

ANNUAL REPORT

ALABAMA
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 Alabama Department of Public Health's Annual Report for 2024. This document summarizes some of our department's achievements and challenges in furthering our mission of promoting, protecting, and improving public health.

Our approach encourages a focus on collaborative work with community partners to impact positive health outcomes and safeguard the health of all Alabamians. Cancer remains Alabama's second leading cause of death, and prevention, early detection, and treatment are needed to battle it successfully. Since 2014, a total of 1,021 breast cancers and 3,288 cervical pre-invasive and invasive cancers have been diagnosed through the Alabama Breast and Cervical Cancer Early Detection Program. Despite our efforts, Alabama continues to be among the top five states nationally in cervical cancer mortality. In response, the department launched *Operation WIPE OUT Cervical Cancer*, a strategic action plan involving university partners, healthcare providers, community leaders, agencies, and organizations.

Departmental programs help serve the special health needs of Alabama women and children. More than 180,000 children were enrolled in the Children's Health Insurance Program at the end of Fiscal Year 2024, a successful program that provides comprehensive, low-cost health insurance coverage to children and youth up to age 19. The Women, Infants, and Children (WIC) Program helps safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. WIC served an average of 111,702 participants each month in 2024.

Infant mortality is a significant indicator of the health of a state, and Alabama's rate remains among the highest in the nation. Alabama's infant mortality rate in 2023 was 7.8 deaths per 1,000 live births, an increase from the historically low rate of 6.7 recorded in 2022. Lingering racial disparities persist as the infant mortality rate of black infants is nearly 2.5 times the rate of white infants. Departmental initiatives and programs are underway to address the factors contributing to poor maternal and infant health outcomes. These include Cribs for Kids, which has provided 2,500 cribs in the past 3 years for families without a safe place for their babies to sleep; Well Woman, which provides preconception, interconception, and postconception care; a phone application to count fetal kicks; and programs promoting safety seat usage and healthy lifestyle behaviors.

Alabama's first published burden of oral disease document, "Oral Health in Alabama: Unveiling the Burden and Pathways to Improvement," provides a profile of oral health in Alabama, spanning multifaceted topics, including barriers due to socioeconomic conditions, lack of access to dental care, specialized population challenges, and many others.

The Bureau of Clinical Laboratories, the sole provider of newborn screening in Alabama, identifies approximately 200 babies each year with a metabolic, endocrine, hematological, or other congenital disorder. Early identification and treatment can prevent premature death and reduce morbidity, intellectual disability, and other developmental disabilities. The laboratory screens approximately 120,000 specimens for 35 core disorders and 26 secondary disorders annually. Two new disorders were added to Alabama's newborn screening panel in 2024: Pompe disease and Muccopolysaccharidosis Type I.

Surveillance, investigation, and prevention of communicable disease remains an essential function of the department. Of the 702 outbreaks investigated in 2024, 80 percent were respiratory. Other investigations included reports of suspected human mosquito-borne illness, including West Nile virus, which remains an ongoing threat to Alabamians. Congenital syphilis cases are the highest in recent history and are particularly troublesome because the disease can be prevented through testing and treatment. The department continues working closely with other state and federal agencies to monitor avian influenza.

Nurses, aides, and therapists provide home care visits across the state to patients covered by Medicare, Medicaid, and other insurance providers. The Bureau of Home and Community Services administered services to 5,249 patients of all ages, from pediatric to geriatric. The department is the only agency in Alabama that offers pediatric home care. We are proud that quality home healthcare is provided regardless of social circumstances or the ability to pay.

Public health environmentalists promote healthy communities in a broad range of areas, including 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, indoor air quality, and home lead inspections. The department investigated 1,155 potential rabies exposures and confirmed 28 animal rabies cases in 2024.

Our goal is for Alabamians of all ages to have access to and embrace a culture of healthy choices as their way of life. These choices include access to nutritious foods, regular physical activity, and other promotions. In collaborative efforts with the Jefferson County Department of Health and the Alabama Department of Mental Health, the Pharmacy Division promotes the statewide distribution of naloxone, an opioid overdose reversal agent, to people at the highest risk of overdose.

Our personnel are among our department's greatest strengths and most valuable resources. Employees perform essential services to support health by preventing infectious and chronic diseases, enforcing health regulations, and promoting healthful lifestyles. Our dedicated workforce also appreciates and values their role in our state. An objective survey conducted by *Forbes* magazine and market research firm Statistica recognized the department for its ranking as the third-best place to work in the state, with program excellence, employee retention, and workplace satisfaction as the focus.

An overnight fire totally destroyed the Butler County Health Department building in Greenville. To illustrate the employees' commitment to the public, the local team mobilized and was quickly joined by leaders from throughout the state to prevent service interruptions to the patients and clients they serve. During the rebuilding process, resilient employees are conducting clinics from a modular unit and a small temporary location. A further example illustrating our compassionate employees' dedication to service occurred in the aftermath of Hurricane Helene when a team of volunteers traveled to North Carolina to staff 12-hour shifts at shelters.

In addition to these accomplishments, I am proud to report that the department successfully completed the review process to maintain national accreditation status through the Public Health Accreditation Board. Initially accredited in 2017, the department has demonstrated that it meets the board's quality standards and measures and can evolve, improve, and advance as it strives to improve the health of Alabama's residents at all stages of life.

In the coming year, we look forward to continuing our achievements with you and our many partners as we focus on our vision of healthy people, healthy communities, and a healthy Alabama.

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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OFFICE OF BILLING, COMPLIANCE, AND INTEGRITY

The Office of Billing, Compliance, and Integrity (BCI) provides statewide county support for claim corrections, credits, and resubmissions to recover the maximum amount of revenue owed to the department. BCI also provides administrative services to ensure compliance and integrity with all insurance payer sources, as well as local, state, and federal requirements. BCI'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
- Monitoring billing contracts and/or provider agreements
- Credentialing
- Billing for newborn screening and environmental water testing
- Medicaid revalidation for county health departments statewide
- Other reporting analysis and trends

Looking ahead, BCI will continue to work with the department's Electronic Health Record staff to implement an electronic encounter form for use 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 health coverage to eligible children and uses the Blue Cross Blue Shield of Alabama provider network. In addition to the ALL Kids Program, and 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 FY2024:

Total CHIP enrollment: 180,952 (ALL Kids 93,901; MCHIP 87,051)

The total unduplicated number of children ever enrolled in Alabama CHIP during FY2024: 239,271 (117,774 ALL Kids; 121,497 MCHIP).

In FY2024, the ALL Kids program paid over \$312 million in claims to primarily Alabama providers.

Figure 1. ALL Kids Enrollment by Age Group

	<1	1-5	6-12	13-18	Total
ALL Kids	3,179	23,909	35,968	30,845	93,901
MCHIP	2	38	24,435	62,576	87,051
CHIP Total	3,181	23,947	60,403	93,421	180,952

Figure 2. ALL Kids Enrollment by Gender

	Female	Male	Unknown	Total
ALL Kids	46,172	47,729	0	93,901
MCHIP	43,516	43,533	2	87,051
CHIP Total	89,688	91,262	2	180,952

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. The laboratory is 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), the Food and Drug Administration (FDA), the Federal Bureau of Investigation, and the Department of Homeland Security, collaborate with the BCL to perform complex testing and surveillance.

Processes at the central laboratory have improved since it relocated to its 66,000-square-foot facility in 2020. This \$30 million building in Prattville replaced the Montgomery laboratory. Using the CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Cooperative Agreement funds, it has been expanded to include more administrative space, warehouse space, and additional testing areas.

LABORATORY QUALITY

Laboratorians work diligently and are committed to ensuring quality testing that supports public health. The BCL is credentialed by the CDC, the FDA, the EPA, and Clinical Laboratory Improvement Amendments and was recently re-accredited by the 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 a range of laboratory testing services at the central laboratory in Prattville and the specialty laboratory in Mobile. The laboratory performed 1,695,040 tests in 2024 for the 753,800 clinical and environmental specimens received, an increase from 2023. Clinical specimens totaled 716,270 (541,783 from Prattville and 174,487 from Mobile), and 14,029 environmental samples (5,364 from Prattville and 8,665 from Mobile) were received. Clinical exams totaled 1,571,662 (1,392,759 from Prattville and 178,903 from Mobile), and environmental exams totaled 22,979 (9,635 from Prattville and 13,344 from Mobile). The distribution of specimens received and specific testing performed are depicted in the accompanying figures (Figure 3).

Figure 3. Total Specimens Received and Tested by Division, 2024

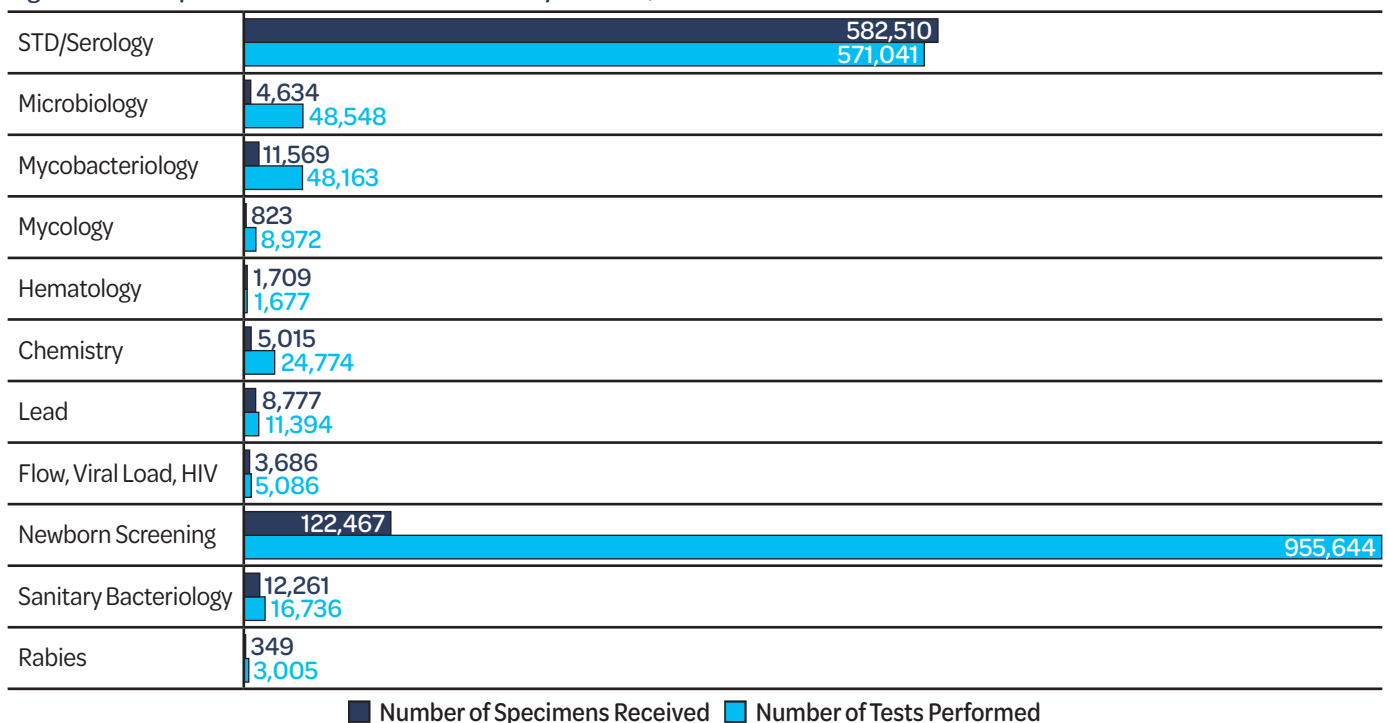


Figure 4. Total Specimens Received and Tested by Location, 2024

Mobile Environmental	13,344 8,665
Mobile Clinical	178,903 174,487
Prattville Environmental	9,635 5,364
Prattville Clinical	541,783 1,392,759

■ 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. The BCL's LIMS is interfaced directly with the department's electronic health record (EHR) and 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 secure web-based remote viewer to retrieve NBS test results. However, the BCL is collaborating with the Association of Public Health Laboratories and a local healthcare provider system to build a technical infrastructure that facilitates the exchange of electronic test orders and results for NBS. This process will decrease errors due to manual data entry and allow timely transmission of patients' medical records.

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 branch processed and analyzed 9,069 specimens in 2024. 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 8,777 blood and 1,419 environmental specimens during 2024.

INFECTIOUS DISEASE TESTING – MICROBIOLOGY

The Microbiology Division received over 400 samples to support facilities with reference bacteriology identification. Thirty samples were tested for parasites. PCR tested 548 respiratory

samples. Seventy-seven cases of influenza were detected. Eighteen outbreak specimens were tested on a respiratory panel that detected rhino/enterovirus, parainfluenza 4, influenza AH3, respiratory syncytial virus, and coronavirus OC43.

As a participant in PulseNet, a national laboratory foodborne illness surveillance network that uses molecular techniques to detect outbreak clusters, the branch received 733 samples and performed whole genome sequencing on 280 isolates.

One hundred seven specimens associated with gastrointestinal outbreaks were analyzed. Of these, norovirus GI/GII, *Sapovirus*, *Clostridium difficile* toxin A/B, enteropathogenic *Escherichia coli*, *Yersinia enterocolitica*, *Salmonella*, Shiga-like toxin-producing *Escherichia coli*, *Cryptosporidium*, and Enterotoxigenic *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 3 GI and 44 GII norovirus cases.

For meningococcal disease surveillance, 90 *Haemophilus influenzae* were serotyped, and 10 *Neisseria meningitidis* were serogrouped.

The division continued its partnership with the CDC and Jefferson County Department of Health for the Gonococcal Isolate Surveillance Project, now known as the Combatting Antimicrobial Resistant Gonorrhea and Other STIs Program, to track antibiotic resistance trends in *Neisseria gonorrhoeae*. Eighty-six specimens were collected, and 45 were sent to the Antibiotic Regional Laboratory Network (ARLN), where they were further analyzed.

Screening for carbapenem-resistant *Enterobacteriaceae*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* was sustained. Five hundred seven specimens were forwarded to the ARLN for enhanced surveillance. While *Klebsiella pneumoniae* carbapenemase-producing bacteria continue to be endemic in the state, there has been an increase in identifying carbapenemase-producing *Acinetobacter baumannii*.

Preparedness: The Biological Terrorism (BT) Laboratory confirmed one botulinum toxin case out of the three samples tested. Several clinical samples were tested to rule out select agents; two *Brucella* were detected. The BT Laboratory also continued to respond to the mpox outbreak, testing over 40 specimens and detecting 23 positive samples. The BT Laboratory also participated in two exercises by Laboratory

Response Network. They also provided and performed the multiple agent test algorithm on two environmental samples.

In 2024, the Chemical Terrorism Laboratory participated in one materials inventory, an analyte exposure exercise, and a specimen packaging and shipping exercise. The section also collaborated with the Office of Radiation Control to update requirements and find qualified candidates to oversee a new section for radiation testing at the BCL.

NBS FOLLOW-UP AND TESTING DIVISIONS

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 that every newborn be tested for 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 35 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. In July 2024, testing began for Pompe disease and Mucopolysaccharidosis Type I. 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 disorder-related complications. Early diagnosis may reduce morbidity, mortality, intellectual disability, and other developmental disabilities. The program partners 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 before hospital discharge and are referred for further testing and intervention if they do not pass the inpatient newborn hearing screen. The EHDI Program is federally funded through a grant from the Health Resources and Services Administration and the 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 following these guidelines as diagnostic facilities return from post-COVID pandemic to regular business hours and scheduling families for follow-up. During 2024, the Alabama NBS Program received approximately 815 presumptive positive laboratory referrals, 2,669 failed hearing screenings, and identified 159 infants with an NBS condition (Figure 5).

MYCOBACTERIOLOGY AND MYCOTICS

Mycobacterium tuberculosis (TB)

The Mycobacteriology Branch received 6,268 specimens to isolate and identify TB complex bacteria and non-tuberculous mycobacteria (NTM) species. Using PCR-based technology,

Figure 5. Newborn Screening Number Identified, 2024

3-Hydroxy-3-methylglutaric Aciduria	0
3MCC	1
Argininosuccinic Aciduria	0
Beta Ketothiolase Deficiency	0
Biotinidase Deficiency	0
Carnitine Uptake Defect (CUD)	0
Citrullinemia Type 1	0
Classic Galactosemia	0
Classical Phenylketonuria (PKU)	3
Congenital Adrenal Hyperplasia	2
Congenital Hypothyroidism	55
Critical Congenital Heart Disease	1
Cystic Fibrosis	12
Glutaric Acidemia Type 1	1
Hearing Loss	66
Holocarboxylase Synthase Deficiency	0
Homocystinuria	0
Isovaleric Acidemia	0
LCHAD (Long-chain)	0
Maple Syrup Urine Disease	0
MCADD (Medium-chain)	2
Methylmalonic Acidemia (CblA, B)	0
Methylmalonic Acidemia Mutase	0
Pompe	3
Propionic Acidemia	0
MPS-1	0
Multiple Carboxylase Deficiency	0
SCID	1
S Beta Thalassemia	3
Sc Disease	15
SMA	3
SS Disease	23
Trifunctional Protein Deficiency	0
Tyrosinemia Type I	0
VLCAD	0
X-ALD	0

the TB Laboratory can confirm new smear-positive patients in 2 hours. The TB Laboratory works with and provides TB Control staff genotyping data generated at the Michigan Department of Community Health. 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 identify NTM rapidly.

Fungal Infections

The Mycotics Branch reported one endemic yeast (*Cryptococcus* species) and three dimorphic molds (two *Histoplasma* species and one *Coccidioides* species) via identification by the CDC or the Wadsworth Center in New York. Thirty-five *Candida auris*, an emerging multidrug-resistant yeast representing a global health threat, were also reported. A total of 896 specimens were received from private healthcare providers in this branch.

SANITARY BACTERIOLOGY/MEDIA DIVISION (PRATTVILLE CAMPUS)

The Sanitary Bacteriology/Media Division tests dairy products, public and private water, and fluoride samples and prepares media used by the county health departments and the BCL. Testing was conducted on 1,460 dairy samples, including 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 to support 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 408,619 specimens and performed 394,044 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. The 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 Interstate Shellfish Sanitation Conference committees and the 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 the FDA's approval to establish a *Karenia brevis* enzyme-linked immunosorbent assay confirmation method and is certified for shell stock wet-storage compliance. The division performed testing and collaboration in partnership with the state of Mississippi as its shellfish testing capabilities were developed. The Mobile laboratory participates in the CDC National Wastewater Surveillance Program using the digital droplet PCR for SARS-CoV-2 detection. Other targets are being considered for addition to the program.

Mobile Division Clinical Branch

The Mobile Clinical Branch performs CT-GC-TV and syphilis testing with the same instrumentation and methods as 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

Under contract with ADEM, the Drinking Water Section tested 6,631 samples from public systems and private wells to support the Safe Water Act.

Rabies (Mobile and Prattville)

Both the Mobile and Prattville laboratories test suspect animal tissue for rabies. Unique 2024 cases were associated with a positive skunk, a cat, a dog, and foxes. (See Figure 13 from Communicable Disease report, page 14, for a map of reported laboratory-confirmed animal rabies cases.)

CLINICAL MANAGEMENT AND PRACTICE

CLERICAL

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

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 Base Surveillance 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, 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, Respiratory Protection Program, 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 ensure conditions in which individuals, families, and communities can be healthy, utilizing the unique expertise of Public Health nurses to assess, plan, and implement programs that promote health and prevent disease. The department employs approximately 750 nurses. Approximately 300 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 continuing education (CE) and offers numerous opportunities for CE hours via satellite and on-site classes. The division has continued to respond to departmental 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 CE by the Alabama Board of Social Work Examiners, and during 2024 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 Alabama Sexual Risk Avoidance Education, Alabama Personal Responsibility Education Program, ALL Babies, CHIP, Child Car Seat training, COVID-19 Response and Education, Diabetes Self-Education, Elevated Lead, Emergency Preparedness, Family Planning Care Coordination, HIV Care Coordination, Home Health, Licensure and Certification, Health Equity and Minority Health, Newborn Screening Care Coordination, Newborn Hearing Screening, Maternity Mortality Review, 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.

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 2023-2024 Annual School Entry Survey, all medical and religious exemptions combined have risen to 2.19 percent, an increase of 0.91 percent, for students in public and private schools. The percentage of students with expired and no COI was 4.02 percent, a decrease from the previous year by 0.92 percent. In addition, the branch oversees vaccine-preventable

Figure 6. Cases Classified as Vaccine-Preventable Disease Cases in Alabama, 2018-2024

Disease	2018	2019	2020	2021	2022	2023	2024
Diphtheria	0	0	1	0	0	0	0
<i>H. influenzae</i>	127	119	46	78	121	170	152
Hepatitis A	40	225	922	399	51	23	18
Hepatitis B	40	64	48	68	57	60	114
Measles	0	0	0	0	0	0	0
Meningococcal	5	3	3	6	4	8	17
Mumps	17	15	0	0	1	0	0
Perinatal Hepatitis B	0	0	0	0	0	0	0
Pertussis	225	220	85	38	37	37	376
Polio	0	0	0	0	0	0	0
Rubella	0	0	1	0	1	0	2
<i>Strep. pneumoniae</i>	554	372	273	294	401	470	585
Tetanus	0	0	0	0	0	0	0
Varicella	93	85	17	40	40	29	44
Total	1,101	1,103	1,396	923	713	797	1,308

disease investigations statewide. IMM field staff investigate vaccine-preventable disease reports submitted by notifiable disease reporters and laboratories. In 2024, the IMM field staff investigated and confirmed 1,308 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, underinsured, American Indian, or Alaskan Native. As of December 2024, 541 enrolled public and private providers received approximately \$90 million worth of vaccines. As part of the vaccines distributed, the VFC Program provided 131,300 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 branch also manages the federal Section 317 vaccine funding for uninsured/underinsured adults.

Figure 7. Number of Vaccines Recorded in ImmPRINT, 2015-2024

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	
2024	Manual	1,169,702	3,984,046
	HL7	2,814,344	

Figure 8. Number of Active Sites Recorded in ImmPRINT, 2015-2024

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	1,627	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	
2024	ImmPRINT Only	6	540	37	31	220	1,619	649	3,102	5,107
	HL7	75	831	188	79	786	45	1	2,005	

The Registry Branch manages the state’s immunization registry, ImmPRINT, for all residents of Alabama. Sites can submit vaccine information manually or by electronic interface. The Registry Branch coordinates the interfaces between ImmPRINT and providers’ electronic medical record who submit vaccine information, which includes bi-directional (2-way) communication. In 2024, there were over 5,409 providers who were actively submitting vaccine information into ImmPRINT, with 3,984,046 vaccinations submitted during that time period. Over 74 million patients of all ages and over 88 million vaccine doses are recorded in ImmPRINT. ImmPRINT is also the system in which COVID-19 vaccine providers were enrolled and submitted COVID-19 vaccine orders in 2021-2024.

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, 1,501 approved providers (clinics, hospitals, pharmacies) statewide were receiving vaccine. Since the start of the distribution of the 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 the COVID-19 vaccine from being provided by the Department of Health and Human Services/CDC at no charge to a commercialized COVID-19 vaccine purchased from the manufacturers. The CDC Bridge Access Program (BAP) 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 BAP, 551 approved providers (clinics, local health departments, FQHCs, RHCs, independently owned pharmacies) statewide have received vaccine. During 2024, the division distributed over 7,000 doses of commercialized COVID-19 vaccine to the VFC Program and the state BAP to enrollees 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 2024 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 2024, 702 outbreaks and clusters were investigated; 80 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.

Multiple Organism Outbreak Involving Four Schools in Baldwin County, Alabama

In February 2024, an outbreak was reported at Elementary School A in Baldwin County, indicating 60 students were ill with gastrointestinal symptoms. The investigation later expanded to include three additional schools in the same city (Elementary School B, Middle School A, and High School A). A Hypothesis Generating Questionnaire (HGQ) was developed to identify common exposures (travel, animal, recreational water, group gatherings) shared among those who attended or worked at one of the four schools; however, the distribution of the HGQ was delayed by 1 week, resulting in a poor response rate and an inability to identify a common exposure outside of the schools.

Upon notification of the outbreak, the Bureau of Environmental Services visited Elementary Schools A and B to conduct an environmental assessment. Findings from these environmental assessments did not indicate that a food item was the suspected vehicle of the outbreak. In addition, no kitchen staff reported illness in the previous 30 days. As a result, environmental assessments were not conducted for the other two schools.

Four stool specimens were collected and tested at the BCL using the BioFire® FilmArray® Gastrointestinal Panel, which targets 22 different bacterial, viral, and parasitic agents. One specimen tested positive for enteropathogenic *E. coli*, one for norovirus GII, one for norovirus GII and enteroaggregative *E. coli*, and one resulted negative for all pathogens. The norovirus-positive specimens were then forwarded to the CDC for additional testing, resulting in genotype GII.2[P16], a highly transmissible strain of norovirus.

Due to the HGQ's poor response rate and an inability to identify a common exposure, an individual's illness duration was used

to narrow down which etiology may have caused the most illnesses. Illness duration was available for 54 cases. Most cases (52 percent) were at Elementary School A and had an illness duration consistent with norovirus. This was further confirmed by laboratory evidence, as two cases tested positive for the same strain of norovirus (GII.2[P16]) at Elementary School A. Based on this, a confirmed case was defined as a student or staff member from one of the schools who became ill with vomiting or diarrhea from February 13 to March 16 and had laboratory evidence of norovirus. A probable case lacked laboratory evidence but presented with clinically compatible symptoms. In summary, 106 met the case definition, with 2 (2 percent) classified as confirmed and 104 (98 percent) classified as probable.

Gastrointestinal Outbreak Among Attendees of a Student Orientation in Jefferson County, Alabama

In September 2024, ID&O responded to an outbreak reporting three ill individuals with gastrointestinal symptoms who had attended a university's international student orientation. It was reported that a to-go order was placed at Restaurant A, which included chicken biryani, salad, samosa, raita, gulab jamun, and mango juice.

Upon notification, an environmental assessment was conducted at Restaurant A to determine how and why germs got into the environment and spread to make people sick. The most common contributing factors for outbreaks in restaurants include improper food preparation practices, such as not cooking or holding foods at the appropriate temperatures. Findings from the environmental assessment indicated that there were multiple food items not being held at proper cold holding temperatures (≤ 41 degrees F), including cooked chicken (48 degrees F). After a review of its most recent regulatory inspection, six violations were observed, including issues related to improper food preparation practices and hand hygiene. Further, once the food arrived at the venue, it was left sitting out with no means to keep the food at proper hot-holding temperatures.

Meanwhile, attendees were asked to complete an outbreak-specific questionnaire (OSQ), which captured demographic, clinical, and exposure information. Data were analyzed using SAS® 9.4 to compare the relative odds of becoming ill after consuming food served at the orientation. A case was defined as an attendee who ate at the orientation and developed diarrhea within 24 hours. A control was defined as an attendee who ate at the orientation and did not develop diarrhea within 24 hours.

Of the 87 registered attendees, only 39 (45 percent) completed the OSQ. Ten met the case definition (36 percent), and 18 (64 percent) met the control definition. All cases were 18-49 years old, 7 (65 percent) were male, 11 (92 percent) were Asian, and all were non-Hispanic. The median incubation period was 4.5 hours (range: 1-15). The median illness duration was 1 day (range: 0-2). No clinical, food, or environmental specimens were collected; therefore, ID&O could not confirm a particular food item as the cause of illness. However, odds ratios (OR) were calculated on all food items, and the chicken biryani (OR: 1.5) and samosas (OR: 1.2) both indicated an elevated risk, which suggests eating these items increased the odds of becoming ill.

Figure 9. Select Alabama Notifiable Disease Case Counts, by year*

Diseases	2020	2021	2022	2023	2024
Acute Flaccid Myelitis	0	1	2	0	0
Anthrax	0	0	0	0	0 [^]
Arboviral (excludes Chikungunya virus, Dengue, and Zika virus)	10	12	5	32	36
Babesiosis	1	1	0	1	4 [^]
Botulism	1	0	2	2	1
Brucellosis	1	1	0	0	0 [^]
Campylobacteriosis	665	745	813	878	1,138
Chikungunya Virus (travel-related)	0	0	0	1	1
Cholera	0	0	0	0	0
Coccidioidomycosis	5	13	12	12	9
Cryptosporidiosis	138	125	158	213	245
Cyclosporiasis	9	6	19	140	30
Dengue (travel-related)	0	1	5	5	10
<i>E. coli</i> , shiga toxin-producing (includes O157: H7)	100	138	159	170	162
Ehrlichiosis/Anaplasmosis	12	24	10	5	13
Hansen's Disease (Leprosy)	1	0	0	2	0 [^]
Hemolytic Uremic Syndrome (HUS)	3	3	10	6	1
Hepatitis E, Acute	0	0	0	0	0
Influenza-associated Pediatric Mortality	1	0	3	1	1
Legionellosis	61	89	65	66	79
Listeriosis	14	12	12	16	8
Lyme Disease	15	51	32	36	40
Malaria (travel-related)	2	8	8	11	9
Novel Influenza A Virus Infection	0	0	0	0	0 [^]
Paratyphoid Fever	1	2	2	0	7
Plague	0	0	0	0	0
Primary Amebic Meningoencephalitis	--	--	--	--	0
Q Fever	0	2	3	2	1
Rabies, Animal	51	44	45	38 [^]	28
Rabies, Human	0	0	0	0	0
Salmonellosis	891	861	996	879	1,085
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)	0	0	0	0	0
Shigellosis	346	88	81	100	125
Smallpox	0	0	0	0	0
Spotted Fever Rickettsiosis	90	121	118	81	71
Trichinellosis (Trichinosis)	0	1	0	0	0
Tularemia	1	0	3	1	1
Typhoid Fever	1	3	0	2	1
Vibriosis (non-Cholera)	26	34	41	37	54
Viral Hemorrhagic Fever	0	0	0	0	0 [^]
VISA (<i>Staphylococcus aureus</i> , vancomycin-intermediate)	0	1	1	1	1
VRSA (<i>Staphylococcus aureus</i> , vancomycin-resistant)	1	1	0	0	1
Yellow Fever (travel-related)	0	0	0	0	0
Zika Virus (travel-related)	0	0	0	0	0
Other Investigations [†]	0	1	0	5	5
Total	2,447	2,389	2,605	2,743	3,118

*Preliminary counts include finalized investigations among Alabama residents as of January 23, 2025. These case counts do not include conditions investigated by other divisions (TB, IMM, STD). The Notifiable Disease Rule was updated on April 14, 2024, thereby removing several diseases previously listed, including COVID-19 infection (non-congregate living facilities), giardiasis, hantavirus, influenza-associated mortality (non-infant), psittacosis, and toxic shock syndrome; primary amebic meningoencephalitis was added.

†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 (histoplasmosis, streptococcal toxic-shock syndrome, yersiniosis).

[^]The case definition was updated this year for this condition.

Based on epidemiologic and environmental evidence, three toxin-mediated pathogens (*Bacillus cereus*, *Clostridium perfringens*, and *Staphylococcus aureus*) were suspected etiologies for this outbreak. Toxin-mediated pathogens thrive when food is not kept at safe temperatures. Poor food safety practices, such as improper hot holding, slow cooling, or leaving food at room temperature, allow bacteria to multiply and release toxins. Additionally, these pathogens often cause symptoms shortly after eating contaminated food, typically within a few hours. Further, these pathogens' symptomology and incubation periods were consistent with all cases' clinical presentations and illness onsets. This outbreak highlights the importance of consistent food safety practices and proper temperature control in food service settings. Continued oversight, employee education, and regular monitoring are essential to protect public health and prevent future outbreaks.

Mosquito-borne Disease Surveillance

In 2024, ID&O investigated 87 reports of suspected human mosquito-borne illness, of which 63 percent were determined to be cases.* The majority of investigations were for West Nile virus (WNV). Of the cases identified, 34 were WNV, 9 travel-related malaria, 10 travel-related dengue, and 2 California serogroup viruses. WNV remains an ongoing threat to Alabamians. In 2024, dengue cases increased due to Alabama residents traveling to areas where the disease is very common. Over 12 million dengue cases were reported in North, Central, and South America, as well as the Caribbean.

From late 2023 to 2024, reports of an emerging disease, Oropouche virus, spread across the Americas. The virus is spread to people by infected biting midges and some mosquito species. The CDC issued an alert due to reports of the virus in countries such as Bolivia, Brazil, Colombia, Cuba, and Peru. Although Alabama did not have cases, the department updated the mosquito-borne disease web page to include educational materials for residents and healthcare providers.

Tickborne Disease Surveillance

In 2024, the division investigated 467 reports of suspected tickborne illness, of which 28 percent were determined to be cases.* The majority of investigations were for spotted fever rickettsiosis. Of the cases identified, 71 were spotted fever rickettsiosis, 40 were Lyme disease, 8 were ehrlichiosis, 5 were anaplasmosis, 4 were babesiosis, and 1 was tularemia. Data shows that spotted fever rickettsiosis is Alabama's most commonly reported tickborne disease.

Figure 10. Mosquito-borne Investigations and Cases in Alabama, 2024*

Mosquito-borne Disease	Investigations	Cases
California Serogroup Viruses	2	2
Dengue (all travel-related)	16	10
Malaria (all travel-related)	11	9
West Nile Virus	58	34
Total	87	55

*As of January 23, 2025

Figure 11. Tickborne Investigations and Cases in Alabama, 2024*

Tickborne Disease	Investigations	Cases
Anaplasmosis	13	5
Babesiosis	7	4
Ehrlichiosis	13	8
Lyme Disease	188	40
Spotted Fever Rickettsiosis	242	71
Tularemia	4	1
Total	467	129

*As of January 23, 2025

Wastewater Surveillance

In response to the COVID-19 pandemic, CDC launched its National Wastewater Surveillance System in 2020 among select jurisdictions across the U.S. The initial recipients of funding included those with well-established wastewater surveillance programs in place. In August 2022, the department was added to the list of recipients with a goal to enroll 20 sampling sites across the state to participate with at least one in each public health district.

While the department's program was being stood up, six sampling sites were onboarded by CDC's contractor. In comparison, an additional five sampling sites in Jefferson County were onboarded by WastewaterSCAN, an academic-philanthropic partnership. By September 2024, the BCL Mobile Laboratory was validated and ready to test its first wastewater samples.

ID&O, in collaboration with environmental engineering firm CDM Smith™, began prioritizing potential sampling sites based on the population served, such as rural population, elevated social vulnerability index, and (less importantly today) low COVID-19 vaccination rates. By the close of 2024, all but one district had at least one sampling site submitting two samples per week for testing: Northern (BCL – Madison, Marshall, and Morgan counties; CDC – Colbert County), Northeastern (BCL – Calhoun and Randolph counties), West Central (BCL – Sumter and Tuscaloosa counties), Jefferson (WastewaterSCAN – five sites), East Central (BCL – Lowndes and Macon counties; CDC – Lee County); Southwestern (BCL – Dallas County; CDC – Escambia County); and Southeastern (BCL – Barbour and Pike counties).

All wastewater samples are being tested and monitored for SARS-CoV-2, influenza A, influenza B, and respiratory syncytial virus. Those sites onboarded through CDC or WastewaterSCAN are also being tested and monitored for mpox. The department plans to expand its testing at the BCL to include norovirus and soil-transmitted helminths (being developed by GT Molecular's Research and Development Team).

Samples collected cannot be used to identify a specific individual who is infected with one of the conditions under surveillance; rather, samples collected can establish an understanding of disease transmission at the community level.

If a sampling site is experiencing an increasing trend status, the department will use that information to inform public health action in that impacted community, including standing up clinical testing and/or vaccination clinics and providing targeted education and outreach regarding disease prevention.

Respiratory Disease Surveillance

CDC described the 2023-2024 seasonal influenza activity (weeks 40-20) in the U.S. as having moderate severity activity across all ages. The overall burden of influenza for the 2023-2024 season was an estimated 34-75 million people sick with influenza; 15-33 million visits to a healthcare provider for influenza; 380,000- 900,000 hospitalizations for influenza; and 17,000-100,000 influenza deaths.

Overall, influenza A(H3N2, H1N1) and influenza B/Victoria viruses have been the most commonly detected strains this season. Bird flu outbreaks in wild birds 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. A multistate A(H5N1) virus outbreak in dairy cows was first reported on March 25, 2024. As a result, CDC has been monitoring for illness among people exposed to bird flu virus-infected birds and dairy cattle since these outbreaks were first detected. Alabama continues to monitor for symptoms among those who have been exposed to birds and dairy cows infected with bird flu.

The Viral Respiratory Disease Dashboard breaks down the activity by diagnosed COVID-19, influenza, and respiratory syncytial virus. Viral respiratory disease activity increased during the beginning of the autumn season, with influenza having the highest increase. Emergency department visits decreased overall during February. However, COVID-19 visits increased during the summer months after the emergence of new SARS-CoV-2 variants, including KP.3.1.1.

Weekly reporting began for 2023-2024 influenza activity on October 1, 2023 (Week 40). The statewide influenza-like illness (ILI) was first reported below Alabama’s ILI baseline (3.05 percent) at 2.39 percent. ILI activity peaked during November (Week 52) above the baseline at 10.04 percent. After reaching the highest ILI activity of the season, ILI activity decreased and returned to the baseline in January (Week 12).

The influenza subtypes most frequently detected in Alabama through virologic surveillance were A(H3N2), A(H1N1), and B. Additionally, there were 175 influenza or ILI outbreaks reported during the 2023-2024 season and 1 pediatric influenza-related death. Along with influenza, other respiratory pathogens detected were SARS-CoV-2, human rhinovirus/enterovirus, human parainfluenza viruses, respiratory syncytial virus, and adenovirus. Lastly, prior to April 14 all COVID-19 infections were required to be reported to ID&O, but this has since shifted to include only those cases residing in congregate living settings or those cases associated with outbreaks. As a result, there were only 117,125 cases of COVID-19 infection reported to ID&O throughout the calendar year.

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 thirteenth year of reporting infection measures. In 2023, Alabama hospitals had significantly fewer CAUTIs, CLABSIs, and colon SSIs than predicted using national baseline data. Abdominal hysterectomies were statistically similar to the numbers predicted (Figure 12).

Figure 12. Hospital-Associated Infections (HAIs) Reported in Alabama Hospitals, 2023

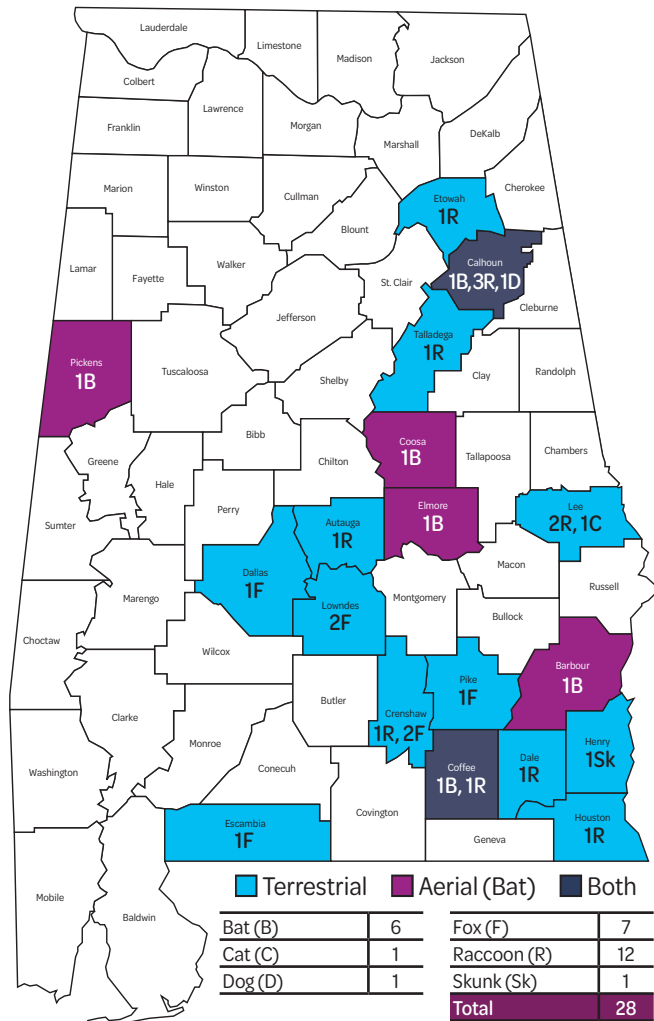
Number of Alabama Hospitals Reporting	Number of Device Days/Procedures	Number of HAIs	Standardized Infection Ratio (SIR)	2022 AL Hospitals versus National Performance
CAUTIs				
92	420,371*	292	0.56**	Better
CLABSIs				
69	209,382***	204	0.84	Better
SSIs Associated with Colon Surgeries†				
77	Adult: 6,117	109	0.73	Better
	Pediatric: 113	1	0.32	Similar
SSIs Associated with Abdominal Hysterectomies†				
73	Adult: 7,059	40	0.97	Similar
	Pediatric: 1	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.

RABIES

In 2024, the department investigated 1,155 potential rabies exposures. The BCL performed 1,138 rabies tests in 2024. ID&O confirmed 28 animal rabies cases. Of the confirmed cases, almost all (93 percent) were identified in wild animals (including raccoons, bats, foxes, and a skunk), and 7 percent were identified in domestic animals (including a cat and a dog). Animal case counts include animals tested at the BCL, as well as positives reported by 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. A map of laboratory-confirmed animal rabies cases is shown in Figure 13.

Figure 13. Reported Laboratory-Confirmed Animal Rabies Cases in Alabama, 2024



STD

Syphilis

In 2024*, a total of 4,185 Alabama residents were diagnosed with syphilis infection. The case count corresponds to a rate of 82.5 cases per 100,000 population. This represents a 232.7 percent increase from the number of cases reported over the past 7 years. Nearly 36.2 percent of syphilis cases diagnosed

Figure 14. Syphilis Cases in Alabama, 2018-2024*

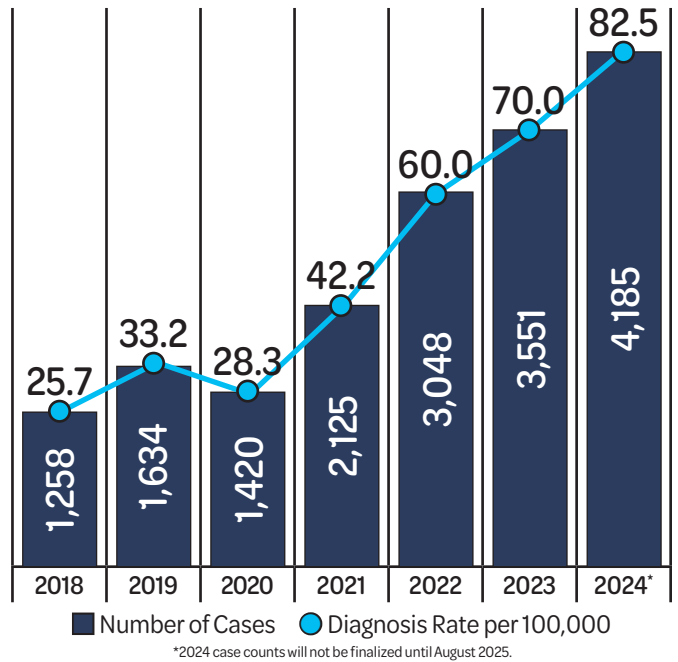
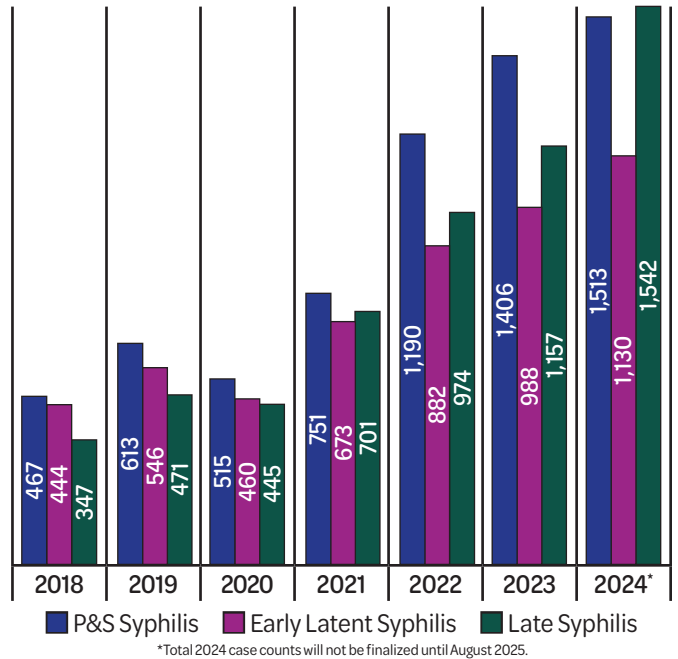


Figure 15. Syphilis Cases by Stage in Alabama, 2018-2024*

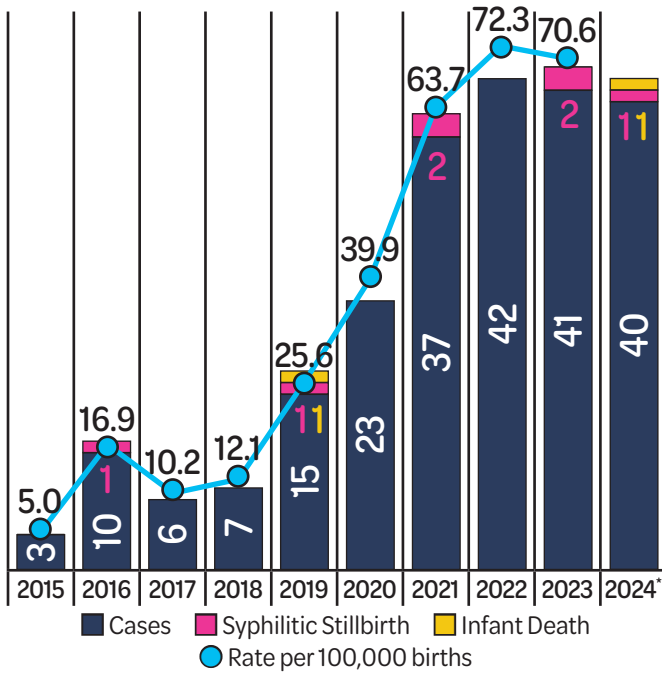


in 2024* had signs and symptoms indicative of primary and secondary stages of syphilis infection. More than 57 percent of the syphilis cases reported in 2024* were residents of Montgomery (754 cases), Jefferson (682 cases), Mobile (520 cases), Madison (204 cases), and Tuscaloosa (135 cases) counties.

Congenital Syphilis

The department received 40 reported cases of congenital syphilis in 2024*. This is a partial report. The report shows a slight decrease by only one case from 2023; however, it represents a 1,300 percent increase in reported congenital syphilis cases in Alabama between 2015 and 2024*. Sixteen (40 percent) were late identification

Figure 16. Congenital Syphilis Cases in Alabama, 2015-2024*



*Total 2024 case counts will not be finalized until August 2025.

cases and six (15 percent) of the pregnant women received no treatment, untimely treatment, or inadequate treatment. For three cases (7.5 percent), the cause was undetermined; these mothers had responded well to proper treatment for over 6 months prior to delivery. To stop the increasing number of cases among pregnant women, the department recommends routine 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 all pregnant women with a history of syphilis prior to the current pregnancy.

Chlamydia

In 2024*, 30,604 cases of *Chlamydia trachomatis* infection were reported to the department. This case count equals a rate of 603.1 cases per 100,000 population, reflecting no relative change in chlamydia cases from the previous year.

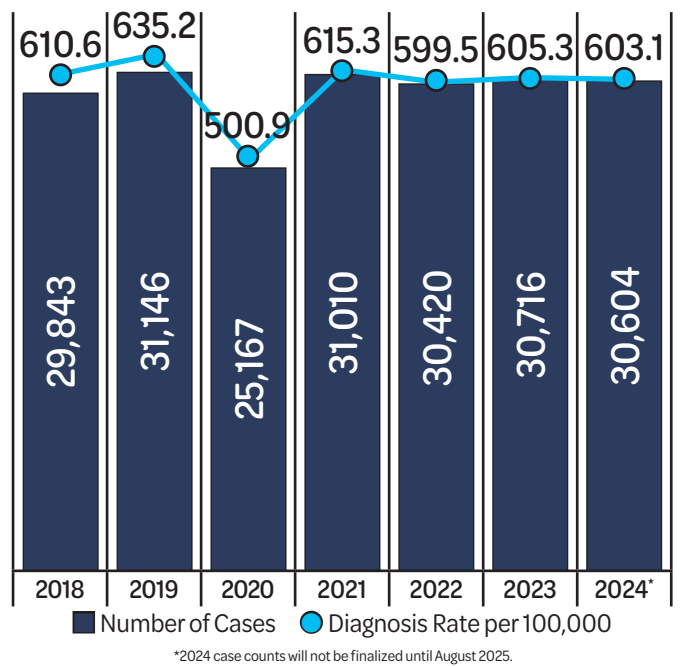
More than 65 percent of the chlamydia cases reported in 2024* were residents of Jefferson (5,637 cases), Mobile (3,387 cases), Montgomery (2,875 cases), Madison (2,653 cases), Tuscaloosa (1,832 cases), Morgan (1,044 cases), Lee (859), Baldwin (851 cases), and Houston (745) counties.

Persons age 20-24 and age 15-19 accounted for 35.2 percent and 28.5 percent of the chlamydia cases reported in 2024*, respectively, which demonstrates the need to engage adolescents and young adults in discussions on sexual health topics.

Gonorrhea

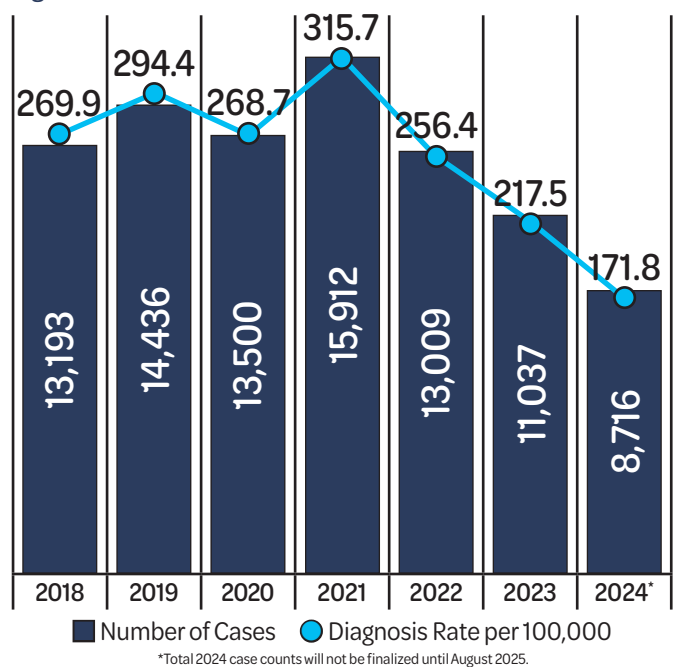
In 2024*, 8,716 cases of *Neisseria gonorrhoeae* infection were reported to the department. This case count corresponds to

Figure 17. Chlamydia Cases in Alabama, 2018-2024*



*2024 case counts will not be finalized until August 2025.

Figure 18. Gonorrhea Cases in Alabama, 2018-2024*



*Total 2024 case counts will not be finalized until August 2025.

a rate of 171.8 cases per 100,000 population. The number of reported gonorrhea cases decreased by 45.2 percent since 2021.

Nearly 60.9 percent of the gonorrhea cases reported in 2024* were residents of Jefferson (1,955 cases), Montgomery (1,014 cases), Mobile (969 cases), Madison (803 cases), Tuscaloosa (565 cases), and Houston (223 cases) counties.

Persons age 20-24 and 15-19 accounted for 30.4 percent and 20.14 percent of the gonorrhea cases reported in 2024*, respectively.

HIV Investigation and Interviews

The Division of STD initiated HIV investigations on 1,560 patients

(individuals with positive laboratory results and/or sexual/drug/social contacts). Six hundred eighty-seven patients were classified as newly diagnosed HIV cases.

Nearly 66 percent of the initiated HIV investigations reported in 2024* were residents of Jefferson (452 investigations), Montgomery (141 investigations), Madison (110 investigations), Mobile (88 investigations), Tuscaloosa (48 investigations), Elmore (47 investigations), and Barbour (44 investigations) counties.

STD disease intervention specialists successfully interviewed 609 of the 687 newly diagnosed HIV infections in 2024.

Figure 19. HIV Investigations, Alabama, 2024*

Previous Positive	490
Previous Negative, New Positive	273
No Previous Test, New Positive	414

*Total 2024 case counts will not be finalized until August 2025.

Figure 20. HIV Investigations, Alabama, 2024*

Interviewed	609
Refused Interview	23
Unable to Locate	24
Other	31

*Total 2024 case counts will not be finalized until August 2025.

TB CONTROL

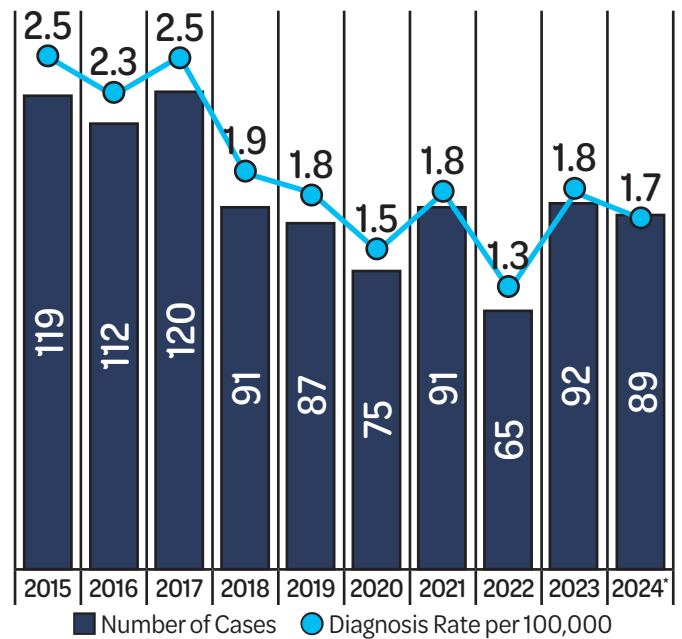
The goal of the Division of TB Control is to eliminate TB in Alabama. Until the goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases by providing diagnostic treatment, case management, and contact investigation activities. The division provides these services to all persons in Alabama regardless of their ability to pay. In 2024, the division confirmed active TB disease in 90 patients. This figure represents a 2.2 percent decrease in confirmed cases compared to 92 cases in 2023. During the past 5 years, Alabama has reported an average of 82 cases yearly. The 10-year trend in confirmed active cases of TB, as illustrated in Figure 21, reveals an overall decline of over 25.2 percent in verified TB cases from 2015 to 2024.

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 2024 show that 729 persons were identified as contacts to TB cases classified as Acid Fast Bacilli (AFB) sputum smear-positive cases and that 516 (71 percent) of those contacts were fully evaluated. Of the number of persons who were fully evaluated, initial reports indicate that 514 of 516 persons (99 percent) were diagnosed with LTBI, and 359 out of 516 (70 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 a 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, 2015 - 2024



OFFICE OF DIGITAL HEALTH

Digital Health provides a solution that connects patients with providers through increasing access to healthcare, improving health outcomes, and reducing healthcare costs. The Digital Health 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.

In collaboration with healthcare agencies, departmental staff facilitate services such as nephrology, neurology, cardiology, behavioral health, and HIV follow-up. Staff work with special partners, such as the Alabama Lions Sight Conservation Association and the University of Alabama at Birmingham's Living Donor Program, to reach patients where they are in rural communities. Departmental staff also utilize digital health equipment for meetings and training events.

Digital Health staff also manage funding opportunities such as testing and mitigating the COVID-19 virus among people experiencing homelessness. Staff members continue to improve and increase telehealth cart usage by growing their partner network and equipment upgrades to expand the reach of healthcare access across Alabama.

OFFICE OF EMERGENCY MEDICAL SERVICES

The Office of Emergency Medical Services (OEMS) is responsible for protecting the public’s health, safety, and welfare 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 authority to deny, place on probation, suspend, or revoke licensure when a statutory or regulatory violation is substantiated.

Figure 22. EMS Personnel – Personnel Licensed by OEMS by License Type

License Type	Number of Personnel
Advanced Emergency Medical Technician (EMT)	1,335
Emergency Medical Responder	59
Emergency Medical Technician (EMT)	6,532
Intermediate	137
Paramedic	5,588
Critical Care Paramedic*	589
Tactical Paramedic*	65
Total	13,651

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

ALABAMA ACUTE HEALTH SYSTEMS

Trauma System

The Alabama Trauma System comprises 59 trauma centers, including out-of-state trauma centers. The efforts and dedication of trauma centers, EMS, the Alabama Trauma Communication Center, regional EMS offices, and state and regional councils working together facilitate the timely routing of trauma patients to the appropriate hospitals.

From January 1, 2024 – December 31, 2024, 12,850 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 2024. The data is collected for two specific purposes: first, to provide the Alabama Department of Rehabilitation Services with 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 primary goal of the stroke system is to maintain a stroke emergency care system that results in 100 percent thrombolytic therapy for all eligible patients and decreased stroke mortality and disability. Acute Ischemic Stroke (AIS), the most common form of stroke, should be rapidly evaluated at a hospital and, if indicated, assessed for thrombolytic therapy. Because thrombolytic therapy must be administered within the first few hours of AIS onset, the system can help improve the chances of survival regardless of proximity to an urban stroke center.

EMS personnel use the Emergency Medical Stroke Assessment (EMSA) to screen for stroke. EMSA helps to identify Large Vessel Occlusion (LVO) stroke which is often treated with mechanical thrombectomy. A patient with an EMSA of four or greater may be routed past a lower-level stroke center to a thrombectomy-capable stroke center to treat the LVO. Severity-Based Stroke Triage was implemented statewide in 2024.

From January 1, 2024 – December 31, 2024, 10,766 patients were entered into the stroke system; 1,657 were ischemic stroke, of which 418 received thrombolytic therapy, which is 25.23 percent. There were 315 patients who had hemorrhagic strokes entered into the stroke system.

The stroke system has 84 stroke centers, including out-of-state partners. The four designation levels of stroke centers are Stroke Ready Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, and Comprehensive Stroke Center.

Cardiac System

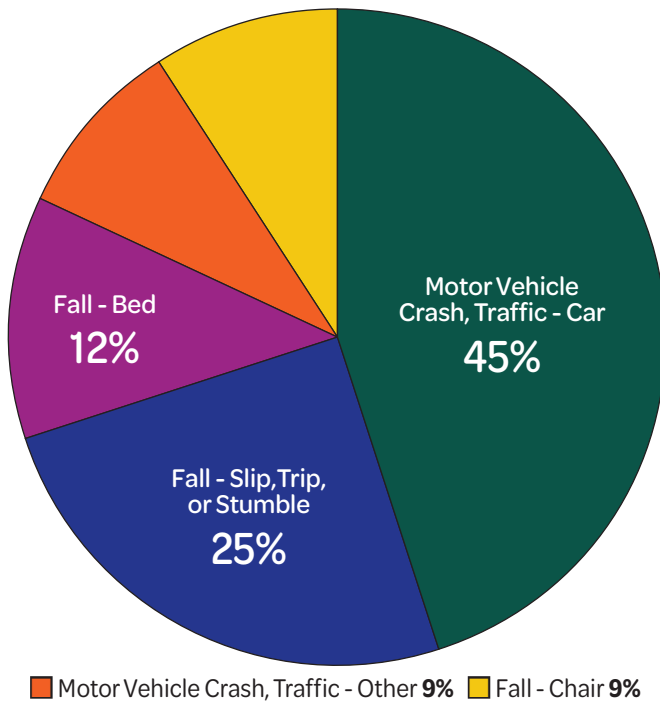
The Cardiac Arrest Resuscitation to Enhance Survival (CARES) Registry helps EMS measure performance and identify how to improve cardiac arrest survival rates. EMS providers and hospitals across the state provide data that may be used in the national report and can be viewed at mycares.net. Initial discussions for a statewide ST Elevation Myocardial Infarction (STEMI) System have begun.

ALABAMA EMS FOR CHILDREN

The mission of the Alabama EMS 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 23. Five Most Common Causes of Injury in Children (Ages 0 – 18 Years), 2024



PROVIDER SERVICES

The most glaring difference over the past year is the number of ground and air medical services. This can partially be explained in the methodology used in licensing out-of-state air services. In previous years, Alabama required all out-of-state services to license based on the number of locations; one air medical service in Mississippi with three locations would have three different licenses. This became very confusing, since OEMS did not know which location sent assistance into Alabama. Therefore, the decision was made to require a single license for out-of-state air services. However, all EMS services within the state of Alabama are licensed by the county in which they serve. The increase in ground ambulance services may have multiple explanations. First, numerous services decided to begin transporting rather than waiting for an ambulance. This scenario is especially prevalent in rural areas of the state. Furthermore, funds granted by the Governor to improve EMS statewide have filled a monetary gap making it possible for some of these services in rural Alabama to upgrade their resources to provide better coverage and higher levels of care. Figure 24 reflects the number of licensed EMS services in 2024.

EMS EDUCATION

Alabama currently has 21 accredited EMS education programs. Fifteen of those programs have achieved accreditation through

Figure 24. EMS Services Licensed by the State of Alabama, 2024

Transport	236
Advanced Life Support	227
Basic Life Support (BLS)*	9
Air	11
Ground	225
Non-Transport	98
Advanced Life Support	98
Total	334

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

Figure 25. Five Most Common Primary Impression Criteria, All Ages -Treated/Transported by EMS Unit, 2024

Primary Impression Type	Count of Events
General/Other - Weakness	133,546
Cognitive Function/Awareness - Altered Mental Status	32,713
Pain - Acute Pain, not elsewhere classified	31,582
Pain - Chest (Cardiac)	24,070
General/Other - Syncope and Collapse	22,908

This table reflects the number of patients who were treated and transported by the transport services listed in Figure 24.

the Committee on Accreditation of Emergency Medical Services Programs (CoAEMSP). The remaining six have achieved accreditation through OEMS.

The OEMS Education Section attends all CoAEMSP site visits. Each accredited EMS education program is required to establish an advisory board to monitor and evaluate program performance and effectiveness, provide guidance, oversight, and assist with any issues or concerns. A member of the OEMS staff is assigned to each of these advisory boards.

OEMS has seven active, certified National Registry of EMTs (NREMT) exam representatives. In 2023, the OEMS NREMT exam representatives coordinated and administered numerous Advanced EMT and Paramedic psychomotor examinations. However, at the end of June 2024, NREMT terminated the psychomotor portion of the examination process.

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.

CENTER FOR EMERGENCY PREPAREDNESS (CEP)

Under Emergency Support Function 8, CEP coordinates the department's preparedness and response actions during public health emergencies. CEP is funded entirely by federal grants as follows.

- The Department of Health and Human Services, CDC, Public Health Emergency Preparedness Program and the Administration for Preparedness and Response (ASPR), National Bioterrorism Hospital Preparedness Program.
- CDC provided \$9,061,829 during FY2024-2025 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.
- 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 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, 2025.

- The ASPR Hospital Preparedness Program provided \$3,309,964 in a cooperative agreement with the department for FY2024-2025. 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.

CEP continues to focus on planning, partnership building, and exercises. The Homeland Security Exercise and Evaluation Program provides a set of guiding principles for exercise programs and a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. Some of the CEP training and exercises conducted have included Regional Distribution Sites, Medical Needs Shelters, Statewide Communications, and Mass Fatality Events.

In October, CEP deployed a nine-member strike team of eight nurses and one safety officer to support the North Carolina Department of Health and Human Services' response to Hurricane Helene. During their 2-week deployment to the flood-stricken areas, teams assisted in caring for people in mass care and medical needs shelters.

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 healthy homes 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

- 45,174 inspections were conducted at food establishments, and 3,436 complaints received from the public concerning food establishments were investigated. Additionally, 196 emergency closure orders were issued for sanitation imminent health hazards and 47 emergency closure orders were issued for unsecured grease trap lids.
- 859 lodging inspections were conducted; 247 complaints received from the public concerning hotels were investigated with 2 emergency closure orders issued.
- 524 body art facility inspections were conducted; 58 complaints received from the public concerning body art facilities were investigated with 4 emergency closure orders issued.

Milk and Food Processing Branch

- 1,289 samples of milk were collected for laboratory analysis for bacterial contamination and the presence of antibiotic residue.
- 191 single-service container samples were collected for laboratory analysis for bacterial contamination.
- 63 dairy farm inspections and 122 milk processing plant inspections were conducted.
- 65 equipment tests were conducted to evaluate adequate pasteurization for processed milk and frozen dessert plants.
- 25 single service container plant inspections were conducted.
- 60 milk distribution station inspections were conducted.
- 638 certificates of free sale were issued for milk and frozen dessert products manufactured in Alabama and shipped to overseas markets.

Seafood Branch

The Seafood Branch ensures seafood processing establishments meet food safety standards and that shellfish growing waters meet National Shellfish Sanitation Program standards.

In FY2024, there were:

- 9 blue crab processing permits issued.
- 45 shrimp, fish, and value-added product processing permits issued.
- 43 shellfish processing permits issued.
- 25 commercial shellfish aquaculture site permits issued.
- 344 inspections and 247 field visits conducted.
- 64 processing water samples collected to ensure bacteriological safety.
- 230 shellfish growing water samples taken.
- 6 shellfish samples collected to determine bacteriological compliance.
- 42 shellfish growing water samples collected to determine the presence of harmful algal blooms (toxic dinoflagellates).

Mobile Bay was ordered closed to shellfish harvesting 9 times for a total of 112 working days. Six closures (62 days) were for possible fecal contamination from excessive fresh-water flow from the Mobile River System, and 3 closures (50 days) were for wastewater treatment plant discharges greater than 2 million gallons. The Control of Harvest Program Element was evaluated by the U.S. Food and Drug Administration's (FDA) Regional Shellfish Specialist and did not identify any deficiencies.

DIVISION OF COMMUNITY ENVIRONMENTAL PROTECTION

The Soil and Onsite Sewage Branch's main 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 Branch issued 14,621 permits to install or repair small-flow onsite sewage systems and 8,014 small-flow onsite sewage systems were issued an approval for use. Additionally, 184 site development plans were reviewed for large-flow developments and 52 permits to install were issued for large-flow onsite sewage systems. A total of 1,906 sewage complaints were investigated. A total of 810 "Waiver of a Permit to Repair" were issued by county health departments. Furthermore, 89 septic tank manufacturer permits were issued in Alabama in FY2024.

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 449 solid waste complaints were investigated, 58 transfer station inspections were performed, and 972 solid waste collection and transport vehicles were inspected for FY2024.

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. For FY2024, 880 sewage tank pumper trucks were inspected. There are currently six Septage Land Application sites permitted and six septage land application sites were inspected statewide in FY2024.

Soil Branch

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

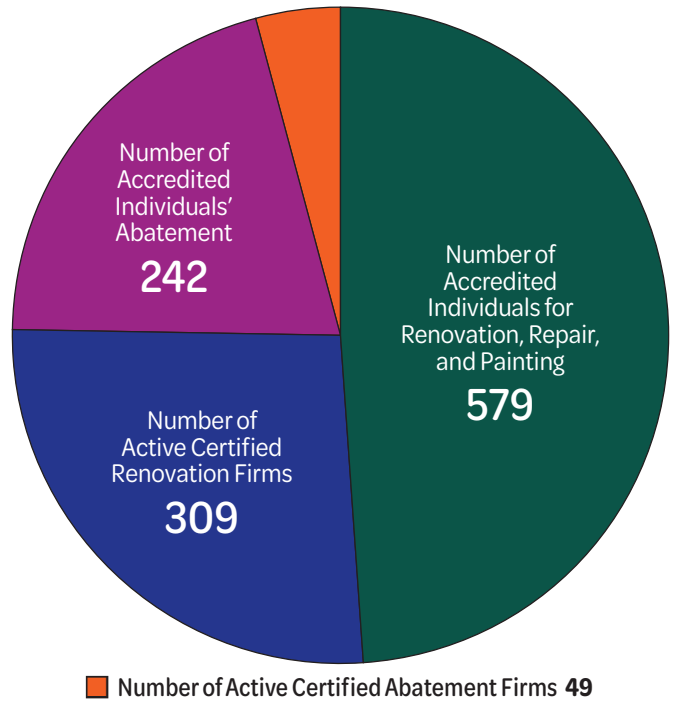
Activities for FY2024:

- Onsite disposal sites evaluated (small flow) – 261
- Large flow developments evaluated – 32
- New employee training classes – 2
- Advanced employee soil training courses – 2

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

Figure 26. Lead Contractor Certification Program Activities, FY2024



(AHERA) Program and its regulations that require public school districts and nonprofit 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.

BUREAU OF FAMILY HEALTH SERVICES

CANCER PREVENTION AND CONTROL

Alabama Breast and Cervical Cancer Early Detection Program

For more than 25 years, the Alabama Breast and Cervical Cancer Early Detection Program (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. Diagnostic services such as mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided if needed. 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 2014, a total of 1,021 breast cancers and 3,288 cervical pre-invasive and invasive cancers have been diagnosed through ABCCEDP.

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

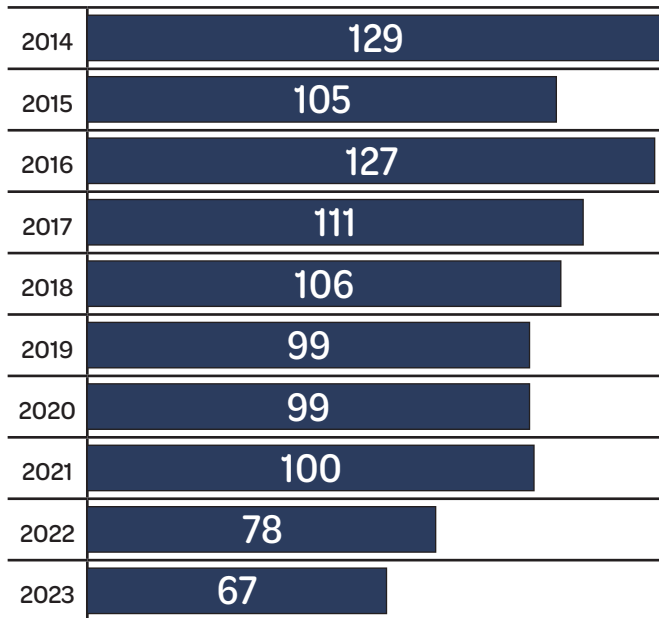
WISEWOMAN strives to help women participating in the ABCCEDP understand and reduce their risk for cardiovascular disease. The program provides services to improve

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 7,560 unique women have participated. 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 1,209 participants, 1,461 participants received assistance for seasonal sustenance, 3,030 received one-on-one counseling with a nutritionist, and 686 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 improved 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

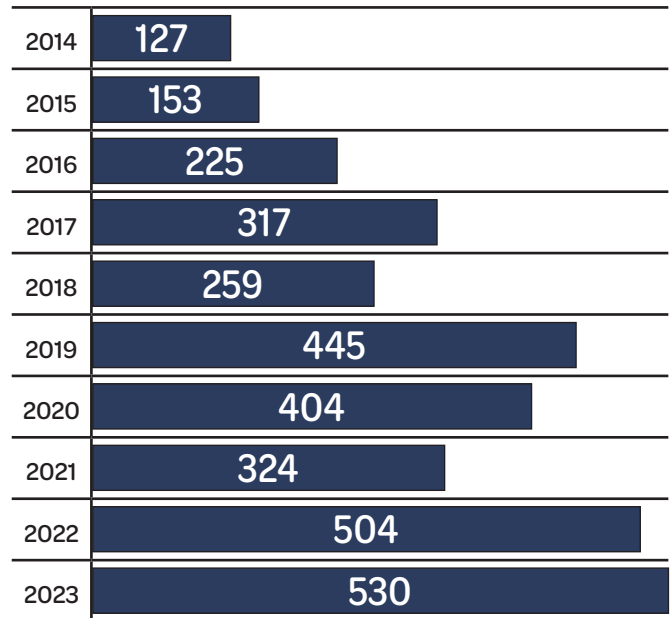
The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for collecting, managing, and analyzing cancer data. The purpose of the cancer registry is to collect accurate and up-to-date information about cancer in Alabama. The cancer data is then disseminated 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 death in Alabama, exceeded only by heart disease. Approximately 1 in 3 people will be diagnosed with cancer at

Figure 27. ABCCEDP Diagnosed Breast Cancers by Year*



*2023 is the most recent year for which statistics are available.

Figure 28. ABCCEDP Diagnosed Preinvasive and Invasive Cervical Cancers by Year*



*2023 is the most recent year for which statistics are available.

some point in his or her lifetime. Effective prevention measures exist to reduce the number of new cancer cases each year substantially 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 understand the cancer burden better. 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

Figure 29. Alabama Cancer Incidence Rates by Site and Sex, 2013-2022 Combined*

Cancer Site	MALE		FEMALE	
	Rate	Count	Rate	Count
All Sites	495.5	141,128	401.4	129,741
Bladder	30.9	8,392	7.3	2,536
Brain and Other Nervous System	7.4	1,959	5.7	1,692
Breast	1.4	392	124.7	39,735
Cervix Uteri	-	-	9.3	2,420
Colon and Rectum	47.7	13,214	36.5	11,940
Esophagus	7.8	2,285	1.7	578
Hodgkin Lymphoma	2.5	626	2.2	551
Kidney and Renal Pelvis	24.6	6,920	13.0	4,220
Larynx	6.6	2,000	1.5	512
Leukemia	15.2	4,001	9.8	3,071
Liver and Intrahepatic Bile Duct	12.5	3,797	4.6	1,582
Lung and Bronchus	77.0	22,207	48.4	17,071
Melanoma of the Skin	26.6	7,198	17.5	5,227
Myeloma	8.6	2,390	6.0	2,050
Non-Hodgkin Lymphoma	18.4	4,970	12.4	4,093
Oral Cavity and Pharynx	19.0	5,547	6.9	2,252
Ovary	-	-	10.6	3,375
Pancreas	14.9	4,207	11.4	3,948
Prostate	117.1	35,812	-	-
Stomach	8.2	2,307	5.0	1,649
Testis	4.3	978	-	-
Thyroid	4.8	1,258	13.2	3,599
Uterine (Corpus and Uterus, not otherwise specified)	-	-	20.2	6,752

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

the burden of cancer, 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 1,121 persons. Of those screened, 201 had abnormal findings and were referred for follow-up, and at least 2 cancers were detected. Colorectal cancer funding was used to screen 115 persons. Of those screened, over half had polyps detected or removed, and two cancers were detected.

CHILD AND ADOLESCENT HEALTH

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

APPB works to reduce the incidence of unplanned pregnancies and sexually transmitted infections among teens in Alabama. The division's work is made possible through federal grants awarded to the department from the U.S. Department of Health and Human Services, Administration for Children and Families. APPB works at the community level to provide opportunities and resources that promote the overall health and well-being of youth, including abstinence education, personal responsibility education, and overall positive youth development. APPB contains the Alabama Sexual Risk Avoidance Education Program (ASRAE), which provides evidence-based and evidence-informed abstinence education to middle school-aged youth in school and community settings as requested. This programming equips youth with the tools needed to resist sexual risk behaviors and to make healthy relationship choices. APPB also contains the Alabama Personal Responsibility Education Program (APREP), which provides education regarding abstinence and contraception to youth as requested. Youth receive evidence-based, medically accurate programs, including lessons on adulthood preparation, designed to promote a successful transition to young adulthood. During FY2024, APPB provided programming to approximately 986 youths participating in APREP and 356 youths participating in ASRAE.

The Social Work Branch continues to provide care coordination services for multiple programs throughout the state. The Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Care Coordination Program provides care coordination services for newborn hearing, newborn screening, and elevated lead levels. During FY2024, the unit began to provide services to those infants identified with a birth defect, congenital cytomegalovirus, and congenital syphilis. The unit completed 4,328 referrals in this program, including 1,300 elevated lead referrals, 53 newborn screening referrals, and 2,901 newborn hearing referrals. Additionally, 59 referrals were completed for infants identified with congenital syphilis and 15 with birth defects. The Social Work Branch continues to collaborate on a grant with the Department of Human Resources to ensure children enrolled in Early Head Start attend medical and dental appointments and assist in recruiting children with special needs into the Early Head Start Program. The Title X Program provides care coordination services that focus on family planning services, women’s health-related conditions, and promotion of the HPV vaccine in seven underserved counties. A total of 765 women received care coordination services during FY2024.

ACLPPP is a collaborative effort of the Bureau of Family Health Services, the 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 the 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 ACLPPP to identify and provide services to more lead-exposed children and their families.

Figure 30. Lead Testing among Children Less Than 18 Years Old, 2022-2024

	2022	2023	2024
Total Number of Lead Screenings	48,500	48,398	47,476
Unique Positive Lead Cases Eligible for Services	1,658	1,882	1,728

In addition, ACLPPP provides education and outreach to spread awareness about lead poisoning and increase the number of children screened for lead exposure. During 2024, program staff provided ACLPPP testing and follow-up recommendations, print resources, and technical assistance to medical providers, parents, and other interested individuals through conferences, community events, presentations, face-to-face visits, and phone calls. ACLPPP staff reached approximately 5,000 individuals through these various outreach activities.

The HCCA Program provides health and safety training and technical assistance to early childcare providers throughout the state. To prevent injury and promote health, 15 nurse consultants provide first aid, safety, CPR, infection control, emergency preparedness, and poison prevention

training. During FY2024, programming was provided through 8,963 classes to more than 49,000 provider staff statewide.

ORAL HEALTH

The pinnacle accomplishment of the Oral Health Office (OHO) for FY2024 was the publication of Alabama’s first Burden of Oral Disease Document, *ORAL HEALTH IN ALABAMA: Unveiling the Burden and Pathways to Improvement*, authored primarily by Master of Public Health candidate intern Dr. Zachary Schulz. The document provided a profile of oral health in Alabama, spanning multifaceted topics, including barriers due to socioeconomic conditions, lack of access to dental care, specialized population challenges, and many others. The historical report has piqued the interest of providers, academicians, stakeholders, and lawmakers as a baseline to provide a platform for oral health reform in the state. Additionally, the document will serve as the benchmark for the next iteration of Alabama’s State Oral Health Plan.

Over the past few years, the demand for oral health screenings has increased to help identify areas of need in the state’s children. During one of the screening events in Blount County, a much higher incidence of caries garnered the attention of OHO and the UAB School of Dentistry. According to the 2020 CDC Water Fluoridation Reporting System, 82 percent of the county’s water is not fluoridated. To address these specific concerns, the school enlisted the assistance of a charitable organization, TeamSmile. TeamSmile partners with oral health professionals and professional sports organizations to provide underserved children with free dental care and education and emphasizes the importance of oral health to overall health. Members of the OHO staff, alongside approximately 170 UAB and community volunteers, served 237 children who were transported by buses from Blount County to the UAB campus. Direct dental services included exams, X-rays, hygiene, fillings, sealants, silver diamine fluoride applications, and extractions.

The increased annual data collection in school systems led to establishing an internal database for OHO, which will aid in better long-term assessment of the treated versus untreated decay incidence in the state. The data will identify longitudinal site-specific trends, allowing increased scrutiny of variables that positively and negatively affect tooth decay.

Community Water Fluoridation (CWF) is defined as the adjustment of the fluoride level in drinking water to 0.7 ppm, the optimal level to prevent tooth decay. Included as one of the 10 great public health achievements of the 20th century, OHO offers annual grants totaling \$100,000 to water systems statewide through a request for proposal process to initiate CWF or replace/update aging or failing fluoridation equipment. All five water systems that applied were awarded grants in FY2024 totaling \$94,236, allowing these water systems to provide cavity protection to even the most socioeconomically challenged of the communities they serve.

The “Share Your Smile with Alabama” contest celebrated its seventh successful campaign in FY2024. Designed in conjunction with National Children’s Dental Health Month,

one third-grade boy and girl are selected through votes of department employees statewide. The campaign is intended to promote preventive dental visits for children, promote CWF, and provide education and promotion of the FDA-approved HPV vaccine for all children beginning at age 9. Winners were announced during a live statewide news conference, engaged in a photo shoot, featured on billboards near their schools, and participated in other initiatives to promote oral health.

The partnership between the Northern Public Health District and the dental hygiene programs at Calhoun Community and Wallace State Community Colleges continued throughout the year, increasing preventive dental visits in both the maternal and child populations. Since the inception of the partnerships in February 2022, a total of 26 and 33 expectant mothers have been seen, as well as 268 and 199 children at Calhoun and Wallace, respectively. The hygiene programs offer in-kind appointments (radiographs, exams, blood pressure and diabetes screenings, educational materials, cleanings, root planing, and sealants) to department referrals in exchange for dental hygiene supplies to the colleges as enabling services to treat the uninsured maternal and child health (MCH) population. Similarly, the program has broadened to the private sector. A dental health practice has recently begun accepting referrals from the same uninsured population in its Russellville, Alabama, location.

Medical-dental integration became a larger focus for OHO, as seen in efforts to bridge medicine and dentistry. The promotion of the FDA-approved HPV vaccine for protection against certain oral and oropharyngeal cancers continued to be at the forefront of these efforts as the promotion of the *#WATCHYOURMOUTH* campaign continued for its fifth year. The campaign received significant support from Retirement Systems of Alabama Chief Executive Officer Dr. David Bronner as he continued to broadcast a personal message, which digitally chronicled his own experience with diagnosis and treatment. Additionally, Alabama was invited to be the second state to partner with the American Academy of Pediatrics to develop and disseminate continuing education-eligible modules whose focus is increasing knowledge of HPV and vaccine uptake rates. As the pilot state of the collaboration did not have a designated oral health component, OHO intends to convey the oral/overall health component, as the HPV vaccine is effective against at least six cancers regardless of who makes the referral. In yet another medical-dental integration initiative, OHO continues promoting the Count the Kicks campaign in dental settings. In FY2023, Alabama became the first state (aside from the state of its development, Iowa) to introduce the evidence-based stillbirth campaign into the dental arena, encouraging discussion between dental providers and patients surrounding the importance of monitoring fetal movements in the womb as a way of increasing positive birth outcomes regarding stillbirths.

Celebrating 6 years of support in FY2024, OHO continued to provide grant money to HandsOn River Region to help fund administrative functions of the Pay It Forward Program. Initially focused on uninsured expectant mothers, Pay It Forward provides a mechanism for participants to exchange volunteer hours at more than 200 locations in the River Region for dental treatment.

The program has expanded to include expectant fathers and the chronically unemployed/difficult-to-employ population.

PERINATAL HEALTH

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

MCH Epidemiology

The MCH Epidemiology Branch aims to meet the data capacity needs of several Family Health Services divisions, including Child and Adolescent Health, Family Planning, OHO, and PHD. To achieve this goal, the MCH Epidemiology Branch accesses pertinent data sources to complete annual reports, data requests, fact sheets, and other data analytics to improve MCH in Alabama. The branch administers the Title V MCH Block Grant Annual Report and Application, the State Systems Development Initiative (SSDI), and the Pregnancy Risk Assessment Monitoring System (PRAMS).

The Title V MCH Block Grant provides funding for numerous public health efforts by supporting activities across six population health domains: 1) Women/Maternal Health, 2) Perinatal/Infant Health, 3) Child Health, 4) Children with Special Health Care Needs, 5) Adolescent Health, and 6) Cross-cutting/Systems Building to address program capacity and the systems-building needs of a state. To effectively measure these activities, the branch works with different programs to review available data sources applicable to each domain. After data analysis, the branch monitors the progress toward existing and newly developed evidence-based strategies and state performance measures. Technical support is provided through the federally funded SSDI grant, which promotes collaboration between SSDI states and strengthens data capacity by providing supplemental funds for specialized data analytics training.

The MCH Epidemiology Branch provides technical assistance as needed to identify and implement available data sources for the Title V MCH Block Grant Needs Assessment. The Title V MCH Block Grant Needs Assessment systematically collects information about the state's public health system and service provision to pregnant women, mothers, infants, children, adolescents, and children and youth with special health care needs. The information collected through the needs assessment is used to identify statewide priorities, drive strategic planning, and allocate funds. The goal of the statewide needs assessment is to improve MCH outcomes by aligning evidence-based strategies with the identified needs of the MCH population.

In addition to the Title V MCH Block Grant, Title V MCH Block Grant Needs Assessment, and SSDI, the MCH Epidemiology Branch also oversees Alabama's PRAMS survey. PRAMS is a joint research project between the department and CDC. The department began collecting PRAMS data in 1993. This program aims 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. 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 State Perinatal Program aims to identify and recommend effective strategies to 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; and promotion of the Alabama Regionalization System guidelines.

In November, the department reported the infant mortality rate for the calendar year 2023. The infant mortality rate of 7.8 deaths per 1,000 live births in 2023 increased over the 2022 rate in Alabama. This represents 449 infants of the 57,835 live births in 2023 who did not reach 1 year of age. Racial disparities continue to persist. The black infant rate of 13.0 is nearly twice as high as the rate of 5.7 for white infants.

The three leading causes of infant deaths in 2023 were:

- Congenital malformations
- Disorders related to short gestation and low birth weight
- Sudden infant death syndrome

In 2024, The FIMR Program supplied over 1,400 cribs to families that did not have the resources to provide a safe place for their babies to sleep. Additionally, the FIMR Program has transitioned to the national FIMR database or infant and fetal reviews to improve standardization data from infant death reviews.

In 2020, Alabama had the third highest maternal mortality rate in the nation, 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.

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.

In August, CDC awarded \$2.975 million to the MMRP over 5 years through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality Grant. This grant will support the AL-MMRC by extending its data capabilities and decreasing time spent developing reports, increasing staff's ability to abstract records and interview family members, and expanding outreach to educate the public on preventing maternal deaths.

Women's Health

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 disseminating health information. The 2024 Annual Women's Health Conference, with the theme "Women's Health Across the Lifespan," was held in March. Additionally, OWH provides monthly health education programs to incarcerated women at Julia Tutwiler Prison and the Montgomery Women's Facility.

WW

The WW Program promotes healthy living, prevention, and early disease detection to increase longevity and quality of life for women ages 15 to 55. It was piloted in three counties in 2017 and is currently available in nine counties in Alabama. The current WW counties are Barbour, Butler, Dallas, Henry, Macon, Marengo, Montgomery, Russell, and Wilcox. The total number of enrollees is 532.

The program enhances access to preventative screenings for cardiovascular disease, wellness checks, and vision and oral screenings. It offers free services to address issues such as obesity, hypertension, high cholesterol, and diabetes. Participants are given the opportunity to participate in behavioral change programs addressing chronic disease, food choices and portion control, physical activity, and smoking cessation. The program utilizes the "A New Leaf: Choices for Healthy Living" curriculum, a nationally recognized, science-based intervention tool emphasizing practical strategies for changing dietary intake and physical behaviors. The referrals are from community partners, local physicians, and other programs within the department. In 2024, 44 percent of the WW enrollees who returned for their second visit saw a reduction in their BMI and 42 percent saw a decrease 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's goal is to prevent unintended pregnancies through education and contraceptive services, allowing for the planning and timing of pregnancies. FPP 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 millions of low-income or uninsured individuals access to a broad range of family planning and related preventive health services. Title X is the only federal grant program solely dedicated 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 and sub-recipient sites, resulting in 81 sites across Alabama. The program provides a wide range of confidential and professional family planning services to females and males of all ages, 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 (IUD), contraceptive implants, emergency contraception, and referrals for male and female sterilization.

The FPP initiatives continue to provide inclusive, comprehensive family planning services. Telehealth visits for family planning services have been discontinued to provide patients with more personalized face-to-face care. In FY2024, department providers served 40,132 family planning clients, completing nearly 81,889 in-person visits; Title X sub-recipients, Jefferson County Department of Health and Mobile County Health Department, provided family planning services to an additional 9,186 clients.

During FY2024, the program continued advancing colposcopy services, improving access to care and increasing patient compliance with abnormal cervical screening follow-up. Six Nurse practitioner seniors travel the state's districts providing this critical diagnostic service. Plans are underway to expand the colposcopy program by partnering with CDC and the Public Health Infrastructure Grant (PHIG) to train two additional nurse practitioners per district, enabling the department to provide colposcopy diagnostic services to even more Alabama women in the most rural areas. The Colposcopy Program has made a substantial impact in the lives of some by finding 12 cervical cancers and precancers that may have gone undetected due to the client's inability to access the diagnostic care needed.

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

Through community-based outreach, education, and collaborative relationships with community organizations,

Figure 31. 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%)
2024	894	127 (14%)

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

Figure 32. IUD and Implant Insertion Totals

Year	IUD	Implants
2022	445	1,901
2023	651	2,295
2024	674	2,212

FPP emphasizes the goals of reducing cervical cancer morbidity and mortality through regular cervical cancer screening and preventing cervical cancer with the HPV vaccine. The HPV vaccine, Gardasil®9, prevents most cervical cancers, as well as six HPV-related oropharyngeal cancers, and is available to all department family planning clinics. The program promotes community awareness of the broad range of family planning services and contraceptive methods available in local department clinics. In 2024, the Title X social worker provided 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/or completion of the HPV vaccination series in seven focused-risk counties.

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 the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines, live in Alabama, and have at least one nutrition risk identified. WIC provides all services in person as normal operating procedures. However, WIC remains under a federal physical presence waiver, allowing for remote certifications and other follow-up appointment types based on participant needs and program approval. Alabama WIC believes in-person services benefit program integrity and help establish and strengthen relationships between WIC participants and WIC providers.

Benefits provided by the WIC Program include participant-centered nutrition education, breastfeeding promotion and support, referrals to MCH 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 healthcare providers. Outreach and education efforts continue to support breastfeeding and increase awareness of all the breastfeeding promotion and support activities Alabama WIC provides. Alabama WIC continues to provide free access to Pacify, a 24/7 mobile app offering video calls with International Board-Certified Lactation Consultants to pregnant, breastfeeding, and postpartum women participants. Alabama WIC continues to utilize WIChealth.org for online nutrition education lessons, including access to a Health eKitchen Meal Planner to help with planning meals and using recipes that include WIC supplemental foods.

During FY2024, Alabama WIC increased the amount of cash value benefits (CVBs) issued to qualifying WIC participants to

purchase fresh and frozen fruits and vegetables. Monthly CVBs were increased to \$26 per child, \$47 per pregnant or postpartum woman, and \$52 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. Alabama WIC began working with internal WIC and Information Technology staff and the Crossroads Management Information System provider to implement revisions in the WIC Food Packages Final Rule for a statewide implementation goal of October 1, 2025. Alabama WIC issues electronic food instruments, with each family receiving an eWIC card to purchase WIC-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).

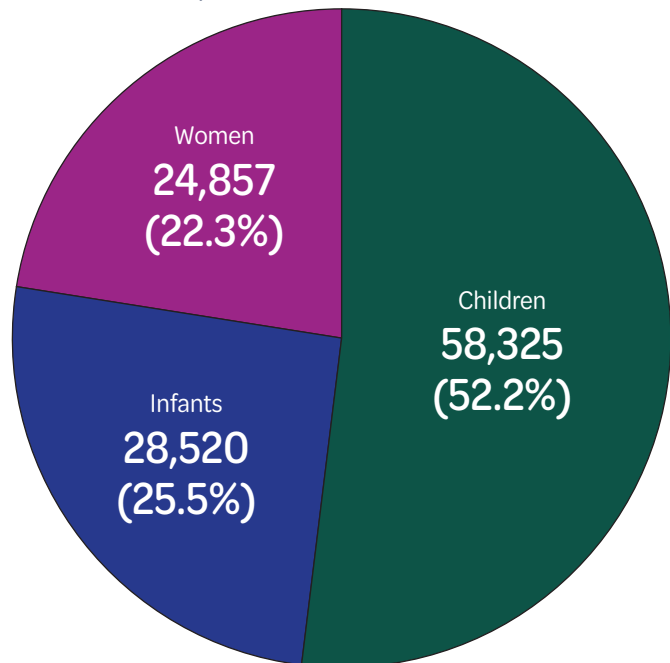
Alabama’s WIC Program continues proactively monitoring and handling issues with infant formula availability across the state. Most recently, in early July, a tornado heavily damaged Mead Johnson Nutritional’s main warehouses. To avoid negatively impacting WIC participants, Alabama WIC received approval from WIC’s federal funder to offer additional sizes of contract formula products that were affected by the disaster. Alabama WIC, Mead Johnson, and the U.S. Department of Agriculture continued monitoring these formulas and adjusted the waiver dates as needed. WIC continues to work closely with Mead Johnson to learn about and proactively deal with any availability issues so that WIC participants are not negatively impacted. To ensure WIC participant needs are met, the State WIC Office continues placing orders for formula when it is unavailable for purchase at WIC vendors.

Ongoing efforts to increase awareness and utilization of Alabama’s WIC Program continue. In FY2024 Alabama WIC worked with JPMA, Inc., to implement and launch the WICShopper app statewide. This mobile application will allow participants to view their real-time benefits in the palm of their hand. With the implementation of the WICShopper App, the longstanding Alabama WIC app has been retired. Alabama’s WIC Program was able to serve an average of 111,702 monthly participants during FY2024. Alabama’s WIC Program closed out FY2024 with an increased caseload, serving 113,135 participants during September 2024.

Figure 33. WIC Food Redemptions by District, FY2024

Public Health District	Food Redemption
East Central	\$15,313,957.63
Jefferson	\$11,542,929.01
Mobile	\$9,915,644.97
Northern	\$23,080,757.78
Northeastern	\$15,415,038.07
Southeastern	\$10,395,494.22
Southwestern	\$9,129,895.53
West Central	\$10,005,421.33
Total	\$104,799,138.54

Figure 34. Alabama WIC Program Average WIC Participation, FY2024



BUREAU OF FINANCIAL SERVICES

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

In FY2024, Financial Services managed the department's \$1.1 billion budget using 339 internal budgets interfaced with 13 Executive Budget Office spending plan activities and 226 internal funds interfaced with 14 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 \$750 million and 281 contracts totaling over \$865 million. Included in the federal grants are WIC gross food outlays of \$108 million including \$38.1 million received from the department's infant formula rebate contract.

On July 25, 2024, the Concur travel system and the use of the travel card went live. Concur is a fully automated web-based travel program that allows travelers to request approval, book, and expense travel in one application for out-of-state and in-state actual travel. The Travel Card allows employees to book all official state business expenses, except meals, using the card.

The bureau provided fiscal agent services for the department in the form of payroll, procurement, accounts payable, contract payment processing, and 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 to respond to the pandemic. Additionally, the bureau provides all accounting services for the Alabama Public Health Care Authority.

Figure 35. Public Health Funding History (Fiscal Year)

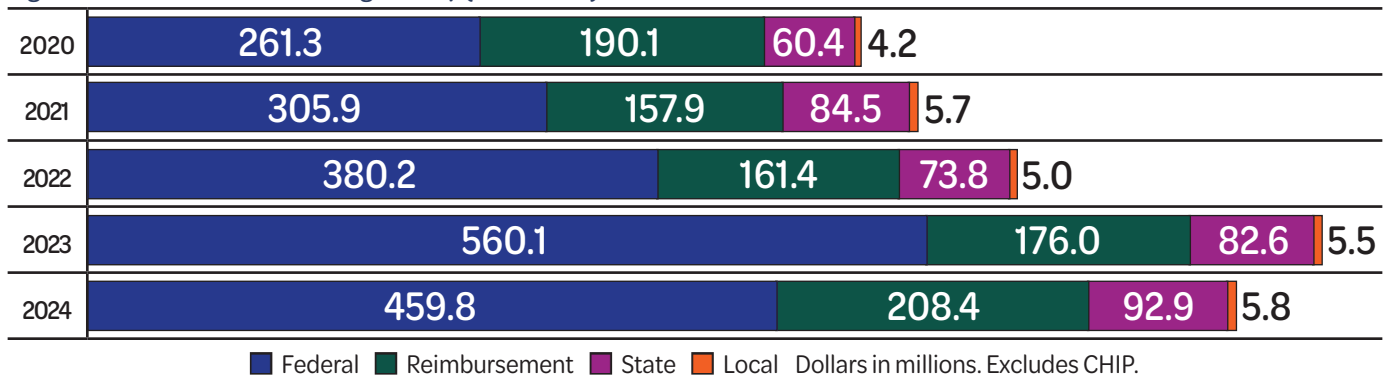


Figure 36. State Appropriations – Public Health, FY2018-2025

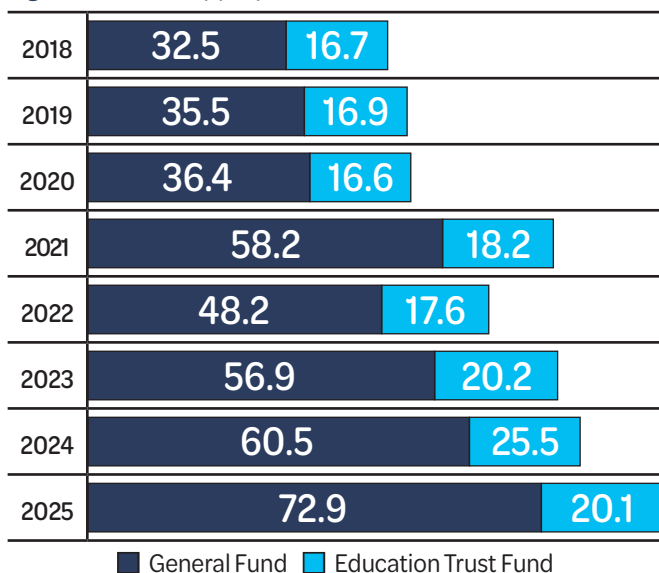
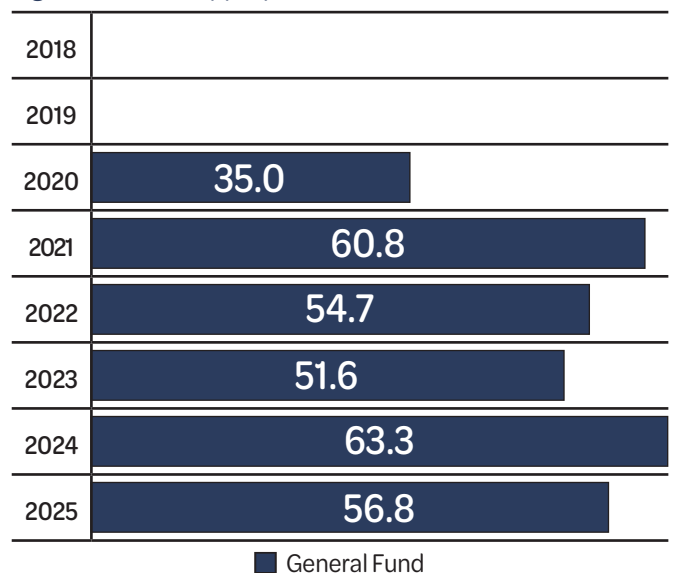


Figure 37. State Appropriations - CHIP, FY2020-2025



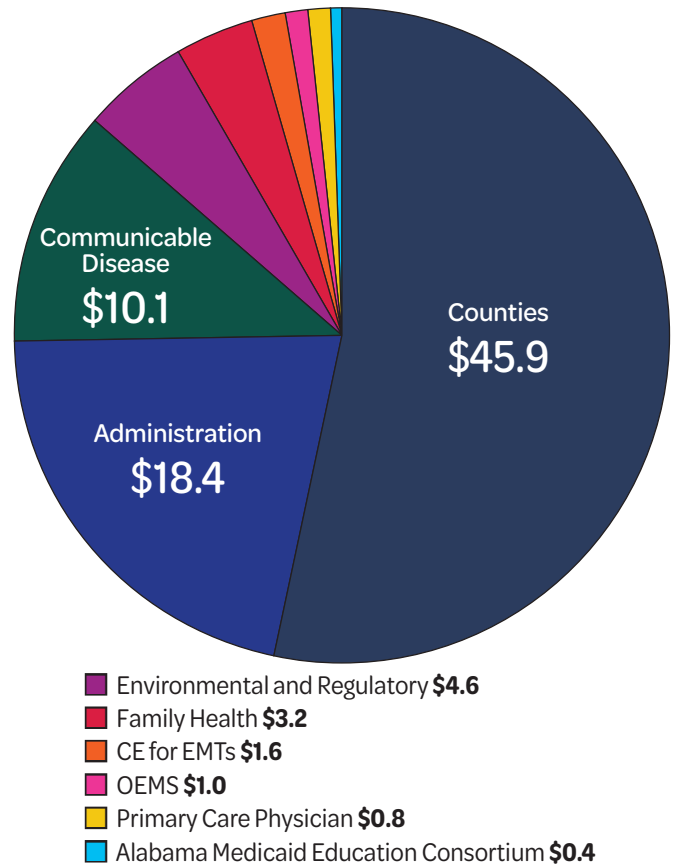
The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout Alabama.

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 \$1,499,295 during FY2024 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 38. Use of State Funds, FY2024
General Fund and Education Trust Fund only (in millions)



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

The Office of Health Equity and Minority Health (OHEMH) staff is dedicated to establishing and maintaining a culture of health equity. OHEMH addresses poor social determinants of health that affect all communities and populations throughout Alabama. Chronic illness, communicable diseases, access to nutritious foods, access to doctors, and access to transportation affect citizens differently depending on a combination of their environment and their genetics/family health history. OHEMH addresses some of these issues through programs supporting preparation for future public health emergencies, empowering youth to address their own health concerns through the Historically Black Colleges and Universities (HBCU) Student Health Advisory Committee (SHAC), and ensuring communication of public health messaging is delivered in a culturally and health literacy-appropriate way. The goal is to help educate and reiterate the importance of achieving health equity and bring awareness to the communities in need in Alabama through surveys, data, research, and interpretation.

Initiatives, partnerships, and projects included the following:

- Health Equity Cross Collaboration Initiative - Aims to create a space where OHEMH and other departmental units can communicate, collaborate, and coordinate collective health equity efforts.
- HBCU Initiative - Created the SHAC for partnered schools to bridge student needs and departmental resources. Requested resources can be brought directly to those campuses through seminars, health fairs, training, and informative events using information based on needs assessments.
- Project HOPE Partnership - Partnered with Project HOPE to offer mental health training to Miles College and Stillman College staff and students. The training helped to equip the campuses to handle mental health crises and how to engage struggling students.
- Sawyerville Emergency Preparedness Event - OHEMH conducted a survey to understand the needs of unincorporated communities and provide needed resources based on their responses. OHEMH collaborated with community partners to hold an emergency preparedness event at the Sawyerville Volunteer Fire Department to prepare the community for future emergencies. While the event's main focus was emergency preparedness, local organizations also attended to address the nutritional and wellness needs the unincorporated community expressed in a survey.
- The MANual: Health Equity for Men - OHEMH hosted a Men's Health event in June, Men's Health Month. The goal was for men and women to come together to learn the importance of men taking control of their health and well-being. Presentations were made on hygiene, mental health, fitness, and preventative care.
- Hispanic Heritage Festival - National Hispanic Heritage Month, September 15 to October 15, celebrates the histories, cultures, and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean, and Central and South America. OHEMH hosted a Hispanic Heritage Festival in Montgomery to bring local health resources to the Hispanic community. Local businesses and the department provided health resources for the festival. Montgomery's first Hispanic radio station conducted a live broadcast, including music.

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 reduce adverse outcomes through the process of licensure inspection and certification of healthcare providers.

The bureau consists of several units, including, but not limited to, Assisted Living, Acute and Continuing Care, 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 all Centers for Medicare and Medicaid (CMS) State Performance Standards System measures in FY2024. Three surveyors were added to the team, and one surveyor retired. The team completed 181 on-site surveys and 53 non-on-site surveys. The on-site surveys included 48 complaint surveys, 72 recertification surveys, 39 licensure and initial certification surveys, and 25 follow-up surveys to ensure compliance. Due to staffing constraints, the unit was unable to maintain the survey cycle for all 13 facility types as set forth by CMS in the Mission and Priority Document. The ACC Unit receives complaints from the public and other sources for 13 facility types in Alabama. In FY2024, the number of complaints increased from 850 contacts in FY2023 to more than 1,200 contacts. The unit is committed to the bureau's mission to improve the quality of care and quality of life for healthcare consumers and reduce adverse outcomes.

LONG TERM CARE

The Long Term Care (LTC) Unit completed 203 CMS standard surveys, complaints, and facility-reported incidents during FY2024, 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 FY2024.

ASSISTED LIVING FACILITIES

The Assisted Living Facilities (ALF) Unit is responsible for ensuring assisted living facilities and specialty care assisted living facilities (SCALF) follow the State Board of Health rules. The 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 FY2024, 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

The CMS CLIA regulates the quality and safety of U.S. clinical laboratories to ensure the accuracy, reliability, and timeliness of patient test results regardless of where the test was performed. CLIA has regulatory requirements for quality that all laboratories must meet. Any laboratory performing clinical laboratory tests for the purpose of diagnosis, treatment, or prevention is required to be CLIA-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 assesses how clinical laboratories monitor their pre-analytic, analytic, and post-analytic systems to ensure testing quality for the patients/clients. Although CLIA's main objective is to determine a laboratory's compliance with the regulations, CLIA seeks to aid the laboratories in improving patient care by promoting an educational survey process. In FY2024, CLIA served Alabama with two full-time surveyors and a part-time retired surveyor. The suspension of surveys due to the COVID-19 pandemic caused a significant backlog of surveys, usually performed in alternate years. Despite challenges, the unit successfully completed 240 recertification and initial surveys for FY2024. Three surveyors participated in the annual CLIA training.

The CLIA Unit is responsible for laboratories with CLIA certifications and laboratories in the state of Alabama that are licensed and seeking licenses as independent clinical and independent physiological laboratories.

PROVIDER SERVICES LICENSE AND CERTIFICATION

Certification: There are 1,093 certified facilities and agencies in Alabama.

Licensure: There are 1,893 licensed facilities in Alabama. The Provider Services License Unit processed applications for initial facility licensure, change of ownership, and rules amendments. In 2024, the unit processed 280 applications and 13 facility closures.

Figure 39. Summary of Licensure and Certification Surveys

Facility Type	Surveys
ALFs	58
Ambulatory Surgical Centers	26
Birthing Centers	2
End Stage Renal Disease Treatment Centers	59
Home Health Agencies	5
Hospitals	80
Hospice Agencies	41
Independent Laboratories	240
Nursing Homes	203
Portable X-ray Suppliers	2
Psychiatric Residential Treatment Facilities	2
Rehabilitation Centers	7
Rural Health Clinics	25
Sleep Centers	1
Total	751

Figure 40. Licensed Health Care Facilities and Agencies

Abortion or Reproductive Health Centers	3
Ambulatory Surgical Centers	56
ALFs	192
Birthing Centers	2
Cerebral Palsy Centers	1
End Stage Renal Disease Treatment Centers	176
Freestanding Emergency Departments	12
Hospice Agencies	185
Hospitals	115
Independent Clinical Laboratories	686
Independent Physiological Laboratories	78
Nursing Homes	229
Rehabilitation Centers	28
Rural Emergency Hospitals	2
SCALFs	107
Total	1,893

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.

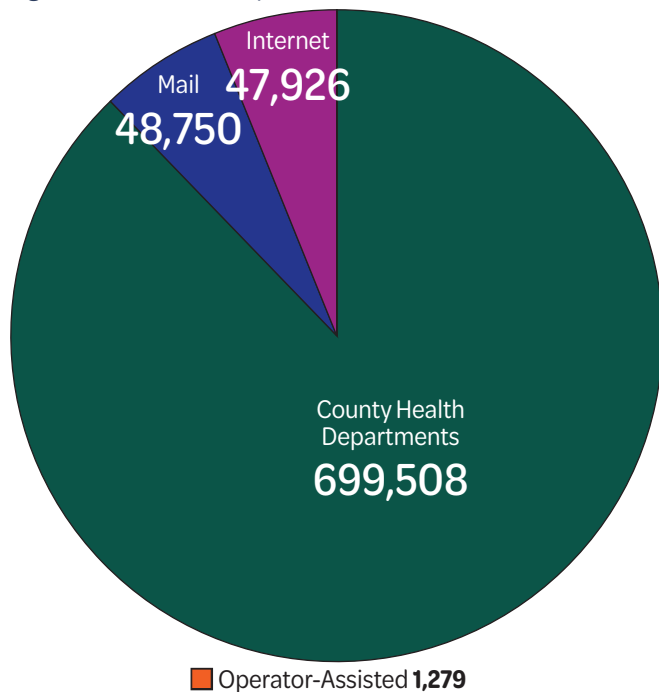
An automated vital records system called VISION, or Vital Statistics Image Oriented Network, allows vital records to be issued in all Alabama county health departments. Customers can obtain vital records from the center through county health departments, usually within 30 minutes or less. Customers may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

More than 168,098 vital records were registered with the center in 2024. 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 1,800 supplementals were completed electronically in 2024. Other changes to vital records are made in the center by the Special Services Division, which created approximately 4,485 new birth certificates following adoption or parentage determination and amended approximately 3,095 birth certificates and 1,170 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 41. Certified Copies of Vital Records Issued, 2024



The center issued 797,463 certified copies of vital records through county health departments, mail, Internet, and operator-assisted requests.

Figure 42. Death Registration, 2024

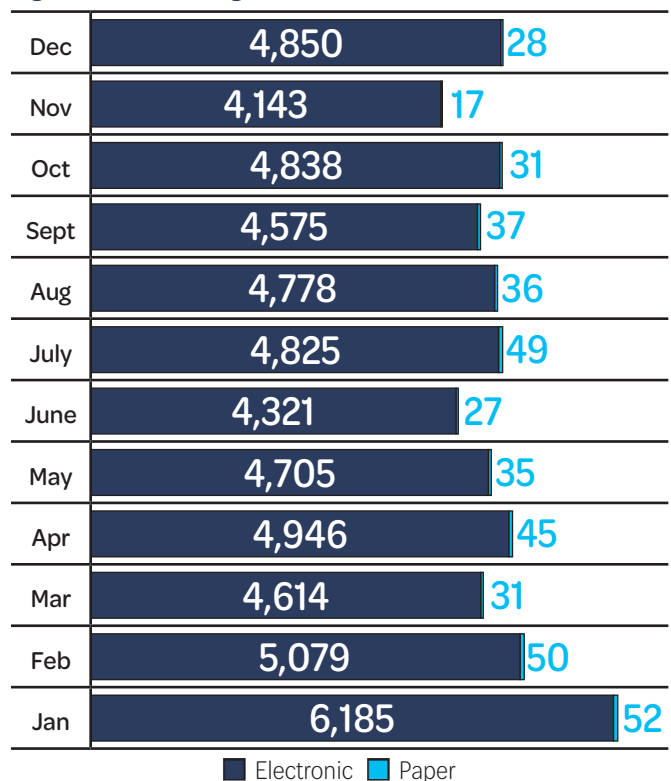


Figure 43. Vital Statistics, 2023

	Number	Rate/Percent	
Births	57,835	11.3	(Per 1,000 population)
Births to Teenagers	3,467	10.6	(Per 1,000 females aged 10-19 years)
Low Weight Births	6,051	10.5	(Percent of all live births)
Births to Unmarried Women	26,576	46.0	(Percent of all live births)
Deaths	59,211	11.6	(Per 1,000 population)
Marriages	35,218	6.9	(Per 1,000 population)
Divorces	15,384	3.0	(Per 1,000 population)
Induced Terminations of Pregnancy	3,307	3.3	(Per 1,000 females aged 15-44 years))
Infant Deaths (Neonatal + Postneonatal)	449	7.8	(Per 1,000 live births)
Neonatal Deaths (0-27 days of life)	283	4.9	(Per 1,000 live births)
Postneonatal Deaths (28-364 days of life)	166	2.9	(Per 1,000 live births)

Total estimated state population is 5,108,468.

Figure 44. Alabama's Leading Causes of Death, 2023

Cause of Death	Rank	Number	Rate ¹	Population
Total Deaths		59,211		5,108,468
Heart Diseases	1	14,573	285.3	
Malignant Neoplasms	2	10,559	206.7	
Accidents	3	3,556	69.6	
Cerebrovascular Diseases	4	3,197	62.6	
Chronic Lower Respiratory Diseases	5	3,115	61.0	
Alzheimer's Disease	6	2,338	45.8	
Diabetes Mellitus	7	1,438	28.1	
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,305	25.5	
Septicemia	9	1,105	21.6	
Influenza and Pneumonia	10	962	18.8	
Chronic Liver Disease and Cirrhosis	11	948	18.6	
COVID-19	12	923	18.1	
Essential (Primary) Hypertension and Hypertensive Renal Disease	13	869	17.0	
Suicide	14	864	16.9	
Homicide	15	715	14.0	
All Other Causes, Residual		12,744		

¹Rate is per 100,000 population.

OFFICE OF HIV PREVENTION AND CARE

The mission of the Office of HIV Prevention and Care (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.

The vision of 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.

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 life 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 of EHE's success is establishing active partnerships with non-traditional partners. Non-traditional partners have been added to OPHC's list of sub-recipients, inclusive of a media radio broadcast outlet, faith-based worship center, and rape crisis center. 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.

As of December 31, 2023, 16,276 individuals infected with HIV were known to be living in Alabama. Per data collected by the HIV Surveillance Branch, Data Management Division, there were 769 new cases of HIV diagnosed in 2023. The 2023 HIV

statewide incidence rate was 15.2 cases per 100,000 individuals. Among the newly diagnosed cases, there was a disproportionate distribution of disease burden by race as shown below:

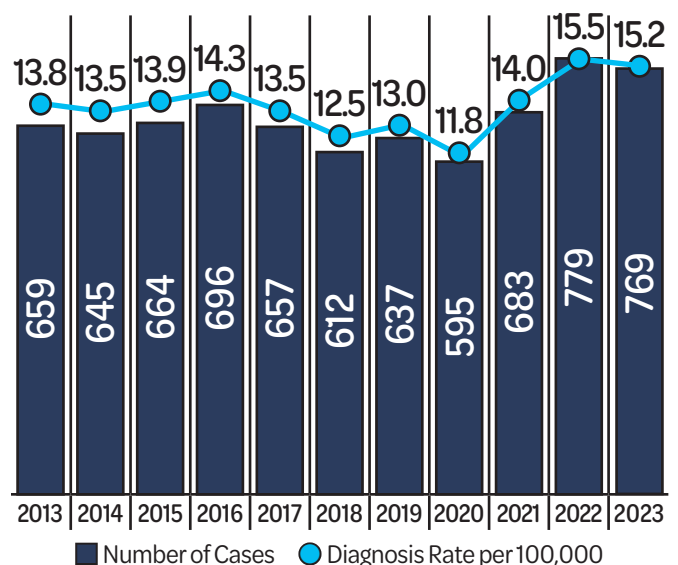
- Black, non-Hispanic - 449 cases, incidence rate of 34.6 per 100,000
- Hispanic - 69 cases, incidence rate of 28 per 100,000
- Multi-race - 49 cases, incidence rate of 28 per 100,000
- White, non-Hispanic - 191 cases, incidence rate of 5.9 per 100,000

While 43 percent of the newly diagnosed cases in 2023 were residents of Jefferson, Mobile, and Montgomery, the counties with the highest incidence rates included the following: Barbour (40.5), Bullock (39.4), Marengo (37.3), Montgomery (34), and Dale (28.3).

As of December 31, 2024, the office served 4,142 clients through the Alabama Drug Assistance Program (ADAP). Of that number, 1,337 uninsured individuals received ADAP-funded medications; 2,754 individuals were provided ADAP-funded health insurance; and 51 individuals were provided ADAP-funded Medicare Part D prescription insurance. Presently, 16 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 of 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 45. Newly Diagnosed HIV/AIDS Cases, Alabama, 2013-2023



2023 is the most recent year for which data is available. Source: Data Management Division, OHPC

BUREAU OF HOME AND COMMUNITY SERVICES

The Homecare Program of the Bureau of Home and Community Services (HCS) began serving the citizens of Alabama in 1967. HCS continues to administer statewide home care services and remote patient monitoring (RPM) 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 that are responsible for coordinating care between patients, caregivers, and their physicians. HCS is working to establish an additional branch office, opening soon in Shelby County, to better serve the central district of the state. HCS administered statewide services to 5,249 patients of all ages from pediatric to geriatric. HCS is the only agency that offers pediatric home care in the state of Alabama.

Figure 46. Home Health Patients Served by County, FY2024

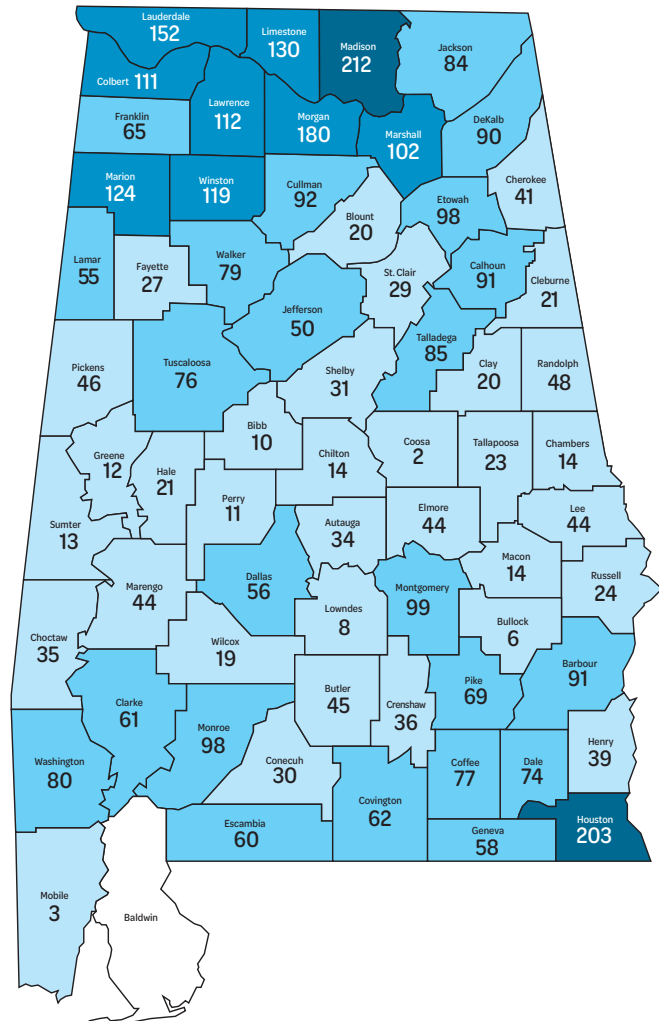


Figure 47. Patients Served by Program, FY2024

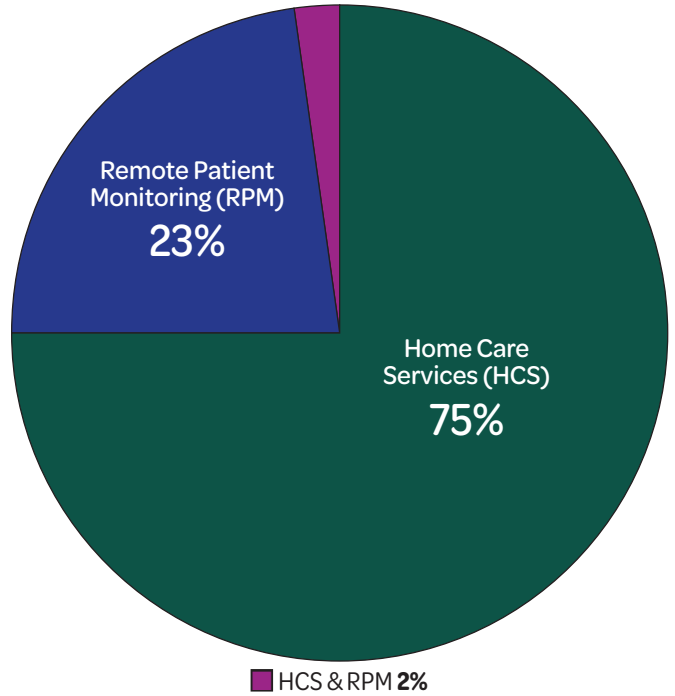
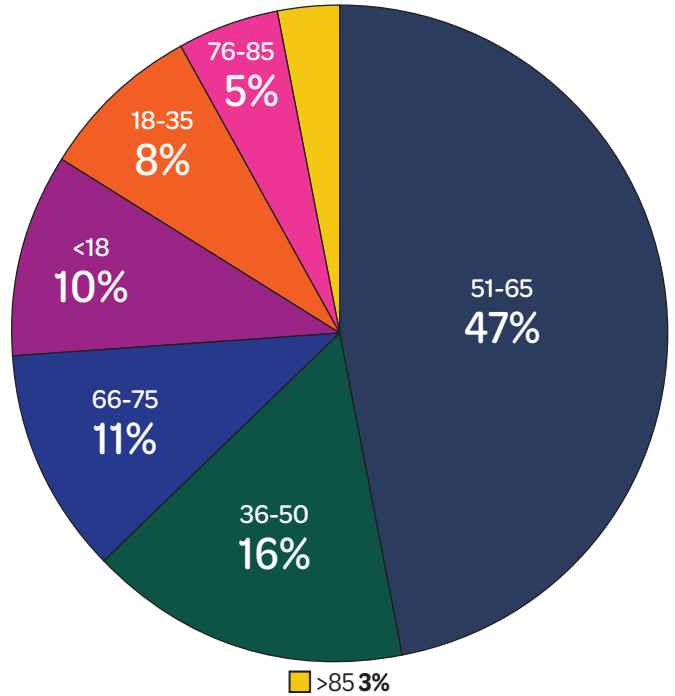


Figure 48. Patients Served by Program, FY2024



HOME CARE SERVICES

Home care services are prescribed by a physician based on medical need. Registered nurses, licensed practical nurses, home health aides, and therapists provide the services.

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 work

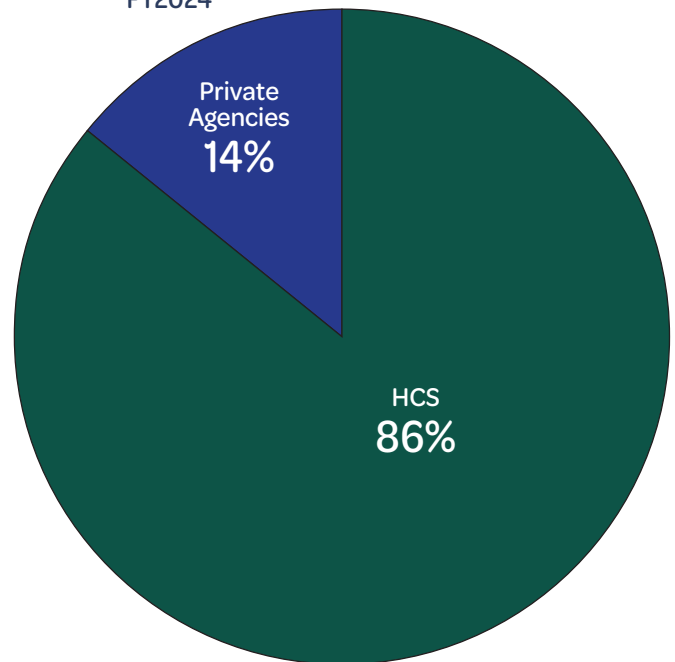
Nurses, aides, and therapists provided a total of 158,220 home care visits across the state to patients covered by Medicare, Medicaid, and other insurance providers in FY2024.

According to Alabama Medicaid Agency's Statistical Support Unit, a statewide total of 170,349 home care visits from HCS combined with other private agencies were provided to homebound Medicaid recipients in FY2024. HCS served 145,827 of those visits, 86 percent of Alabama Medicaid Agency's statewide total.

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 services for

Figure 49. Alabama Medicaid Home Health Visits Statewide, FY2024



specific chronic illnesses. Medicaid-eligible patients who have congestive heart failure, diabetes, or hypertension qualify for the in-home monitoring program. HCS recently began an expansion of the RPM Program, servicing in-home monitoring of pediatric pulmonary health and gestational diabetes. The goal of RPM is to decrease exacerbation episodes, emergent care visits, hospital admissions, and costs. HCS's RPM managers provided a total of 18,632 RPM service hours.

OFFICE OF HUMAN RESOURCES

The Employee Relations (ER) Division within the Office of Human Resources (OHR) is committed to ensuring a supportive and efficient workplace while promoting public health careers throughout the state. ER serves as the liaison between the department and its workforce, providing guidance, training, and oversight in all aspects of human resource management.

Key responsibilities include facilitating workplace conflict resolution, managing employee grievances, and ensuring compliance with regulations such as the Americans with Disabilities Act and Equal Employment Opportunity Commission guidelines. ER is also critical in investigating complaints, addressing disciplinary actions, and ensuring a fair and inclusive work environment.

OHR/ER is responsible for the department's recruitment efforts and for reaching universities and colleges throughout the state. The Communications and Public Relations Specialist position was created. The goal is to have a recruiter in each of the six public health districts. Currently, there are four recruiters, one based in each of the following districts: East Central, Northeastern, Southwestern, and West Central. The

remaining districts are working to fill the position in their respective districts.

The recruiters' 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 department's current needs. They also serve as the face for career fairs and job fairs in the surrounding counties of their districts, bringing awareness to positions that the department has to offer.

On September 26, 2024, OHR and ER hosted a Public Health 101 Career Day. It was an invaluable opportunity for Public Health students from UAB, Auburn University at Montgomery, South University of Montgomery, and Samford University to engage with each department bureau and the various jobs within those bureaus. The students had a chance to speak with professionals who provided unique insight into various public health career paths and tour the BCL.

Through its multilayered approach, ER continues to enhance employee satisfaction, drive organizational success, and inspire the next generation of public health professionals.

OFFICE OF INFORMATICS AND DATA ANALYTICS

The mission of the Office of Informatics and Data Analytics (OIDA) is to ensure that the determinants and distribution of disease and health in Alabama are accurately assessed and that the information is disseminated meaningfully. Led by the State Epidemiologist, OIDA provides support with epidemiologic integration, analysis, interpretation, visualization, and dissemination.

OIDA continues to assess the department's internal data landscape to identify data integration and modernization opportunities to facilitate data-driven decision making. The team has assisted several bureaus with performance measures reports, data visualization, and reports to inform program activities and meet deliverable deadlines.

The office's Department of Data Assessment (DDA) was created in March 2022. DDA aims to identify available data, locate its sources, and evaluate opportunities for enhancing individual data systems or the overall data landscape through facilitated interviews and an OIDA-developed survey. The DDA goals are as follows:

- Develop a searchable data set for all department data that will serve as an inventory of systems and resources that points the user to the appropriate contacts/programs within the department.
- Create a more efficient and cohesive data infrastructure.
- Identify data modernization opportunities.
- Improve the availability of data for action.

The completed phase of the assessment covered 124 data systems, including 12 legacy systems, across 16 bureaus within the department. These systems included human health, animal health, environmental, and regulatory programs. A few data systems were very well connected, while many more were connected to at least one other system; however, approximately 75 percent of the systems were siloed. Of the 124 data systems assessed, 76 percent required at least some manual data entry. Through DDA, it was noted that many of the systems have the potential for improvements. These potential improvements can be due to the platform used (paper, Excel, Access, SQL), the codes used (standard versus local), and how the systems send and receive data (manually or electronically). Modernization opportunities are being identified.

Automated electronic case reports increase public health reports' speed, efficiency, and completeness while decreasing the burden on healthcare professionals of manual reporting. Through 2024, 92 Alabama hospitals have signed up to submit electronic case reports to the department for reportable conditions. Of those 92 hospitals, 38 are sending all reportable diseases and conditions in real-time.

The Hospital Discharge Data Act (Alabama Act 2021-129), which enables Alabama to join 48 other states and receive hospital discharge data (HDD) without patient identifiers, was passed in 2021 and became effective in 2022. These data will supplement and inform program activities throughout the department to better understand citizens' public health needs and provide intervention opportunities to prevent avoidable hospitalizations. Aggregate HDD counts are currently available for Calendar Years 2022 and 2023.

Syndromic surveillance helps the public understand why people visit emergency rooms or urgent care centers. In addition to providing situational awareness for emerging pathogens, it provides year-round information on ILLI, drug overdoses, heat- and cold-related illnesses, and carbon monoxide poisoning. OIDA links various departmental team members to meaningful information for their programs.

Access to current clinical and public health practice information is critical to workforce development. For the second year, OIDA secured access to the Public Health Digital Library, a collection of 374 scientific journals, 97 eBooks, and 27 databases. During 2024, 52 department employees created a log-in, downloaded 97 articles, and attended three general educational sessions. The top three accessed eBooks were: *Red Book: 2024-2027 Report of the Committee on Infectious Diseases*; *Standards for the Examination of Water and Wastewater*; and *Lippincott Nursing Procedures*. In addition, OIDA funded 16 departmental staff from different programs to attend the Council of State and Territorial Epidemiologists 2024 Annual Conference. OIDA also leads ClubEpi, a space where epidemiologists, public health research analysts, and data enthusiasts can "talk data," share resources, engage in professional discussions, and share solutions to data-related problems. ClubEpi meets in person monthly and allows field staff to participate virtually. In 2024 (August through November), 63 percent of the department's epidemiologists participated in at least one ClubEpi meeting.

BUREAU OF INFORMATION TECHNOLOGY

The mission of the Bureau of Information Technology (IT) is to plan, provide, and support the department’s information and logistics needs. In its five divisions, IT procures, develops, and supports information technology systems to supply information to department 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 responsibility of auditing every piece of accountable property assigned to the department statewide and is also responsible for picking up and properly handling all salvage and surplus property. The division continually strives to find better ways to inventory property and efficiently account for all assigned property. The division is totally committed to accurately accounting for a vast array of items assigned throughout the state. A total of 21,560 items, each exceeding \$500 in value, underwent scrutiny, amounting to a cumulative acquisition cost of \$54,905,553.

The Property Unit assisted the State Auditor with the department’s bi-annual audit conducted from September to October. The unit successfully cleared all noted discrepancies in collaboration with departmental property managers statewide. Each item was meticulously addressed and reconciled, and as of December 2024, all items have been fully accounted for. With the hiring and managing of two additional staff members, the Forms Unit will assist with maintaining the fleet of emergency response vehicles and trailers in a readiness condition to respond to any disaster statewide. This is accomplished through constant vehicle maintenance, inventory of equipment and supplies, and training in response duties.

The Property Unit collects surplus property statewide and delivers to the Alabama Department of Economic and Community Affairs. Surplus equipment will be auctioned

Figure 50. Logistics Support Facts, 2022 and 2023

Logistics Items Reported	2023 Quantities	2024 Quantities
Equipment Inventory Items	22,629	21,560
Equipment Inventory Value	\$56,337,287.11	\$56,905,553.02
Forms Managed	1,050	746
Form Packages Sent	8,690	10,500
Promotional Items Managed	1,100	1,300
Department Vehicles	67	65
Emergency Response Vehicles, Trailers, etc.	86	80

at the maximum value obtained for the state of Alabama, with a portion going to the department. The property team conducts certification audits statewide. This ensures that new property managers are trained, new equipment is accounted for, and the latest property tracking procedure, RFID stickers, is implemented on all properties valued at \$500 or more. The Property Unit is committed to continuous improvement, which positions the bureau to handle property pickups, statewide certification audits, and training more efficiently.

TECHNICAL SUPPORT

The division saw significant activity in IT support services during 2024, reflecting ongoing improvements and adjustments to meet organizational needs. Below is a summary of key metrics comparing 2024 and 2023 performance:

- **Help Desk Calls:** The team handled 26,882 help desk calls in 2024, a slight decrease compared to 27,627 in 2023, indicating potential enhancements in issue resolution or user self-service capabilities.
- **Personal Computers/Laptops Supported:** The number of supported devices increased from 6,108 in 2023 to 6,307 in 2024, reflecting continued growth in technology usage.
- **Windows Servers Supported:** Support expanded to 440 servers in 2024, up from 420 in 2023, ensuring robust infrastructure management.
- **WAN Support Completed Work Orders:** A total of 2,824 WAN-related work orders were completed in 2024, slightly below the 2,861 completed in 2023.
- **IP Phone Devices Supported:** The number of supported IP phone devices grew to 5,254 in 2024, up from 5,091 in 2023, aligning with organizational expansion.
- **Windows Servers Deployed:** A total of 70 new servers were deployed in 2024, compared to 82 in 2023, emphasizing strategic upgrades.
- **Smart Phones/Hot Spots Supported:** Support for smartphones and hotspots rose from 1,850 in 2023 to 1,920 in 2024, highlighting the growing demand for mobile solutions.
- **Technical Support Projects Completed:** The team completed 8 technical support projects in 2024, compared to 11 in 2023, focusing on impactful initiatives.
- **Voice Mailboxes Supported:** Support for voicemail boxes remained steady with 2,894 in 2024, a small decrease from 2,928 in 2023.

Additional Highlights

- **Statewide Antivirus Conversions:** A total of 6,445 devices transitioned to Cisco antivirus solutions and 153 devices to Symantec, ensuring enhanced cybersecurity across the state.

Figure 51. IT Support Facts, 2022 and 2023 Comparison

IT Support Items Reported	2023 Quantities	2024 Quantities
Help Desk Calls	27,627	26,882
Personal Computers/Laptops Supported	6,108	6,307
Windows Servers Supported	420	440
WAN Support Completed Work Orders	2,861	2,824
IP Phone Devices Supported	5,091	5,254
Windows Servers Deployed	82	70
Smart Phones/Hot Spots Supported	1,850	1,920
Technical Support Projects Completed	11	8
Voice Mail Boxes Supported	2,928	2,894
Statewide Antivirus Conversions Cisco	N/A	6,445
Symantec		153
IP Gateways Supported	81	82
WAN Support Miles Driven	118,968	112,665
WAN Access Points Added	15	8
Upgraded Laptop Encryption	1,710	2,071
County Health Department Converted to Cloud Calling	18	30

- IP Gateways Supported: The number of supported IP gateways increased slightly, from 81 in 2023 to 82 in 2024.
- WAN Support Miles Driven: WAN support required driving 112,665 miles in 2024, a reduction from 118,968 miles in 2023, indicating improved efficiency.
- WAN Access Points Added: Eight new WAN access points were added in 2024, down from 15 in 2023, focusing on targeted enhancements.
- Upgraded Laptop Encryption: The team upgraded encryption for 2,071 laptops in 2024, up from 1,710 in 2023, bolstering data security.
- County Health Department Cloud Calling Conversions: Thirty county health departments converted to cloud calling in 2024, compared to 18 in 2023, showcasing significant progress in modernizing communication systems.

DATABASE ADMINISTRATION (DA)

DA manages the department’s relational databases. 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 (RDBMS), training users on related database subjects, and establishing procedures, standards, and policies to be followed by the developers and users of these relational databases. The division develops scripts

to be used in PL/SQL, stored procedures, packages, package bodies, functions, and triggers that support the correctness and consistency of departmental data stored in MS SQL and Oracle RDBMS. DA manages/monitors over 890 Oracle and MS SQL databases for performance issues daily. Below are a few of DA’s major enhancements or upgrades for 2024:

- Upgraded the Small Systems share database servers to Windows 2022 and SQL 2022.
- Migrated the Oracle Food Scores database to the new MS SQL Server 2022 Food Scores database.
- Migrated the Oracle FACMAN database to the new MS SQL Server 2022 FACMAN database.
- Migrating the Oracle Immunization (AIMS) database to the new MS SQL Server 2022 Immunization (AIMS) database.

BUSINESS AND INFORMATION ARCHITECTURE (BIA)

The division continues looking for ways to enhance and improve the supported systems’ user experience, functionality, security, and responsiveness. Listed below are a few of BIA’s notable accomplishments for 2024:

- The Systems Management Team (SMT) achieved significant accomplishments throughout the year. In the Operations Section, AlabamaCares data was scrubbed, and new IDs were created for accounts that did not transfer to Medicaid. A total of 438 work orders for system IDs were completed, covering systems such as BC/BS, E-phix, Medicaid Eligibility Website GHRS, and 3270. The team also supported the replacement of MSIQ/MSEQ with CARES and collaborated with the Bureau of Financial Services and the Office of Human Resources to fulfill report requests.
- The Tableau Team continued to provide robust support for epidemiologists, addressing their Tableau needs. Meanwhile, the Notes Administration Team processed 1,850 work orders for user support and is currently testing the Notes 14 client in preparation for a statewide rollout.
- The Laserfiche Team made significant contributions by supporting the in-state travel system (PHITS), advancing the Public Health Instrument Management System (PHIMS), and gathering requirements for upcoming departmental systems. The team processed approximately 1,200 work orders and help requests.
- In addition to their specific tasks, the Operations, Laserfiche Support, and Notes Administration teams collectively processed 120 transfers, 356 removals, 266 new county users, and 232 new Tower users, ensuring seamless system operations across the department.
- BIA – Geographic Information Systems (GIS) reached several milestones over the past year. The team conducted in-house training sessions to enhance staff technical skills and understanding of GIS tools. Presentations were delivered to epidemiologists during monthly club meetings and bi-weekly district meetings, fostering collaboration and sharing valuable insights.

- Custom applications were developed to support critical initiatives across various teams, including:
 - Harmful algae bloom monitoring for the ID&O Division.
 - School absenteeism tracking for OIDA.
 - Mass fatality management tools for CEP.
- BIA - Laboratory Information Management System (LIMS) – BCL
- The team collaborated with the Association of Public Health Laboratories (APHL) on the Electronic Test Order/Results project to enhance efficiency and accuracy in newborn screening data exchanges. Partnerships with Baptist Health facilitated streamlined operations by integrating Oracle Cerner and Neometrics LIMS systems. Additionally, the client/server case management system for NBS was successfully transitioned to the web-based Internet Content Management System, providing a more modern and accessible platform.
- Rhapsody - The Rhapsody data exchange server underwent a significant upgrade, requiring collaboration across three IT teams. The Rhapsody software was also updated from version 6.2.3 to 6.5, ensuring improved functionality and reliability.
- Electronic Lab Reporting (ELR) - The team onboarded 11 facilities, some of which implemented new conditions for reporting, further expanding the program's reach and capacity.
- Electronic Case Reporting (eCR) - Fifty hospitals were successfully onboarded for case reporting to the production environment, bolstering the state's electronic case reporting capabilities.
- Syndromic Surveillance (SyS) - Fourteen locations, including hospitals, specialty clinics, and urgent care facilities, were onboarded to the syndromic surveillance system, enhancing public health monitoring and response efforts.
- Program Onboarding and Event Tracking System (POETS) - A fully normalized database schema for POETS was developed to consolidate and modernize facility onboarding and tracking for interoperability programs, including ELR, eCR, and SyS. Facility information, such as contacts, vendors, significant dates, and notes, was centralized to streamline onboarding workflows and improve efficiency.
- Message Mapping Guides (MMG) - CDC approved five MMGs for production: babesiosis, trichinellosis, pertussis, TB/LTBI, and Lyme/TBRD. Furthermore, 12 conditions were transitioned to the new Page Builder format, ensuring compliance and streamlined data exchange processes.
- ALNBS - The production and test environments for ALNBS were upgraded to Version 6.0.15.1. Over the year, the team closed and resolved 955 user support tickets and generated approximately 75 Excel-based reports for departmental users, significantly improving system functionality and user support.
- HIV Support - Enhancements were made to ADAP reporting data for HRSA and HIV counseling/testing data for CDC. Comprehensive user support was provided for critical systems, including HADIS, eHARS, CAREWare, HIV Warehouse, and LaserFiche, ensuring seamless operations across these platforms.

- eHARS - Approximately 168,000 HIV records were successfully imported from ALNBS into eHARS, strengthening data accuracy and accessibility for public health efforts.

The Vital Statistics Team successfully developed the new EVERS Death application, which has entered the testing phase. Within the BIA Division, the team implemented a certificate manager in the LCMS system, enhancing security and functionality. Additionally, the HIPAA log application was developed and is currently undergoing testing. The new security portal has also been completed and is awaiting testing to ensure its readiness for deployment. The WIC Program transitioned to a new vendor and has delivered two significant releases since March 2024, showcasing its commitment to continuous improvement. In preparation for an AS/400 system upgrade, the team successfully converted images and made other critical updates to ensure a seamless transition. The bureau has processed over 500 million HL7 messages since the onset of the COVID-19 pandemic, highlighting the team's resilience and capacity to support vital data exchanges during a critical period.

BIA-Financial Services Support Team (FSST) works with all financial applications. FSST implemented many new additions and changes to the Finance and Cost Accounting Tables (FACT) for cost accounting items such as new screens CASFund, Travel Funds, Cas Genledd, and Balances. The screens give the Bureau of Financial Services more visibility of the data. Several screens were modified to give Financial Services more search capabilities with FACT and more export opportunities. With more data being stored in FACT, the team could move several reports from the mainframe to FACT. FSST continues to work with the state Human Resources Management system (HRM) implementation teams to review data and tables for specific agency reports. FSST has rewritten the payroll load process (PCEF) to pull PCEF data from HRM and load it into FACT as well as the process to pull employee data from HRM to load various employee-aligned applications such as TimeTrac and Heart. FSST has updated the WebRoster application to make it more efficient and user-friendly, and use network authentication when logging in to the application. FSST standardized the ePHIX screens to make them more user-friendly and added more data exporting options.

Health Systems Support (HSS)

The HSS Team is instrumental in advancing statewide wellness initiatives. The team supports the Bureau of Communicable Disease - IMM Division and the Bureau of Environmental Services. Additionally, it manages the departmental inventory system, optimizing resource allocation and availability for critical health initiatives. By integrating technology-driven solutions, the division enhances public health infrastructure, facilitates data-driven decision-making, and strengthens overall health system efficiency across Alabama.

HSS-ImmPRINT Team – The team made numerous upgrades to the ImmPRINT system. Listed are some more prominent enhancements or features:

- Implemented changes to the VFC Program to allow providers to submit enrollment agreements in ImmPRINT through the VOMS Module.
- Converted the ImmPRINT database from Oracle to SQL Server and tested the functionality of the ImmPRINT application end-to-end for all access levels upon conversion.
- Tested ImmPRINT HL7 web services for both CDC WSDL and regular WSDL endpoints to ensure electronic data transmission is intact for providers/vendors in production.
- Made new influenza presentations available for providers to pre-book their flu doses in ImmPRINT and provide grantee users the functionality to collect the orders data and approve flu orders in ImmPRINT.
- Worked on Aggregate Analysis Reporting Tool test cases for data quality incoming/outgoing validation and clinical decision support validation in the ImmPRINT System. Several of the test cases have been improved following the new changes.
- Working with HL7 providers/vendors to migrate from regular WSDL to CDC WSDL endpoint for HL7 submissions and queries, ensuring consistent implementation of the nationally specified CDC WSDL across all environments.

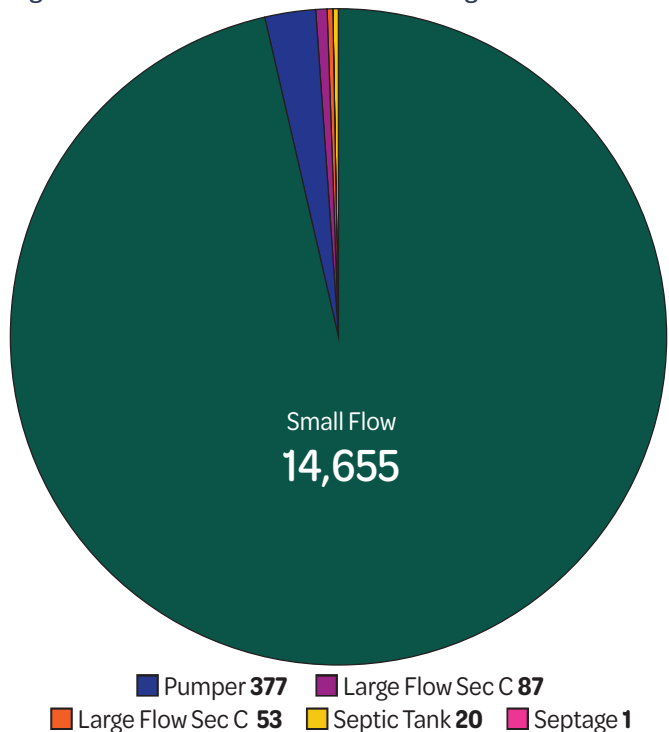
HSS-Environmental Services Team (EST) made improvements to the Soil and Onsite Sewage module of the Environmental Services System. These updates included a redesigned user interface, enhanced performance and efficiency, and new reports and tools for employee performance evaluations. In FY2024, the Bureau of Environmental Services used the Environmental Services web application to perform the following:

- Animal Bite Module: Investigated thousands of animal bite cases and issued 5,263 notices.
- Onsite Sewage Module: Issued 15,193 onsite sewage permits.

Figure 52. FY2024 - Animal Bite Investigation Notice Issued

Victim does not have a physician - referred to physician	282
Veterinarian quarantine completed	764
Home quarantine completed	1,023
Confinement notice issued	3,194

Figure 53. FY2024 - Soil and Onsite Sewage Permits



BUREAU OF PREVENTION, PROMOTION, AND SUPPORT

BEHAVIORAL HEALTH

Child Passenger Safety

The Alabama Child Passenger Safety Program educates caregivers on using 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 5 technician trainings, adding 28 technicians, 1 fitting station, and 4 car seat distribution sites in the state. Two staff members received endorsements as hybrid and lead instructors, and another participated in the instructor candidacy mentoring program and became an instructor. 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 177 families who attended car seat clinics. Child Passenger Safety Program staff also hosted car seat events in 2 rural and underrepresented communities, serving 31 families and providing 41 car seats.

Distracted Driving

The Alabama Distracted Driving Program educates pre-kindergarten through college-aged individuals to recognize distracted driving and develop the skills to cultivate a safe driving environment as passengers and drivers. The program, launched midway through the fiscal year, provided 29 educational sessions.

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 37 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 on prevention. The data 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 other things. A third program conducts inspections at all Alabama retailers that sell tobacco to keep minors from purchasing tobacco.

Alabama Violent Death Reporting System

The Alabama Violent Death Reporting System (AVDRS) is a statewide-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 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 2023 and ending in early 2024, AVDRS collected data for the 2022 calendar year and successfully met the threshold for inclusion in the National Violent Death Reporting System dataset 2022. There was a decrease in the number of deaths from 1,618 deaths in 2021 to 1,585 in 2022.

Figure 54. AVDRS - Manner of Death by Calendar Year

Manner of Death	2020	2021	2022
Suicide	767	819	831
Homicide	630	771	704
Undetermined	35	15	35
Unintentional Firearm	18	13	15
Other	5	--	--
Total	1,455	1,618	1,585

AVDRS works closely in collaboration with the Overdose Data to Action Grant to assist the Alabama State Unintentional Drug Overdose Reporting System in conducting 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.

AVDRS partners with the Jefferson County Domestic Violence Task Force, and through a memorandum of understanding, AVDRS assists the task force with data collection for reviewing cases with deaths related to domestic violence in that county.

Child Death Review

The Alabama Child Death Review System (ACDRS) reviews and identifies unexplained or unexpected child deaths in Alabama to develop 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 2023 reporting year, there were 302 reviewable cases; that number decreased from 2022 when there were 309 reviewable

Figure 55. ACDRS Manner of Death by Calendar Year

Manner of Death	2022	2023
Natural	7	6
Accident	111	107
Suicide	19	39
Homicide	50	54
Undetermined	59	71
Pending	62	24
Unknown	*	*

*Categories with less than five deaths are suppressed.

Figure 56. ACDRS Cause of Death by Calendar Year

Cause of Death	2022	2023
Motor Vehicle	48	54
Fire, Burn, or Electrocution	8	5
Drowning	19	22
Asphyxia	25	34
Bodily Force or Weapon	67	78
Fall or Crush	5	*
Poisoning, Overdose, or Acute Intoxication	*	11
Undetermined	*	*
Other	132	95

*Categories with less than five deaths are suppressed.

cases. Motor vehicle incidents, sleep-related deaths (included in “other” in the ACDRS Cause of Death by Calendar Year Figure above), and bodily force and weapon-related deaths remain the three leading causes of death for children in Alabama.

In June, ACDRS sponsored a 2-day training for law enforcement, coroners, child advocates, nurses, social workers, and EMS personnel. The Sudden Unexpected Infant Death Investigation training included death scene re-enactment and scene reconstruction. The 26 attendees received training on how to document and investigate infant and child deaths and child abuse cases more effectively. Investigation kits were provided to law enforcement to use in their jurisdictions when investigating cases.

The program continues to partner with UAB and the University of South Alabama on prevention 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. This is done to prevent minors from purchasing tobacco and ensure tobacco permit holders comply with the requirements of the Tobacco Control Act.

In 2024, staff conducted 722 advertising and labeling inspections of all state tobacco retailers to ensure they follow federal law when

advertising, displaying, and selling regulated tobacco products. The department’s subgrantee, the Alabama Law Enforcement Agency, conducted 3,643 undercover buys by accompanying minors who attempted 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 2024, the program had conducted 4,567 inspections with a combined violation rate of 11.17 percent.

Youth Tobacco Prevention

The Youth Tobacco Prevention Program was awarded approximately \$949,131 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 537 presentations based on the Stanford Medicine Tobacco Prevention Curriculum; of those 537 presentations, 323 were youth-led. In conjunction with the presentations, 8,378 pre/post tests were completed by youth in Grades 6-12. Youth Tobacco Prevention Program grantees organized or participated in 199 community awareness activities such as local coalition meetings, health fairs, and the Great American Smokeout. Social media continued to play an important role in educating the public. Approximately 83,000 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 July 2024. The message addressed the youth vaping epidemic. This successful campaign yielded approximately 10.1 million impressions through television, social media, and streaming services. Digital display ads on websites generated 765,000 impressions, social media yielded 4.3 million impressions, and over-the-top video advertising generated 5 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 \$2.19 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 2024, the Quitline had 2,337 calls, 24,506 website hits, 978 counseling enrollments, 8,978 online chats, and 88 text enrollments. The program also utilized \$473,539 from CDC grant funds to implement evidence-based, mass-reach media efforts to advertise for the Quitline and bring public awareness to the dangers of secondhand smoke exposure and menthol use.

HEALTH MEDIA AND COMMUNICATIONS

The Health Media and Communications Division educates the public about ways to protect and enhance their health using various communication channels to help Alabamians make informed health-related decisions.

Marketing projects in 2024 included designing professional-quality original art for the website, social media, billboards, direct mail, and yard signs. Staff also prepared forms, booklets, posters, certificates, newsletters, and other documents.

More than 40 news releases were issued to the news media to improve health outcomes, issue advisories, highlight health-related themes, and recognize program accomplishments. Staff answered and referred approximately 2,000 questions from the public, coordinated the dissemination of information from spokespersons to the mass media, and composed articles for and edited various publications and documents, including proclamations and employee updates.

The division's Digital Media Branch manages the department's website and social media efforts, which include promoting specific departmental programs, marketing campaigns, events, and health observances.

In 2024, the branch was an integral part in creating and sharing the Silent Guardians of Health campaign, which spotlighted the work of department employees who ensured Alabama's residents had access to vital programs and services during the worst of the COVID-19 outbreak and in its aftermath.

In addition, the branch worked alongside the Office of Human Resources to enhance recruitment efforts. This consisted of writing blog posts highlighting career opportunities within the department (including nutritionists, licensure and certification surveyors, and disease intervention specialists), holding regular meetings with in-house recruiters, and posting jobs to popular employment websites. A related social media campaign, Friendly Face Friday, was created to spotlight individual employees, giving them a chance to detail their roles in the department while giving insight into their day-to-day duties and the rewards of working in public health.

The branch supported a number of campaigns designed to promote healthy lifestyles and behaviors and encourage Alabama's residents to stay up-to-date on vaccinations and health screenings. Specific campaigns in which the branch participated include Hear Her (reproductive health), Clear the Crib Challenge (safe sleeping environments for infants), For Every Body (healthy lifestyle behaviors and resources), and Make It Monday (healthy recipes).

The branch also contributed a number of in-depth blog posts covering a variety of timely and important health topics, including avian flu; the flag warning system used at beaches on the Gulf Coast; stress and its effects on physical and emotional wellness; products containing delta-8 THC; emergency preparedness; indoor air quality and asthma; and infectious diseases such as Legionnaires' disease, pertussis, congenital syphilis, and measles. Blog posts were also created

in conjunction with the Alabama Poison Information Center, highlighting risks and safe use of common household items such as cleaning products and craft supplies.

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 2024.

A highlight for 2024 was creating an updated orientation video for new department employees. ALPHTN worked with departmental staff to create this new resource, which highlights departmental programs and allows new employees to learn more about the department's services.

Live virtual conferences and training programs provided throughout the year covered these topic areas:

- Children's oral health
- Congenital heart defects
- Multi drug-resistant organisms
- Measles
- Improving health outcomes through health literacy
- Vaping and its threat to pediatric lung health
- Avian influenza
- COVID-19 vaccinations
- The surge of congenital syphilis in Alabama
- Addressing youth tobacco use from a provider perspective
- Gestational diabetes
- Nicotine, marijuana, and alcohol use during pregnancy
- HPV
- Animal defense spray training
- Nurse practitioner abnormal breast follow-up

ALPHTN continued serving as a community-based training partner with the Region IV Public Health Training Center 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 with colleagues from other states to coordinate and share resources. The agreement also allowed the division to partner with the Alabama Regional Center for Infection Prevention and Control to provide additional webinars and podcasts for public health staff. Staff 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 2024, the department successfully completed the review process to maintain national accreditation status through the Public Health Accreditation Board (PHAB). In November 2024, the department received official notification of reaccreditation from PHAB, valid through 2030. In maintaining its accreditation status for another 5 years, the department has demonstrated that it meets PHAB's quality standards and measures and has the capacity to continue to evolve, improve, and advance as it strives to improve the health of the residents of Alabama.

During 2024, the department worked with partner organizations to update the State Health Improvement Plan (SHIP) to meet reaccreditation requirements. SHIP is a comprehensive 5-year plan designed to enhance the health and well-being of all individuals in Alabama and outlines the department's efforts to address key health challenges and promote a healthier future for the state. The plan is designed to be a living document so it can evolve as data shows a significant change in key priority areas. The 2024-2029 SHIP was submitted to PHAB for review and deemed to meet reaccreditation requirements.

Strategic Planning

The department's Strategic Plan focuses on five strategic priority areas, each with defined goals and strategies. Programs actively work toward achieving milestones aligned with the strategies outlined in the plan. A mid-year report and final report were prepared for Administration to provide an update on progress toward the strategic goals. Efforts to advance and revise the strategic priorities in the plan will continue in 2025 as the department moves forward in the reaccreditation cycle.

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. Program staff utilize the Monday work management software platform to monitor the implementation of the reaccreditation and performance management goals. This allows programs to plan, manage, and track progress in meeting program milestones. 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 have access to and embrace a culture of healthy choices as their normal way of life. NPA coordinates the following initiatives to support healthy behaviors and improve food access in adults and youth:

- The Alabama Wellness Alliance (AWA) is a volunteer membership organization that strives to create a healthier Alabama by leading unified efforts to implement strategies that improve health outcomes through accessing healthier nutrition choices and regular physical activity. In 2024, AWA released the "For Every Body Campaign," designed to support the Alabama State Physical Activity and Nutrition Plan (ALPAN) by encouraging healthy lifestyle behaviors and access to resources for all Alabamians. The campaign includes positive, inclusive messaging with graphics that are applicable to a range of sectors, including business and industry; education; fitness and sports; healthcare; nonprofit, volunteer, and faith-based organizations; public health; public lands, parks, and recreation; and transportation, community planning, and access. The campaign messages are available in English and Spanish and can also be used to promote state and local events and encourage the use of community resources.
- The division seeks to improve access to adequate, nutritious foods through partnerships with organizations that provide food access resources. In FY2024, in partnership with the Community Food Bank of Central Alabama (CFBA), newsletters were created and distributed to approximately 6,957 seniors every month in food boxes delivered to participants in the Commodity Supplemental Food Program with the Heart of Alabama Food Bank, CFBA, and North Alabama Food Bank that, combined, cover 58 counties in Alabama. The newsletters in English and Spanish provide practical nutrition tips and healthful recipes that are easy to read and use low-cost ingredients.
- As a subcontractor for the SNAP Education Program, the division provides nutrition education to individuals who are eligible for SNAP benefits. Education activities took place in schools, local health departments, and senior nutrition centers, where approximately 1,300 individuals received direct education on nutrition and health topics. Evaluations of school children participating in nutrition education classes demonstrated improvements in eating habits and increased minutes of physical activity per day.
- In celebration of National Nutrition Month in March, the theme "Beyond the Table" was promoted by assisting county health departments to create nutrition displays in the lobby utilizing a bulletin board kit. Forty-four counties received the kits and participated to help celebrate the month-long campaign emphasizing the importance of making informed food choices and developing sound eating habits. A photo contest was also held for employees to promote National Nutrition Month. To enter the contest, participants submitted a photo that they had personally taken, highlighting how they engage in and enjoy good nutrition and physical activity in Alabama. Winning photos were selected and included in a 2025 calendar highlighting and encouraging healthy habits year-round.
- During National Fruits and Veggies Month in September, the division highlighted the health benefits of consuming America's original and favorite plants – fruits and vegetables. A checklist was created to share 30 ways (one for each day of the month) to enjoy fruits and veggies. Checklists were distributed to every county health department, as well as shared with

the public via social media. A coloring sheet featuring fruits and veggies was included on the back of each checklist for children. NPA kicked off a “You’ve Been Picked” promotion to complement the checklist. This voluntary activity was a fun way to share an actual fruit or vegetable and a kind word with co-workers. Many staff participated and enjoyed being “picked” to encourage one another to eat more produce.

- The Healthy Alabama Communities designation program was developed in partnership with the Alabama Hospital Association, Blue Cross and Blue Shield of Alabama, and Alabama Communities of Excellence to empower small communities to prioritize the health of their residents. Through environmental, policy, and system changes that support better nutrition and physical activity, the program recognizes communities making progress toward creating a healthy community. The city of Helena served as the pilot community for the new program and successfully achieved recognition as the first Healthy Alabama Community by making significant improvements that enhance physical activity and increase access to nutritious foods.

Chronic Disease Branch

Cardiovascular Health Program

The Alabama Cardiovascular Health Program implements and evaluates evidence-based strategies for preventing and managing cardiovascular disease (CVD) in disproportionately at-risk Alabama populations. In FY2024, the department continued work on a CDC-funded project. As part of this project, the Cardiovascular Health Program collaborated 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 the 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.

Alabama Brain Health Program

The Alabama Brain Health Program works with state and local partners to create a uniform public health infrastructure to implement effective dementia interventions, including increasing early detection and diagnosis, reducing risk, preventing avoidable hospitalizations, and supporting dementia caregiving. In FY2024, the department was awarded a 5-year \$1.85 million Building Our Largest Dementia Infrastructure (BOLD) federal grant from CDC. An Alabama Alzheimer’s Disease and Related Dementias Coalition was created to help prioritize and guide the work of the BOLD grant and better support people with dementia and their caregivers in improving their quality of life. The coalition began assisting the Alabama Alzheimer’s Disease Task Force in writing Alabama’s Strategic Plan to Address Alzheimer’s Disease and Related Dementias.

Alabama 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 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 prevent or delay the onset of Type 2 diabetes through healthy eating and physical activity.

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 plans to implement 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.

Outreach efforts continued through district outreach coordinators (DOCs) in the Northern, West Central, and Southwestern districts. DOCs are social workers supported through funding from 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 CEP in disasters, and providing audit surveillance for the 340B Program. In addition, the division collaborates with other state agencies and community groups to provide education and prevention activities in efforts to reduce drug overdose deaths in Alabama.

Through the CDC Overdose Data to Action - States grant, activities to reduce drug overdose deaths in Alabama continue. Data is used to drive prevention activities and collaborations with other state agencies and entities that provide resources needed to help individuals with substance use disorder. Accomplishments over the past year include statewide naloxone distribution, additions to the pain and opioid management curriculum for healthcare professionals that was developed in 2023, installment of peer support specialists in emergency rooms to offer treatment options and resources to patients with substance use disorder, and support and improvement to the Connect Alabama application, which provides immediate access to resources for substance misuse and mental health.

The division continues to seek opportunities for the distribution of naloxone, an opioid overdose reversal agent. Collaborative efforts with the Alabama Department of Mental Health and the Jefferson County Department of Health have resulted in statewide distribution to people at most risk of overdose.

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

The PDMP database continues to be an important clinical tool that assists healthcare professionals in making patient care decisions. Integrating PDMP access into electronic health records and pharmacy management software improves workflow and is used by many healthcare professionals in Alabama. PDMP staff continue to seek data-sharing agreements with states and U.S. territories to decrease drug diversion. Of the 12 states with which Alabama does not have data-sharing agreements, 7 have laws or rules prohibiting data-sharing with Alabama.

Several PDMP training sessions for healthcare professionals were held throughout Alabama in 2024. These trainings are designed to improve healthcare professionals' skills using PDMP as a clinical tool. The Annual Substance Misuse Summit was held in February 2024, and over 200 participants from multiple disciplines attended.

The PDMP Compliance Program ensures pharmacies and other controlled substance dispensers report to the PDMP database as required. Emphasizing compliance will improve data integrity and ensure PDMP users' access to up-to-date and accurate prescription information.

Pharmacy Division staff conduct required audits related to the 340B Program. These quarterly audits include program and county health department clinic procedures and help to ensure program requirements are met and staff are trained appropriately.

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, 55 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, and 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 major initiatives in OPCRH are recruiting and retaining healthcare professionals and technical assistance to assist 40 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 physicians to medically underserved areas. During FY2024, approximately 3,180 primary care practitioners were referred to rural hospitals and clinics in Alabama. OPCRH also assists communities in establishing Centers for Medicare and Medicaid Services-certified rural health clinics.

Another recruitment program is the National Health Service Corps (NHSC), which has both scholarship and loan repayment components. The NHSC Program aims to recruit various health professionals, from physicians, dentists, and nurses to behavioral health professionals. Currently, 105 Alabama participants are 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. Seventy-nine healthcare providers currently deliver medical care to rural and medically underserved Alabamians under the J-1 Visa Waiver Program.

Over the past year, OPCRH provided technical assistance to 156 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 UAB Heersink School of Medicine at the Huntsville Regional Medical Campus to assist in the administration of the Alabama Rural Medical Service Awards. This state-funded program incentivizes primary care physicians, obstetricians, and family practice nurse practitioners to practice full-time in rural Alabama. In 2024, 14 primary care physicians and 3 nurse practitioners were awarded in this program.

In 2024, OPCRH continued to work to update the Health Professional Shortage Area designations. These areas determine eligibility for the NHSC Program, specific federal grants, and the J-1 Visa Waiver Program. Alabama's 40 small, rural hospitals were also assisted under federal grants administered by OPCRH, which target improvement of operational efficiency, quality, and hospital sustainability. The division continues to work closely with the Alabama Hospital Association to provide relief and support to Alabama's small rural hospitals through these federal grant programs.

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 FY2024, department nurses performed 68,701 screenings at the worksite and healthcare providers conducted an additional 36,817 screenings. During this same time frame, 19,742 received an influenza vaccine.

State Employees Insurance Board (SEIB) Wellness Program

During FY2024, 4,689 state employees were screened by Wellness Program staff for SEIB.

Local Government Health Insurance Board (LGHIB) Wellness Program

During FY2024, 37 local employees were screened by Wellness Program staff for LGHIB. A total of 630 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 (OPI) 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 department's programs, services, and functions.

The office's primary mission 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.

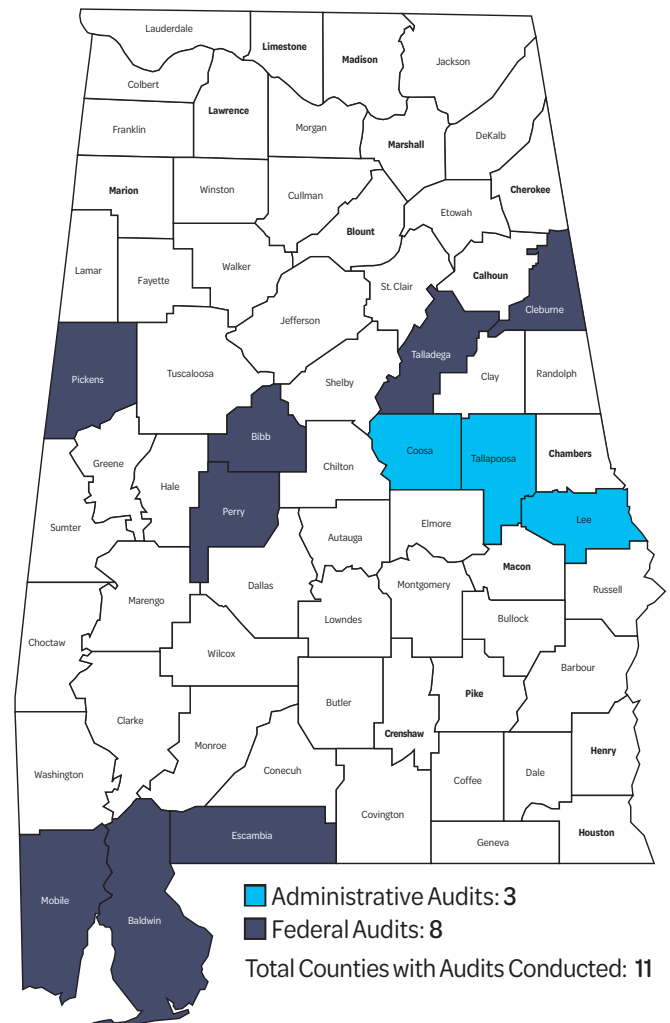
OPI continued its mission of objectively evaluating county health departments and Central Office units during 2024 in financial and administrative activities and federal compliance. With the extension of federal funding to assist with the COVID-19 response, the office maintained its focus on subrecipient monitoring and compliance. In partnership with the Bureau of Financial Services and the Office of General Counsel, OPI provided three training sessions to department staff for grants management. Topics focused on the requirements outlined in *2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and highlighted topics such as risk assessments, subrecipient monitoring, and proper documentation of expenditures.

Staffing levels remained critically low during 2024. The talent pool of audit professionals to fill vacant positions is shrinking due to the declining number of students pursuing degrees in accounting. Students lean toward the more lucrative field of technology and careers that offer a sense of work-life balance. Despite these challenges, management remains optimistic that the recent changes to the Accounting series pay plan and the addition of the Auditor series by the State Personnel Department will positively impact OPI's workforce in 2025.

Figure 57. Special Reviews and Consulting Activities, FY2024

SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
78 Separate Accounts	\$11,947,020.65
Subrecipient Compliance and Monitoring	
Desk Reviews Closed in FY2024	\$152,197,043.75

Figure 58. County Health Department Audits, FY2024



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.

Radioactive Materials Program: The program operates under an agreement with the U.S. Nuclear Regulatory Commission. Alabama is one of 39 Agreement States. The office is responsible for licensing, registering, and inspecting radioactive material possession and use in the state's jurisdiction. Licensure, registration, and inspection activities include security of radioactive material, public health, and safety and include decommissioning (in state jurisdiction), as described by the U.S. EPA's MARSSIM/MARSAME methodology. Radioactive material is possessed and/or used under authorizations labeled "general license" or "specific license." There are currently 193 general license registrants and 301 specific licensees using radioactive material in Alabama. Individuals, businesses, and other entities that possess and use radioactive materials are involved in areas such as medicine, scientific research, industrial manufacturing applications, geotechnology, and non-destructive testing.

In July 2024, office staff participated in two tabletop exercises. The Thunder on the Plains Exercise was facilitated by the National Nuclear Security Administration; other participants included a major Alabama university and state and local area partners. The exercise demonstrated the university's resources, planning, and capabilities in the event of a radiological incident on campus as well as capabilities of participating state and local area partners and the office. The East Central Public Health District hosted the Nuc/Rad Scorecard Exercise with state and local area partners. The Scorecard project is a tool designed to assist governments in assessing readiness in the event of a radiological incident. The Scorecard tabletop exercise demonstrated Alabama's radiological preparation, planning, and resource availability. Exercise participants were left with valuable takeaways from this exercise related to radiological planning and preparation.

Medical X-Ray and Particle Accelerators: The office registers and inspects users of and completes radiation shielding plan reviews for medical X-ray equipment. Medical X-ray equipment may be

used in locations such as hospitals, general/family practice clinics, chiropractic clinics, dental offices, and veterinary offices. The office has 3,347 entities registered as users of medical equipment and houses staff trained by the FDA as mammography inspectors. The office registered and inspected 141 facilities in Alabama authorized to perform mammography, as described under the Mammography Quality Standards Act. The office also registers and inspects particle accelerators. There are 48 registrants of particle accelerators; particle accelerator use includes linear accelerators used for cancer treatments and cyclotrons used for radiopharmaceutical production.

Non-Medical X-Ray: The office registers and inspects users of non-medical X-ray equipment. This equipment may be used in applications such as chemical/material analysis, gauges, baggage X-ray, whole-body scanning, nondestructive testing, and research. The office currently has 425 facilities registered to use nonmedical X-ray equipment.

Emergency Planning: The office is responsible for radiation safety and radiological emergency response training to individuals from the department, Alabama Emergency Management Agency (AEMA), ADEM, county emergency management agencies, hospitals, EMS, and police, fire, and sheriff's departments around Alabama's two nuclear power plants as part of Alabama's Radiological Emergency Preparedness Program. The office also supplies dosimeters, called thermoluminescent dosimeters, to first responders in the event of an emergency/incident at one of the nuclear power plants and it is necessary to respond to the site outside the nuclear power plant's boundary. During 2024, the office and fellow Alabama state government partners successfully demonstrated one plume-phase nuclear power plant exercise that was evaluated by the Federal Emergency Management Agency (FEMA). The office 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 for handling radiologically contaminated patients. Certain hospital medical personnel were graded in FEMA-evaluated medical service drills; no recommendations were issued. The office worked with ADEM during a FEMA-evaluated radiation laboratory assessment in November 2024; the ADEM lab was found to meet FEMA's evaluation criteria.

Environmental Management: 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. These samples are collected to confirm that any releases of radioactive material are within regulatory limits. During 2024, no water samples,

vegetation samples, daily air samples, or weekly air samples were found to be above regulatory limits.

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. Transuranic waste is shipped from facilities throughout the U.S., 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 AEMA, 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: The office continues to encourage Alabama citizens to test their homes for radon, through outreach opportunities and a radon website, www.alabamapublichealth.gov/radon. The office offers one free radon test kit per year to each Alabama household, while supplies last. The office also provides free radon test kits to participating hospitals in Alabama counties in Radon Zone 1; these kits are provided to parents of newborns if requested. The radon website has resources for information about radon, radon testing, and radon mitigation if needed.

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
 James Hardin, Assistant District Administrator
 3060 Mobile Highway
 Montgomery, AL 36108
 (334) 293-6400

JEFFERSON COUNTY

David Hicks, D.O., M.P.H., Health Officer
 Allury Arora Lal, M.D., Deputy Health Officer/Administrator
 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

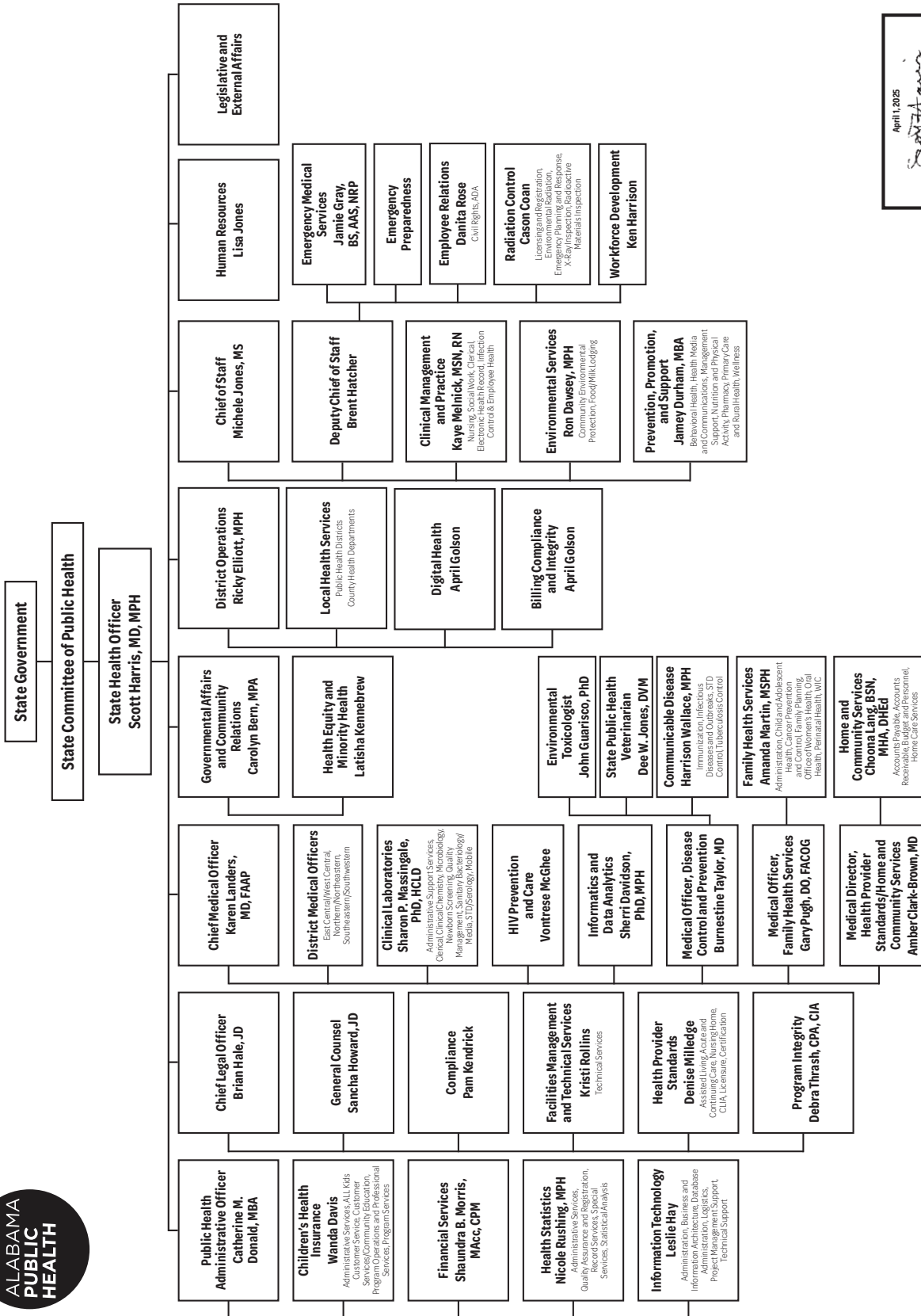
Chad Kent, District Administrator
 1115 Azalea Place
 Brewton, AL 36426
 (251) 947-1645
 Suzanne Terrell, Assistant District Administrator
 303 Industrial Drive
 Linden, AL 36748
 (334) 295-1000

WEST CENTRAL DISTRICT

Stacey Adams, District Administrator
 Renee Cole, Assistant District Administrator
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ADPH ORGANIZATIONAL CHART



April 1, 2025

 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.