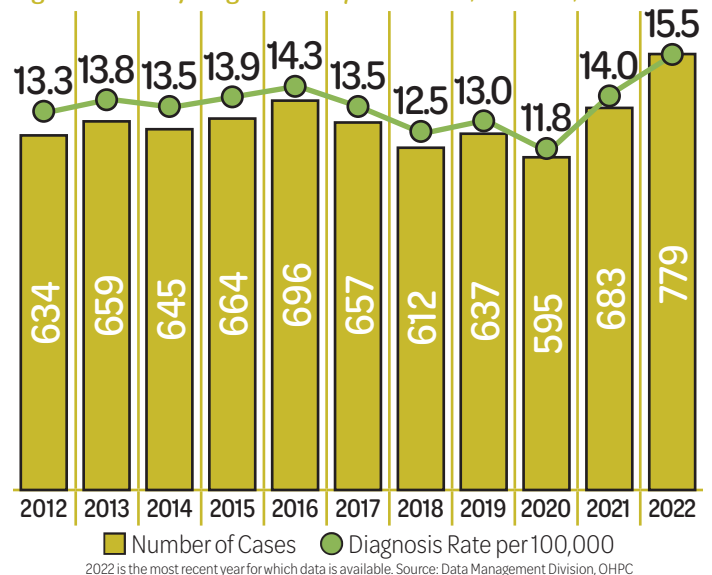
services based on their unique circumstances such as immigrants, sex workers, people experiencing housing instability, individuals with disabilities, and those involved through the justice system.

A cumulative total of 24,972 HIV infections have been diagnosed among Alabama residents since reporting began in 1982. As of December 21, 2022, 15,513 individuals in Alabama had been diagnosed with HIV. The chart below represents newly reported cases for the past 10 years. A total of 779 HIV/AIDS cases were reported to the HIV Surveillance Branch, Data Management Division, in 2022. The case count rate is 15.5 cases per 100,000 population. New HIV/AIDS cases were highest among blacks (495 cases) and lowest among multi-race individuals (37 cases) and whites (200 cases). Forty-three percent of the HIV/AIDS cases reported in 2022 were residents of these counties: Jefferson (144 cases), Mobile (99 cases), and Montgomery (90 cases).

As of December 31, 2023, the office served 4,000 clients through the Alabama Drug Assistance Program (ADAP). Of that number, 1,270 uninsured individuals received ADAP-funded medications; 2,662 individuals were provided ADAP-funded health insurance; and 58 individuals were provided ADAP-funded Medicare Part D prescription insurance. Presently, 15 providers receive funding through the department to provide core medical and support services to HIV clients.

OHPC will continue efforts to improve access to care and prevention services for those with HIV and for those at risk for acquiring HIV. Establishing new partnership with agencies and organizations which have an interest in EHE will assist in decreasing new infection rates throughout Alabama.

Figure 48. Newly Diagnosed HIV/AIDS Cases, Alabama, 2012-2022



BUREAU OF HOME AND COMMUNITY SERVICES (HCS)

The department's Homecare Program began serving the citizens of Alabama in 1967. HCS continues to administer statewide home care services and remote patient monitoring to patients, the majority of whom are homebound. The bureau's mission is to deliver high-quality services and compassionate care provided by competent and professional staff to patients in the home and community setting throughout Alabama.

PATIENTS SERVED

HCS currently has 24 branch offices across the state responsible for coordinating care between patients, caregivers, and their physicians. Looking ahead, HCS is working to establish an additional branch office by next year in an effort to better serve the central district of the state. HCS administered statewide services to

Figure 49. Home Health Patients Served by County, FY2023

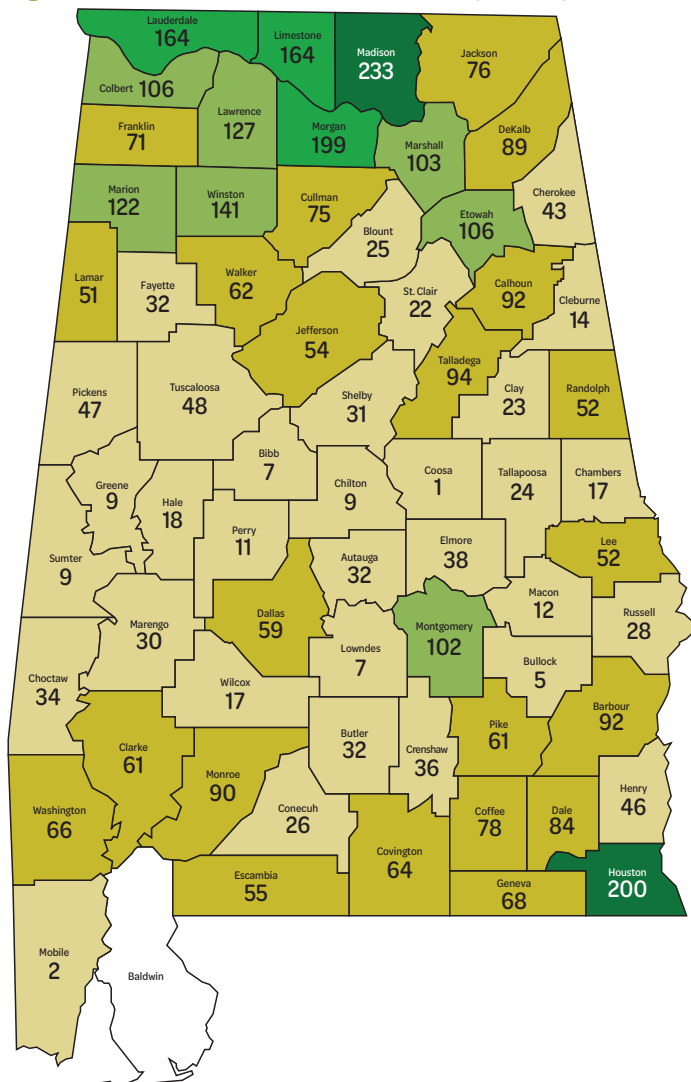


Figure 50. Patients Served by Program, FY2023

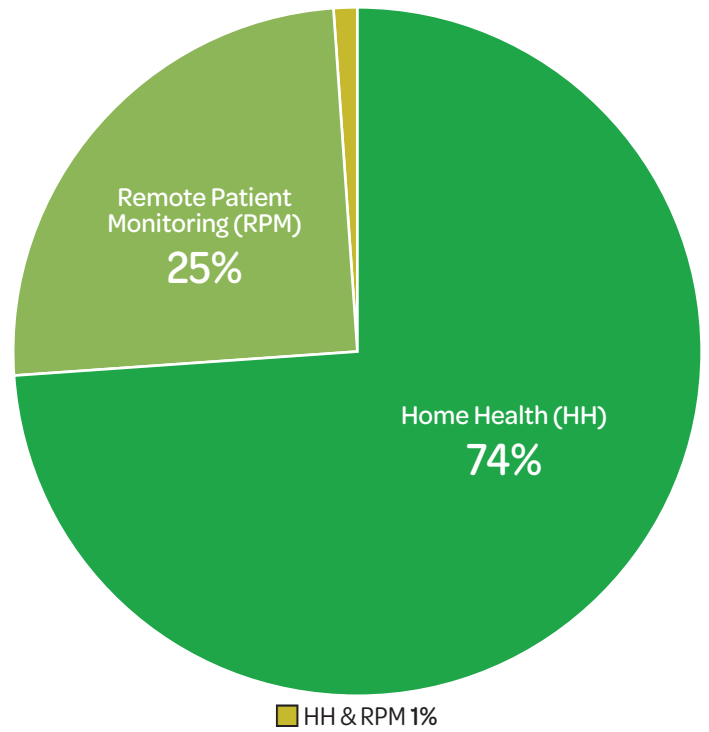
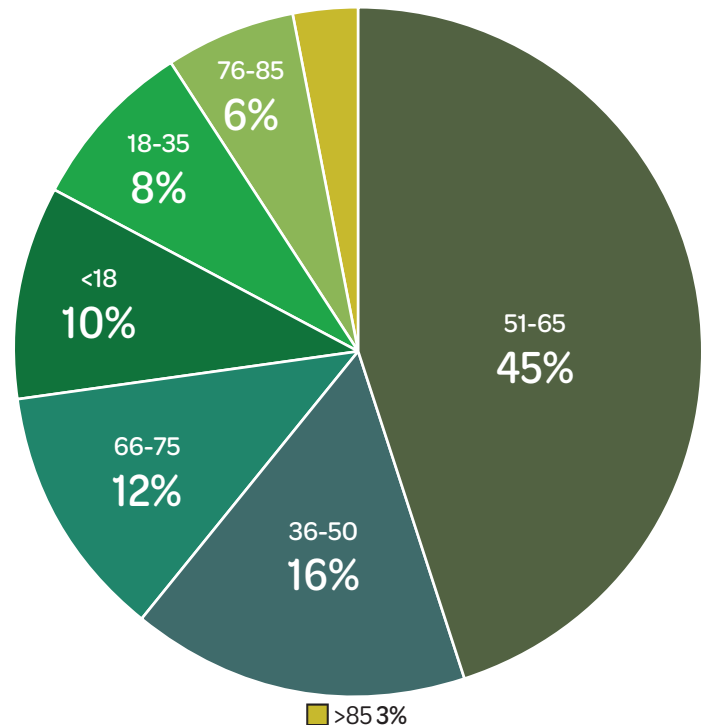


Figure 51. Home Health Patients Served by Age Group in Years, FY2023



5,369 patients of all ages from pediatric to geriatric. HCS is the only agency offering pediatric home care in the state of Alabama.

HOME CARE SERVICES

Home care services are prescribed by a physician based on medical need. Services are provided by registered nurses, licensed practical nurses, home health aides, and therapists.

Services include:

- Skilled nursing
- Personal care
- Wound care
- Intravenous therapy
- Diabetic care
- Cardiovascular care
- Post hospital assessment and teaching
- Urinary catheter management
- Physical therapy and medical social worker

Nurses, aides, and therapists provided a total of 156,941 home care visits across the state to patients covered by Medicare, Medicaid, and other insurance providers this year.

According to Alabama Medicaid Agency’s Statistical Support Unit, a statewide total of 196,062 home health visits from HCS combined with other private agencies were provided to homebound Medicaid recipients in FY2023. HCS served 143,246 of those visits, 73 percent of Alabama Medicaid Agency’s statewide total.

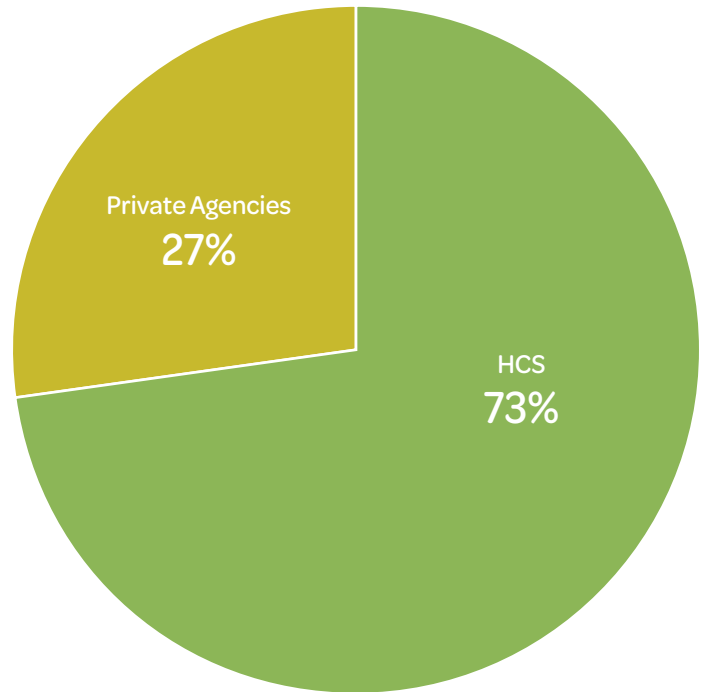
REMOTE PATIENT MONITORING PROGRAM (RPM)

The RPM Program combines resources from the department’s Home Care, Alabama Medicaid Agency, and the University of South Alabama to provide in-home monitoring service for specific chronic illnesses. Medicaid-eligible patients who have congestive heart failure, diabetes, and/or hypertension qualify for in-home monitoring. HCS recently began a pilot expansion

Figure 52. Home Health Visits by Discipline and Payor, FY2023

	Medicare	Medicaid	Other
Home Health Aide	2,062	64,111	1,267
Medical Social Worker	0	0	0
Physical Therapy	1,477	0	880
Skilled Nurse	4,477	79,135	3,532

Figure 53. Alabama Medicaid Home Health Visits Statewide, FY2023



of the RPM Program servicing in-home monitoring of pediatric pulmonary health and gestational diabetes. The program’s goal is to decrease exacerbation episodes, emergent care visits, hospital admissions, and costs. HCS’s RPM managers provided a total of 19,116 RPM service hours.

OFFICE OF HUMAN RESOURCES (OHR)

OHR/Employee Relations (ER) is responsible for the recruitment efforts for the department. On September 18, 2023, OHR/ER hosted a Public Health 101 Career Day. It was an invaluable opportunity for public health students from the University of Alabama at Birmingham, Tuskegee University, and Samford University to engage with each bureau of the department and learn about the various jobs within those bureaus. The students had a chance to speak with professionals providing a unique insight into various public health career paths and tour the Bureau of Clinical Laboratories in Prattville.

To reach college and university students throughout the state, the Communications and Public Relations Specialist position was created. The goal is to have a recruiter in each of the six districts. Currently, there are three recruiters, one based in the following districts: East Central, Southeastern, and Southwestern. The remaining districts are working to fill the position in their respective districts.

The recruiter’s responsibilities are to ensure that universities and communities are aware of the various jobs that the department has to offer, and to inform them of the current departmental needs. District recruiters serve as the face for career fairs and job fairs in the surrounding counties of their districts, to bring awareness to positions that the department has to offer.

WORKFORCE DEVELOPMENT (WFD)

The WFD Program offers training programs and initiatives to help departmental employees deliver high-quality public health services. The program’s goal is to strengthen the performance and capacity of the department’s workforce so that the ability to serve customers increases.

To recruit and retain a highly skilled workforce, the department supports hosting students enrolled in educational institutions as interns. Through internship, individuals are offered an opportunity to contribute positively and develop professional skills and experience. The internship experience provides an opportunity for students to learn about the role and responsibility of public health, earn educational credits, gain valuable work experience, and explore new careers in public health. The department works with various academic institutions to provide nonclinical internship

placements throughout the state public health system and hosts several graduate student interns each year.

The department, supported by CDC’s Public Health Infrastructure Grant (PHIG), is working to improve infrastructure, expand the public health workforce, and make the department’s data systems more reliable over 5 years. The WFD director serves as director for PHIG, which includes overseeing the plan, reports, and supervising staff to manage and ensure grant activities and deliverables are timely and meet the expectations of CDC. PHIG provided the opportunity to hire a grant manager and a grant evaluator housed in OHR. PHIG is a substantial investment granted to pursue the strategies of development workforce, foundational capabilities, and data modernization. As a requirement for PHIG, WFD has developed a Targeted Evaluation Project to focus on recruiting, hiring timeliness, and retention.

2023 Service Activities

- Recruiters attended more than 30 career events
- Conducted “Interview & Selection” training for 122 supervisors
- Conducted “Performance Appraisal” training for 120 supervisors
- Conducted “The Discipline Process” training for 124 supervisors
- Conducted “FMLA” training for 138 supervisors

Figure 54. Personnel Actions Processed for Merit Employees, 2023

New Hires	196
Promotions	86
Dismissals	9
Retirements	15
Transferred Out	15
Other Separations	80
Employee Assistance Program Referrals (employees and dependents)	105
Hours of Leave Donations	2,299
Annual Appraisals	1,907
Probationary Appraisals	535

BUREAU OF INFORMATION TECHNOLOGY (IT)

The mission of the Bureau of Information Technology is to plan, provide, and support the information and logistics needs of the department. The bureau consists of five divisions which procure, develop, and support information technology systems to supply information to departmental and public users through an integrated information processing and telecommunication structure.

LOGISTICS

The Logistics Division manages the department’s property assets, forms, emergency preparedness supplies, mailroom services, and vehicles. This division has the statewide responsibility of auditing every piece of accountable property assigned to the department. The division is also responsible for the pickup and proper handling of all of the departmental salvage or surplus property. In the wake of a recent audit conducted by the State Auditor’s Office, a total of 23,603 items, each exceeding \$500 in value, were audited, amounting to a cumulative acquisition cost of \$59,497,776.42.

While the audit identified 1,151 discrepancies, the Property Unit, in collaboration with departmental property managers statewide, began a comprehensive effort to ensure that every item was addressed and reconciled by the conclusion of the audit. Plans are underway to conduct audits at all departmental locations, laying the groundwork for an upcoming audit in September 2024.

TECHNICAL SUPPORT (TS)

The TS Division’s County Support Team (CST) has been working to complete the replacement of all VMware host servers statewide while upgrading the Windows operating systems on all VM servers to Windows 2019 or 2022. The CST also completed a statewide project upgrading all departmental telemedicine units with the new Cisco Deskpro. The Cisco Deskpro has the most advanced Webex features, collaboration capabilities, digital whiteboarding, and

direct access into Webex meetings, allowing staff to connect and share with medical personnel wherever they are located.

The Telecommunication Team is working to reconfigure and rewire county health department server racks to improve access to rack components as well as wiring departmental building expansions around the state. Telecommunications is also in the process of converting the wide area network (WAN) phone systems to Cisco Cloud Calling. This will eliminate issues with old copper lines and give the department more calling security and flexibility.

The Network Security Team has been working to complete the conversion of Windows servers to Cisco Endpoint Protection from Symantec Endpoint Protection and upgrade device encryption to the latest version. The team runs network vulnerability scans network wide and provides this information to employees who are responsible for those mitigations. The team also performs annual updates to the hundreds of external website security certificates

Figure 55. Logistics Support Facts, 2022 and 2023 Comparison

Logistics Items Reported	2022 Quantities	2023 Quantities
Equipment Inventory Items	23,158	22,629
Equipment Inventory Value	\$58,466,871.28	\$56,337,287.11
Forms Managed	1,008	1,050
Form Packages Sent	7,682	8,690
Promotional Items Managed	1,036	1,100
Department Vehicles	56	67
Emergency Response Vehicles, Trailers, etc.	92	86

Figure 56. IT Support Facts, 2022 and 2023 Comparison

IT Support Items Reported	2022 Quantities	2023 Quantities
Help Desk Calls	29,601	27,627
Personal Computers/Laptops Supported	5,979	6,108
Windows Servers Supported	417	420
WAN Routers/Switches/Access Points/ IP Phones Replaced	4,288	N/A
WAN Support Completed Work Orders	2,804	2,861
IP Phone Devices Supported	5,107	5,091
Windows Servers Deployed	46	82
Smart Phones/Hot Spots Supported	1,800	1,850
Technical Support Projects Completed	7	11
Voice Mail Boxes Supported	2,817	2,928
Statewide Antivirus Conversions	2,960	N/A
IP Gateways Supported	79	81
WAN Support Miles Driven	115,462	118,968
WAN Access Points Added	N/A	15
Upgraded Laptop Encryption	N/A	1,710
County Health Departments Converted to Cloud Calling	N/A	18

to ensure a compliant level of security for departmental websites' access by the public.

Technical Support Staff (TSS) have been working with the Alabama Office of Information Technology to upgrade all domain controllers on two domains to Windows Server 2022, upgrade Forest and Domain Function Levels to 2016, apply security hardening policies, and mitigate vulnerabilities found through vulnerability scanning. TSS completed upgrading the remaining end-of-life Windows 2012 servers, implemented a new VEEAM backup system for department servers, and performed operating system upgrades to Windows 2022 on many systems to include Disease Surveillance, Laboratory Information Systems, Neometrics, Vital Statistics, and WIC.

DATABASE ADMINISTRATION

Database Administration (DA) is responsible for managing the relational databases for the department. This includes aiding developers in the design of relational database models, creating the database objects, installing database software, managing the database resources, training users on the Relational Database Management System, training users on related database subjects, and establishing procedures, standards, and policies to be followed by the developers and users of these relational databases. DA develops scripts to be used in PL/SQL, stored procedures, packages, package bodies, functions, and triggers which support the correctness and consistency of departmental data stored in MS SQL and Oracle RDBMS. DA manages/monitors over 515 Oracle and MS SQL databases for performance issues daily. Below are a few of DA's major enhancements or upgrades for 2023:

- Upgraded the NEDSS database servers to Windows 2019 and SQL 2019
- Upgraded the HIV Surveillance System database servers to Windows 2019 and SQL 2019
- Upgraded the Lab Perkin Elmer database servers to Windows 2019 and SQL 2019
- Migrated the Oracle Environmental database to the MS SQL Server Environmental database
- Created SQL 2019 database server for the NBS Message system
- Created SQL 2019 database server for the Health Disparity system
- In the process of migrating the Oracle Immunization (IMM) database to the new Windows 2022 server and SQL Server 2022

BUSINESS AND INFORMATION ARCHITECTURE (BIA)

BIA continues to look for ways to enhance and improve user experience, functionality, security, and responsiveness of the different systems supported. Listed below are a few of BIA's notable accomplishments for 2023.

Interface Engine (Rhapsody) processed from (January to October 2023) the following message counts:

- IMM – 58,599,292 (2023) versus 179,187,354 (2022) messages
- Electronic Lab Reporting (ELR) – 768,925 (2023) versus 1,448,255 (2022) messages
- Syndromic Surveillance (SS) – 22,066,296 (2023) versus 22,969,224 (2022) messages

BIA's Systems Management Team (SMT) hired a GIS manager to lead the departmental GIS Team, which developed a tool for Field Operations and the Center for Emergency Preparedness. This tool allows both units to update the status of county health departments and automatically notify the appropriate personnel. The Tableau Team assisted ID&O with publishing its first dashboards to the department's public website. The Laserfiche Team has been working to automate several workflows and went live with the automation of the In-State Travel System. The Notes Administration Team upgraded e-mail to HCL Domino/Notes version 12.02. The Training Team conducted several training classes in 2023 and developed and released on-demand training for HCL Notes and WebEx. The information security officer successfully spearheaded the department's transition to the new statewide security awareness training system, Inspired eLearning, reinforcing the agency's commitment to robust information security practices. The Operations Team assisted with compiling information for the CARES Project, worked on approximately 650 work orders, and economized by eliminating impact printers and their maintenance fees.

BIA's Lab Information Management System (LIMS) team has integrated ETOR (Electronic Test Order/Results) interface with Whatley Health Services clinic. This interface marks the fourth major electronic medical record system that the LIMS has integrated. The bureau is currently working towards adding National Wastewater Surveillance System testing to the LIMS. This will allow samples of wastewater to be collected and submitted to the BCL. The wastewater testing offers another alternative of an unbiased view on whether the virus that is causing COVID-19 (SARS-COV-2) is present, which in return can be used to describe if COVID-19 cases are increasing, decreasing, or remaining the same. This also provides another way of seeing the different variants of the virus. Horizon LIMS had previously kept the test request PDFs and results in the physical server since 2008. However, the bureau has moved roughly 8,272,208 files to Oracle tablespace this year.

As part of the Data Modernization Initiative, BCL/Newborn Screening Testing Division collaborated with CDC and healthcare organizations to build a technical infrastructure to facilitate the exchange of electronic test orders and results between healthcare organizations and BCL for newborn screening tests. This exchange will decrease the risk of errors in manual data entry and ensure that the accurate testing information is captured and transmitted to a patient's medical record in a timely manner.

BIA-ImmPRINT Team (IMMT) – The team made numerous upgrades to the ImmPRINT system. Listed are some of the more prominent enhancements or features:

To meet the demands of the ongoing pandemic, IMMT incorporated a new COVID Bridge Access Program into ImmPRINT. Aligned with CDC requirements, this module encompasses provider enrollments, provider orders, provider inventory, provider returns, and provider wastages. It not only allows program staff to oversee enrollments, view provider listings, and submit orders on behalf of providers but also facilitates the approval of orders, returns, and wastages. The module further supports the seamless import and export of files to and from CDC. The commitment to public health is evident as IMMT incorporated nine new COVID-19 vaccines

into the ImmPRINT application for the 2023-2024 period. The Vaccine Forecaster and Recommendation Logic were updated to incorporate these new vaccines. Recognizing the diverse user base, IMMT introduced a new Access role, Headmaster/Nurse, to specifically cater to the needs of school nurses using ImmPRINT. IMMT is working on VFC 2024 changes related to enrollments and the dashboard (provider and grantee).

Additionally, IMMT is actively engaged in data sharing initiatives with CDC projects. The file submission process for CVRS Daily Data Reporting to CDC concluded on October 12, 2023, as per CDC's request. Similarly, the file submission process for MVRS (mpox) Weekly Data Reporting to CDC was scheduled to end on November 22, 2023. Furthermore, IMMT is involved in the ongoing Privacy Protecting Record Linkage kickoff with HealthVerity for Routine Vaccination Data, reinforcing its commitment to supporting public health initiatives.

The Financial Services Support Team (FSST) works with all financial applications. FSST implemented many new additions and changes to the finance and cost accounting tables for

cost accounting items such as activities, full-time equivalent calculations, cost mismatch reports, and timesheet summaries that eliminate many manual processes. FSST was able to eliminate several mainframe applications and add finance tables for balancing with State Comptroller funds. FSST developed reporting for the Office of Program Integrity to assist in audit processes. FSST also has been working with the state Human Resources Management System implementation teams to review data and tables for specific agency reports.

BIA's Environmental Services Team completed the soil and onsite sewage module of the Environmental Services System. This module consists of submodules such as Small Flow, Large Flow - Sections A, B, and C, Pumper Truck, Tank Manufacturer, and Septage. These new submodules will allow the more than 100 environmentalists to process applications, track the application's progress, request site evaluations, generate performance permits, generate reports, generate invoices, generate 5-year permits for Small Flow and Large Flow Section B, and generate annual permits for Pumper Truck, Tank Manufacturer, and Septage. The system simplifies usability and improves data collection quality.

BUREAU OF PREVENTION, PROMOTION, AND SUPPORT

BEHAVIORAL HEALTH

Child Passenger Safety

The Alabama Child Passenger Safety Program provides education to caregivers on how to use child safety restraints correctly, recruits individuals to become child passenger safety technicians, and establishes and maintains car seat fitting stations statewide. The Child Passenger Safety Training Program conducted 7 technician trainings, adding 40 technicians, and 17 fitting stations in the state. An additional staff member completed instructor training, and another entered the instructor candidacy program. The program hosts a monthly car seat clinic, available by appointment only, to educate caregivers, check car seats, and provide car seats to individuals who otherwise would not be able to obtain one. Throughout the year, information was distributed to 103 families who attended the car seat clinic.

Rape Prevention and Education

The Rape Prevention and Education Program, funded by CDC, provides prevention of sexual violence perpetration and victimization by decreasing sexual violence risk factors and increasing protective factors for the general population through community level interventions in communities across Alabama through a grant to the Alabama Coalition Against Rape (ACAR). The Preventive Health and Health Services Block Grant provides crisis intervention services to rape victims; in-service training for law enforcement, social services, and medical professionals; and training for community volunteers to respond to victims of sexual assault in the state in 36 counties through grants to ACAR and 7 rape crisis centers.

Surveillance and Prevention

Two of this branch's three programs review various types of deaths that occur in Alabama, and all have a primary focus of prevention. The data that is collected from these two programs is used to develop strategies to address prevention, inform prevention policy, and direct prevention programs based on analyses of reviews, trends, and the identification of risk factors, among others. A third program conducts inspections at all Alabama retailers that sell tobacco in an effort to keep minors from purchasing tobacco.

Alabama Violent Death Reporting System (AVDRS)

AVDRS is a state-based mortality surveillance program that collects data on violent deaths. In addition to standard demographics and cause and manner of death, the program collects descriptions of events and known circumstances contributing to violent deaths. The program's data providers include law enforcement agencies, coroners, medical examiners, the Alabama Department of Forensic

Sciences, district attorneys, and the OEMS. The mission of AVDRS is to assist the department and other prevention agencies by providing information on the trends and characteristics of violent deaths. The goal of the program is to guide and inform public health policy and violence prevention programs in the state. In 2022 and ending in early 2023, AVDRS collected data for the 2021 calendar year and was successful in meeting the threshold for inclusion in the station dataset for 2021. There was an increase in the number of deaths from 1,455 in 2020 to 1,618 deaths in 2021; most concerning is that while most manners of death have fluctuated over time, the number of homicides has gradually increased each year since 2019.

Figure 57. AVDRS - Manner of Death by Calendar Year

Manner of Death	2019	2020	2021
Suicide	802	767	819
Homicide	580	630	771
Undetermined	32	35	15
Unintentional Firearm	26	18	13
Other	--	5	--
Total	1,440	1,455	1,618

AVDRS works closely in collaboration with the Overdose Data to Action Grant to assist the Alabama State Unintentional Drug Overdose Reporting System conduct surveillance of drug overdose deaths in the state. Through this collaboration, more timely and comprehensive data on drug-related deaths can be provided in the state.

In 2023, AVDRS was able to provide funding to one of its data providers to assist with improving the security of their office. AVDRS partnered with the Jefferson County Domestic Violence Task Force, and through an MOU, AVDRS was able to assist the task force with data collection for reviewing cases with deaths related to domestic violence.

Alabama State Unintentional Drug Overdose Reporting System (AL-SUDORS)

AVDRS works closely with the AL-SUDORS conducting mortality surveillance of drug overdose deaths in the state. AL-SUDORS uses the same data sources and data partners, but instead of using law enforcement reports, AL-SUDORS collects accidental drug overdose mortality data to determine details surrounding overdose deaths in Alabama and how to prevent them. AL-SUDORS' goal is to provide more timely and comprehensive data on drug-related deaths and has supported improvements to toxicological analysis to expand and hasten testing in the state. AL-SUDORS is still refining its data collection but has collected information on more than 1,100 deaths in 2021 and over 1,300 deaths from overdoses in 2022.

Child Death Review

The Alabama Child Death Review System (ACDRS) reviews and identifies unexplained or unexpected child deaths in Alabama with the purpose of developing strategies to prevent such deaths from occurring. Forty-two local child death review teams throughout the state review child death cases each year.

For the 2022 reporting year, there were 309 reviewable cases; that number was a slight decrease from 2021 which had 329 reviewable cases. Motor vehicle incidents; sleep-related deaths (included in “other” in the ACDRS Cause of Death by Year Table below); and bodily force and weapon-related deaths remain the three leading causes of death for children in Alabama.

In September, ACDRS sponsored a 2-day of training for law enforcement, coroners, child advocates, nurses, and social workers. The Sudden Unexpected Infant Death Investigation (SUIDI) training included death scene re-enactment and scene reconstruction. Forty attendees, made up of members of law enforcement and coroners, received training on how to better document and investigate infant and child deaths and child abuse cases. Attendees received investigation kits to take back to their jurisdictions to use when investigating cases. A third day of training was also provided for law enforcement and coroners interested in becoming SUIDI trainers for ACDRS.

The program continues to partner with the University of Alabama at Birmingham and the University of South Alabama on prevention

Figure 58. ACDRS Manner of Death by Calendar Year

Manner of Death	2021	2022
Natural	10	7
Accident	124	111
Suicide	30	19
Homicide	58	50
Undetermined	91	59
Pending	11	62
Unknown	5	*
Total	329	309

*Categories with less than five deaths are suppressed.

Figure 59. ACDRS Cause of Death by Calendar Year

Cause of Death	2021	2022
Motor Vehicle	74	48
Fire, Burn, or Electrocution	8	8
Drowning	13	19
Asphyxia	19	25
Bodily Force or Weapon	87	67
Fall or Crush	*	5
Poisoning, Overdose, or Acute Intoxication	9	*
Undetermined	*	*
Other	114	132

*Categories with less than five deaths are suppressed.

efforts in the state. Through awareness, education, and prevention efforts, ACDRS continues to work to make strides that reduce child deaths in Alabama.

FDA Tobacco Inspection Program

The FDA Tobacco Inspection Program works with the FDA’s Center for Tobacco Products to conduct inspections at all Alabama retailers that sell tobacco in an effort to keep minors from purchasing tobacco and to ensure tobacco permit holders comply with the requirements of the Tobacco Control Act.

In 2023, staff conducted 325 advertising and labeling inspections of all tobacco retailers in the state to ensure they are following federal law when advertising, displaying, and selling regulated tobacco products. The department’s subgrantee, the Alabama Law Enforcement Agency, conducted 4,115 undercover buys by accompanying minors who attempt to make a tobacco purchase. Every tobacco retailer in the state is inspected with the assistance of a trained, age-appropriate, undercover minor to determine if the teenager can purchase tobacco products in violation of the Tobacco Control Act of 2009. The program has 4 credentialed advertising and labeling inspectors and 27 undercover buy inspectors. As of December 2023, the program had conducted 4,440 inspections with a combined violation rate of 9.8 percent.

Youth Tobacco Prevention

The Youth Tobacco Prevention Program was awarded approximately \$943,452 to effect social norm change around tobacco use, address the marketing of emerging products to youth, promote policies that protect youth from nicotine initiation and exposure to secondhand smoke, and promote tobacco cessation. Youth Tobacco Prevention Program grantees delivered 419 presentations based on the Stanford Medicine Tobacco Prevention Curriculum, and of those 419 presentations 140 were youth-led. In conjunction with the presentations, 8,147 pre/post tests were completed by youth in Grades 6-12. Youth Tobacco Prevention Program grantees organized or participated in 240 community awareness activities such as local coalition meetings, health fairs, and the Great American Smokeout. Social media played a very important role in educating individuals since in-person information was limited. Approximately 127,880 individuals were reached through the Alabama You Choose and departmental Facebook pages and departmental tobacco-related websites.

In partnership with a local media company, the youth program’s mass media campaign launched in June 2023. The message was aimed at addressing the youth vaping epidemic. This campaign was successful and yielded approximately 9.9 million impressions through television, social media, and streaming services with an additional 6 million impressions through mobile app advertisements. Digital display ads on websites generated 2.4 million impressions, social media yielded 6.4 million impressions, and over-the-top video advertising generated 1 million impressions.

Tobacco use continues to be the leading cause of preventable death in Alabama, killing more than 8,600 smokers and costing the state more than \$2.9 billion in annual healthcare costs directly caused by smoking. The Tobacco Prevention and Control Program

works to help tobacco users quit, prevent youth and young adults from starting tobacco use, and protect people from exposure to secondhand smoke. The program leveraged resources to help Alabamians quit by obtaining Medicaid reimbursement for Quitline services, utilizing a \$309,020 grant from CDC to build Quitline capacity, and \$567,762 in state funds to provide up to 8 weeks of nicotine replacement therapy patches, as well as conduct targeted outreach efforts to support the Alabama Tobacco Quitline. For 2023, the Quitline had 2,429 calls, 28,663 website hits, 967 counseling enrollments, and 8,141 online chats. The program also utilized \$350,302 from CDC grant funds to implement evidence-based, mass-reach media efforts to advertise for the Quitline and to bring public awareness to the dangers of secondhand smoke exposure and menthol use.

CENTER FOR EMERGENCY PREPAREDNESS (CEP)

Under Emergency Support Function 8, CEP is responsible for coordinating preparedness and response actions for the department during public health emergencies. CEP is funded entirely by federal grants.

- The Public Health Emergency Preparedness Cooperative Agreement and Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Cooperative Agreement.
- CDC provided \$9,018,331 during FY2023-2024 in a cooperative agreement to provide overall direction to and management of the department's assessment and planning for the department's response to acts of terrorism, outbreaks of disease, and other public health threats and emergencies such as meteorological, geological, chemical, and radiological disasters. This funding is scheduled to end June 30, 2024.
- CDC also provided \$29,676,838 in a Public Health Emergency Response: Public Health Crisis Response (Workforce Development Crisis Response) Grant in FY2021-2024. On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021. It provides additional relief to address the continued impact of COVID-19 on the economy, public health, state, tribal, local, and territorial governments, individuals, and businesses. These funds will expand, train, and sustain a response-ready public health workforce. This funding was scheduled to end June 30, 2023; however, it has been extended to June 30, 2024.
- The ASPR Hospital Preparedness Program provided \$3,145,268 in a cooperative agreement with the department for FY2023-2024. These funds were designated to enhance healthcare system capability capacity and preparedness for naturally occurring disasters or acts of terrorism resulting in mass casualties. Most of this funding is used in the Health Care Coalition to fund projects at the local level throughout Alabama. This funding is scheduled to end on June 30, 2024.

HEALTH MEDIA AND COMMUNICATIONS

The Health Media and Communications Division worked to educate the public about ways to protect and enhance their health using a variety of communication channels to help Alabamians make informed health-related decisions in 2023.

Marketing projects included designing professional quality original art for the website, social media, billboards, direct mail, and yard signs. In addition, staff prepared forms, booklets, posters, certificates, newsletters, and other documents. Seventy-four news releases were issued to the news media, and staff answered and referred questions from the public, coordinated the dissemination of information from spokespersons to the mass media, and composed and edited a variety of publications and documents.

When the year began, public information efforts promoted childhood and COVID-19 vaccinations and boosters, informed families about an infant formula recall, issued rabies prevention messages, and promoted annual health observances and health screenings. The Alabama Unites Against COVID effort continued with the Silent Guardians Campaign rollout. Other campaigns with which the division participated included the Odds Are Alabama fentanyl campaign partnership with the Medical Association of the State of Alabama, the Alabama Hospital Association, and Blue Cross Blue Shield of Alabama. Fentanyl test strip training was conducted with the Jefferson County Department of Health. News conferences were held to announce the Share Your Smile with Alabama children's dental health contest winners, and the launch of Operation WIPE OUT Cervical Cancer Alabama, a statewide action plan to eliminate cervical cancer.

The division's Digital Media Branch manages the department's website and social media efforts, which include the promotion of specific departmental programs, marketing campaigns, events, and health observances. The branch focused some of its 2023 efforts on producing 25 blog posts and 23 short-form videos to share on the department's social media accounts – Facebook, Instagram, LinkedIn, Nextdoor, Pinterest, X (formerly Twitter), and YouTube. The 4,000 published posts on Facebook, Instagram, LinkedIn, Pinterest, and X for the year saw 54 million impressions, 432,000 engagements, and 107,000 clicks. Video views on these platforms reached 3.3 million. The largest number of total impressions on any single platform was 19 million on Nextdoor. Videos on the department's YouTube Channel had 3.6 million views with 20,000 watch time hours, 370,000 impressions, and a 3 percent click-through rate in 2023. The department increased its channel subscribers by one-third compared to 2022.

To help highlight and clarify what a safe sleeping environment for infants looks like, the department promoted the National Institute of Health's Safe to Sleep® #ClearTheCrib Challenge. This #SafeSleepAL social media challenge is a fun and engaging way to highlight the importance of a clear crib to reduce the risk of suffocation and other sudden unexpected infant deaths. Shared were #SafeSleepAL videos produced by Big AL, the Alabama Crimson Tide mascot; Aubie, the Auburn Tigers mascot; and Huntsville Hospital for Women and Children. Other social media promotions included the Operation WIPE OUT Cervical Cancer Alabama, the Alabama Physical Activity and Nutrition Plan (ALPAN), and the State Health Assessment.

The branch continued to assist the national effort to promote the 988 Suicide and Crisis Lifeline and the statewide 211 Know Campaign, a joint campaign between the Office of Women's Health

Well Woman Program and the Alabama Women’s Commission. Promotions of the Alabama Unites Against COVID Campaign continued in 2023, while staff also promoted the seasonal influenza and RSV vaccines, and childhood vaccinations through the #AskMe and Don’t Wait, Vaccinate Campaigns.

The branch also continued to work to improve the content provided on the website to be more easily read and understood by website visitors, stakeholders, and patients. In 2023, the website, which consists of 2,700 web pages, had 7.4 million page views, with the highest single day views reaching 17,000. Views have returned to pre-COVID-19 numbers.

The Alabama Public Health Training Network (ALPHTN) provides departmental training, educational resources, public information, and emergency response through live broadcasts and production services. ALPHTN hosted educational training in its in-house studio and provided communications support to the department. Widespread use of computer-based platforms and virtual communication continued during 2023. Live virtual conferences and training programs covered these topic areas:

- Oral health and oral cancer
- Drug education for home health staff
- Pediatric asthma
- Alabama Statewide Stroke System
- Social work protocol
- Congenital syphilis
- Childhood vaccines
- Norovirus basics
- Tickborne diseases
- The future of COVID-19 vaccinations
- Long-term symptoms of COVID-19
- Bronchopulmonary dysplasia
- Candida auris
- Mpox virus
- HIV and syphilis
- Health literacy
- American sign language for emergency personnel
- Fostering health equity

In July, a new 4-year agreement was begun, serving as a community-based training partner with the Region IV Public Health Training Center located at the Rollins School of Public Health at Emory University in Atlanta, Georgia. The division works collectively as a network with Emory, along with other partners and technical assistance providers, to improve the ability of the public health workforce to meet national, state, and local needs. Participants attended a steering committee meeting and an alumni retreat. Staff assisted with preparing an assessment of barriers to wastewater disposal in Lowndes County and also participated in regular meetings with the Governor’s communication staff and other agency public information officers.

MANAGEMENT SUPPORT

The Office of Management Support (OMS) provides leadership and coordination for critical departmental programs such as: Records Disposition Authority, Grant and Budget Management, Policy

Clearinghouse, and Competitive Selection Process. Major programs in OMS also include Public Health Accreditation, Strategic Planning, and Performance Management.

Public Health Accreditation

In September 2023, the department participated in a Public Health Accreditation Board (PHAB) site visit. A team of approximately 35 staff members presented documentation on more than 31 measures reviewed by PHAB to support reaccreditation efforts. All documentation was deemed to meet the reaccreditation requirements and the department retained accreditation status pending submission of an updated state health improvement plan. PHAB will review the department’s reaccreditation status again in 2024.

Strategic Planning

The department’s Strategic Plan was revised with specific efforts to pursue in 2023. This allowed programs to continue working toward achievement of milestones to meet strategies outlined in the strategic plan. A mid-year report was prepared for Administration to provide an update on progress in meeting the strategic goals. A final progress report will be prepared in 2024 to review program milestones and collect suggestions for improvement. Efforts to advance strategic priorities will continue in 2024.

Performance Management

The department has adopted the Results Based Accountability (RBA) model for performance management efforts. RBA is a common-sense approach that encourages a focus on collaborative work with community partners to impact health outcomes. In 2023, program staff utilized the Monday work management platform to monitor implementation of performance management goals. This allowed programs to plan, manage, and track progress in meeting program goals. Performance management will enable programs to define stronger performance goals and recognize the potential benefits of utilizing RBA within prevention and promotion programs.

NUTRITION AND PHYSICAL ACTIVITY

The Nutrition and Physical Activity (NPA) Division provides state leadership and represents the department on issues related to nutrition, physical activity, food access, chronic disease, and wellness. Alabama consistently ranks high among other states for problems related to poor health such as physical inactivity, low fruit and vegetable consumption, obesity, chronic disease, and food insecurity.

The vision for the division is for Alabamians of all ages to embrace a culture of healthy choices as their normal way of life. The following initiatives are coordinated by NPA to support healthy behaviors and improve food access in adults and youth:

- In 2023, the Alabama Wellness Alliance (AWA) released the ALPAN which provides comprehensive guidance for improving nutrition choices and increasing opportunities for physical activity. The ALPAN seeks to address health disparities and ensure every person can achieve optimal health regardless of where they work, live, worship, and play. Policymakers, health professionals, and all Alabamians are encouraged to access and

utilize the ALPAN. AWA functions as a volunteer membership organization that collaborates to create a healthier Alabama through networking with peers and state and community leaders to stay abreast of emerging recommendations for healthy lifestyles. Members of AWA work together to lead efforts to implement unified strategies to improve health outcomes in Alabama through policy, system, and environmental changes that support better nutrition choices and regular physical activity.

- In Alabama, 1 in 7 adults and 1 in 5 children struggle with hunger. Many food insecure households include one or more family members living with a chronic disease such as high blood pressure or diabetes. Frequently, the time and money spent caring for a chronic disease strains the food budget even more, creating a cycle that increases the risk that the person's health will get worse, and the food budget will continue to shrink. The division seeks to improve access to adequate, nutritious foods through partnerships with organizations that provide food access resources. In partnership with the Community Food Bank of Central Alabama (CFBA), monthly newsletters were developed in 2023 to provide practical nutrition tips and healthful recipes to seniors participating in the Community Supplemental Food Program. The newsletters, in English and Spanish, were distributed to 6,952 seniors every month in food assistance boxes through the CFBA and the Heart of Alabama Food Bank (HAFB). Additionally, two educational videos were developed to share with food bank participants on cooking methods for less traditional but nutritious foods that are received in the mobile food pantries.
- A new project with HAFB provided emergency food boxes to clients of the Montgomery and Tallapoosa County Health Departments. Thirty-five pound boxes of non-perishable foods were delivered to the health departments in an effort to reach families in need. Staff from Administration, WIC, and Social Work distributed 45 emergency food boxes and will continue to do so in 2024.
- As a subcontractor for the SNAP Education Program, the NPA Division provides nutrition education to individuals who are eligible for SNAP benefits. Educational activities took place in schools, local health departments, and senior nutrition centers where approximately 337 individuals received direct education on nutrition and health topics. In addition, trainings on nutrition and health policies for pre-school children were provided to staff from childcare centers and a curriculum with resources for young children was developed to teach them about the value of eating locally grown fruits and vegetables. Individuals were also reached with social marketing techniques. A digital media campaign was conducted reaching 3,870 individuals and social marketing efforts reached over 5,300 individuals, on average, with online nutrition information and food security resources.
- In celebration of National Fruits and Veggies Month in September, the division promoted the theme: Every Time You Eat, Have a Plant. This month-long celebration highlighted the health benefits of America's original and favorite plants – fruits and vegetables. To help celebrate, a bulletin board contest was held for county health departments to create and place in lobbies or other high-traffic areas. There were 19 submissions, and 3 winners were chosen, Choctaw, Dale, and Mobile

(Semmes) Health Departments. The winners received a framed award certificate, prizes for each staff member, and recognition in Alabama's Health. Central Office employees also participated in the celebration with a fun, fruit and veggie photo booth. Videos highlighting these events were created and shared via social media.

- Several promotional materials were developed in 2023, including Health and Fun in Alabama Fall and Winter Checklists, which encourage Alabamians to participate in seasonal activities that support various aspects of health, including social, emotional, mental, and physical health. Two videos about how to plan a healthy plate were also created and shared via website and social media, one video specific to diabetes and one for the general public. Additionally, videos promoting National Fruits and Veggies Month were created and promoted the national fruits and veggies campaign, Have a Plant.

Cardiovascular Health Program

The Alabama Cardiovascular Health Program implements and evaluates evidence-based strategies contributing to the prevention and management of cardiovascular disease (CVD) in Alabama populations disproportionately at risk. In FY2023, ADPH was awarded a new 5-year funding cycle from the CDC and began collaborating with Alabama universities, and community and private partners to accomplish the following strategies: (1) Tracking and monitoring clinical measures to improve health, healthcare quality, and identifying patients at highest risk of CVD; (2) Implementing team-based care to prevent and reduce CVD; and (3) Linking community resources and clinical services that mitigate risk for CVD.

Diabetes Program

The Alabama Diabetes Program (ADP) focuses on increasing community access to resources that assist with managing and preventing diabetes. Diabetes Self-Management Education and Support (DSMES) helps people with diabetes to implement and sustain behaviors important to managing the condition on an ongoing basis. The CDC Diabetes Prevention Program (DPP) lifestyle change program is designed to help those with prediabetes and those at risk of developing Type 2 diabetes to prevent or delay the onset of Type 2 diabetes through healthy eating and physical activity. Alabama has 23 CDC-recognized DPP organizations and 47 accredited/recognized DSMES sites.

ADP applied for and received funding from CDC to advance support for priority populations with or at risk for diabetes. In addition to supporting access to DPP and DSMES programs, ADP is planning for implementation of a childhood obesity intervention and training for the diabetes workforce to screen and address social determinants of health for patients with diabetes. Support to Samford University's McWhorter School of Pharmacy (MSOP) continued this year for its DSMES training for pharmacists. Under the new funding, MSOP is leading the creation of a statewide pharmacy network to facilitate support to pharmacies implementing and sustaining DSMES and DPP programs. ADP is also partnering with Auburn University Harrison School of Pharmacy to create training for pharmacists to screen for and address the social determinants of health for patients with diabetes.

ADP provided additional support to DPPs in the state through a collaboration with Emory University's Diabetes Training and Technical Assistance Center (DTTAC). Through this partnership, a statewide diabetes network was created to bring together community and professional partners to discuss and plan opportunities for collaboration around diabetes-related initiatives. Additionally, training was offered through DTTAC for new lifestyle coaches and for continued training as part of CDC's recognition requirements of the National DPP.

Outreach efforts continued through district outreach coordinators (DOCs) in the Northern, West Central, Southeastern, and Southwestern districts. DOCs are social workers supported through funding for both the Cardiovascular Health and Diabetes programs. These individuals contacted and provided support to local DSMES and DPPs.

PHARMACY

The Pharmacy Division is responsible for the Prescription Drug Monitoring Program (PDMP), providing medication information and medication protocol support to county health departments, maintaining the Alabama Controlled Substances List, assisting the Center for Emergency Preparedness in disasters, and providing audit surveillance for the 340B Program. In addition, the Pharmacy Division collaborates with other state agencies and community groups to provide education and prevention activities in efforts to reduce drug overdose deaths in Alabama. Over this past year, the Pharmacy Division continued providing assistance to pharmacists, physicians, and other healthcare providers in the distribution, prescribing, and dispensing of government-purchased antiviral treatments for COVID-19 disease. Communication with healthcare professionals has continued as these therapeutics are transitioned to the commercial market.

While the Overdose Data to Action grant ended in August 2023, activities can be continued to reduce drug overdose deaths under the new CDC Overdose Data to Action - States grant which began in September 2023. With this funding, data will be used to drive prevention activities, and collaborations with other state agencies will continue. Accomplishments over the past year include statewide naloxone distribution, development of a pain and opioid management curriculum for healthcare professionals, installment of peer support specialists in emergency rooms to offer treatment options and resources to patients with substance use disorder, and development of an application that allows immediate access to resources for substance misuse and mental health.

Through a partnership with the Alabama Department of Mental Health and the Jefferson County Department of Health, Pharmacy Division staff distribute naloxone to first responders and healthcare providers who work with community groups to increase access of naloxone to those who are at risk for an opioid overdose. Also, the naloxone standing order has been revised to include the over-the-counter naloxone and a new opioid overdose reversal agent, nalmefene. The standing order was renamed the Opioid Overdose Reversal Agent Standing Order.

PDMP staff continue to be active members of the Opioid Overdose and Addiction Council and three of its subcommittees, Rescue, Prescriber/Dispenser, and Data.

The PDMP database continues to be a clinical tool to assist healthcare professionals in making patient care decisions. Integration of the PDMP access into electronic health records and pharmacy management software improves workflow and is used by many healthcare professionals in Alabama. The PDMP staff continue to seek data sharing agreements with states and U.S. territories to assist in decreasing drug diversion. Of the 16 states with which Alabama does not have data sharing agreements, about half have laws or rules prohibiting data sharing with Alabama.

Several PDMP training sessions for healthcare professionals were held throughout Alabama in 2023. These trainings are designed to improve the healthcare professional's skills in using the PDMP as a clinical tool. The substance misuse annual summit continued in 2023 after taking a break during the COVID-19 pandemic. Around 250 participants from multiple disciplines attended the summit in February.

PDMP staff now includes a staff member dedicated to ensuring pharmacies and other controlled substance dispensers are reporting to the PDMP database as required. Emphasis on compliance will improve data integrity and ensure PDMP users are accessing up-to-date and accurate prescription information.

PRIMARY CARE AND RURAL HEALTH

The Office of Primary Care and Rural Health (OPCRH) administers programs to improve healthcare access and quality in rural and medically underserved communities. Currently, 63 of Alabama's 67 counties have areas designated as being medically underserved. These underserved areas have a high prevalence of healthcare issues, including chronic diseases such as diabetes, hypertension, heart disease, and other challenges such as a high rate of substance abuse. OPCRH employs several programs and works closely with partners such as the Alabama Rural Health Association, Alabama Hospital Association, Alabama Primary Health Care Association, and departmental bureaus to address these health issues. Some of the major initiatives in OPCRH are recruitment and retention of healthcare professionals, and technical assistance to assist 42 small, rural hospitals and health providers in transitioning to a new value-based healthcare system.

OPCRH utilizes a national, web-based recruitment system called the National Rural Recruitment and Retention Network to recruit into medically underserved areas. During FY2023, approximately 2,613 primary care practitioners were referred to rural hospitals and clinics in Alabama. Another recruitment program is the National Health Service Corps (NHSC), which has both scholarship and loan repayment components.

NHSC covers a wide array of health professionals, from physicians, dentists, and nurses to behavioral health professionals. Currently, there are 194 Alabama participants in the NHSC Program. These programs are supplemented by a J-1 Visa Waiver Program, which enables placement of foreign-trained physicians in return for 3 years of service in medically underserved areas. Currently, there are 79 healthcare providers delivering medical care to rural and medically underserved Alabamians under the J-1 Visa Waiver Program. OPCRH assists communities in establishing Centers for Medicare and Medicaid Services certified rural health clinics.

Over the past year, OPCRH provided technical assistance to 152 rural health clinics. OPCRH collaborates with various entities to address workforce issues essential to improving the health of Alabama residents. One such initiative is the partnership with the University of Alabama at Birmingham Heersink School of Medicine at Huntsville Regional Medical Campus to administer the Alabama Rural Medical Service Awards. This state-funded program incentivizes primary care physicians and family practice nurse practitioners to practice full-time in rural Alabama. In 2023, there were 11 primary care physicians and 3 nurse practitioners awarded in this program.

In 2023, OPCRH continued work to update the Health Professional Shortage Area designations. These areas determine eligibility for certain federal grants as well as eligibility for the NHSC Program and the J-1 Visa Waiver Program. Alabama's 42 small, rural hospitals were also assisted under federal grants administered by OPCRH which target improvement of operational efficiency, quality, and hospital sustainability. OPCRH continues to work closely with the Alabama Hospital Association to provide relief and support to Alabama's small rural hospitals.

WELLNESS

Public Education Employees' Health Insurance Plan (PEEHIP) Wellness Program

PEEHIP Wellness is a joint project of the department and PEEHIP. In FY2015, PEEHIP mandated that members be screened or pay more for their medical insurance. Members had the opportunity to get a screening without being penalized. During FY2023, department nurses performed 69,497 screenings at the worksite and healthcare providers conducted an additional 37,337 screenings. During this same time frame, 34,586 received an influenza vaccine.

State Employees Insurance Board (SEIB) Wellness Program

During FY2023, 5,374 state employees were screened by Wellness Program staff for the SEIB. A total of 1,121 SEIB employees received an influenza vaccine.

Local Government Health Insurance Board (LGHIB) Wellness Program

During FY2023, 55 local employees were screened by Wellness Program staff for the LGHIB. A total of 1,168 LGHIB employees received an influenza vaccine. The Wellness Program has had a contractual agreement with LGHIB since 2017.

OFFICE OF PROGRAM INTEGRITY

The Office of Program Integrity is an independent appraisal arm of the department. The office serves the State Health Officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal requirements, and compliance with applicable state laws and regulations. The office also serves as a consultant for the programs, services, and functions of the department.

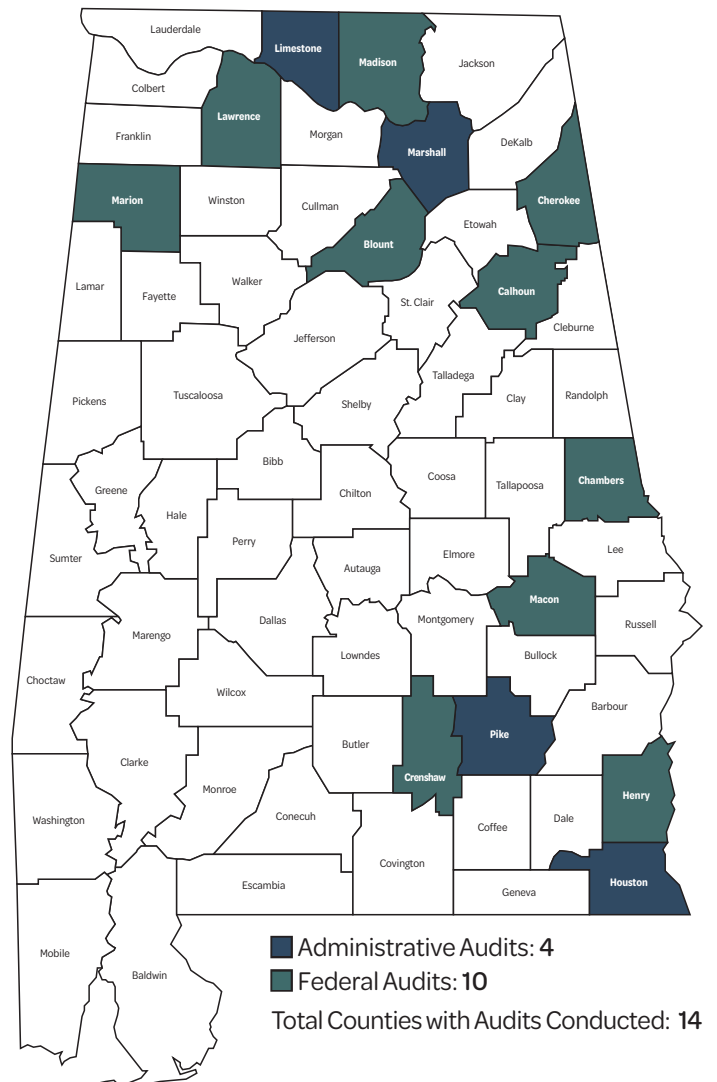
The primary mission of the office is to assist directors, managers, and administrators in effectively discharging their duties by reviewing various activities and functions within the department, presenting reports on deficiencies, and providing recommendations for corrective actions concerning those activities.

The office continued its mission of objectively evaluating county health departments and central office units during 2023 in financial and administrative activities and federal compliance. With the extension of federal funding to assist with the COVID-19 response, the office maintained its focus on subrecipient monitoring and compliance. The office continued to experience critical staffing shortages during 2023. While the minimum federal audit requirements were met, other critical areas were not reviewed. Management remains optimistic that the State Personnel Department's changes to the pay scale for the accounting series and the addition of the auditor series will have a positive impact on the office's workforce in 2024.

Figure 60. Special Reviews and Consulting Activities, FY2023

SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
146 Separate Accounts	\$30,535,090.05
Subrecipient Compliance and Monitoring	
Desk Reviews Closed in FY2023	\$25,257,563.73
Desk Reviews Pending at the End of FY2023	\$171,994,056.91
Imprest Account Monitoring	
Monthly review of bank statements and fund balance reconciliations	
65 accounts	\$835,000.00

Figure 61. County Health Department Audits, FY2023



OFFICE OF RADIATION CONTROL

The mission of the Office of Radiation Control is to protect the public and occupationally exposed workers from unnecessary exposure to ionizing radiation. This is accomplished by registering, licensing, and inspecting the day-to-day use of ionizing radiation in the state of Alabama; working with registrants and licensees to assist them in developing and implementing programs to maintain radiation doses as low as reasonably achievable; performing routine monitoring of radioactivity in the environment; preparing and responding to incidents involving nuclear and radioactive material at the two nuclear power plants and radioactive material licensees in the state; and conducting formal public and professional educational programs.

NOTABLE ACHIEVEMENTS FOR FY2023

Radioactive Materials Program: The program operates under an agreement with the U.S. Nuclear Regulatory Commission (NRC), and Alabama is one of 39 Agreement States. Radioactive material can be possessed and used under a general license or specific license by entities within Alabama. There are 189 general licensees and 315 specific licensees using radioactive material in Alabama. During this period, the office conducted a total of 97 inspections of radioactive material licensees. Additionally, the office issued radioactive material licenses to 3 new applicants and processed 255 amendment and renewal requests. As an Agreement State, the program's periodic review under NRC's Integrated Materials Performance Evaluation Program was completed in 2023. The program received "Satisfactory" ratings in all categories.

Medical X-Ray and Particle Accelerators: The office registers and inspects users of medical X-ray equipment. Staff conducted approximately 500 routine inspections of medical X-ray facilities during the period. This included 141 inspections of mammography facilities under the Mammography Quality Standards Act. During this period, 241 shielding plans for X-ray facilities were evaluated by staff. Additionally, the office registers and inspects particle accelerators. There are 49 registrants of particle accelerators that include linear and proton accelerators used for cancer treatments, and cyclotrons used for radiopharmaceutical production. During this period, 9 particle accelerator registrants were inspected, and 50 amendment and renewal requests were processed.

Non-Medical X-Ray: The office registers and inspects users of non-medical X-ray equipment, including X-ray machines used for analytical, gauging, baggage X-ray, whole body scanning, non-destructive testing, and research. There are 413 facilities registered to use non-medical X-ray equipment. During this period, 22 new facilities were registered, 133 registration amendments and renewals were issued, and 15 facilities were inspected.

Emergency Planning: The office provided radiation safety and emergency response training to 1,806 individuals during this

period, both in person and online. Those receiving training included individuals from the department, Alabama Emergency Management Agency, county emergency management agencies, hospitals, EMS, and police, fire, and sheriff's departments around Alabama's two nuclear power plants. The office supplies approximately 1,510 thermoluminescent dosimeters (TLDs) to first responders in the event of an off-site incident at one of the nuclear power plants. These TLDs measure the amount of radiation exposure an individual may receive during an incident and are exchanged annually. During this period, the office successfully demonstrated one plume-phase nuclear power plant exercise evaluated by the Federal Emergency Management Agency (FEMA). The program also works with hospital medical personnel in areas surrounding Alabama's two commercial nuclear power plants. Medical service drills are to evaluate medical service staff's techniques to handle contaminated patients. Hospital medical personnel in Madison and Houston counties were graded in FEMA-evaluated medical service drills; no recommendations were issued. Hospital medical personnel in Morgan and Houston counties completed non-graded medical service drills, with no issues noted.

Environmental: The office continues to collect ambient, air, water, soil, and vegetation samples from areas surrounding certain radioactive material licensees and the two nuclear power plants located in Alabama to confirm that any releases of radioactive material are within regulatory limits. During this period, 40 water samples, 28 vegetation samples, 364 daily air samples, and 48 weekly air samples were collected and analyzed for radioactive concentration. During this period, 85 quarterly reports of routine ambient radioactive exposure testing were received.

Waste Isolation Pilot Plant (WIPP): The WIPP facility, located near Carlsbad, New Mexico, is the only repository for the disposal of nuclear waste known as transuranic waste. This transuranic waste is shipped from facilities throughout the U.S. and transported on predetermined routes and monitored via GPS tracking. The routes include Interstates 59 and 20, traveling through 10 corridor counties in Alabama. Through coordination with the Alabama Emergency Management Agency, Radiation Control employees equip and train first responders in WIPP corridor counties to respond in case of an accident or incident involving a WIPP shipment.

Radon: Through continued outreach opportunities and through the radon website, the office encourages citizens in Alabama to test their homes for radon. The office responds to requests for information through phone calls and e-mails. During this period, the office responded to 257 phone calls, and 2,320 radon test kits were provided through the program's website. There were 14,094 "hits" to websites with radon information that the program maintains, and 1,500 radon test kits were sent to participating hospitals for parents of newborn infants.

COUNTY HEALTH DEPARTMENT SERVICES

Public Health services in Alabama are primarily delivered through county health departments. Larger counties and counties with specific needs have more than one county health department location. A wide variety of services is provided at county health departments, as well as valuable information.

Typical services and information include the following:

- Alabama Breast and Cervical Cancer Early Detection Program
- Bio Monitoring Services
- Birth, Death, Marriage, and Divorce Certificates
- Cancer Detection
- Child Health
- Children's Health Insurance Program
- COVID-19 Testing and Vaccinations
- Dental Services/Health Education and Community Fluoridation Programs
- Diabetes
- Disease Surveillance and Outbreak Investigations
- Family Planning
- Food and Lodging Protection
- HIV Prevention and Care
- Home Care Services
- Immunization
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Laboratory
- Maternity
- Nursing Services
- Nutrition Services
- Onsite Sewage Disposal Systems
- Sexually Transmitted Diseases
- Solid Waste
- Telehealth
- Tuberculosis
- Water Supply in Individual Residential Wells
- Women, Infants, and Children

PUBLIC HEALTH DISTRICTS MAP

EAST CENTRAL DISTRICT

Tim Hatch, District Administrator
3060 Mobile Highway
Montgomery, AL 36108
(334) 293-6400

JEFFERSON COUNTY

David Hicks, D.O., M.P.H., Health Officer
1400 Sixth Ave. S.
Birmingham, AL 35233
(205) 933-9110

MOBILE COUNTY

Kevin Philip Michaels, M.D., M.P.H., F.A.C.O.E.M.
County Health Officer
251 N. Bayou St.
Mobile, AL 36603
(251) 690-8827

NORTHEASTERN DISTRICT

Mary Gomillion, District Administrator
Mark Johnson, Assistant District Administrator
709 E. Broad St.
Gadsden, AL 35903
(256) 547-6311

NORTHERN DISTRICT

Judy Smith, District Administrator
Michael Glenn, Assistant District Administrator
3821 Highway 31 S.
Decatur, AL 35603
(256) 340-2113

SOUTHEASTERN DISTRICT

Corey Kirkland, District Administrator
1781 E. Cottonwood Rd.
Dothan, AL 36301
(334) 792-9070
Kyle Odom, Assistant District Administrator
2841 Neal Metcalf Rd.
Enterprise, AL 36330
(334) 347-9574

SOUTHWESTERN DISTRICT

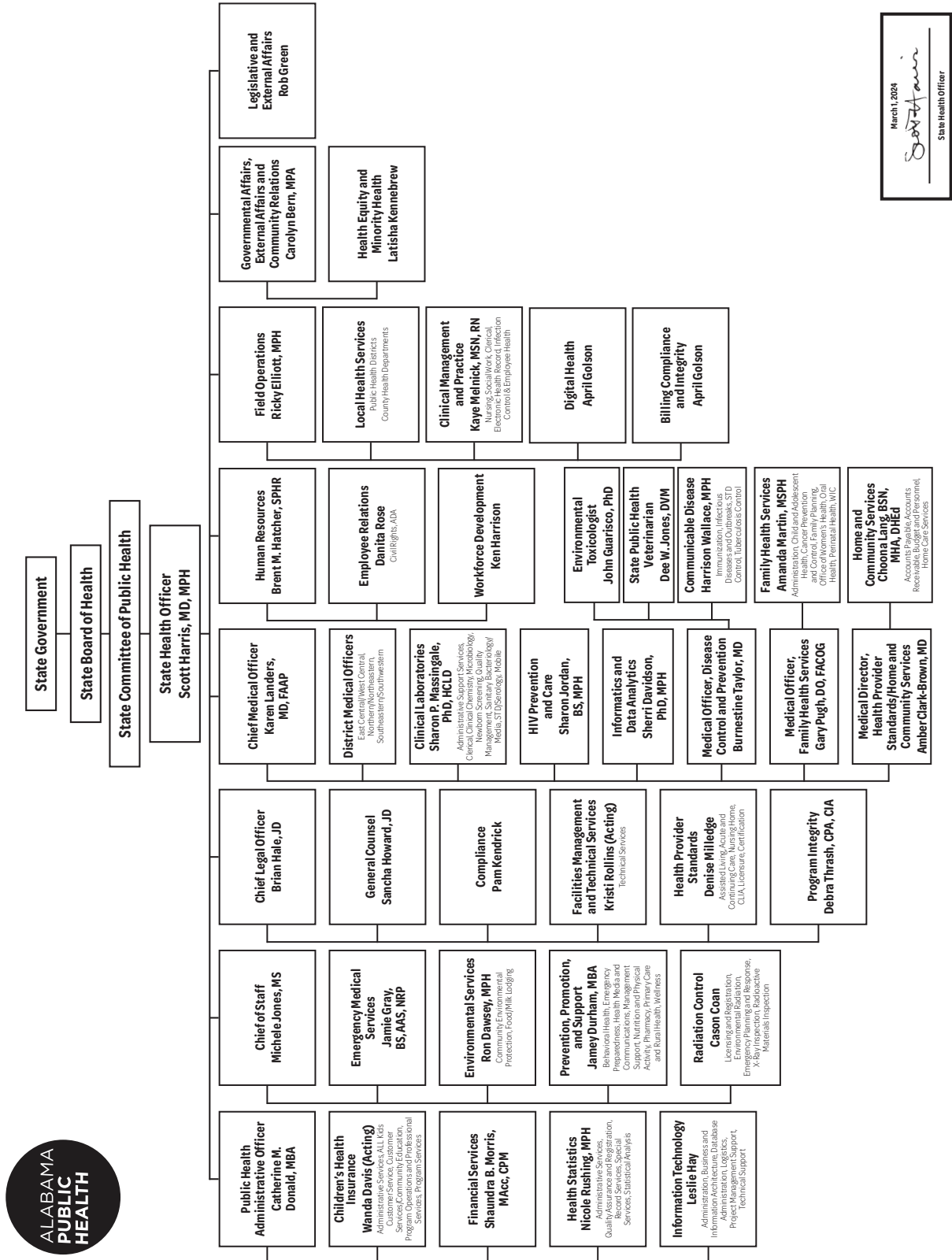
Chad Kent, District Administrator
1115 Azalea Place
Brewton, AL 36426
(251) 947-1645
Suzanne Terrell, Assistant District Administrator
303 Industrial Drive
Linden, AL 36748
(334) 295-1000

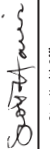
WEST CENTRAL DISTRICT

Stacey Adams, District Administrator
Renee Cole, Assistant District Administrator
2350 Hargrove Rd., E.
Tuscaloosa, AL 35405
(205) 554-4500



ADPH ORGANIZATIONAL CHART



March 7, 2024

 State Health Officer



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Informational materials in additional formats will be made available upon request.

This document may also be obtained through the Alabama Department of Public Health's Web site at alabamapublichealth.gov.