



**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:

I am pleased to submit the 2025 Annual Report of the Alabama Department of Public Health, which highlights the accomplishments of our dedicated staff in promoting, protecting, and improving public health.

Our department was founded 150 years ago when visionary leaders recognized the need for a state system to promote public health, and landmark legislation was enacted to establish it. This sesquicentennial year offered an opportunity to reflect on the challenges we have faced and the achievements that have increased life expectancy and improved the quality of life for Alabamians.

This report summarizes many of the department's activities to protect the health of Alabamians in 2025. We remain committed to promoting evidence-based initiatives to address the wide range of public health needs as we promote health and wellness.

Family health is a foundation for a healthy life. Infant mortality, defined as the death of a baby in the first year of life, remains a major concern for public health. Many factors contribute to infant mortality, including race, poverty, education, housing, nutrition, and access to care. The 2024 infant mortality rate, at 7.1 deaths per 1,000 live births, decreased from the 2023 rate of 7.8. Regrettably, a significant disparity between birth outcomes for black and white infants persists. Alabama's infant mortality rate for black infants was 11.8, more than twice the 5.4 infant mortality rate for white infants.

Early detection of unseen disorders through newborn screening allows infants to begin treatment as early in life as possible. The Bureau of Clinical Laboratories screens approximately 120,000 specimens annually for 35 core disorders and 26 secondary disorders. Near real-time clinical and environmental laboratory results are reported thanks to technological advances. In 2025, this process identified disorders in 199 infants.

Maternal health conditions such as diabetes and hypertension are connected to higher rates of preterm births which are associated with increased infant mortality. Programs such as Well Woman, available in 12 counties, offered services that emphasize practical strategies to address behavioral change and prevent chronic disease. In partnership with other organizations, employees participate in initiatives and programs that support physical activity and healthy food access for both adults and youth.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps safeguard the health of low-income pregnant, postpartum, and breastfeeding women, along with infants and children up to age 5 who are at nutritional risk. WIC served an average of more than 112,000 participants each month in 2025.

Our Children's Health Insurance Program (CHIP) provides comprehensive, affordable health insurance coverage for children and youth up to age 19. Thanks to initiatives to improve accessibility and support for families statewide, the total number of children enrolled at any point during FY2025 was 244,760, including 134,097 in ALL Kids and 110,663 in MCHIP for Medicaid-eligible children.

Cancer is the second-leading cause of death in Alabama. Since 2015, the Alabama Breast and Cervical Cancer Early Detection Program has diagnosed 952 breast cancers and 3,723 cervical pre-invasive and invasive cancers in uninsured women. This success has been achieved through community-based outreach, education, and collaborations with community organizations, university partners, and healthcare providers. Fueled by strong partnerships, *Operation WIPE OUT Cervical Cancer*, a strategic action plan, was launched last year to eliminate cervical cancer as a public health threat.

Surveillance, investigation, and prevention of communicable diseases are essential public health functions. Throughout the year, 685 outbreaks and clusters of notifiable diseases were investigated, and over 3,700 cases were reported. Wastewater surveillance now offers insight into disease transmission at the community level by identifying pathogens early.

Home care services were provided to approximately 5,000 primarily homebound Medicaid patients. The department is the only agency in the state offering in-home pediatric services.

Maintaining a healthy environment is essential, and 47,000 inspections were conducted at food service establishments, lodging, tattoo, and seafood processing facilities. More than 1,000 potential rabies exposures were investigated, and 32 animal rabies cases were confirmed.

A broad range of essential regulatory services continues to protect the public. These include enforcement of standards for emergency medical services, healthcare facilities, radiological health, and other areas that may require corrective actions to ensure safety and health. These efforts play a crucial role in maintaining the quality and effectiveness of public health.

Throughout its history, the department has dedicated itself to providing Alabamians access to quality healthcare while upholding our core values of excellence, integrity, innovation, and community. The department has evolved to meet changing needs, enhancing the quality of life for all Alabamians. While we celebrate our achievements, we remain committed to better health outcomes for all in the years to come.

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.

<p>1 Office of Billing, Compliance, and Integrity</p>	<p>2 Bureau of Children's Health Insurance</p>	<p>4 Bureau of Clinical Laboratories</p>	<p>9 Clinical Management and Practice</p>	<p>10 Bureau of Communicable Disease</p>
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BILLING, COMPLIANCE, AND INTEGRITY (BCI)

BCI ensures billing accuracy, regulatory compliance, and fiscal accountability in support of the department's mission. The office provides statewide county support for insurance claim corrections, credits, and resubmissions to recover the maximum amount of revenue owed to the department. BCI promotes ethical practices, transparency, and adherence to state and federal requirements. BCI's responsibilities include the following:

- Provider Enrollment/Credentialing
- Re-enrollment of clinical locations
- Revalidation of provider 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
- Billing for newborn screening and environmental water testing
- Maintaining accurate data to prevent improper payments and insurance claim denials
- Other reporting analysis and trends

In 2025, BCI enhanced compliance oversight and billing review processes, provided staff training and technical support, and implemented process improvements to strengthen internal controls and operational efficiency. The office also worked with Information Technology (IT) staff to transition the department's various databases and systems into the electronic health record to consolidate efforts and provide more accurate and thorough reporting. These endeavors are ongoing and will continue into 2026.

BUREAU OF CHILDREN'S HEALTH INSURANCE

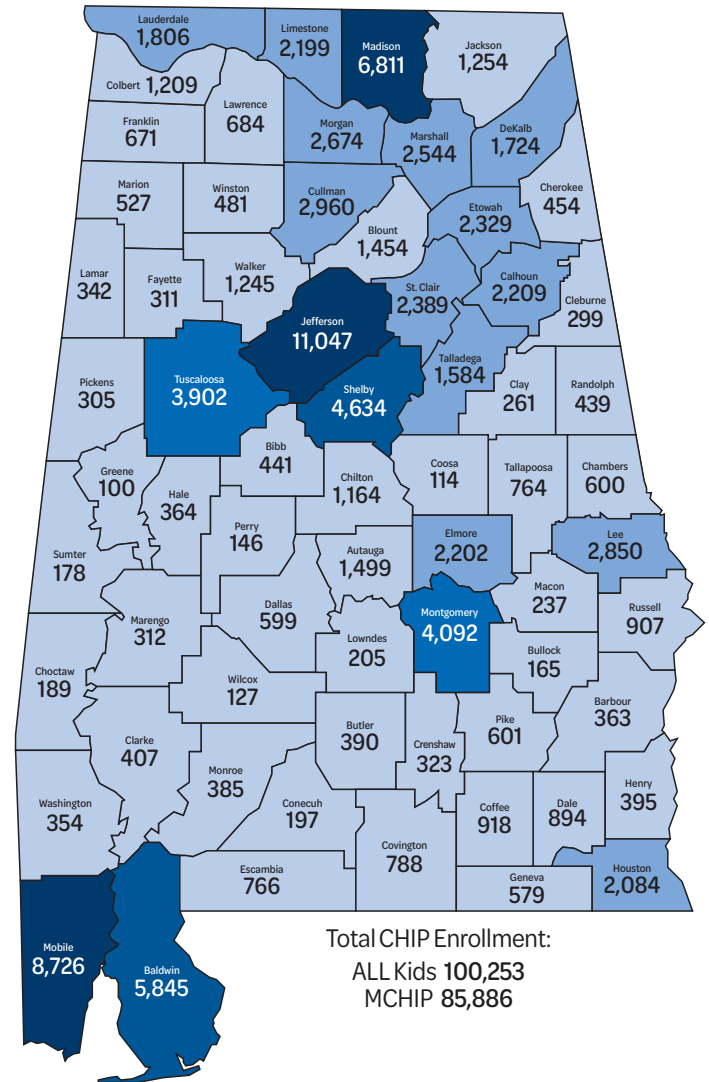
The Bureau of Children's Health Insurance administers ALL Kids, Alabama's separate Children's Health Insurance Program (CHIP). ALL Kids provides comprehensive health coverage to eligible children and uses the Blue Cross and Blue Shield of Alabama provider network. In addition to the ALL Kids Program, and because 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.

CHIP is actively engaged in a cross-agency collaboration with the Alabama Medicaid Agency, the Alabama Department of Human Resources, and the Women, Infants, and Children's (WIC) Program to strengthen the data infrastructure and support the Transforming Maternal Health (TMaH) Model grant. Recently approved by the U.S. Department of Health and Human Services through the Centers for Medicare and Medicaid Services, Alabama's TMaH Model is a 10-year initiative designed to improve care delivery for Medicaid and CHIP recipients. The model aims to advance maternal health and enhance birth outcomes for pregnant and postpartum women and their infants, positioning Alabama to make meaningful, long-term improvements in maternal care.

CHIP and other bureaus within the department participate in Maternal Health Disparities Interest Group meetings hosted by Blue Cross and Blue Shield of Alabama. State leaders and partners with a vested interest in addressing the obstetrical crisis in rural areas across Alabama collaborate quarterly. This year the group focused on identifying action oriented, evidence-based solutions to bridge gaps and prevent further erosion of obstetrical care in these areas. Based on the work accomplished during the year, the group generated a guidance document to present to Governor Kay Ivey's workgroup that was established to advise the development of the Alabama Rural Health Transformation Program.

CHIP renewed its continued support of the *Reach Out and Read Alabama Health Services Initiative*. *Reach Out and Read*, a program of the Alabama Chapter of the American Academy of Pediatrics, provides new books to children from birth through age 5 during well-child visits with their pediatricians, and promotes reading aloud as a regular daily practice. Other project partners include the Alabama Department of Early Childhood Education and the Alabama Chapter of the American Academy of Pediatrics.

Figure 1. ALL Kids Enrollees by County



The total number of children who were enrolled in Alabama CHIP at any time during FY2025: 244,760 (134,097 ALL Kids; 110,663 MCHIP).

In FY2025, the ALL Kids Program paid over \$446 million in claims to primarily Alabama providers.

ALL Kids provides comprehensive coverage for unborn babies through the ALL Babies coverage option.

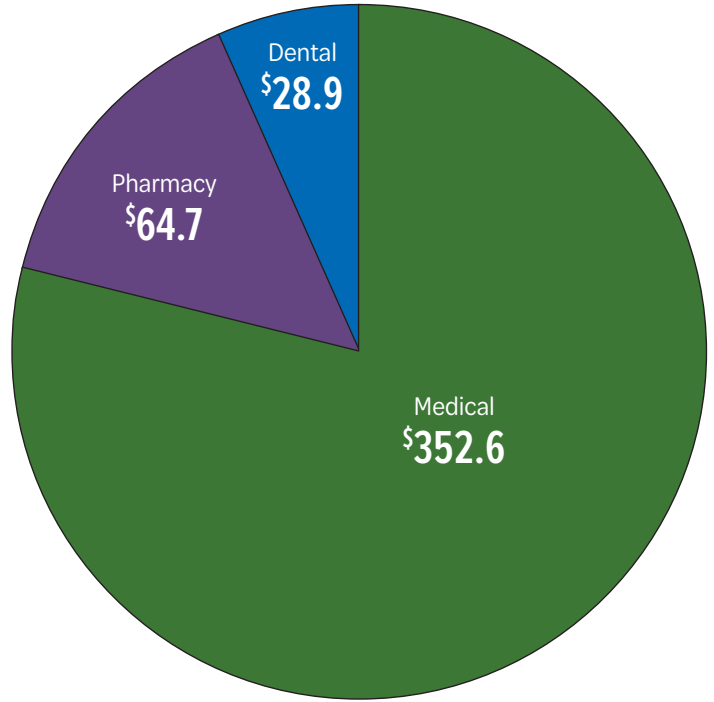
Figure 2. ALL Kids Enrollment by Age Group

	<1	1-5	6-12	13-18	Total
ALL Kids	3,932	24,835	38,336	33,150	100,253
MCHIP	2	19	25,110	60,755	85,886
CHIP Total	3,934	24,854	63,446	93,905	186,139

Figure 3. ALL Kids Enrollment by Gender

	Female	Male	Unknown	Total
ALL Kids	49,069	51,184	0	100,253
MCHIP	43,076	42,808	2	85,886
CHIP Total	92,145	91,262	2	186,139

Figure 4. Amount ALL Kids Paid in FY2025 (in millions)



BUREAU OF CLINICAL LABORATORIES

The mission of the Bureau of Clinical Laboratories (BCL) is to improve and protect the health of Alabama residents through laboratory science. The laboratory comprises the following divisions: Administration, Business Operations, Analytical Chemistry (including 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. Testing is funded by Medicaid receipts and federal grants.

Public health laboratories form the backbone of a national laboratory network that is on alert 24/7 to respond to emerging disease strains, 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 conduct 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 facility in Prattville replaced the Montgomery laboratory. Using CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases Cooperative Agreement funds,

the facility has been expanded to include more administrative and warehouse space, as well as additional testing areas.

LABORATORY QUALITY

Laboratorians work diligently and are committed to ensuring quality testing that supports public health. The BCL is credentialed by CDC, the FDA, the EPA, and the Clinical Laboratory Improvement Amendments, and has recently been reaccredited by the International Organization for Standardization ISO 17025:2017 (A2LA Certificate #5521.01) to ensure the quality of 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. In 2025, the laboratory performed 2,114,099 tests (an increase from 1,695,040 in 2024) on 441,499 clinical and environmental specimens received. Clinical specimens totaled 425,718 (351,748 from Prattville and 73,970 from Mobile), and environmental samples totaled 15,781 (5,887 from Prattville and 9,894 from Mobile). Clinical exams totaled 2,075,749 (1,907,482 from Prattville and 168,267 from Mobile), and environmental samples totaled 38,350 (22,160 from Prattville and 16,190 from Mobile). The distribution of

Figure 5. Total Specimens Received and Tested by Division, 2025

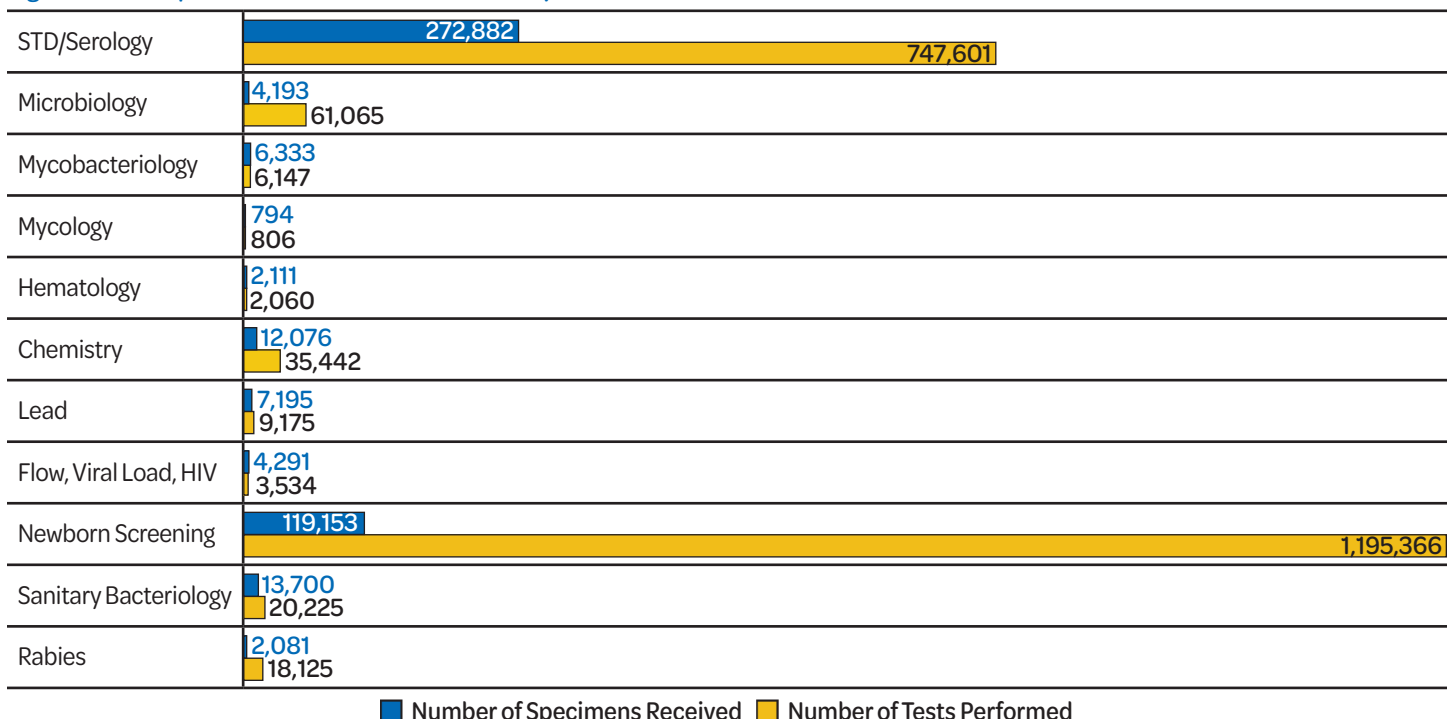


Figure 6. Total Specimens Received and Tested by Location, 2025

Mobile Environmental	16,190	9,894
Mobile Clinical	168,267	73,970
Prattville Environmental	22,160	5,887
Prattville Clinical	1,907,482	351,748

■ Number of Specimens Received ■ Number of Exams Performed

specimens received and specific testing performed is shown in the accompanying figures (Figure 6).

LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)

Electronic ordering and reporting enable near real-time results. The number of clinical and environmental results reported electronically to partners continues to increase. The BCL is preparing to upgrade its Horizon LIMS to a new cloud-based version in April 2026, and its capacity continues to expand as new capabilities, tests, and instruments are interfaced. BCL's LIMS is directly interfaced with the department's electronic health record (EHR) and the EHRs of Mobile and Jefferson counties, and it is also interfaced with an increasing number of private-sector partners. 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.

On July 27, 2025, the BCL made history by launching the Electronic Test Order Requisition (ETOR) system for the first time in Alabama, partnering with Baptist Health, which includes Baptist East and Baptist South hospitals, for NBS. This implementation, using the Association of Public Health Application and Information Management System platform, marks a significant milestone in improving the efficiency and accuracy of NBS in the state. The ETOR system also ensures that all required data fields are consistently completed for each screening, improving the reliability of the testing process and supporting timely reporting and follow-up on results. Overall, the successful implementation of this advanced system represents a significant leap forward in promoting public health initiatives in Alabama, ultimately ensuring that newborns receive the best possible start to life. Registered medical providers can access a secure web-based remote viewer to retrieve NBS test results.

CLINICAL CHEMISTRY SPECIMENS PROCESSED AND ANALYZED

The Clinical Services Branch receives specimens from county health departments, federally qualified health centers, and community-based human immunodeficiency virus (HIV) treatment programs to support the clinical management of their patients. This branch performs routine chemistry profiles, hepatitis screenings, complete blood counts, and CD4/CD8 T-lymphocyte subset enumeration. Analysis is performed by quantitative polymerase chain reaction (PCR) for HIV and hepatitis C viral load. The Clinical Services Branch processed and analyzed 11,790 specimens in 2025. The Lead Branch conducts testing for environmental lead and

provides support for the department's childhood lead poisoning prevention program. The Lead Branch processed and analyzed 5,938 blood and 1,257 environmental specimens in 2025.

MICROBIOLOGY

The Microbiology Division received over 350 samples to support facilities with reference bacteriology identification. Thirty-two samples were tested for parasites. PCR tested 343 respiratory samples, detecting 315 cases of influenza. Eighty-four outbreak specimens were tested on a respiratory panel that detected rhinovirus/enterovirus, influenza A (H3), respiratory syncytial virus, coronavirus OC43, coronavirus NL63, and SARS-CoV-2.

As a participant in PulseNet, a national laboratory-based foodborne illness surveillance network that uses molecular techniques to detect outbreak clusters, the branch received 989 samples, and 786 specimens were forwarded to the BCL-designated regional laboratory (the Tennessee Department of Public Health Laboratory) for whole-genome sequencing.

One hundred forty-nine specimens associated with gastrointestinal outbreaks were analyzed. Of these, norovirus GI/GII, *Sapovirus*, *Clostridium difficile* toxin A/B, enteropathogenic *Escherichia coli*, enterotoxigenic *Escherichia coli*, astrovirus, rotavirus, campylobacter, *Giardia*, *Yersinia enterocolitica*, *Cryptosporidium*, and enteroaggregative *Escherichia coli* were identified. The BCL is part of the Norovirus Sentinel Testing and Tracking Network to improve the detection and reporting of norovirus outbreaks. Additional testing detected 9 GI and 45 GII norovirus cases.

For meningococcal disease surveillance, 102 *Haemophilus influenzae* were serotyped, and 22 *Neisseria meningitidis* were serogrouped.

The division continued its partnership with CDC and the Jefferson County Department of Health for the Combatting Antimicrobial-Resistant Gonorrhea and Other STIs project to track antibiotic resistance trends in *Neisseria gonorrhoeae*. Two hundred eighty-two specimens were collected, and 88 were sent to the Antibiotic Regional Laboratory Network (ARLN) for further analysis.

Testing for carbapenem-resistant *Enterobacteriaceae*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* was implemented. Eight hundred fifteen specimens were tested for carbapenem resistance as part of ARLN enhanced surveillance.

Preparedness: The Biological Terrorism (BT) Laboratory confirmed one case of botulinum toxin in the three samples tested. Several

clinical samples were tested to rule out select agents; two *Brucella* were detected. The BT Laboratory also tested 12 specimens for mpox, detecting 1 positive sample.

Both the Mobile and Prattville laboratories test suspect animal tissue for rabies.

NBS FOLLOW-UP DIVISION

The Alabama NBS Follow-up Division is a comprehensive, coordinated system that encompasses education, screening, follow-up, diagnosis, evaluation, and management of specific genetic disorders. State law mandates that every newborn be tested for metabolic, endocrine,

Figure 7. Newborn Screening Number Identified, 2025

NBS Screening Disorders Based on DOB for Calendar Year 2025	Number of Referrals for Follow-up	Number of Infants Identified	Number Referred for Intervention/Specialty Care
3-Hydroxy-3-methylglutaric Aciduria	0	0	0
3MCC	4	0	0
Argininosuccinic Aciduria	0	0	0
Beta Ketothiolase Deficiency	0	0	0
Biotinidase Deficiency	0	0	0
Carnitine Uptake Defect (CUD)	62	0	0
Citrullinemia Type 1	7	0	0
Classic Galactosemia	31	2	2
Classical Phenylketonuria (PKU)	4	0	0
Congenital Adrenal Hyperplasia	33	3	3
Congenital Hypothyroidism	98	49	49
Critical Congenital Heart Disease	3	0	0
Cystic Fibrosis	262	6	6
Glutaric Acidemia Type 1	1	0	0
Hearing Loss	2,633	88	88
Holocarboxylase Synthase Deficiency	0	0	0
Homocystinuria	43	0	0
Isovaleric Acidemia	6	2 SBCAD	2
LCHAD (Long-chain)	3	0	0
Maple Syrup Urine Disease	20	0	0
MCADD (Medium-chain)	19	4	4
*Methylmalonic Acidemia (CblA, B)			
*Methylmalonic Acidemia Mutase	46	1	1
MPS-1 (07/29/2024)	15	0	15
Pompe (07/29/2024)	24	1	24
*Propionic Acidemia			
Multiple Carboxylase Deficiency	0	0	0
SCID	190	1	1
S Beta Thalassemia	5	5	5
SC Disease	13	13	13
SMA (02/14/2022)	43	3	3
SS Disease	26	26	26
Trifunctional Protein Deficiency	2	0	0
Tyrosinemia Type I	109	0	0
VLCAD (very long chain)	3	0	0
X-ALD (03/13/2023)	2	0	2
TOTALS	3,707	202	244

*Same analyte is used

hematological, and other genetic disorders. Initial screening occurs at birth, and a second screening is recommended at 2 to 6 weeks of age. The laboratory screens approximately 120,000 specimens annually for 35 core disorders and 26 secondary disorders. Newborns receive hearing and pulse oximetry screenings at the birthing facility. Early identification of a potential disorder enables care for the newborn, often before symptoms appear, and helps ensure that these infants receive lifesaving treatments.

NBS allows treatment to be initiated within the first few weeks of life, preventing some complications associated with these disorders. Early diagnosis may reduce morbidity, mortality, intellectual disability, and other developmental disabilities. The program partners with pediatric subspecialists across the state to ensure that all babies 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 offer counseling and follow-up care for children diagnosed 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 that those who do not pass the inpatient newborn hearing screen are referred for further testing and intervention. The Alabama EHDI Program is federally funded through grants from the Health Resources and Services Administration and CDC. The program follows the Joint Committee on Infant Hearing Guidelines, which include 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. In 2025, the Alabama NBS Program received approximately 1,074 laboratory referrals, 2,633 initial failed hearing screenings, and identified 199 infants with an NBS condition.

MYCOBACTERIOLOGY AND MYCOTICS

The Mycobacteriology Branch received 6,333 specimens for the isolation and identification of *Mycobacterium tuberculosis* complex (MTBC) and non-tuberculous mycobacteria (NTM). Using PCR-based technology, the Mycobacteriology Laboratory can confirm MTBC in new smear-positive and/or culture-positive patients and determine rifampin susceptibility within 2 hours. The Mycobacteriology Laboratory works with and provides Tuberculosis (TB) Control staff with genotyping data generated by the Michigan Department of Community Health. PCR-based technology and genotyping information have been valuable assets during outbreak investigations, helping determine the origin of MTBC infections. The Mycobacteriology Laboratory uses Matrix-Assisted Laser Desorption/Ionization Time-of-Flight technology to rapidly identify NTM and MTBC.

Fungal Infections

The Mycotics Branch reported five endemic yeasts (*Cryptococcus* species) and six dimorphic molds (one *Histoplasma capsulatum*, four *Blastomyces dermatitidis*, and one *Coccidioides posadasii*) identified by the Wadsworth Center in New York. Fifty-three cases of *Candida auris*, an emerging, multidrug-resistant yeast that poses a global health threat, were also reported. A total of 794 specimens were received from private healthcare providers in this branch.

SANITARY BACTERIOLOGY DIVISION (PRATTVILLE CAMPUS)

The Sanitary Bacteriology Division tests dairy products, public and private water, and fluoride samples. The division also ensures proper decontamination and disposal of laboratory waste, sterilizes instruments for county health departments, and prepares media for the BCL. The division analyzed 1,239 dairy samples, including raw milk from producers, tank truck deliveries, and finished dairy products. It also analyzed 2,267 water samples in support of the Safe Drinking Water Act and 564 fluoride samples. The laboratory offers proficiency testing for milk laboratories throughout the state. Working with the FDA, one milk laboratory was inspected for compliance with state and federal regulations. While the BCL continues to work with the Alabama Department of Environmental Management (ADEM), public water utility laboratories were not inspected for compliance with state and federal regulations this year due to staffing shortages. The Media Branch produced approximately 456 liters of media to support the NBS, Microbiology, Milk and Water, Mycology, and TB programs.

HIV AND STD TESTING (PRATTVILLE CAMPUS)

The STD Division tests for chlamydia, gonorrhea, trichomoniasis, syphilis, and HIV. The division received 199,445 specimens and performed 581,062 tests. CT-GC-TV infections are detected using a nucleic acid probe test on the Hologic Panther Systems. For syphilis testing, CDC's reverse algorithm is followed. Initial screening is a multiplex treponemal IgG/IgM immunoassay performed on the Bio-Rad BioPlex 2200 instrument. Rapid plasma reagin (RPR) testing is performed using the Fisher Healthcare Sure-Vue RPR manual test and the Serodia TPPA kit for *Treponema pallidum* particle agglutination (TPPA). The BioPlex 2200 HIV Antigen/Antibody (Ag/Ab) Assay screens for HIV infections. This multiplex assay generates individual results for HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab. When an HIV screen is positive, the Bio-Rad Geenius HIV Confirmatory Assay or the Hologic HIV-1 NAT Assay 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. Eight hundred thirty-two water 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 advance laboratory interests in commercial and environmental projects. Oyster-growing and harvesting 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 316 HAB samples collected from coastal waterways. In addition, 515 water samples from oyster-growing areas were tested for fecal contamination, in compliance with National Shellfish Sanitation Program guidelines. Crab meat analysis for *Escherichia coli* and *Listeria* continues as the laboratory works to improve methodology through equipment automation.

The division has gained FDA approval to establish a *Karenia brevis* enzyme-linked immunosorbent assay confirmation method and

is certified for shell stock wet-storage compliance. The division conducted testing and collaborated with the state of Mississippi as its shellfish testing laboratory underwent renovations. The Mobile laboratory participates in CDC's National Wastewater Surveillance Program and uses digital droplet PCR. The laboratory is currently testing 15 wastewater treatment facilities twice a week across the state for the detection of SARS-CoV-2, influenza A, influenza B, and RSV. The lab is validated to test wastewater for hookworm and norovirus, with testing beginning soon. Other targets are being considered for addition to the program, such as measles and West Nile virus. In 2025, the lab tested around 1,400 wastewater samples.

Mobile Division Clinical Branch

The Mobile Clinical Branch performs CT-GC-TV and syphilis testing using the same instrumentation and methods as Prattville's STD

Branch. The laboratory performed 44,978 CT-GC-TV tests and tested 28,208 syphilis specimens. The Urine Culture and Sensitivity Section analyzed 547 specimens for pathogens and antimicrobial sensitivity across the entire state.

Mobile Division Environmental Testing

The Drinking Water Section tested 6,792 samples from public systems and private wells to support the EPA's Safe Drinking Water Act under contract with ADEM.

Rabies (Mobile and Prattville)

In 2025, unique animal rabies cases were associated with positive test results for a horse and a few foxes. (See Figure 16 in the Communicable Disease report, page 15, for a map of reported laboratory-confirmed animal rabies cases.)

CLINICAL MANAGEMENT AND PRACTICE

CLERICAL

Public Health clerical staff provide professional support for the daily operations of county health departments, district functions, and the 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 (EHR)

The EHR was implemented in 2017 and serves as the system of record for all clinical encounters, with interfaces to 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 view detailed information about previous visits, including all prescriptions, laboratory orders, and results. The department has approximately 1,100 active EHR users, including nurses, providers, social workers, disease intervention specialists, and other non-clinical roles. The EHR staff provide on-site training monthly for all new staff and as a refresher for current staff. Through the department's vendor, there is now a single repository for all clinical billing for the department.

INFECTION CONTROL AND EMPLOYEE HEALTH

As a core component of the department, the Infection Control and Employee Health Program equips the districts with the resources and training necessary to ensure departmental readiness by providing comprehensive instruction in CPR, nursing competencies, oversight of the Respiratory Protection Program, and core infection control principles including mastery of Personal Protective Equipment. By monitoring real-time disease trends, the program delivers evidence-based outreach tailored to the state's evolving public health needs.

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 725 nurses. Approximately 250 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.

SOCIAL WORK

Public Health social work staff serve as members of a multidisciplinary team of professionals who apply social work values, knowledge, and community resources to promote positive health outcomes while respecting personal choice and supporting the health and well-being of individuals, groups, and communities. Public Health social workers act as liaisons within their communities, educating and advocating for changes to improve outcomes related to social determinants of health.

Alabama Public Health Social Work is an approved provider of Social Work CE by the Alabama Board of Social Work Examiners and provided social work CE credit for more than 25 programs, both onsite and via satellite, in FY2025. 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 at the county, district, and Central Office levels.

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, Child Car Seat Training, CHIP, Community Affairs, COVID-19 Response and Education, Diabetes Self-Education, Elevated Lead, Emergency Preparedness, Family Planning Care Coordination, HIV Care Coordination, Home Health, Licensure and Certification, Maternity Mortality Review, Newborn Hearing Screening, Newborn Screening Care Coordination, STD, Suicide Prevention, Telehealth, Tobacco Prevention, TB, Well Woman, and WISEWOMAN. They also serve on several committees at the local level using the Collective Impact framework to address deeply entrenched and complex social problems that negatively impact Alabama communities.

BUREAU OF COMMUNICABLE DISEASE

The mission of the Bureau of Communicable Disease 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 five branches: Surveillance, Registry (ImmPRINT), Vaccines for Children (VFC), 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

Figure 8. Cases Classified as Vaccine-Preventable Disease Cases in Alabama, 2019-2025

Disease	2025
Diphtheria	0
<i>H. influenzae</i>	144
Hepatitis A	7
Hepatitis B	79
Measles	1
Meningococcal	10
Mumps	1
Perinatal Hepatitis B	0
Pertussis	899
Polio	0
Rubella	0
<i>Strep. pneumoniae</i>	586
Tetanus	0
Varicella	52
Total	1,779

Figure 10. Number of Active Sites Recorded in ImmPRINT, 2025

Year	Source	County Health Department	Clinic	FQHC/RHC	Hospital	Pharmacy	Schools	Childcare Center	Sub-Total	Grand Total
2025	Manual	2	354	25	15	161	680	0	1,237	3,161
	HL7	70	833	182	81	758	0	0	1,924	

compliance with the 2009 School Immunization and Rules.

In the 2024-2025 Annual School Entry Survey, all medical and religious exemptions combined have risen to 4.51 percent, an increase of 0.25 percent, for students in public and private schools. The percentage of students with expired and without a COI was 3.63 percent, a decrease from the previous year of 0.36 percent. In addition, the branch oversees investigations of vaccine-preventable diseases across the state. IMM field staff investigate vaccine-preventable disease reports submitted by notifiable disease reporters and laboratories. In 2025, the IMM field staff investigated and confirmed 1,779 cases of disease (Figure 8).

The VFC Branch manages Alabama’s VFC Program, a federal entitlement program that provides vaccines at no cost to providers who see uninsured, Medicaid-eligible, underinsured, American Indian, or Alaskan Native children under 19 years of age. As of December 2025, 530 enrolled public and private providers had received approximately \$85 million in vaccines. As part of the vaccines distributed, the VFC Program provided 113,890 doses of seasonal influenza vaccine to providers in all 67 counties. IMM field staff conduct regulatory VFC site visits and IQIP assessment visits for 50 percent of enrolled providers to promote proper vaccine storage and handling, accurate and safe administration, and improved vaccine coverage. The branch also manages the federal Section 317 vaccine funding for uninsured/underinsured adults. The Registry Branch manages the state’s immunization registry, ImmPRINT, for all Alabama residents. Sites can submit vaccine information manually or by electronic interface.

The Registry Branch coordinates interfaces between ImmPRINT and providers’ electronic medical records that submit vaccine information, including bi-directional communication. In 2025, of 5,560 active sites (providers), 3,161 sites actively submitted vaccine information to ImmPRINT, with 4,004,692 vaccinations submitted during that time period (Figures 9 and 10). Over 7.5 million patients of all ages and over 92 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 from 2021 through 2025.

Figure 9. Number of Vaccines Recorded in ImmPRINT, 2025

Year	Source	Number of Vaccine Submitted	Grand Total
2025	Manual	994,869	4,004,692
	HL7	3,009,823	

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

INFECTIOUS DISEASES & OUTBREAKS (ID&O)

The mission of ID&O is to protect the health of Alabama residents by monitoring and investigating select infectious, zoonotic, and environmental diseases and events. Figure 11 shows the number of disease reports counted as cases under the criteria established by the Council of State and Territorial Epidemiologists and CDC in 2025, compared with 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 elicit an outbreak-like response. All reporters, as outlined in the Notifiable Disease Rule, are required to report outbreaks of any kind within 24 hours of presumption. In 2025, 685 outbreaks and clusters were investigated; of those, 77 percent were respiratory. Interdisciplinary, collaborative efforts among state and federal partners aided in identifying causative agents, likely modes of transmission, and underlying environmental causes of illness.

Norovirus Outbreak Associated with a Restaurant in Jefferson County, Alabama

In May 2025, an outbreak was reported at a restaurant in Jefferson County, indicating 13 individuals in a dining party of 23 became ill with gastrointestinal symptoms of fever, diarrhea, abdominal pain, cramps, nausea, headache, and vomiting. A line list was compiled by one of the cases and submitted with the outbreak report, listing 15 food and drink exposures consumed by those in the dining party. These data were utilized to identify potential food items that may have caused this outbreak.

All collected exposures were examined by statistical analyses conducted using SAS[®] 9.4. A cohort study was performed, analyzing relative risks, 95 percent confidence intervals, and p-values for all food and drink items captured on the line list. None of the exposures had a significant 95 percent confidence interval; only chicken had a significant p-value ($p=0.04$). Illness duration ranged from 9.1 hours to 11.9 days, with a median of 5.7 days.

Upon notification of the outbreak, the Jefferson County Department of Health's (JCDH) Environmental Health Services visited the restaurant to conduct an environmental assessment. Findings from the environmental assessment indicated a prepared slaw in cold holding at 48°F, which was promptly discarded. Additionally, the dry storage area for packaged and exposed disposable food service items and other canned goods was in an unfinished basement and mechanical area of a house located across the parking lot from the restaurant. The condition of this area was deemed inappropriate for food-service item storage due to evidence of moisture damage, unfinished floors, walls, and ceilings, and the lack of ventilation. No kitchen staff reported illness in the previous 30 days.

Four stool specimens were collected for testing. Two of the specimens were tested at a clinical laboratory, and two were tested at the BCL using the BioFire[®] FilmArray[®] Gastrointestinal Panel, which targets 22 different bacterial, viral, and parasitic agents. All four specimens tested positive for norovirus, and one also tested positive for *Giardia*.

Because no common exposure was identified by relative risk and p-value, and norovirus was detected in four cases, this outbreak is suspected to have occurred through person-to-person transmission. A case was defined as an individual who either ate at the restaurant on May 18, 2025, or ate leftovers from the meal served on May 18, 2025, and subsequently developed nausea, diarrhea, and/or vomiting between May 19 and May 20. In summary, 13 cases were identified in this outbreak, of which 4 (31 percent) had laboratory-confirmed norovirus.

An Outbreak of *Salmonella* Javiana among Attendees of a Graduation Party in Jefferson County, Alabama

In May 2025, JCDH and the department launched a joint investigation into a foodborne outbreak following attendance at a graduation party in Jefferson County. Multiple food items were served at this event, including a to-go order of barbecued grilled chicken, Boston butt, and barbecue sauce from Restaurant A.

An environmental assessment was conducted at Restaurant A to identify the contributing factors of contamination, survival, and proliferation, focusing on food preparation practices such as thermal processing (improper cooking, reheating, and holding), employee hand hygiene, and cross-contamination. Multiple deficiencies were identified, including improper reheating of leftover chicken (failing to reach 165°F), inadequate sanitization of meat cutting boards (only sanitized at closing), and severely deficient warewashing practices, including the absence of detergent and dishes stacked 3 feet deep.

Meanwhile, attendees were asked to complete an outbreak-specific questionnaire to collect demographic, clinical, and exposure information. Data was analyzed using SAS[®] 9.4 and OpenEpi, version 3, to compare descriptive characteristics between cases and non-cases and to calculate attack rates, relative risks (RRs), and p-values. A case was defined as an individual who consumed food at the graduation party on May 17 and subsequently developed diarrhea or abdominal cramps. Cases were further subdivided into those who had laboratory confirmation of *Salmonella* (confirmed) and those who lacked laboratory confirmation (probable). A non-case was defined as an individual who consumed food at the graduation party on May 17 and did not become sick.

Although several individuals sought medical care during the outbreak, specimens were collected from only five. Two were sent to the BCL for confirmatory testing, and the resulting *Salmonella* isolates were then forwarded to the Tennessee Department of Health Laboratory Services for further analysis. Whole-genome sequencing confirmed the specific strain causing illness was *S. Javiana*, and the isolates were closely related genetically, indicating a link to a common source.

A total of 26 individuals attended the graduation party; 22 completed the outbreak-specific questionnaire. Of those, 21 (95 percent) met the case definition, resulting in an exceptionally high attack rate. The primary symptoms reported by cases were diarrhea (100 percent),

Figure 11. Select Alabama Notifiable Disease Case Counts, by year*

Diseases	2021	2022	2023	2024	2025
Acute Flaccid Myelitis	1	2	0	0	0
Anthrax	0	0	0	0	0
Arboviral (excludes Chikungunya Virus, Dengue, and Zika Virus)	12	5	32	36	30
Babesiosis	0	0	0	4	0
Botulism	0	2	2	1	2
Brucellosis	1	0	0	0	1
Campylobacteriosis	745	813	880	1,156	1,361 [^]
Chikungunya Virus	0	0	1	0	0
Cholera	0	0	0	0	0
Coccidioidomycosis	13	12	12	10	11
Cryptosporidiosis	126	165	205	249	233
Cyclosporiasis	6	19	139	30	21
Dengue (travel-related, acquired out of state)	1	5	5	11	4
<i>E. coli</i> , Shiga Toxin-producing (includes O157: H7)	137	159	170	164	281
Ehrlichiosis/Anaplasmosis	24	10	5	14	17
Hansen's Disease (Leprosy)	0	0	2	0	2
Hemolytic Uremic Syndrome (HUS)	4	9	6	1	3
Influenza-associated Pediatric Mortality	0	3	1	1	4
Legionellosis	89	65	66	81	119
Listeriosis	13	11	16	8	14
Lyme Disease	52	31	34	38	37
Malaria (travel-related, acquired out of state)	5	3	7	9	6
Novel Influenza A Virus Infections	0	0	0	0	0
Other Investigations†	1	0	5	2	1
Paratyphoid Fever	2	2	0	7	4
Plague	0	0	0	0	0
Q Fever	0	3	1	1	1
Rabies, animal	45	45	38	28	35
Rabies, human	0	0	0	0	0
Salmonellosis	861	993	885	1,095	1,250
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)	0	0	0	0	0
Shigellosis	88	82	100	125	136
Spotted Fever Rickettsiosis	121	118	81	71	94
Trichinellosis (Trichinosis)	1	0	0	0	0
Tularemia	0	3	1	1	0 [^]
Typhoid Fever	3	0	2	1	0
Vibriosis (non-cholera)	34	41	37	55	46
Viral Hemorrhagic Fever	0	0	0	0	0
VISA (<i>Staphylococcus aureus</i> , vancomycin-intermediate)	1	1	1	1	1
VRSA (<i>Staphylococcus aureus</i> , vancomycin-resistant)	1	0	0	1	5
Yellow Fever	0	0	0	0	0
Zika Virus (travel-related, acquired out of state)	0	0	0	0	0
Totals	2,387	2,602	2,734	3,201	3,719

*Preliminary counts include finalized investigations among Alabama residents as of February 17, 2026. These case counts do not include cases investigated by other divisions (IMM, STD, TB).

†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, etc.).

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

abdominal cramps (90 percent), and fatigue (81 percent). Two-thirds (66 percent) of cases were over 18 years of age, and a little over half (54 percent) were male. The median incubation period was approximately 24 hours following the event. Analyses revealed modest but significant associations with Boston butt and chicken consumption. Individuals eating Boston butt were 29 percent more likely to fall ill ($p=0.03$; $RR=1.29$), while chicken consumption increased risk by 23 percent ($p=0.04$; $RR=1.23$).

Ultimately, the convergence of high attack rates, genomic links, and documented food safety failures supports the conclusion that the Boston butt and chicken were the vehicles of infection, exacerbated by significant cross-contamination and improper thermal processing.

Wastewater Surveillance

In 2025, the department exceeded its goal of enrolling 20 sampling sites across the state, with at least one in each district, to participate in CDC’s National Wastewater Surveillance System. ID&O, in collaboration with environmental engineering firm CDM Smith™, prioritized potential sampling sites based on the population served, including rural areas, areas with an elevated social vulnerability index, and (less critical today) areas with low COVID-19 vaccination rates. Three sampling sites are participating through CDC’s contractor, and five are participating through WastewaterSCAN, an academic-philanthropic partnership. An additional 15 sites are participating through the department, bringing the total to 23 across three testing programs. All districts have at least one sampling site submitting two samples per week for testing (Figure 12).

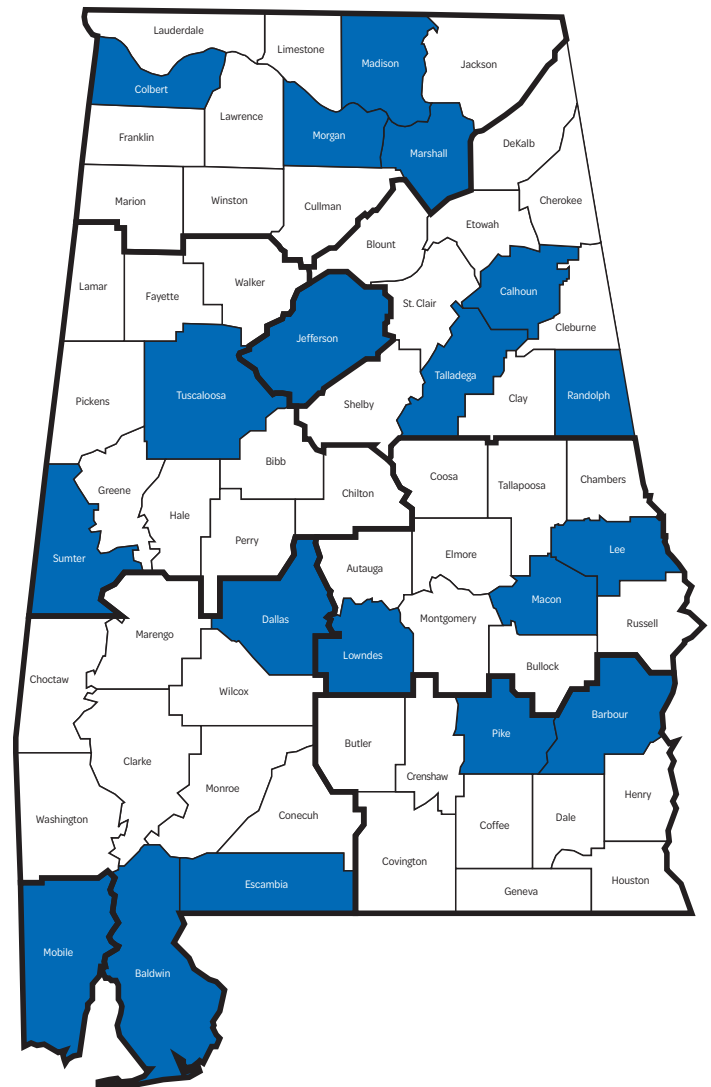
All wastewater samples are being tested and monitored for SARS-CoV-2, influenza A, influenza B, and respiratory syncytial virus. Sites onboarded through CDC or WastewaterSCAN are also tested and monitored for influenza A/H5 (both programs), measles (both programs), mpox (both programs), adenovirus group F (WastewaterSCAN), *Candida auris* (WastewaterSCAN), EV-D68 (WastewaterSCAN), hepatitis A (WastewaterSCAN), human metapneumovirus (WastewaterSCAN), norovirus (WastewaterSCAN), parainfluenza (WastewaterSCAN), parvovirus (WastewaterSCAN), rotavirus (WastewaterSCAN), and West Nile virus (WastewaterSCAN). The department plans to expand its testing at the BCL to include norovirus and soil-transmitted helminths (which was developed by GT Molecular’s Research & Development Team). Both tests are in their final stages of validation at the BCL, with implementation and monitoring set for early 2026.

Samples collected cannot be used to identify a specific individual infected with one of the conditions under surveillance; instead, they can provide insight into disease transmission at the community level. If a sampling site is experiencing an increasing trend status, the department uses that information to inform public health action in the impacted community, including standing up clinical testing and/or vaccination clinics and providing targeted education and outreach on disease prevention. In 2025, two notifications were sent to community partners following abnormal wastewater detections.

Mosquito-borne Disease Surveillance

In 2025, ID&O investigated 60 reports of suspected human mosquito-borne illness; of which, 67 percent were determined to be cases. Of the cases identified, 30 were West Nile virus (WNV), 6 were travel-related malaria, and 4 were travel-related

Figure 12. Every district has at least one sampling site participating in wastewater surveillance.



dengue (Figure 13). WNV remains an ongoing threat to Alabamians. In 2025, mosquito-borne diseases, including dengue, chikungunya, and WNV, showed elevated activity globally. Several countries experienced major chikungunya outbreaks, and dengue continued to spread in U.S. territories, driven in part by climate conditions that extended mosquito seasons.

Additionally, Alabama reported multiple non-human detections of disease activity through its surveillance systems, including 5 positive cases of WNV and Eastern Equine Encephalitis in horses, 9 positive

Figure 13. Mosquito-borne Investigations and Cases in Alabama, 2025*

Mosquito-borne Disease	Investigations	Cases
Dengue (travel-related, acquired out of state)	11	4
Malaria (travel-related, acquired out of state)	9	6
St. Louis Encephalitis Virus	1	0
WNV	39	30
Total	60	40

*As of February 17, 2026

sentinel chickens for WNV, and 1 positive mosquito pool containing the Genus Culex. These reports reflect ongoing monitoring efforts designed to detect viral circulation in animals and vectors before widespread human illness occurs. Non-human cases do not indicate direct transmission to people. Still, they serve as early warning indicators that help public health officials assess risk, guide mosquito control efforts, and inform prevention strategies across the state.

Tick-borne Disease Surveillance

In 2025, ID&O investigated 591 reports of suspected tick-borne illness; of which, 25 percent were confirmed as cases. Among the identified cases, 94 were spotted fever rickettsiosis, 37 were Lyme disease, 10 were ehrlichiosis, and 7 were anaplasmosis (Figure 14). No cases of babesiosis or tularemia were identified. These data indicate that spotted fever rickettsiosis remains the most frequently reported tick-borne disease in Alabama.

The Tick Surveillance Program expanded its capacity in 2025 by hiring an entomologist. This expertise has significantly strengthened the program’s monitoring and data analysis, which now includes refined field collection techniques, standardized identification protocols, and comprehensive analyses of tick species and life stages across multiple counties. Surveillance activities help to identify the presence of several important tick species – including *Amblyomma americanum*, *A. maculatum*, *Dermacentor variabilis*, and *Ixodes scapularis* – across multiple counties in Alabama. This enhanced capacity allows the program to better monitor tick populations and support improved detection of population shifts, risk assessments, targeted prevention, and public health response efforts.

Figure 14. Tickborne Investigations and Cases in Alabama, 2025*

Tickborne Disease	Investigations	Cases
Anaplasmosis	25	7
Babesiosis	7	0
Ehrlichiosis	20	10
Lyme Disease	208	37
Powassan	0	0
Spotted Fever Rickettsiosis	329	94
Tularemia	2	0
Total	591	148

*As of February 17, 2026

Respiratory Disease Surveillance

CDC described the 2024–2025 influenza (flu) season (weeks 40–20) in the U.S. as having high severity activity based on influenza-associated outpatient visits, hospitalizations, and deaths. An estimated 43 to 73 million people became ill with flu, resulting in 19–32 million healthcare visits, 560,000–1,100,000 hospitalizations, and 38,000–99,000 deaths. Influenza A (H3N2, H1N1) was the most detected subtype.

During the season, 56 novel influenza A cases were reported to CDC nationally, with no human-to-human transmission identified. Fifty-five of the cases were associated with the highly pathogenic avian influenza A/H5N1 virus, and one case was associated with

influenza A/H1N2v. No human cases have been reported in Alabama, and the department continues to monitor symptoms among those exposed to birds or dairy cows infected with avian flu.

The Viral Respiratory Disease Dashboard breaks down the activity by diagnosed COVID-19, influenza, and respiratory syncytial virus. Viral respiratory disease activity increased at the beginning of January, with influenza showing the most considerable upsurge. Emergency department visits decreased overall after March; however, COVID-19 visits increased during the summer months after the emergence of the SARS-CoV-2 variant, XFG.

During the week of October 5, 2024 (Week 40) of the 2024–2025 season, the statewide influenza-like illness (ILI) percentage was first reported below the ILI baseline (3.05 percent) at 1.69 percent. ILI activity peaked in December (Week 52) above the baseline at 9.70 percent. After reaching the highest ILI activity of the season, ILI activity decreased below the baseline in March (Week 12).

The influenza viruses detected in virologic surveillance were influenza A/H3N2, influenza A/H1N1, and influenza B. Along with influenza, other respiratory pathogens detected in Alabama during flu seasonal reporting include human coronaviruses, human rhinovirus/enterovirus, human parainfluenza viruses, respiratory syncytial virus, and adenovirus. There were 260 flu or ILI outbreaks reported during the 2024–2025 season. Lastly, there were two pediatric influenza-related deaths reported.

Healthcare-Associated Infections (HAIs)

Alabama remains committed to reducing HAIs in its hospitals. Alabama hospitals began reporting four infection measures to the department in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs) associated with colon surgeries, and SSIs associated with abdominal hysterectomies. These data represent Alabama’s fourteenth year of reporting infection measures. In 2024, 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 15).

RABIES

In 2025, the department investigated 1,073 potential rabies exposures. The BCL performed 1,057 rabies tests in 2025. ID&O confirmed 35 animal rabies cases (Figure 16). Of the confirmed cases, almost all (94 percent) were identified in wild animals (including raccoons, bats, coyotes, and foxes), and 6 percent were identified in domestic animals (including a dog). Animal case counts include animals tested at the BCL and those with positive results reported by the United States Department of Agriculture Wildlife Services. News releases were issued when positive cases occurred to provide education about rabies in wildlife and to highlight the importance of vaccinating domestic animals.

STD

Syphilis

In 2025* a total of 3,575 Alabama residents were diagnosed with syphilis infection. This case count corresponds to a rate of

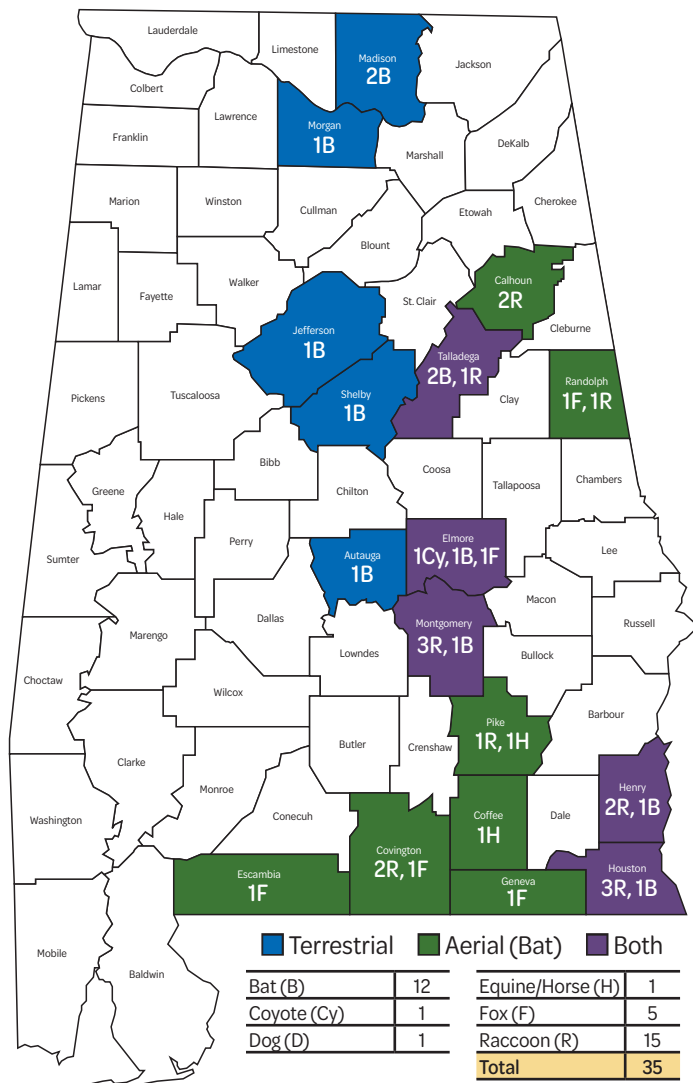
Figure 15. Hospital-Associated Infections (HAIs) Reported in Alabama Hospitals, 2024

Number of Alabama Hospitals Reporting	Number of Device Days/Procedures	Number of HAIs	Standardized Infection Ratio (SIR)	2022 AL Hospitals versus National Performance
CAUTIs				
75	370,498*	235	0.50**	Better
CLABSIs				
61	192,603***	159	0.70	Better
SSIs Associated with Colon Surgeries†				
65	Adult: 5,967	112	0.75	Better
	Pediatric: 13	1	0.36	Similar
SSIs Associated with Abdominal Hysterectomies†				
64	Adult: 7,265	37	0.84	Similar

*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.

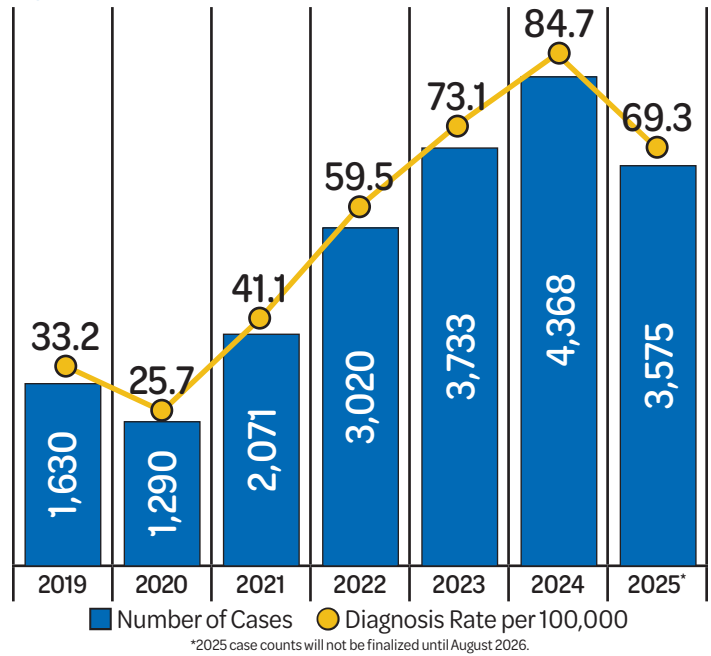
69.3 cases per 100,000 population. This represents an 18.2 percent decrease from the number of cases reported in previous years. Nearly 32.5 percent of syphilis cases diagnosed in 2025* had

Figure 16. Reported Laboratory-Confirmed Animal Rabies Cases in Alabama, 2025



signs and symptoms indicative of primary and secondary stages of syphilis infection. More than 57 percent of the syphilis cases reported in 2025* were residents of Montgomery (660 cases), Jefferson (506 cases), Mobile (402 cases), Madison (293 cases), Tuscaloosa (94 cases), and Houston (80 cases) counties.

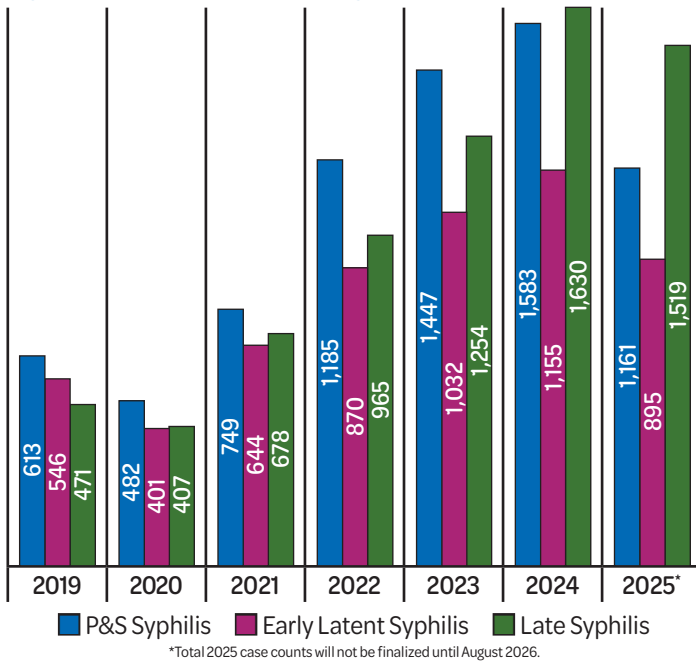
Figure 17. Syphilis Cases in Alabama, 2019-2025*



Congenital Syphilis

The department received 25 reported cases of congenital syphilis in 2025*. This is a partial report with 1 out of the 25 as a syphilitic stillbirth. The report shows a decrease of 12 cases from 2024; however, it represents an 833 percent increase in reported congenital syphilis cases in Alabama between 2015 and 2025*. Eight (32 percent) were late identification cases, and 13 (52 percent) of the pregnant women had either no or minimal prenatal care. Two of the eight cases resulted from no or inadequate treatment, and in two cases (8 percent), the cause was the lack of a syphilis test to diagnose syphilis during pregnancy. There were no unidentified missed opportunity congenital syphilis cases. Out of the 25 cases,

Figure 18. Syphilis Cases by Stage in Alabama, 2019-2025*



there were 13 (52 percent) documented women with illegal substance or drug use. Nine (69 percent) had no prenatal care, two (15 percent) had no syphilis tests, one (8 percent) received no treatment, and one (8 percent) case was a late identification. To continue the decreasing trend, the department recommended routine prenatal screening for syphilis in all pregnant women during the initial prenatal visit, at 28 to 32 weeks gestation, and at delivery; routine additional treatment of pregnant women diagnosed with primary, secondary, or early latent syphilis; and repeat treatment of pregnant women with a history of syphilis before the current pregnancy must continue. According to CDC, obstetricians must treat pregnant women with a positive syphilis test at least 30 days before delivery to prevent maternal transmission.

Figure 19. Congenital Syphilis Cases in Alabama, 2016-2025*

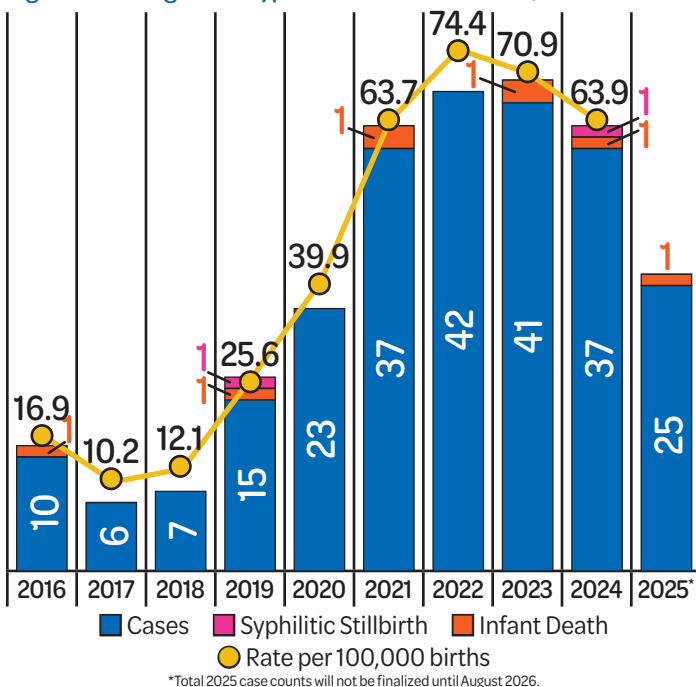
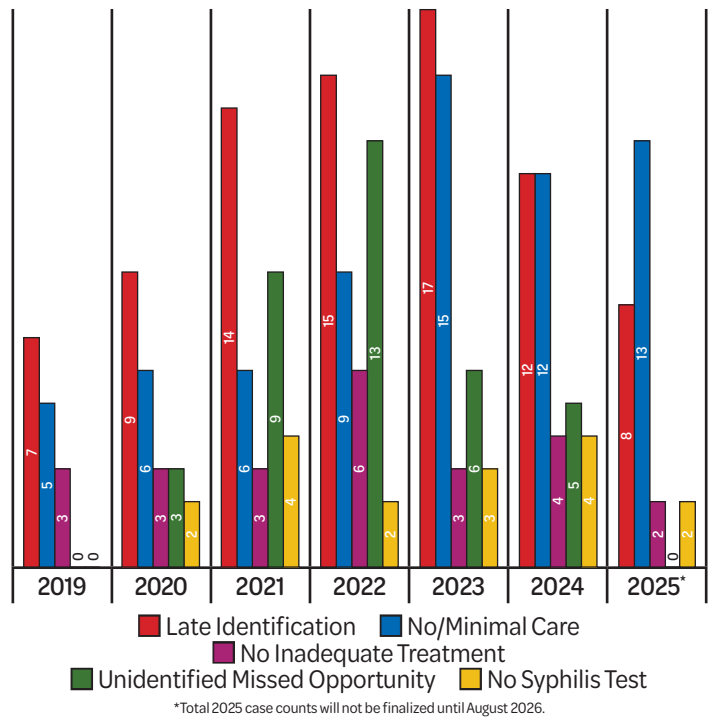


Figure 20. Missed Congenital Syphilis Opportunities, Alabama, 2019-2025*



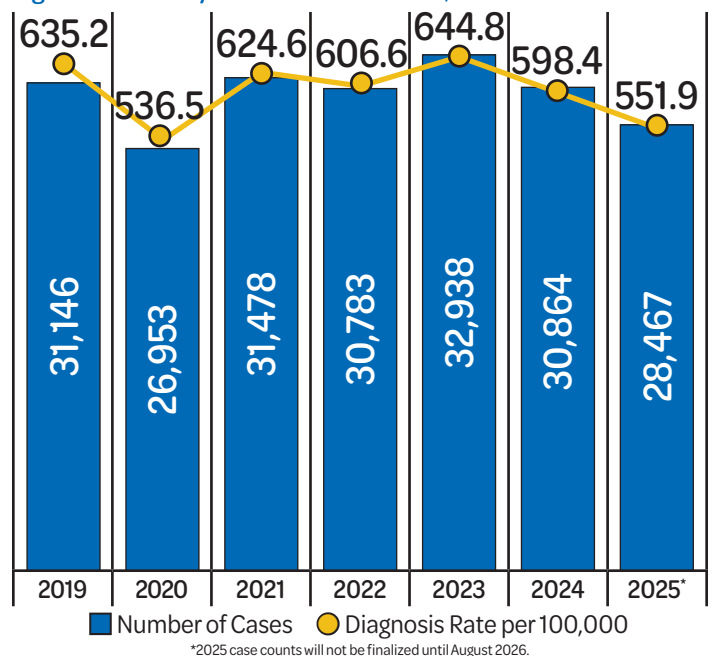
Chlamydia

In 2025*, a total of 28,467 cases of *Chlamydia trachomatis* infection were reported to the department. This case count equals a rate of 551.9 cases per 100,000 population. This reflects a 7.8 percent decrease in chlamydia cases from the previous year, with no relative change.

More than 62 percent of the chlamydia cases reported in 2025* were residents of Jefferson (5,310 cases), Mobile (3,184 cases), Madison (2,630 cases), Montgomery (2,627 cases), Tuscaloosa (1,786 cases), Lee (859), Baldwin (771 cases), and Houston (699) counties.

Persons aged 20-24 and 15-19 accounted for 34.5 percent and 30.2 percent of the chlamydia cases reported in 2025*, respectively,

Figure 21. Chlamydia Cases in Alabama, 2019-2025*



which demonstrates the need to engage adolescents and young adults in discussions on sexual health topics.

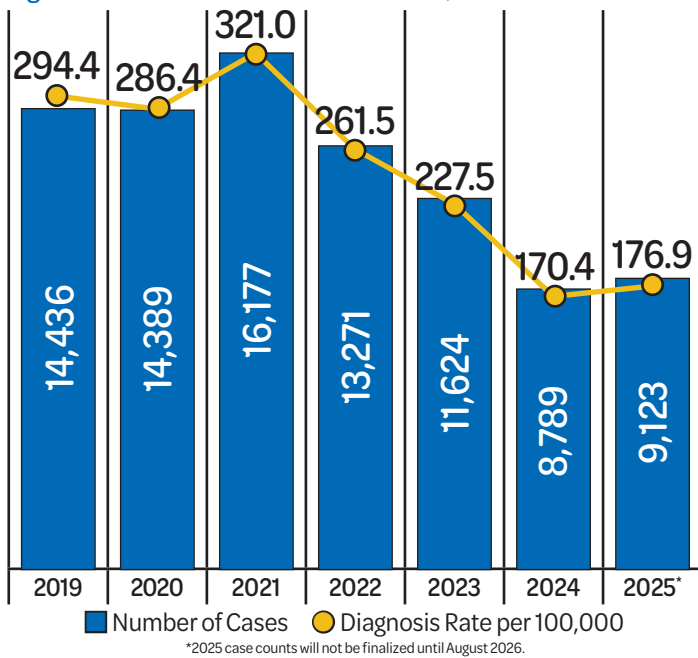
Gonorrhea

In 2025*, a total of 9,123 cases of *Neisseria gonorrhoeae* infection were reported to the department. This case count corresponds to a rate of 176.9 cases per 100,000 population. This reflects a 3.8 percent increase from the number of gonorrhea cases reported from the previous year.

Nearly 65 percent of the gonorrhea cases reported in 2025* were residents of Jefferson (2,351 cases), Mobile (1,067 cases), Montgomery (895 cases), Madison (854 cases), Tuscaloosa (536 cases), and Houston (219 cases) counties.

Persons aged 20-24 and 15-19 accounted for 30.3 percent and 24.0 percent of the gonorrhea cases reported in 2025*, respectively.

Figure 22. Gonorrhea Cases in Alabama, 2019-2025*



HIV Investigation and Interviews

The STD Division initiated HIV investigations on 860 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 65 percent of the initiated HIV investigations reported in 2025* were residents of Jefferson (240 investigations), Montgomery (82 investigations), Madison (64 investigations), Mobile (60 investigations), Tuscaloosa (29 investigations), Elmore (27 investigations), Houston (27 investigations), and

Figure 23. HIV Investigations, Alabama, 2025*

Previous Positive	277
Previous Negative, New Positive	201
No Previous Test, New Positive	382

*Total 2025 case counts will not be finalized until August 2026.

Figure 24. HIV Investigations, Alabama, 2025*

Interviewed	509
Refused Interview	20
Unable to Locate	31
Other	23

*Total 2025 case counts will not be finalized until August 2026.

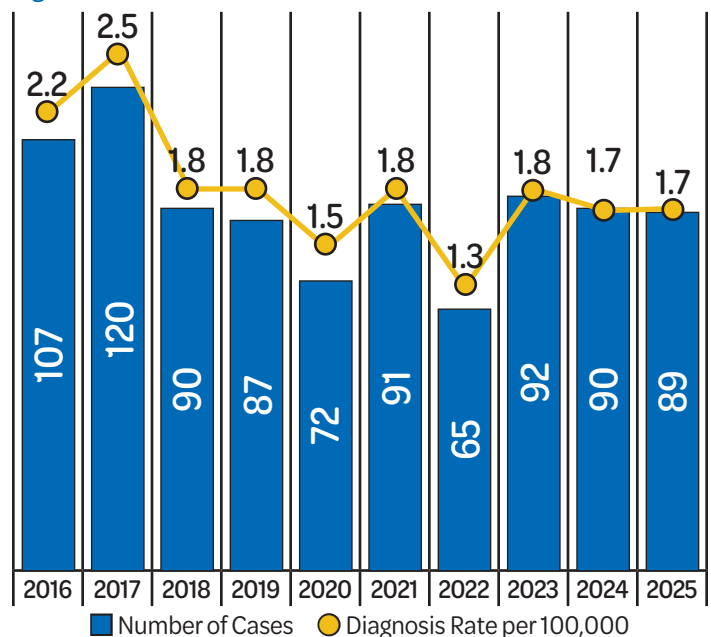
Lee (26 investigations) counties. STD disease intervention specialists successfully interviewed 509 of the 583 newly diagnosed HIV infections.

TUBERCULOSIS (TB) CONTROL

The division aims to eliminate TB in Alabama. Until that goal is reached, the division strives to reduce the annual disease burden, limit transmission, and prevent future cases by providing diagnostic testing, treatment, case management, and contact investigation. The division provides these services to all people in Alabama, regardless of ability to pay. In 2025, the division confirmed active TB in 89 patients, a 1.1 percent decrease from 90 cases in 2024. Over the past 5 years, Alabama has reported an average of 85.4 cases per year. The 10-year trend in confirmed active TB cases, as illustrated in Figure 25, shows an overall decline of 16.8 percent from 2016 to 2025.

In addition to identifying, evaluating, and treating individuals with active TB, the division aims to prevent future cases by promptly identifying and medically evaluating contacts at risk of exposure and by ensuring the initiation and completion of preventive therapy for those contacts diagnosed with latent TB infection (LTBI). Preliminary 2025 data show that 1,468 individuals were identified as contacts of TB cases classified as Acid Fast Bacilli (AFB) sputum smear-positive, and 1,222 individuals (83.2 percent) were fully evaluated, with 71 patients confirmed to have LTBI. Of those fully evaluated, initial reports indicate that 68 of 71 patients (95.8 percent) started preventive treatment for LTBI, as managed by division staff.

Figure 25. TB in Alabama, 2016 – 2025



The division continues to place strong emphasis on identifying individuals at increased risk of TB exposure or progression to active TB disease. Individuals at increased risk of TB exposure include those experiencing homelessness or housing insecurity, those born in a county with a high prevalence of TB, those living in congregate settings, and those who abuse drugs or alcohol. Individuals diagnosed with LTBI who are at increased risk of rapid progression to TB disease include close contacts of AFB smear-positive cases and individuals living with certain immunocompromising medical conditions (e.g., HIV, cancer). Identifying and treating individuals at increased risk of TB helps protect them and the community at large from the disease. The division accomplishes this by applying sound case management and contact investigation strategies and by forging valuable community partnerships with key stakeholders.

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 program encompasses 65 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 including behavioral health, cardiology, HIV follow-up, nephrology, and neurology. Staff work with special partners, such as the Alabama Lions Sight Conservation Association and Five Horizons, to reach patients in rural communities where they live. Departmental staff also use digital health equipment for meetings and training events, helping to reduce travel expenses for the department.

OFFICE OF EMERGENCY MEDICAL SERVICES

The Office of Emergency Medical Services (OEMS) is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services (EMS) provided by response agencies, training entities, and technicians meet or exceed established standards. The OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke licensure when a statutory or regulatory violation is substantiated.

Figure 26. EMS Personnel – Personnel Licensed by OEMS by License Type

License Type	Number of Personnel
Advanced Emergency Medical Technician (EMT)	1,541
Emergency Medical Responder	50
EMT	6,887
Intermediate	125
Paramedic	5,836
Critical Care Paramedic*	631
Tactical Paramedic*	72
Total	14,439

*Critical Care and Tactical Paramedics are also counted in the total number of Paramedics.
*Data current as of December 31, 2025.

ALABAMA ACUTE HEALTH SYSTEMS

Trauma System

The Alabama Trauma System currently consists of 57 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, 2025, through December 31, 2025, 16,397 patients were entered into the trauma system. The most common mechanism of injury was motorcycle/bicycle crash, accounting for 45 percent of 2,321 entries. The most common criteria for trauma system entry were emergency medical personnel discretion, 46 percent of 16,397 total trauma system entries.

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 2025. The data is collected for two specific purposes; one of which is to provide the Alabama Department of Rehabilitation Services with information so it can contact patients about services they may be eligible to receive related to a head and/or spinal cord injury. Secondly, ATR data collected from 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 ensures 100 percent of eligible patients receive thrombolytic therapy and to reduce 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 improve survival chances 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 4 or greater may be routed from a lower-level stroke center to a thrombectomy capable stroke center to treat the LVO.

From January 1, 2025, through December 31, 2025, 11,080 patients were entered into the stroke system. Outcomes were received for 6,210 patients; 1,514 were ischemic strokes of which 496 received thrombolytic therapy, which is 32.8 percent. There were 291 patients who had hemorrhagic stroke who were entered into the stroke system.

Eighty-eight stroke centers, including out-of-state partners, were entered in the system. The four designation levels of stroke centers in the stroke system are Stroke Ready Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, and Comprehensive Stroke Center.

Cardiac System

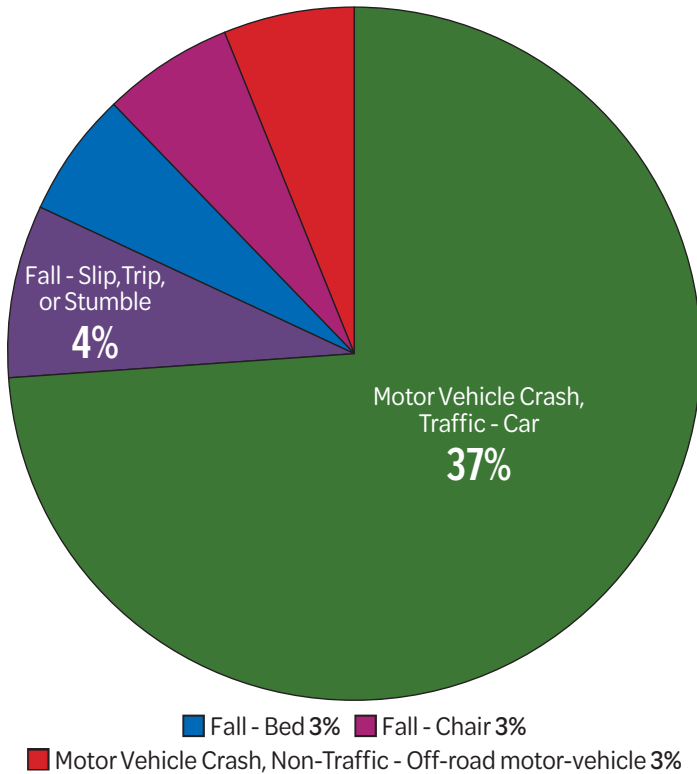
The Cardiac Arrest Resuscitation to Enhance Survival Registry (CARES) helps EMS measure performance and identify ways to improve cardiac arrest survival rates. EMS providers and hospitals across the state provide data that may be used in the national report.

Discussions and planning for a statewide ST Elevation Myocardial Infarction System are ongoing.

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, in accordance with the American Academy of Pediatrics/American College of Emergency Physicians guidelines, is available on prehospital emergency vehicles that transport children. Alabama's EMSC project is also heavily involved in the

Figure 27. Five Most Common Causes of Injury in Children (Ages 0 – 18 Years), 2025



Pediatric Pandemic Network and the Pediatric Readiness Program with hospital systems around the state.

PROVIDER SERVICES

OEMS was pleased to see a notable increase in the number of air medical services. These services allow for faster, more efficient transportation for life-threatening conditions with an increased level of healthcare providers. Although some of these services are based out of state, they are allowed to enter the state for interfacility transfers and when mutual aid is needed for critical patient care and transport. All EMS services within the state of Alabama are licensed by the county in which they serve.

Figure 28. EMS Services Licensed by the State of Alabama, 2025

Transport	248
Advanced Life Support	240
Basic Life Support (BLS)*	8
Air	44
Ground	204
Non-Transport	101
Advanced Life Support	101
Total	349

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

Figure 29. Five Most Common Primary Impression Criteria, All Ages - Treated/Transported by EMS Unit, 2025

Primary Impression Type	Count of Events
General/Other - Weakness	136,014
Cognitive Function/Awareness - Altered Mental Status	35,902
Pain - Acute Pain, not elsewhere classified	32,687
Pain - Chest (Cardiac)	32,568
General/Other - Syncope and Collapse	27,374

This table reflects the number of patients who were treated and transported by the transport services listed in Figure 28.

EMS EDUCATION

Alabama currently has 27 accredited EMS education programs, including six Alabama Regional EMS offices. Fifteen of those programs have achieved accreditation through the Committee on Accreditation of Emergency Medical Services Programs (CoAEMSP). Two programs are awaiting site visits from CoAEMSP to obtain accreditation. The remaining programs 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 advisory board.

The OEMS Education Section plays a vital role in ensuring the quality and effectiveness of EMS training provided throughout Alabama meets the highest standard. This is achieved 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), Hospital Preparedness Program.
- CDC provided \$9,061,570 during FY2025-2026 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 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 expand, train, and sustain a response-ready public health workforce. This funding was scheduled to end June 30, 2023; however, it was extended to June 30, 2025.
- CDC provided supplemental funding in the amount of \$1,339,555 in a Public Health Emergency Response: Public Health Crisis Response (H5N1 Cooperative Agreement) in FY2025-2026. These funds will support the department in preventing, preparing for,

and responding to respiratory disease threats with pandemic potential. This funding was scheduled to expire January 16, 2026; however, the department was awarded a no-cost extension through January 16, 2027.

- The ASPR Hospital Preparedness Program (HPP) provided \$3,413,865 in a cooperative agreement with the department for FY2025-2026. These funds are intended to improve the healthcare system's capacity to plan for and respond to large-scale emergencies and disasters. HPP supports regional collaboration and healthcare preparedness and response by encouraging the development and sustainment of Health Care Coalitions. The nine coalitions in Alabama work together to prepare for, respond to, and recover from all types of threats and emergencies. HPP funding also supports training and exercises that prepare coalition members to handle real emergencies.
- ASPR HPP provided administrative supplemental funding for H5N1 in the amount of \$1,358,171 in FY2025-2026 to support the preparedness and response needs of the healthcare delivery system for emerging special pathogen threats, such as avian influenza.

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.

BUREAU OF ENVIRONMENTAL SERVICES

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

ENVIRONMENTAL OPERATIONS UNIT

This unit provides 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 stay informed about new and innovative technologies, and professional development seminars.

DIVISION OF FOOD, MILK, AND LODGING

Food and Lodging Branch

- 49,546 inspections were conducted at food establishments, and 3,833 complaints received from the public concerning food establishments were investigated. Additionally, 187 emergency closure orders were issued for imminent health hazards related to sanitation and 41 were issued for unsecured grease trap lids.
- 947 lodging inspections were conducted; 288 complaints received from the public concerning hotels were investigated, with 1 emergency closure order issued.
- 642 body art facility inspections were conducted; 57 complaints received from the public concerning body art facilities were investigated, with 1 emergency closure order issued.

Milk and Food Processing Branch

- 1,051 samples of milk were collected for laboratory analysis for bacterial contamination and the presence of antibiotic residue.
- 188 single-service container samples were collected for laboratory analysis for bacterial contamination.
- 62 dairy farm inspections and 98 milk processing plant inspections were conducted.
- 56 equipment tests were conducted to evaluate adequate pasteurization for processed milk and frozen dessert plants.
- 20 single-service container plant inspections were conducted.
- 38 milk distribution station inspections were conducted.
- 601 certificates of free sale were issued for milk and frozen dessert products manufactured in Alabama and shipped to overseas markets.

Seafood Branch

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

In FY2025, there were:

- 8 blue crab processing permits issued.
- 35 crab inspections.
- 41 shrimp, fish, and value-added product processing permits issued.
- 167 shrimp, fish, and value-added processing inspections.
- 39 shellfish processing permits issued.
- 130 shellfish facility inspections and 73 field visits.
- 25 commercial shellfish aquaculture site permits issued.
- 83 processing facility water samples collected to ensure bacteriological safety.
- 283 shellfish-growing water samples taken.
- 2 shellfish samples collected to determine bacteriological compliance.
- 45 dinoflagellate samples collected to determine the presence of harmful algal blooms (toxic dinoflagellates).
- 71 compliance letters and 12 legal notices.

Mobile Bay was closed to shellfish harvesting for a total of 57 working days; 38 days were due to possible fecal contamination from excessive freshwater flow from the Mobile River System and 19 days were due to wastewater treatment plant discharges exceeding 2 million gallons.

COMMUNITY ENVIRONMENTAL PROTECTION (CEP)

CEP's main objective is to coordinate the onsite sewage program in county health departments. The division implements programs to mitigate the adverse effects of sewage and high-strength sewage disposal 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 15,146 permits to install or repair small-flow onsite sewage systems, and 4,531 small-flow onsite sewage systems were issued an Approval for Use. Additionally, 180 site development plans were reviewed for large-flow developments, and 72 permits to install were issued for large-flow onsite sewage systems. A total of 2,517 sewage complaints were investigated. A total of 1,168 "Waiver of a Permit to Repair" were granted by county health departments.

The Solid Waste/Vector Program provides information and education to individuals and communities on the storage and control of solid waste to minimize the threat of health hazards, nuisances, or harborage for vermin or vectors. A total of 585 solid waste complaints were investigated, 82 transfer station inspections

were conducted, and 1,575 solid waste collection and transport vehicles were inspected in FY2025.

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 FY2025, 985 sewage tank pumper trucks were inspected. Eight Septage Land Application sites were inspected and permitted in FY2025.

Manufacturers of septic tanks were issued a total of 92 permit/series numbers for individual septic tanks in FY2025.

Soil Branch

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

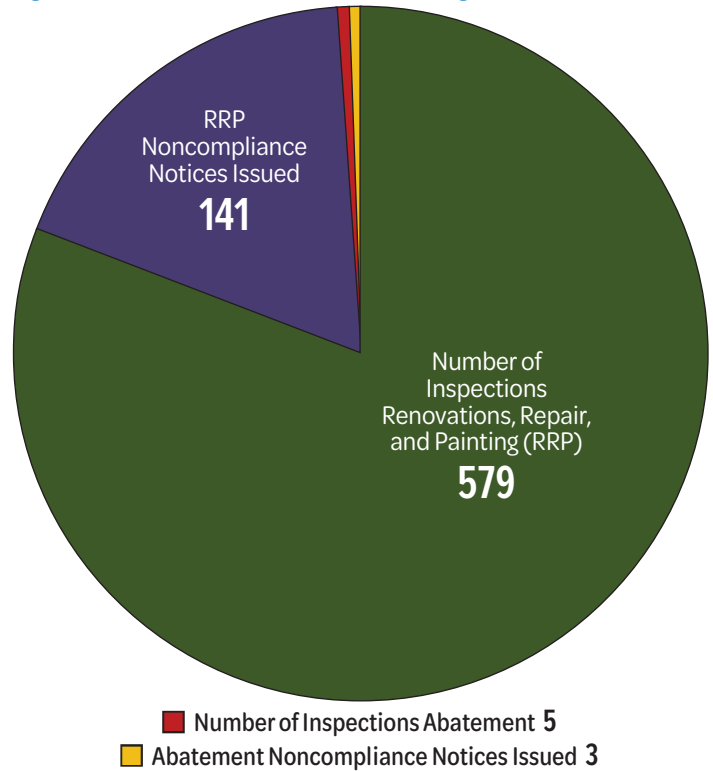
Activities for FY2025:

- Onsite disposal sites evaluated (small flow) – 286
- Large flow developments evaluated – 60
- New employee training classes – 3
- Advanced employee soils training courses – 1

INDOOR AIR QUALITY/LEAD BRANCH

The branch provides information and printed materials on 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 in accordance with established safe work practice standards. The branch administers the Asbestos Hazard Emergency Response Act (AHERA) Program and its regulations which require public school districts and nonprofit schools,

Figure 30. Lead Contractor Certification Program Activities, FY2025



including charter schools and schools affiliated with religious institutions, to inspect their buildings for asbestos-containing materials, 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 to the state and those who request them. These services include information on indoor air quality, molds, and asbestos, as well as printed materials. It is also the EPA-designated agency for AHERA, requiring local education agencies to inspect their school buildings for asbestos-containing building materials, prepare asbestos management plans, and perform asbestos response actions to prevent or reduce asbestos hazards.

BUREAU OF FAMILY HEALTH SERVICES

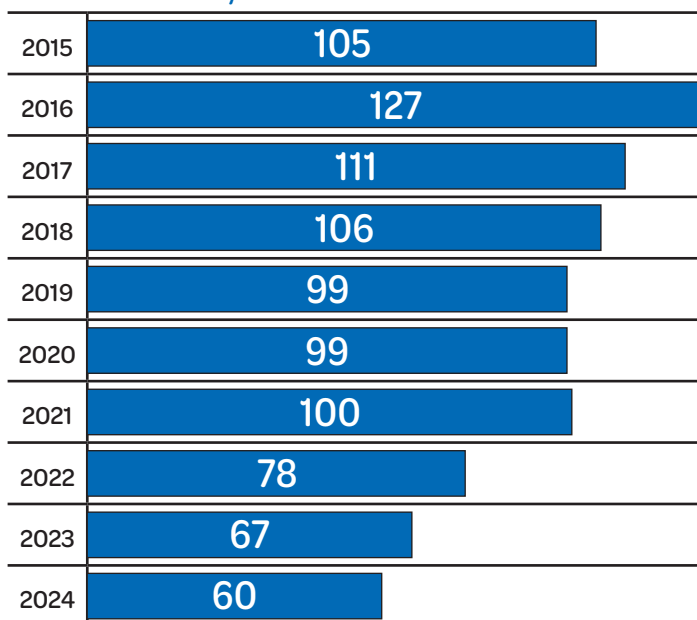
The Bureau of Family Health Services protects and promotes the health of Alabama’s mothers, infants, children, adolescents, and families, including those with special health care needs.

CANCER PREVENTION AND CONTROL

Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)

For more than 25 years, ABCCEDP has provided free breast and cervical cancer screening and diagnostic services for women in Alabama who have no insurance and are at or below 250 percent of the poverty level. Statewide funding for the program is provided by CDC, the state of Alabama, and the Joy to Life Foundation. The Joy to Life Foundation funds services for underserved women who are not eligible for ABCCEDP. The 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 test, and an HPV test. If needed, diagnostic services such as mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided. If a patient is diagnosed with breast cancer or cervical pre-invasive or invasive cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Since 2015, a total of 952 breast cancers and 3,723 cervical pre-invasive and invasive cancers have been diagnosed through ABCCEDP.

Figure 31. ABCCEDP Diagnosed Breast Cancers by Year*



*2024 is the most recent year for which statistics are available.

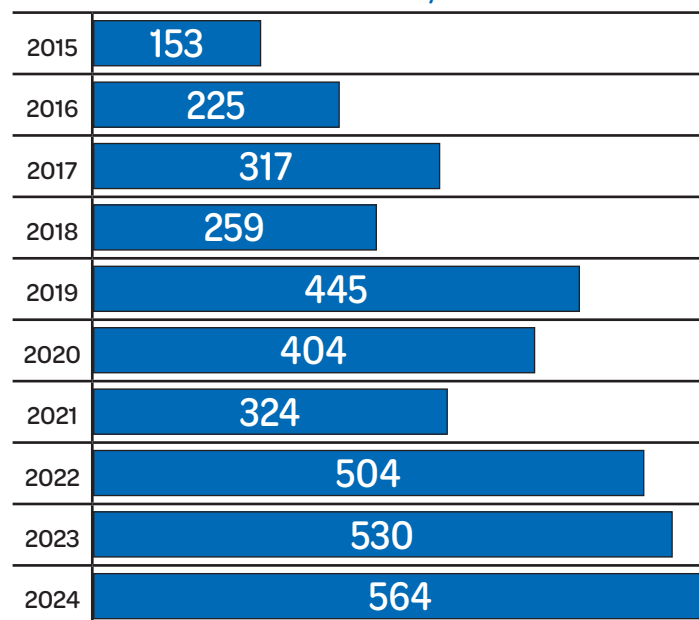
WISEWOMAN Program (Well Integrated Screening and Evaluation for Women Across the Nation)

The Alabama WISEWOMAN Program strives to help women participating in ABCCEDP understand and reduce their risk of cardiovascular disease. The program provides services to improve hypertension control and promote healthy lifestyles. Each participant is screened for diabetes, hypertension, hypercholesterolemia, smoking, and body mass index. Screening results are reviewed with patients by the provider during risk reduction counseling.

Participants then meet with a licensed social worker, and together they develop a case plan based on the psychosocial assessment, participants’ priorities, and any social determinants of health they may face. Participants are provided with access to resources necessary to enhance their cardiovascular health, including community referrals, health coaching, nutrition counseling, and support groups.

During the FY2024-FY2025 grant cycle, 1,302 unique women were screened, 296 completed nutrition counseling sessions, 2,564 completed health coaching sessions, and 143 participants attended a support group meeting through the Alabama WISEWOMAN Program. A total of 729 community referrals were made to agencies including the healthcare marketplace, Social Security, food assistance agencies, domestic violence shelters, adult education assistance, mental health centers, and Medicaid.

Figure 32. ABCCEDP Diagnosed Preinvasive and Invasive Cervical Cancers by Year*



*2024 is the most recent year for which statistics are available.

Program efforts have consistently improved blood pressure control by increasing awareness, knowledge, and skills to enhance nutrition, promote physical activity, and achieve and maintain a healthy weight. The Alabama WISEWOMAN Program is currently available at the Shelby County Health Department, the Mobile County Health Department, and the Franklin Primary Health Center Medical Mall location.

Alabama Statewide Cancer Registry (ASCR)

ASCR, a population-based cancer registry, is an information system designed for collecting, managing, and analyzing cancer data. The purpose of ASCR is to collect accurate, 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 other interested parties in cancer prevention and control. Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Approximately one in three people will be diagnosed with cancer at some point in life.

Figure 33. Alabama Cancer Incidence Rates by Site and Sex, 2014-2023 Combined

Cancer Site	MALE		FEMALE	
	Rate	Count	Rate	Count
All Sites	483.8	140,040	402.6	131,045
Bladder	17.4	4,755	4.5	1,571
Brain and Other Nervous System	7.4	1,993	5.7	1,711
Breast	1.4	386	126.4	40,614
Cervix Uteri	-	-	9.4	2,454
Colon and Rectum	47.5	13,311	36.8	12,091
Esophagus	7.7	2,303	1.7	600
Hodgkin Lymphoma	2.5	629	2.2	560
Kidney and Renal Pelvis	25.2	7,181	13.3	4,344
Larynx	6.6	2,017	1.4	485
Leukemia	15.2	4,061	10.1	3,159
Liver and Intrahepatic Bile Duct	13.0	4,006	4.7	1,661
Lung and Bronchus	75.6	22,231	48.4	17,322
Melanoma of the Skin	27.0	7,372	17.9	5,391
Myeloma	8.8	2,495	6.2	2,140
Non-Hodgkin Lymphoma	18.7	5,119	12.3	4,082
Oral Cavity and Pharynx	19.0	5,613	6.9	2,273
Ovary	-	-	10.4	3,329
Pancreas	15.0	4,312	11.6	4,050
Prostate	118.2	36,784	-	-
Stomach	8.3	2,359	5.0	1,653
Testis	4.3	984	-	-
Thyroid	4.8	1,293	13.4	3,656
Uterine (Corpus and Uterus, not otherwise specified)	-	-	20.3	6,848

Rates are per 100,000 and age-adjusted to the 2000 U.S. standard (19 age groups). Rates and counts are for malignant cases only, except for bladder and groups that contain bladder.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and prevent cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables health professionals to better understand the cancer burden. ASCR plays a crucial role in disseminating data to support efforts to reduce the cancer burden in Alabama.

Alabama Comprehensive Cancer Program

The Alabama Comprehensive Cancer Program facilitates the Alabama Comprehensive Cancer Control Coalition (ACCCC). ACCCC is a statewide coalition of cancer-related organizations and advocates responsible for assessing 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 Control 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 quality of life for survivors. It serves as a blueprint to ensure equal access to high-quality healthcare for every person in the state. The goals and objectives of this cancer plan align with those of state partners' programs and plans, including the state's immunization plan, tobacco prevention and control plan, and 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 1,492 people in 16 counties. Of those screened, 186 (15 percent) had abnormal findings and were referred for follow-up; at least 4 cancers were detected. Colorectal cancer funding was used to screen 123 people. Of those screened, 70 (57 percent) had polyps removed, and no cancers were detected.

CHILD AND ADOLESCENT HEALTH

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

APPB works to reduce the incidence of unplanned pregnancies and sexually transmitted infections among teens in Alabama. APPB'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 positive youth development.

APPB includes the Alabama Sexual Risk Avoidance Education Program (ASRAE), which provides evidence-based and evidence-informed abstinence education to youth as requested.

This programming equips youth with the tools needed to resist sexual risk behaviors and to make healthy relationship choices. APPB also includes the Alabama Personal Responsibility Education Program (APREP), which provides abstinence and contraception education 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 FY2025, APPB provided programming to approximately 568 youth participating in APREP and 335 youth 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 Care Coordination Program offers care coordination services for newborn hearing screening, elevated lead levels, birth defects, congenital cytomegalovirus, and congenital syphilis. The unit completed 4,909 referrals in this program, including 1,225 elevated lead referrals, 68 newborn screening referrals, 3,397 newborn hearing referrals, 29 congenital syphilis referrals, and 190 birth defects referrals. The branch continues to collaborate on a grant with the Department of Human Resources to ensure that children enrolled in Early Head Start attend medical and dental appointments, and to assist in recruiting children with special needs into the Early Head Start Program. The Title X Program provides care coordination services focused on family planning, women’s health-related conditions, and the promotion of the HPV vaccine in seven underserved counties. A total of 528 women received Title X care coordination services during FY2025. The Family Planning Care Coordination Program, launched in October 2024, establishes a vital partnership with patients to help them navigate and overcome barriers to successful family planning, with the ultimate goal of reducing the number of unintended pregnancies. Using a comprehensive biopsychosocial model of care coordination, direct clinical services are augmented with enhanced education, support, and tracking for women at high risk. A total of 8,378 women received Family Planning Care Coordination services during FY2025.

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 identify and eliminate sources of lead exposure. ACLPPP follows CDC recommendations, observing the blood lead reference value of 3.5 micrograms per deciliter as the level that triggers public health intervention.

Figure 34. Lead Testing among Children Less Than 18 Years Old, 2023-2025†

	2023	2024	2025
Total Number of Lead Screenings	48,398	48,066	46,634
Unique Positive Lead Cases Eligible for Services	1,882	1,724	1,450

†Positive lead case is a lead result value of 3.5 or greater. Note: The 2023 and 2024 lead numbers have been finalized. The 2025 positive lead case number is provisional.

Additionally, ACLPPP provides education and outreach to raise awareness of lead poisoning and increase the number of children screened for lead exposure. In 2025, 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 3,700 individuals through these 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, 13 nurse consultants deliver training in first aid, safety, CPR, infection control, emergency preparedness, and poison prevention. During FY2025, programming was delivered through 8,470 classes to more than 48,098 provider staff statewide.

FAMILY PLANNING PROGRAM (FPP)

FPP promotes the well-being of families, responsible behavior, and the health of 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 over 50 years, Title X family planning clinics have played a crucial role in ensuring access to a wide range of family planning and related preventive health services for millions of low-income or uninsured individuals. Title X is the only federal grant program solely dedicated to providing individuals with comprehensive family planning and related preventive health services.

Title X family planning services are available at all 67 county health departments and sub-recipient sites, totaling 81 sites across Alabama. The program offers a wide range of confidential, professional family planning services to individuals of all ages, regardless of gender or income. Many clients may be eligible for free or reduced-cost services. Family planning services include pregnancy and sexually transmitted disease testing, breast and cervical cancer screening, reproductive and contraceptive counseling, and access to a broad range of contraceptive methods, including oral and injectable contraception, intrauterine devices (IUDs), contraceptive implants, emergency contraception, and referrals for male and female sterilization.

FPP’s initiatives continue to provide inclusive, comprehensive family planning services. In FY2025 department providers served 35,879 family planning clients, completing nearly 73,040 in-person visits. Title X sub-recipients, the JCDH, and the Mobile County Health Department, provided family planning services to an additional 9,895 clients.

During FY2025, FPP continued to advance colposcopy services, improve access to care, and increase patient compliance with follow-up for abnormal cervical screenings. Six nurse practitioner seniors travel the state’s districts providing this critical diagnostic service. By partnering with CDC and the Public Health Infrastructure Grant (PHIG), an additional six nurse practitioners are being trained, enabling the department to provide colposcopy diagnostic services to even more women in Alabama’s most rural areas. The Colposcopy Program has made a substantial impact in the lives of some by identifying 14 cervical cancers/precancers and 214 Cervical Intraepithelial Neoplasia grades II and III that may have gone undetected due to the client’s inability to access the diagnostic care needed.

Figure 35. Total Colposcopies Performed by Year

Year	Number of Colposcopies	Referral for Further Treatment
2020*	251	43 (17%)
2021*	216	35 (16%)
2022	253	58 (23%)
2023	823	138 (17%)
2024	894	127 (14%)
2025	1,021	132 (13%)

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

During FY2025, the new breast template follow-up system was implemented statewide. This template system creates a note specific to indicate abnormal breast findings during patient visits or from diagnostic studies, allowing staff to closely monitor the patients as they move through the system and even track the abnormality as the patient ages. A referral process that includes genetic counseling has shown great benefit for high-risk breast cancer patients. Since the follow-up template was put in place, FPP has helped diagnose 25 breast cancers in patients who might otherwise have gone undetected.

Alabama’s FPP can boast a comprehensive contraceptive menu, offering clients a vast choice in birth control methods. FPP 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 contraceptive products.

Figure 36. IUD and Implant Insertion Totals

Year	IUD	Implants
2023	651	2,295
2024	674	2,212
2025	660	2,222

Through community-based outreach, education, and collaborative relationships with community organizations, 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 departmental family planning clinics. FPP emphasizes the need for clinical breast exams and follow-up care to reduce the incidence of advanced breast cancers. The program also promotes community awareness of the broad range of family planning services and contraceptive methods available in local departmental clinics. Beginning FY2025, family planning case management was implemented statewide, enabling social workers to provide individualized, risk-based care coordination services, including education and follow-up, to facilitate clients’ completion of provider referrals for higher-level medical care and/or the HPV vaccination series in seven targeted high-risk counties.

MATERNAL AND CHILD HEALTH (MCH)

The MCH Division administers the Title V MCH Block Grant, which consists of the Epidemiology and Operations branches.

The 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/or the systems-building needs of a state. The department partners with the Alabama Department of Rehabilitation Services and Children’s Rehabilitation Services to meet the needs of children and youth with special healthcare needs.

The MCH Epidemiology Branch aims to meet the data capacity needs of several Family Health Services divisions. To achieve this goal, the branch utilizes pertinent data sources to compile annual reports, fulfill data requests, create fact sheets, and conduct other data analytics, thereby improving MCH in Alabama. The branch provides data for the Title V MCH Block Grant Annual Report and Application, the State Systems Development Initiative (SSDI), and the Pregnancy Risk Assessment Monitoring System (PRAMS). To effectively measure these activities, the branch collaborates with various programs to review available data sources relevant to each domain. After data analysis, the branch monitors the progress toward existing and newly developed national performance measures, 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 also provides technical assistance as needed to identify and implement available data sources for the Title V MCH Block Grant Needs Assessment. During the 2025 MCH Needs Assessment, the University of Alabama at Birmingham compared Alabama’s progress toward national priority areas for each health domain. From the identified national priority areas, the branch utilized CDC Wonder, in collaboration with the Center for Health Statistics, to further explain potential contributors to worsening statewide indicator trends in infant, child, and adolescent health.

Additionally, the Title V MCH Block Grant Needs Assessment systematically collects information on the state’s public health system and service provision to pregnant women, mothers, infants, children, adolescents, and children and youth with special healthcare 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.

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. Survey responses are used to implement new projects or modify existing ones, helping improve the health of mothers and babies in Alabama.

The MCH Operations Branch oversees activities promoted by and associated with the Title V Block Grant. This branch supports

MCH programs implemented at the state and district levels. By collaborating with other state agencies and organizations, the branch promotes domain activities beyond those directly overseen by the department. The branch works with MCH district coordinators to implement district-specific projects. The coordinators submit a proposal at the beginning of each funding cycle to advance the program's goals. The Operations Branch also collaborates with Children's Rehabilitation Services to achieve the performance measures set by the Health Resources and Services Administration.

ORAL HEALTH OFFICE (OHO)

Situated strategically within the Bureau of Family Health Services, OHO is well-positioned to integrate many of its initiatives in ways that are paramount to its mission: medical-dental integration. Culminating in July of 2025, OHO partnered with the American Academy of Pediatrics, Pediatric Research in Office Settings. Alabama was invited to be the second state to develop and disseminate continuing education-eligible modules, focusing on increasing knowledge of HPV and improving vaccine uptake rates among providers. The pilot state of the collaboration, Michigan, did not have a designated oral health component. OHO added a dental provider module to convey the oral/overall health components, reinforcing OHO's commitment to promoting medical/dental integration. The HPV vaccine is effective against at least six cancers, regardless of who makes the referral. One of the primary reasons Alabama was asked to collaborate was the highly regarded OHO cancer awareness campaign, #WATCHYOURMOUTH, and the Cancer Prevention and Control Division's internationally recognized Operation WIPEOUT Cervical Cancer Campaign. In addition to the healthcare professionals who were the focus in Michigan, Alabama also shared training with pharmacists and perinatal professionals.

Since 2017, OHO has issued an annual request for proposals statewide for water plants to receive fluoridation grants. Facilities can request up to \$25,000 to initiate community water fluoridation or replace/update aging or failing fluoridation equipment to ensure optimal fluoride levels (0.7 ppm) are provided to residents, helping to protect against the number one chronic disease of children: tooth decay. Five systems were awarded, totaling \$92,067.

In June, OHO played an instrumental role in recruiting dental professionals to participate in Alabama's second Remote Area Medical (RAM) event in Montgomery. RAM is a nonprofit organization that hosts pop-up health clinics to provide dental, medical, and vision care at no cost to patients. Dental services included cleanings and extractions, and approximately 500 patients were treated. The clinic's success has led to a third event being scheduled for April 2026.

Oral health screenings are crucial for identifying the needs of Alabama's child population. In FY2025, OHO conducted screenings throughout the state in Head Start, Pre-K programs, and elementary schools for kindergarten through third-grade students. Each participant received an oral health kit containing a toothbrush, toothpaste, floss (if age-appropriate), a toothbrush timer, and educational materials to take to parents/guardians. A total of 31,615 oral health kits were distributed through partnerships across the state.

OHO announced the winners of the eighth annual "Share Your Smile with Alabama" contest in January. The contest accepts

non-professional photo submissions from third-grade students or home-schooled children ages 8-10 in Alabama. Winners were featured in a statewide news conference and pictured on billboards near their respective schools.

Partnerships among the Northern Public Health District, Calhoun Community College, and Wallace State Community College received special attention during the annual Title V MCH Block Grant review. Each college has a dental hygiene program that accepts departmental referrals for uninsured patients and provides in-kind hygiene visits (including radiographs, exams, blood pressure and diabetes screenings, prophylaxis, root planing, sealants, and educational materials) in exchange for hygiene supplies, enabling the colleges to treat the uninsured MCH population. In FY2025, 17 expectant mothers and 114 children were seen at Calhoun, and 2 expectant mothers and 89 children were seen at Wallace. Since the partnerships began in February 2022, 46 expectant mothers and 374 children have been seen at Calhoun, and 37 expectant mothers and 289 children have been seen at Wallace. Similarly, the program has broadened into the private sector. A dental health practice was added in January 2024 and began accepting referrals from the same uninsured population at its Russellville, Alabama, location. To date, 20 children have been seen.

Another unique and innovative partnership is the Pay It Forward Program. Parented by HandsOn River Region, Pay It Forward was implemented as a mechanism for participants to exchange volunteer hours at more than 200 locations in the River Region for dental services. The program initially focused on uninsured expectant mothers but has evolved to include expectant fathers and the chronically unemployed and difficult-to-employ population. In FY2025, OHO provided a \$25,000 grant to Pay It Forward for the eighth consecutive year, supporting administrative and recruiting efforts to attract volunteer dentists.

PERINATAL HEALTH

The purpose of the State Perinatal Program is to identify and recommend strategies to reduce 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 Calendar Year 2024. The infant mortality rate of 7.1 deaths per 1,000 live births in 2024 decreased from the 2023 rate in Alabama. This represents 414 infants out of 57,909 live births in 2024 who did not reach 1 year of age. Racial disparities persist. The black infant mortality rate decreased from the previous year to 11.8. However, the black rate remains more than twice the rate of 5.4 for white infants.

The three leading causes of infant deaths in 2024 were:

- Congenital malformations
- Disorders related to short gestation and low birth weight
- Bacterial sepsis of the newborn

Fetal Infant Mortality Review (FIMR) Program

In 2025, the FIMR Program provided more than 1,400 cribs to families that lacked the resources to provide a safe place for their

babies to sleep. Additionally, the program has transitioned to the national FIMR database for infant and fetal reviews to improve data standardization across infant death reviews.

Maternal Mortality Review Program (MMRP)

The Alabama Maternal Mortality Review Committee (MMRC) 2025 Report shared data on deaths that occurred in 2020 and 2021 among women who were either pregnant at the time of death or died within 1 year of pregnancy. Of the 137 deaths reviewed, 50 were found to be pregnancy-related and 87 were pregnancy-associated. The MMRC was unable to determine pregnancy-relatedness for 20 of the 87 deaths classified as 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 those that occur during pregnancy or within 1 year of the end of pregnancy from a cause unrelated to pregnancy. The leading causes of pregnancy-related death were infection, hemorrhage (excluding aneurysms), and cardiomyopathy. More than 75 percent of the cases reviewed were deemed preventable. The table below, taken from the Alabama Maternal Mortality Review Report for 2020-2021, shows the distribution of maternal mortality cases by preventability.

Figure 37. Maternal Mortality Cases Reviewed, 2020 and 2021

Death Preventability	Pregnancy-related	Pregnancy-associated
Preventable	78.0% (n=39/50)	75.9% (n=66/87)
Non-preventable	20.0% (n=10/50)	16.1% (n=14/87)

A social worker was hired in early 2025 to assist the MMRP by conducting interviews with decedents' family members. Including interviews in the case review process provides more information on contributing factors that are not otherwise captured in medical records. This provides the committee with a deeper understanding of the underlying causes of death and completes the story of women who have died.

Less than half of the deaths reviewed by the MMRC lacked an autopsy, which would provide critical information for determining the cause of death. In December 2023, the Maternal Autopsy Program was implemented, providing families who lost loved ones who were pregnant or up to 1 year after pregnancy with an autopsy free of charge upon request of the family. This program helps provide answers to family members regarding their loved one's death and provide critical information to the MMRC. Two autopsies were completed in 2025.

In November 2024, the department launched CDC's Hear Her Campaign. The campaign supports efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent maternal warning signs. It provides resources for pregnant or postpartum individuals, their partners, family and friends, and the healthcare professionals who interact with them. The Hear Her Campaign aims to empower women and their support networks to recognize urgent maternal warning signs and speak up if they have concerns. As the committee continues to review maternal deaths in

Alabama, it is making recommendations and developing strategies to help save lives and reduce the maternal mortality rate in Alabama.

Office of Women's Health (OWH)

OWH provides statewide leadership and coordination to promote the health of women and girls through policy, advocacy, education, and partnership. The office advances its mission and vision of promoting the health of women throughout Alabama by educating health professionals and motivating behavior change among consumers through the dissemination of health information. The 2025 Annual Women's Health Conference, themed "Embracing Every Chapter, Navigating the Phases of a Woman's Life," was held in March.

Well Woman (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. In 2025, the WW counties were Barbour, Bullock, Butler, Covington, Dallas, Henry, Lowndes, Macon, Marengo, Montgomery, Russell, and Wilcox. In FY2025, there were 489 enrollees.

The program enhances access to preventive 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 have the opportunity to participate in behavioral change programs addressing chronic disease, food choices and portion control, physical activity, and smoking cessation. The program uses the "A New Leaf: Choices for Healthy Living" curriculum, a nationally recognized, science-based intervention that emphasizes practical strategies for changing dietary intake and physical behaviors. Referrals come from community partners, local physicians, and other programs within the department. In 2025, 38 percent of WW enrollees who returned for their second visit saw a reduction in their body mass index, and 41 percent saw a decrease in their blood pressure.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves women who are pregnant, postpartum, or breastfeeding; infants; and children up to 5 years old. To qualify for WIC benefits, applicants must meet income guidelines, reside in Alabama, and have at least one identified nutrition risk through a comprehensive nutrition assessment. Alabama WIC issues supplemental food benefits electronically through an eWIC card for each family, allowing the purchase of WIC-approved foods at authorized vendors throughout the state. WIC provides all services in person, following normal operating procedures. However, WIC remains under a federal physical presence waiver through FY2026, allowing remote certifications and other follow-up appointment types based on participant need and program approval. Alabama WIC is committed to providing in-person services, believing this approach enhances program integrity and fosters stronger relationships between WIC participants and providers.

The Alabama WIC Program offers a range of benefits, including participant-centered nutrition education and counseling, breastfeeding education, promotion, and support; referrals to maternal and child healthcare services and other assistance agencies; and a monthly food package of supplemental foods. Supplemental foods include whole grains, dairy, fish, juice, infant foods, standard contract formulas, as well as other specialized

formulas prescribed by a healthcare provider, and a dollar allowance for fresh and frozen fruits and vegetables. Ongoing outreach and educational initiatives aim to enhance support for breastfeeding and raise awareness of all the benefits and services offered by Alabama WIC. Alabama WIC remains committed to using WIChealth.org for online nutrition education lessons, which include access to the Health eKitchen Meal Planner. This tool helps participants plan meals and incorporate recipes featuring WIC supplemental foods.

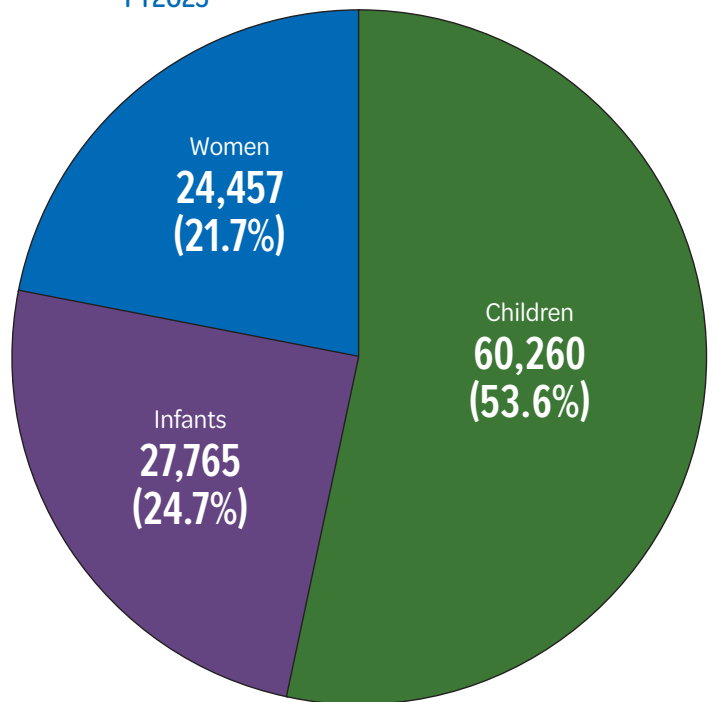
In FY2025, Alabama WIC prioritized the implementation of the USDA WIC Food Package Revisions Final Rule. On October 1, 2025, Alabama WIC successfully introduced the new and expansive WIC food packages for FY2026. The new packages enable many WIC families to enjoy a broader range of WIC-eligible food options, including oatmeal and tofu, fostering a solid foundation for lifelong healthy eating habits. Participants can now tailor their food package with new substitution options, including increasing the dollar allowance for fresh fruits and vegetables and the option to include tofu as a milk substitute. The revisions provide foods in amounts that are more consistent with the program’s supplemental nature, encourage the consumption of fruits and vegetables, and strengthen support for breastfeeding. Overall, Alabama WIC significantly broadened its range of products offered and continues to review new product submissions to serve WIC participants statewide.

Ongoing efforts to increase awareness and utilization of Alabama’s WIC Program continue to show promising results. In FY2024, Alabama WIC collaborated with JPMA, Inc., to successfully implement and launch the WICShopper app statewide for use in FY2025. This innovative mobile application empowers participants by allowing them to access their real-time benefits easily from their devices. The app also allows participants to scan items to check whether they are WIC-approved, find authorized grocery stores and the nearest WIC clinics, and access helpful nutrition and breastfeeding resources at their fingertips. To enhance communication and engagement, Alabama WIC actively sends broadcast notifications through the app, ensuring that users receive timely updates and vital information related to the program. Additionally, relevant program details are prominently displayed within the app for extended periods, further fostering awareness among WIC participants. As a result of these initiatives, Alabama’s WIC Program was able to serve an average of 112,482 monthly participants during FY2025, underscoring the effectiveness of these outreach efforts in enhancing accessibility and support for families across the state.

Figure 38. WIC Food Redemptions by District, FY2025

Public Health District	Food Redemption
East Central	\$13,601,350.44
Jefferson	\$10,039,718.16
Mobile	\$8,043,365.85
Northern	\$20,130,551.97
Northeastern	\$13,531,474.03
Southeastern	\$8,788,445.55
Southwestern	\$7,924,003.23
West Central	\$8,844,468.24
Total	\$90,903,377.47

Figure 39. Alabama WIC Program Average WIC Participation, FY2025



BUREAU OF FINANCIAL SERVICES

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

In FY2025, Financial Services managed the department's \$1.2 billion budget through 371 internal budgets interfaced with 13 Executive Budget Office spending plan activities, and 236 internal funds interfaced with 14 State Comptroller's funds in the State Treasury. The bureau managed a total of more than 69 federal grants valued in excess of \$777.4 million and 327 contracts totaling over

\$707.6 million. Included in the federal grants are WIC gross food outlays of \$115.8 million, including \$35.6 million received from the department's infant formula rebate contract.

The bureau, along with the Office of General Counsel and the Office of Program Integrity, hosted three Joint Grant Management Training events during FY2025. This collaboration began in January 2024 and has been an ongoing effort to host three trainings each fiscal year for staff working with federal grants, including Mobile County Health Department and Jefferson County Department of Health. The training enhances and refreshes programmatic and financial knowledge and skills to understand and ensure fiscal accountability and compliance with local, state, and federal guidelines.

Figure 40. Public Health Funding History (Fiscal Year)

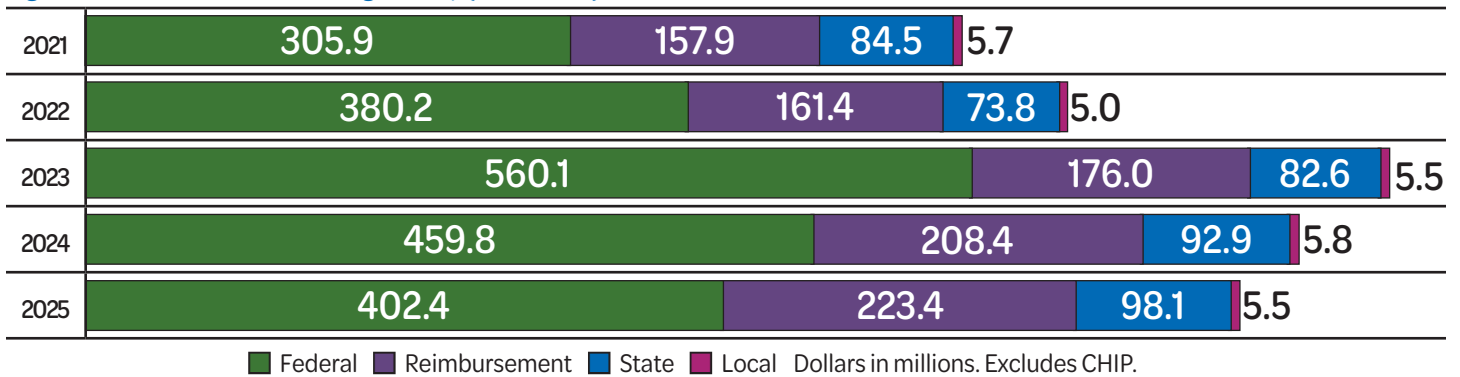


Figure 41. State Appropriations – Public Health, FY2018-2026

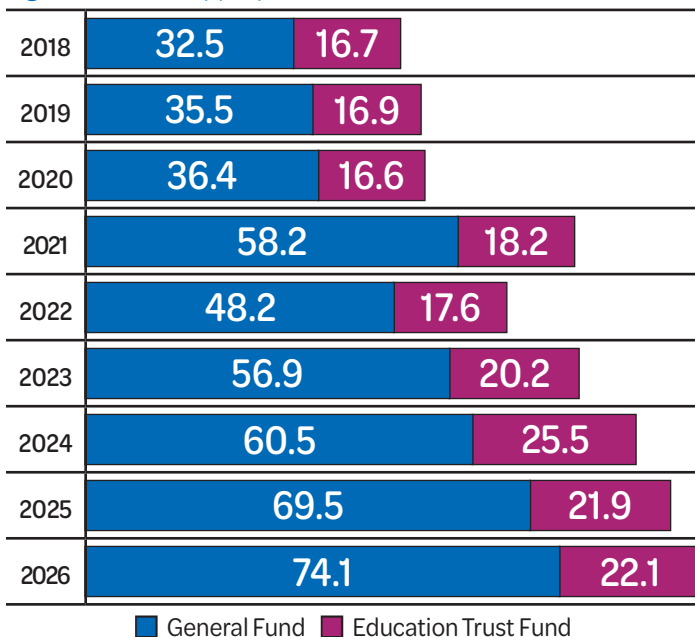
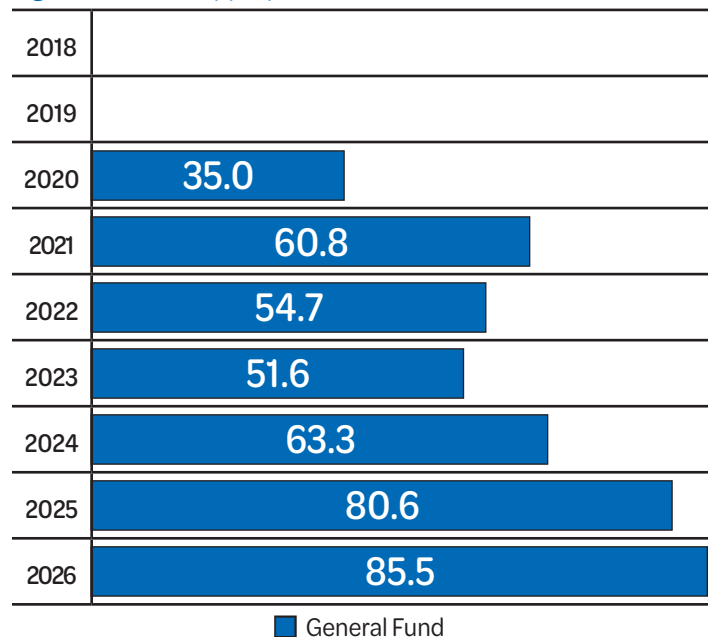


Figure 42. State Appropriations - CHIP, FY2020-2026



The bureau provided fiscal agent services to the department in the form of payroll, procurement, accounts payable, contract payment processing, and budget management for both the Family Practice Rural Health Board and the Board of Medical Scholarship Awards. Additionally, the bureau provides all accounting services for the Alabama Public Health Care Authority.

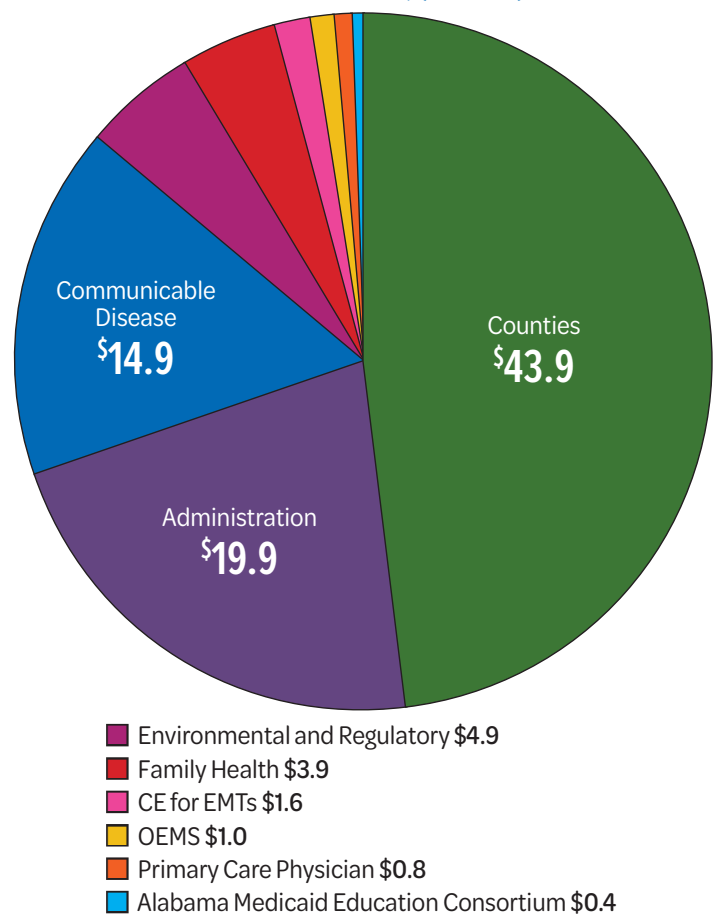
The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout Alabama.

The authority has completed the Phase I, II, III, and IV building programs, which included constructing and renovating 66 facilities, including a new state laboratory and training center. During 2025, generators were installed at the facilities to provide backup during power outages. The authority continues to propose and develop solutions for additional building 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 departmental facilities in Alabama. The authority's construction management firm provides technical assistance, advice, and program monitoring. The program spent \$2,230,544 during FY2025 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, and renovations expenditures to maintain public health facilities in good working order.
- Hot water heater replacements.
- Heating, ventilation, and air conditioning unit replacements

Figure 43. Use of State Funds, FY2025
General Fund and Education Trust Fund only (in millions)



GOVERNMENTAL AFFAIRS AND COMMUNITY RELATIONS

The Office of Governmental Affairs and Community Relations serves as the primary liaison between the department and legislative and state government offices, private entities, community officials, and stakeholders to address the most pressing public health issues affecting Alabama citizens. Governmental Affairs assists in developing the department's legislative agenda and reviews all legislation related 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. The office works to identify ways the department can partner with private entities and community stakeholders to address poor social determinants of health and risky health behaviors by connecting programs, populations, and resources. The office focuses on working across multiple organizations and through stakeholders to address the complex public health concerns affecting Alabama citizens.

COMMUNITY AFFAIRS

The Office of Community Affairs (OCA) staff is dedicated to establishing and maintaining relationships and partnerships with community organizations to improve the health and wellness of Alabama communities. Chronic illness, communicable diseases, access to nutritious foods, access to doctors, and access to transportation affect citizens differently depending on a combination of their environments and their genetics/family health history. OCA addresses some of these issues through programs that support preparation for future public health emergencies, empower youth to address their own health concerns through the Historically Black Colleges and Universities (HBCU) Student Health Advisory Committee (SHAC), and ensures that public health messaging is communicated in a culturally and health literate way. The goal is to help educate and reiterate the importance of improving healthcare access and to raise awareness in Alabama communities through outreach, surveys, data analysis, research, and interpretation.

Initiatives, partnerships, and projects included the following:

Public Health Cross Collaboration Initiative - Aims to create a space where OCA and other departmental units can communicate, collaborate, and coordinate collective efforts to expand Public Health's reach.

The HBCU Initiative - OCA continued SHAC development and participation for partnered schools to bridge student needs with departmental resources. Students were encouraged to request resources tailored to their specific campus through seminars, health fairs, training sessions, and informative events, utilizing information gathered from needs assessments.

American Red Cross and Alabama Office of Minority Affairs Partnership - OCA partnered with two new organizations in 2025. The goal of these collaborations was to create more opportunities for Alabama communities to access health and home benefits that could be offered collectively. These resources included free smoke detectors, fire safety tips, food drives, and others.

Minority Health Month Event - National Minority Health Month highlights the importance of understanding how the unique environments of minority groups affect their overall health. The event's purpose was to raise awareness and provide resources related to illnesses and chronic diseases in an engaging and entertaining manner. Resources provided included STD testing, breast cancer resources, and simulations and resources for individuals who are deaf or blind.

Wellness and Awareness Day Event - Breast cancer, domestic violence, and health literacy are health observances recognized in October. This event combined all three observances with local resources and organizations to raise awareness and promote wellness among attendees through education and interactive displays, reaching over 300 people. Vendors present were Gift of Life, The Bridge Center, Alabama Area Health Education Centers, Montgomery Cancer Center, Forge Breast Cancer, counseling services, and more.

December Winter Outreach - For the month of December, OCA continued its efforts to serve communities in Alabama by distributing items typically needed during the winter season. By partnering with community organizations and hosting Operation Winter Shield with donated items, OCA was able to serve over 1,200 people with more than 200 resources, including coats, blankets, food drives, space heaters, and fire safety education.

BUREAU OF HEALTH PROVIDER STANDARDS

MISSION STATEMENT

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

The bureau consists of several units, including 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 as 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 Centers for Medicare and Medicaid (CMS) State Performance Standards System measures in FY2025. Two surveyors were added to the unit, and one retired. The unit completed 232 on-site surveys and 104 non-on-site surveys to ensure compliance with federal and state regulations. The on-site surveys included 56 complaint surveys, 27 of which were Emergency Medical Treatment and Labor Act complaints. The total number of complaints processed was 1,421, an increase of 182 from the prior fiscal year. The ACC Unit receives complaints from the public and other sources for 14 facility types in Alabama. The unit conducted its first Rural Emergency Hospital and Transplant Hospital surveys. The addition of dialysis dens, on-site areas within skilled nursing or long-term care facilities where residents receive hemodialysis, will expand oversight of dialysis providers. The unit is committed to the bureau's mission to improve the quality of care and quality of life for healthcare consumers and to reduce adverse outcomes.

LONG TERM CARE

The Long Term Care (LTC) Unit is responsible for licensure and certification visits and enforcement recommendations in long-term care facilities. Long-term care facilities are surveyed by teams of professionals, including specialists such as registered nurses, dietitians, social workers, recreation therapists, patient services specialists, and registered medical technologists. The unit conducted recertification, revisit, and complaint surveys, and processed complaints and facility-reported incidents during FY2025. LTC recertification survey tasks include one additional survey for each special focus facility. The LTC Unit conducts recertification and follow-up surveys for the two certified Intermediate Care Facilities for Individuals with Intellectual Disabilities in the state. Surveyors are required to complete basic long-term care training and participate in the Surveyor Minimum Qualifications Test to conduct federal nursing home surveys. Four Licensure and Certification surveyors were hired in the unit during FY2025.

Within the LTC Unit, the Nurse Aide Registry, established on October 1, 1990, maintains a listing of nurse aides found guilty of abuse, neglect, and misappropriation of property. Nurse aides accused of neglect or abuse may appeal an unfavorable determination in a civil proceeding. An attorney from the Office of General Counsel handles all such appeals for the department. The Nurse Aide Registry Unit approves instructors and curricula for certified nursing assistants. Additionally, the Nurse Aide Registry Unit approves and monitors testing agencies to ascertain that all nurse aides meet minimum competency requirements.

ASSISTED LIVING FACILITIES

The Assisted Living Facilities (ALF) Unit is responsible for ensuring that assisted living facilities and specialty care assisted living facilities (SCALFs) comply with the State Committee of Public Health rules. In 2025, the ALF Unit regulated 189 licensed ALFs and 108 licensed SCALFs. The unit completed 87 surveys: 49 ALF, 36 SCALF, and 2 unlicensed facility surveys. In addition to the standard surveys, the unit processed 5,000 incident reports: 4,025 reports of accidents or injuries requiring EMS activation or medical treatment, 325 notifications of disease outbreaks, 201 reports of abuse, 136 reports of medication errors, and 61 reports of elopements. Five facilities voluntarily closed in lieu of license revocation, and two facilities' regular licenses were downgraded to probational licenses as a result of survey findings.

CLIA LABORATORY

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 sets quality requirements that all laboratories must meet. Any laboratory performing clinical laboratory tests for 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). The CLIA Unit is also responsible for laboratories licensed and seeking licenses as independent clinical and independent physiological laboratories in the state of Alabama.

CLIA assesses how clinical laboratories monitor their pre-analytic, analytic, and post-analytic systems to ensure the quality of testing provided to patients/clients. Although CLIA's primary objective is to determine a laboratory's compliance with regulations, it also supports laboratories in improving patient care by promoting an educational survey process. In FY2025, CLIA served Alabama with two full-time surveyors and one part-time retired surveyor.

PROVIDER SERVICES LICENSE AND CERTIFICATION

(October 22, 2025)

Certification: Certified facilities and agencies in Alabama - 1,097

Licensure: Licensed facilities in Alabama – 1,801

Figure 44. Licensed Healthcare Facilities and Agencies

Abortion or Reproductive Health Centers	3
ALFs	189
Ambulatory Surgical Centers	62
Birth Centers	2
Cerebral Palsy Centers	1
End Stage Renal Disease Treatment Centers	177
Freestanding Emergency Departments	12
Hospice Agencies	186
Hospitals	111
Independent Clinical Laboratories	589
Independent Physiological Laboratories	79
Nursing Homes	229
Rehabilitation Centers	28
Rural Emergency Hospitals	3
SCALFs	108
Sleep Disorder Centers	22
Total	1,801

HEALTHCARE FACILITY LICENSURE DATA REPORT

(November 5, 2025)

The Provider Services License Unit processed applications for initial facility licensure, change of ownership, and rules amendments.

Total applications received: 183

Applications processed: 156

Pending: 27

Total closures and licenses terminated: 11

Probation status: 2

KEY OBSERVATIONS

- A significant number of applications (46) were for change of ownership, indicating a dynamic environment within healthcare facility operations.
- The licensure process continues to be active, with a substantial volume of applications.

Figure 45. Summary of Applications Completed

Application Type	Completed Applications
Address Change - Did Not Relocate	2
Authorized Bed Capacity Decrease	2
Authorized Bed Capacity Increase	3
Bed Decrease	5
Bed Increase	9
Change of Ownership	46
Classification Change	1
Initial Application	28
Name and Address Change	1
Name Change - Facility	41
Name Change - Licensee	3
Pre-License Filing	7
Relocated in Current County	14
Station Decrease	3
Station Increase	3

Figure 46. Summary of Pending Applications

Application Type	Pending Applications
Authorized Bed Capacity Decrease	2
Change of Ownership	7
Classification Change	2
Initial Applications	5
Name Change - Facility	3
Pre-License Filing	8
Total Pending Applications:	27

Figure 47. Summary of Closures

Type of Facility	Number of Closures
ALF	2
End-Stage Renal Disease	1
Hospital	1
Independent Clinical Laboratory	4
License Terminated	1
SCALF	2
Total Closures and Terminated Licenses	11

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 birth, death, marriage, and divorce certificates and Acknowledgments of Paternity for events that occur in Alabama. Non-certified copies of fetal death (stillbirth) records are also issued by the center. In addition to registering and issuing vital records, 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.

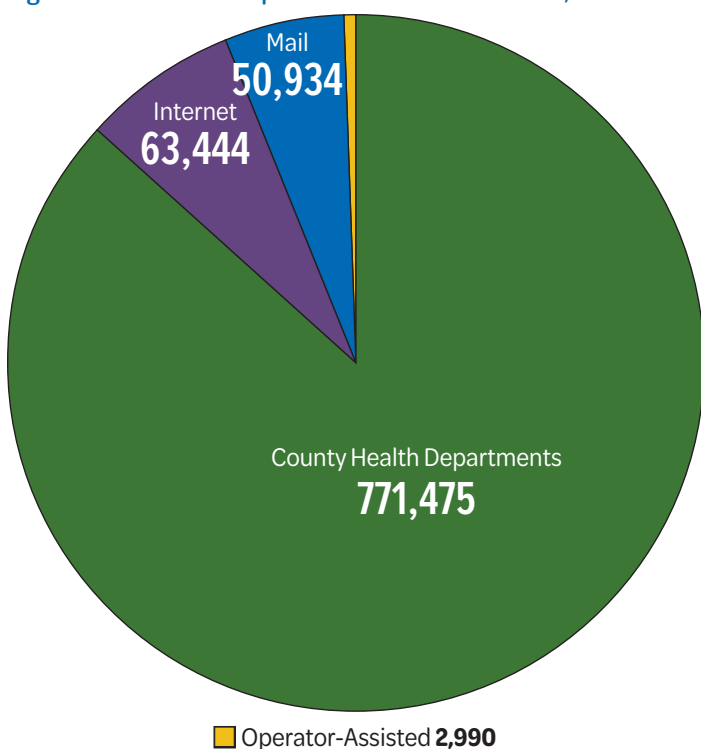
An automated vital records system called ViSION, or Vital Statistics Image Oriented Network, allows vital records to be issued in all Alabama county health departments. Customers can obtain vital records from the center through county health departments, usually within 30 minutes or less. Customers may also order records online, by telephone, or by mail.

More than 168,419 vital records were registered with the center in 2025. 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. Approximately 1,510 supplementals were completed electronically in 2025. Other changes to vital records are made in the center by the Special Services Division, which created approximately 3,920 new birth certificates following adoption or parentage determination and amended approximately 4,100 birth certificates and 1,070 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 48. Certified Copies of Vital Records Issued, 2025



The center issued 889,340 certified copies of vital records through county health departments, mail, Internet, on site, and operator-assisted requests.

Figure 49. Death Registration, 2025

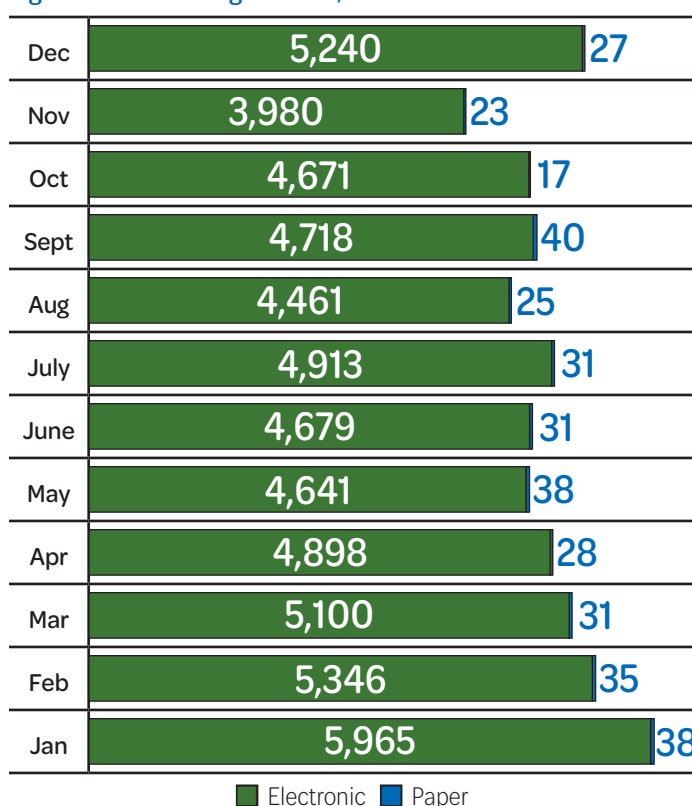


Figure 50. Vital Statistics, 2024

	Number	Rate/Percent	
Births	57,909	11.2	(Per 1,000 population)
Births to Teenagers	3,336	10.2	(Per 1,000 females aged 10-19 years)
Low Weight Births	5,875	10.1	(Percent of all live births)
Births to Unmarried Women	25,967	44.8	(Percent of all live births)
Deaths	58,799	11.4	(Per 1,000 population)
Marriages	36,326	7.0	(Per 1,000 population)
Divorces	15,020	2.9	(Per 1,000 population)
Induced Terminations of Pregnancy	2,970	2.9	(Per 1,000 females aged 15-44 years)
Infant Deaths (Neonatal + Postneonatal)	414	7.1	(Per 1,000 live births)
Neonatal Deaths (0-27 days of life)	256	4.4	(Per 1,000 live births)
Postneonatal Deaths (28-364 days of life)	158	2.7	(Per 1,000 live births)

Total estimated state population is 5,157,699.

Figure 51. Alabama's Leading Causes of Death, 2024

Cause of Death	Rank	Number	Rate ¹	Population
Total Deaths		58,799		5,157,699
Heart Diseases	1	14,703	285.1	
Malignant Neoplasms	2	10,544	204.4	
Cerebrovascular Diseases	3	3,255	63.1	
Chronic Lower Respiratory Diseases	4	3,205	62.1	
Accidents	5	3,182	61.7	
Alzheimer's Disease	6	2,379	46.1	
Diabetes Mellitus	7	1,482	28.7	
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,235	23.9	
Septicemia	9	1,101	21.3	
Chronic Liver Disease and Cirrhosis	10	992	19.2	
Influenza and Pneumonia	11	955	18.5	
Essential (Primary) Hypertension and Hypertensive Renal Disease	12	836	16.2	
Suicide	13	834	16.2	
Parkinson's Disease	14	715	13.9	
Malnutrition	15	689	13.4	
All Other Causes, Residual		12,692		

¹Rate is per 100,000 population.

OFFICE OF HIV PREVENTION AND CARE (OHPC)

The OHPC mission is to improve the quality of life for all Alabamians by ending intersecting epidemics impacting HIV and hepatitis 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 hepatitis C are eliminated by leveraging community partnerships.

OHPC 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. The goals of Ending the HIV Epidemic: A Plan for America (EHE) are to reduce new HIV infections by 75 percent in 5 years and by 90 percent by 2030, with multiyear funding appropriations directed to highly impacted communities nationwide.

Alabama has been identified as a priority jurisdiction of the national EHE initiative. The office’s strategic plan is the product of a collaborative process that included community meetings, focus groups, surveys, and provider interviews. HIV prevention and care providers, people with HIV, and other community members participated in all phases of data collection. Social determinants of health were given special consideration in designing the plan so that its interventions could 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 OHPC’s list of subrecipients, including a radio broadcast outlet, a faith-based worship center, and a rape crisis center. A common goal for these state partners is achieving health equity and eliminating HIV through their tailored program efforts.

As of December 31, 2024, 16,589 individuals infected with HIV were known to be living in Alabama. Per data collected by the HIV Surveillance Branch, Data Management Division, there were 711 new cases of HIV diagnosed in 2024. The 2024 HIV statewide incidence rate was 13.7 cases per 100,000 individuals. Among the newly diagnosed cases, there was a disproportionate distribution of disease burden by race as shown:

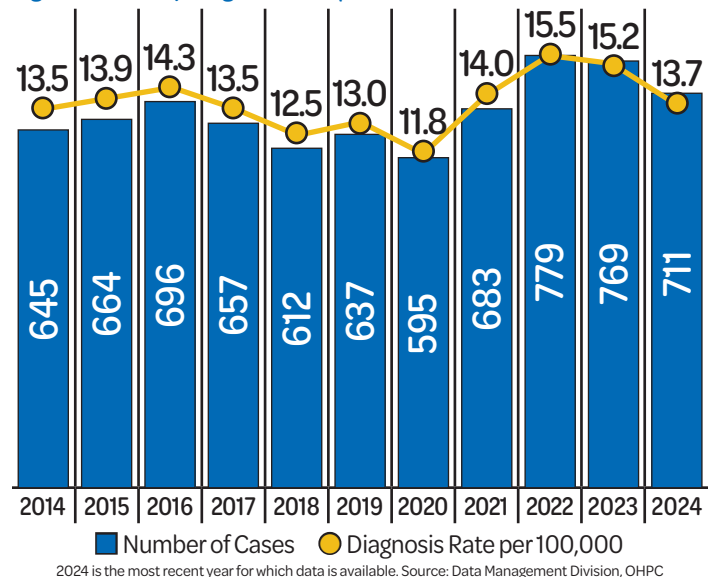
- Black, non-Hispanic - 394 cases, incidence rate of 28.6 per 100,000
- Hispanic - 53 cases, incidence rate of 17 per 100,000
- Multirace - 33 cases, incidence rate of 30.3 per 100,000
- White, non-Hispanic - 217 cases, incidence rate of 6.1 per 100,000.

While 39 percent of the newly diagnosed cases in 2024 were residents of Jefferson, Mobile, and Montgomery, the counties with the highest incidence rates included the following: Barbour (94.4), Elmore (37.3), Montgomery (34.5), Bibb (27), and Talladega (25.8).

The office serves clients through the Alabama Drug Assistance Program (ADAP) and some providers receive funding from the department to provide core medical and support services to HIV clients. Uninsured individuals received ADAP-funded medications, ADAP-funded health insurance, and ADAP-funded Medicare Part D prescription insurance.

OHPC will continue efforts to improve access to care and prevention services for those with HIV and those at risk of acquiring HIV. Establishing new partnerships with agencies and organizations that have an interest in EHE will help reduce new infection rates throughout Alabama.

Figure 52. Newly Diagnosed HIV/AIDS Cases, Alabama, 2014-2024



HOME AND COMMUNITY SERVICES (HCS)

Since 1967, the Home and Community Services Program has been dedicated to serving the people of Alabama. Today, HCS proudly carries that legacy forward by delivering statewide home care services and remote patient monitoring, supporting individuals who are primarily homebound. Guided by a commitment to excellence, the bureau's mission is to deliver high-quality services and compassionate care, provided by competent and professional staff, to patients in home and community settings throughout Alabama.

PATIENTS SERVED

HCS operates 25 branch offices throughout Alabama, each coordinating care among patients, caregivers, and physicians. HCS expanded its footprint with the opening of an additional branch office in Shelby County on October 1 to further strengthen service

Figure 53. Home Health Patients Served by County, FY2025

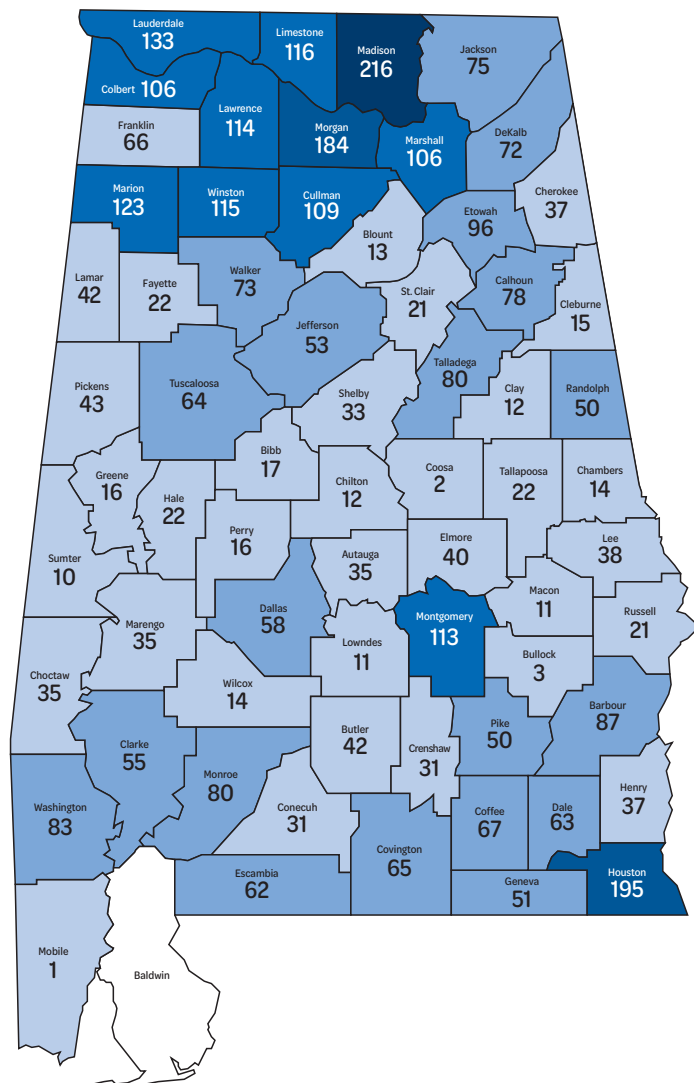


Figure 54. Patients Served by Program, FY2025

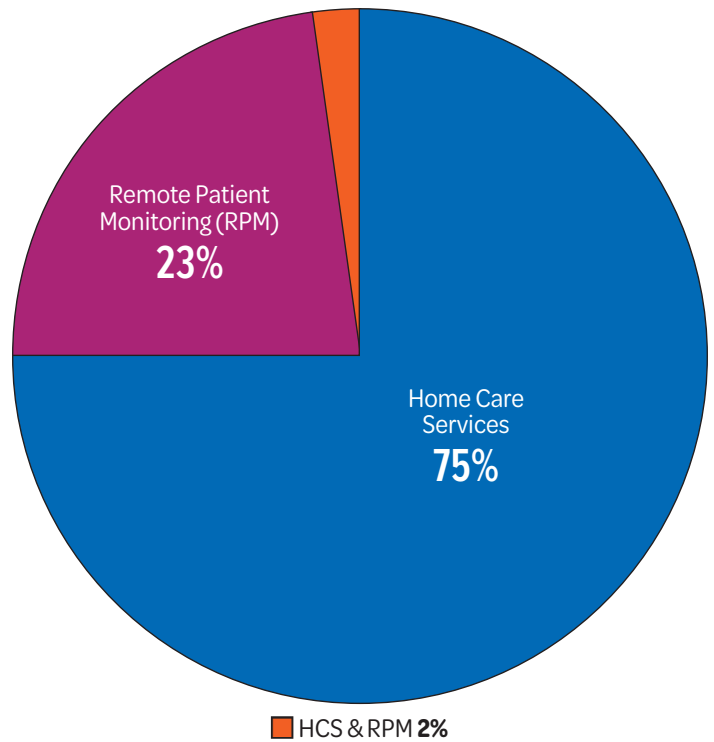


Figure 55. Home Health Patients Served by Age Group in Years, FY2025

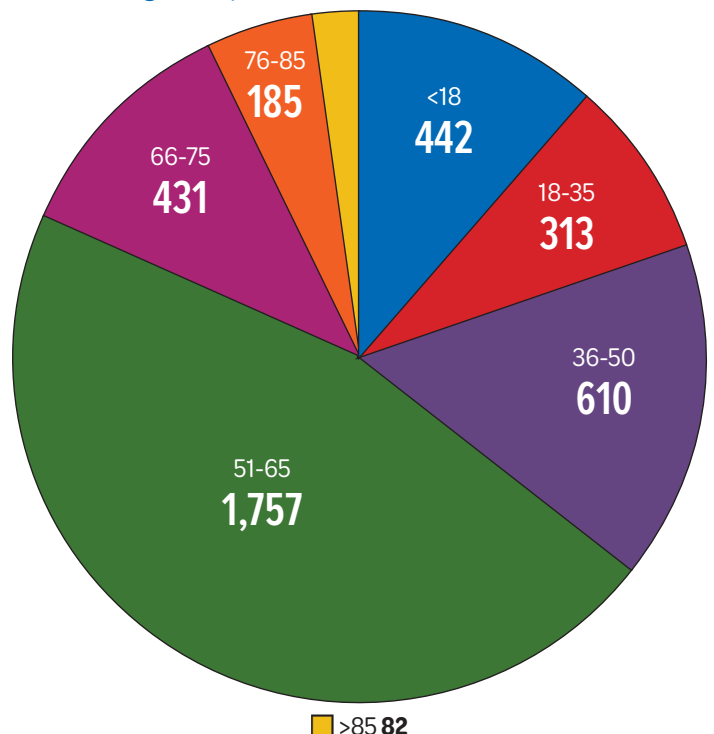
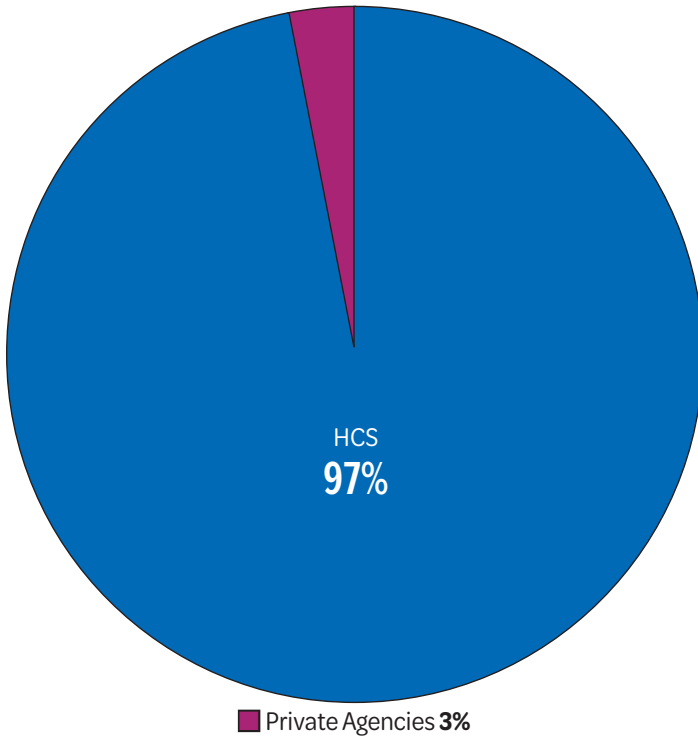


Figure 56. Alabama Medicaid Home Health Visits Statewide, FY2025



delivery in the state’s central region. Through the statewide network, HCS provides care to 4,930 patients across the lifespan and remains the only agency in Alabama offering in-home pediatric services.

HOME CARE SERVICES

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

Services include:

- Skilled nursing
- Personal care
- Wound care

Figure 57. Home Health Visits by Discipline and Payor, FY2025

	Medicare	Medicaid	Other
Home Health Aide	1,536	62,159	1,314
Physical Therapy	696	0	751
Skilled Nurse	2,834	80,611	4,210

- 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 154,111 home care visits across the state to patients covered by Medicare, Medicaid, and other insurance providers this year.

Data from the Alabama Medicaid Agency’s Statistical Support Unit show that a total of 147,765 home care visits were provided statewide to primarily homebound Medicaid recipients. These visits were provided by HCS and private agencies combined. Of those visits, HCS delivered 142,770—accounting for 97 percent of the Alabama Medicaid Agency’s total home care services statewide.

REMOTE PATIENT MONITORING (RPM)

The RPM Program combines resources from the department’s Home Care, the Alabama Medicaid Agency, and the University of South Alabama to provide in-home monitoring service for specific chronic illnesses. Medicaid-eligible patients with congestive heart failure, diabetes, or hypertension qualify for the in-home monitoring program. HCS recently expanded the RPM Program to include in-home monitoring of pediatric pulmonary health and gestational diabetes. The goal of RPM is to reduce exacerbation episodes, emergent care visits, hospital admissions, and costs. HCS’s RPM managers provided a total of 18,997 RPM service hours.

OFFICE OF HUMAN RESOURCES (OHR)

The Employee Relations (ER) Division within 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.

ER facilitates workplace conflict resolution, manages employee grievances, and ensures compliance with federal and state regulations, including Equal Employment Opportunity Commission and Americans with Disabilities Act guidelines. ER also plays a critical role in investigating complaints, addressing disciplinary concerns, and promoting a fair and respectful work environment.

OHR/ER leads the recruitment efforts for the department, collaborating with universities and colleges statewide to increase awareness of public health career opportunities. To support this initiative, Communications and Public Relations Specialist recruiter positions were established, with a goal of placing one recruiter in each of the six designated districts. Currently, three recruiters are in place, serving the East Central, Southwestern, and West Central districts. The remaining districts are working to fill the position in their respective districts.

Recruitment efforts focus on informing universities and communities about employment opportunities in Public Health and addressing evolving workforce needs. Recruiters represent the department at career and job fairs across surrounding counties, serving as the face of recruitment within their respective districts. In 2025, the division continued to support employee engagement, wellness, and professional development initiatives that benefit employees and their families. As part of ongoing wellness resources available to staff, the Employee Assistance Program (EAP) increased the number of available visits from three to five sessions for employees and their spouses and/or dependents, expanding access to confidential counseling and support services.

In collaboration with EAP, ER also supported wellness-focused programming designed to help employees manage stress and enhance overall well-being. On August 6, 2025, ER hosted “Mindfulness at Work,” a wellness initiative offering employees the opportunity to participate in 15-minute private mindfulness sessions with the State EAP Coordinator. The event focused on stress management, mindfulness practices, and employee well-being in the workplace.

Additionally, on August 19, 2025, ER hosted the “Stronger Together” live webcast featuring a licensed professional mental health

counselor with iHope Counseling Center, providing employees an opportunity to engage in meaningful discussions centered on collaboration, resilience, and organizational unity.

ER also hosted the Public Health 101 Career Day on September 16, 2025, in collaboration with JCDH and Mobile County Health Department, welcoming approximately 60 students from Alabama State University, Auburn University at Montgomery, Huntingdon College, South University, Troy University – Montgomery, and the University of Alabama at Birmingham. The event allowed students to engage directly with the department’s professionals, explore diverse public health career pathways, and gain firsthand insight into the department’s mission and workforce needs.

In addition to recruitment and engagement efforts, ER demonstrated a strong commitment to service and giving back. Through two coordinated fundraising efforts, ER raised over \$1,000 in support of the State Combined Campaign, reinforcing its dedication to community involvement and statewide impact.

Through its multi-layered approach, ER continues to enhance employee satisfaction, strengthen organizational success, support community initiatives, and inspire the next generation of public health professionals.

2025 Service Activities

- Recruiters attended more than 110 career events
- Conducted “Interview & Selection” training for 108 supervisors
- Conducted “Performance Appraisal” training for 104 supervisors
- Conducted “The Discipline Process” training for 85 supervisors
- Conducted “Family and Medical Leave Act” training for 133 supervisors

Figure 58. 2025 Personnel Actions Processed for Merit Employees

New Hires	189
Promotions	190
Dismissals	33
Retirements	63
Transferred Out	0
Other Separations	189
EAP Referrals (Employees and Dependents)	104
Hours of Leave Donations	1,352
Annual Appraisals	2,107
Probationary Appraisals	450

OFFICE OF INFORMATICS & DATA ANALYTICS (OIDA)

The mission of 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. 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 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. In 2025, follow-up interviews with programs documented additional data systems at the department. DDA laid the foundation for the upcoming Informatics-Savvy Health Department assessment.

Automated electronic clinical reports increase the speed, efficiency, and completeness of reporting to Public Health. Through 2025, 48 of 93 Alabama hospitals are sending all reportable diseases and conditions in real time. This reflects a 26 percent increase in the number of hospitals reporting electronically.

Alabama receives hospital discharge data from all general acute care, critical access, and specialized hospitals, as well as from any freestanding emergency department that is a separately licensed hospital in the state. 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. Aggregated counts are available 12 months after the end of the year.

Syndromic surveillance helps Public Health assess why people visit emergency rooms or urgent care centers. In addition to providing situational awareness of emerging pathogens, it provides

year-round information on respiratory illnesses, drug overdoses, heat- and cold-related illnesses, and carbon monoxide poisoning. OIDA links various departmental team members to meaningful information for their programs. In 2025, urgent care facilities were onboarded and started sending syndromic surveillance data to the department. The Council of State and Territorial Epidemiologists has featured the work "Diving into the data wormhole: Creating a syndromic query to identify helminth infection in Alabama" from OIDA authors in the Stories from the Field Syndromic Surveillance.

In the areas of data visualization and professional development, OIDA has coordinated the department-wide initiative to identify and implement a sustainable data visualization solution for 85 PowerBI users, resulting in a cumulative cost savings of approximately \$450,000. In addition, OIDA has led the implementation of a workforce development program, engaging 45 epidemiologists and data analysts in over 827 hours of learning across 217 courses with a 62 percent completion rate in DataCamp. Access to current clinical and public health practice information is critical to workforce development. In 2025, OIDA continued to secure access to the Public Health Digital Library, a collection of 374 scientific journals, 97 eBooks, and 27 databases.

Promoting group learning opportunities, OIDA 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 challenges. ClubEpi meets in person monthly and allows out-based staff to participate virtually. In 2025, participation in ClubEpi remained strong. A new initiative was the creation of the Alabama NEDSS Base System User Group (AlaNUG). AlaNUG is a positive, collaborative space for users of ALNBS (the department's main disease surveillance system). Some of the topics included in AlaNUG meetings are updates on the system, training opportunities, and a forum to raise questions and share solutions. By participating in AlaNUG, members gain early insights into system changes, build professional connections, and have a voice in shaping modernization efforts for Alabama. Participants joined the two meetings from across the state, including many local districts.

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. The bureau consists of five divisions: Business and Information Architecture, Database Administration, Health Systems Support, Logistics, and Technical Support. IT procures, develops, and supports information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure.

BUSINESS AND INFORMATION ARCHITECTURE (BIA)

BIA-Information Security

To strengthen the department's information security posture, a comprehensive third-party vendor evaluation and risk management process was implemented, an identity governance and administration platform is being purchased, and cybersecurity awareness was enhanced through ongoing quarterly training.

BIA-Geographic Information Systems (GIS)

The GIS Team made substantial contributions to the department, leveraging geospatial technology to enhance public health initiatives and data analysis throughout the year. The team collaborated closely with several key divisions and offices, including the Center for Health Statistics, the Infectious Disease and Outbreaks Division, the Office of HIV Prevention and Care, the Office of Radiation Control, and the Office of Informatics and Data Analytics, ensuring that data-driven decisions were robustly supported by geospatial insights. Key accomplishments included the creation of a web application to manage and visualize hepatitis C data, the development of HIV time-space alert maps and health statistic visualizations, and the performance of salmonella hotspot analyses to identify and address outbreak areas. Furthermore, GIS technology played a critical role in the Ingestion Pathway evaluation exercise, demonstrating its value in emergency response planning and data analysis. The team consistently maintains and develops public health applications, enhances disease surveillance efforts, supports emergency preparedness initiatives, and facilitates vital cross-divisional collaboration.

BIA-Systems Management Team (SM)

The SM Team IT Training hosted 14 multi-day classes, training 125 students. In Data Operations, 686 system ID work orders were completed for platforms including BC/BS, E-phix, Medicaid Eligibility Website, GHRS, and 3270, along with 459 user-assistance work orders, such as password resets. The Notes Administration Team processed 2,483 work orders for user support and is currently rolling out Notes 14. Additionally, new procedures were implemented to streamline server recovery, archives were optimized, reducing storage requirements by terabytes of data, and new mobile clients, HCL Nomad and Verse, were introduced. The Server Administration Team facilitated the transition of the department's Business Intelligence Platform from Tableau to Microsoft Power BI to reduce costs. The Laserfiche Team made significant contributions by

supporting the in-state travel system (PHITS) and advancing the Public Health Instrument Management System. Additionally, the team worked with Laserfiche to develop automated payroll reports, add features to existing systems such as PHITS, and gather requirements for several upcoming projects that will reduce costs and increase departmental efficiency. The team processed approximately 1,400 work orders and help requests. In addition to their specific tasks, the Operations, Laserfiche Support, Notes Administration, and Server Administration teams collectively processed 124 transfers, 333 removals, 373 new county health department users, and 407 new Central Office users, ensuring seamless system operations across the department.

BIA-Integration Systems

The Laboratory Information Management System (LIMS) Team went live on the Electronic Test Order/Results project for newborn screening, in partnership with the Association of Public Health Laboratories, Baptist Health, Oracle Cerner, and newborn screening vendor Natus. Extensive testing was conducted to prepare the clinical LIMS for migration to the cloud, with completion expected in 2026.

Electronic Lab Reporting - The team onboarded 21 facilities, some of which implemented new conditions for reporting, further expanding the program's reach and capacity.

Electronic Case Reporting - Seven hospitals were successfully onboarded to the production environment, bolstering the state's electronic case reporting capabilities.

Syndromic Surveillance - Fifty-three locations, including hospitals, specialty clinics, and urgent care facilities, were onboarded to the syndromic surveillance system, enhancing public health monitoring and response.

Message Mapping Guides (MMG) - CDC approved two MMGs for production: varicella and mumps. Additionally, acute flaccid myelitis, cyclosporiasis, and novel influenza A virus were transitioned to the new Page Builder format, ensuring compliance and streamlining data exchange processes.

Alabama NEDSS (National Electronic Disease Surveillance System) Base System (ALNBS) - The production and test environments for ALNBS were upgraded from Version 6.0.15.1 to 6.0.17.1. Alabama was the only state to assist CDC in beta-testing version 6.0.19. Significant work was done to transition ALNBS to use multi-factor authentication.

HIV Support - Continuous support was provided for HIV systems (HADIS, eHARS, CAREWare, and HIV Warehouse), ensuring seamless operations across all supported platforms. IT upgraded and streamlined the CAREWare import process and prepared it for further testing. Approximately 125,000 HIV records were successfully imported from ALNBS into eHARS, improving data accuracy and accessibility for public health efforts.

BIA-Clinical Systems Support

The Vital Statistics Team completed the EVERS death application, which will be placed into production in early January 2026. The Notes Development Team rewrote and migrated the HIPAA Log application to a new platform. The Radiation Control Team updated the Radiation Inspection, Safety, and Enforcement portal to include a visual map for locating contract information. The Security Portal Team completed updates to the Security Portal application, which is expected to be released into production in the first quarter of 2026.

BIA-Business Information Support Systems (BISS)

The BISS Team continues to improve financial applications. In TimeTrac, the system used by departmental employees for cost accounting and time tracking, the team implemented a new method for non-exempt employees to report in and out times, improving accountability and accuracy. TimeTrac was also modified to allow Bureau of Environmental Services employees to enter time and activity into the system. The team is currently rewriting the Healthcare Electronic Application for Reporting Time to function more efficiently and use network authentication for logins. After the state of Alabama moved from GHRS (Government Human Resources System) to HRM (Human Resource Management), the team assisted the Office of Human Resources and the Bureau of Financial Services with updating and creating various necessary reports.

DATABASE ADMINISTRATION (DA)

DA is responsible for managing the department’s relational databases. This includes assisting developers with 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 for the developers and users of these relational databases. DA develops scripts for 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 monitors over 890 Oracle and MS SQL databases daily for performance issues. Below are a few of DA’s major enhancements or upgrades for 2025:

- Upgraded the GIS System database servers to Windows 2022 and MS SQL Server 2022.
- Upgraded the SOLARWINDS System database servers to Windows 2022 and MS SQL Server 2022.
- In the process of upgrading the Lead (Healthy Home and Lead Poisoning Surveillance System) database servers to the new Windows 2025 server and SQL Server 2022 in the AWS Cloud, with an expected completion date in mid-July 2026.
- In the process of upgrading the EHR (Electronic Health Record) database servers to the new Windows 2025 server and SQL Server 2022, with an expected completion date of mid-January 2026.
- In the process of upgrading the WIC (Crossroads) database servers to the new Windows 2025 server and SQL Server 2022, with an expected completion date of mid-March 2026.

HEALTH SYSTEMS SUPPORT (HSS)

The HSS Team is instrumental in advancing statewide wellness initiatives. The team supports the Bureau of Communicable Disease - IMM Division, the Bureau of Environmental Services, and the Bureau of Prevention, Promotion, and Support - Wellness Division. 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-Wellness

The team modified the Wellness onsite web application (WELL) to accept PEEHIP retiree vaccine entries and automatically bill for them. This modification streamlined billing by eliminating paper from the process.

HSS-Environmental Services (ES)

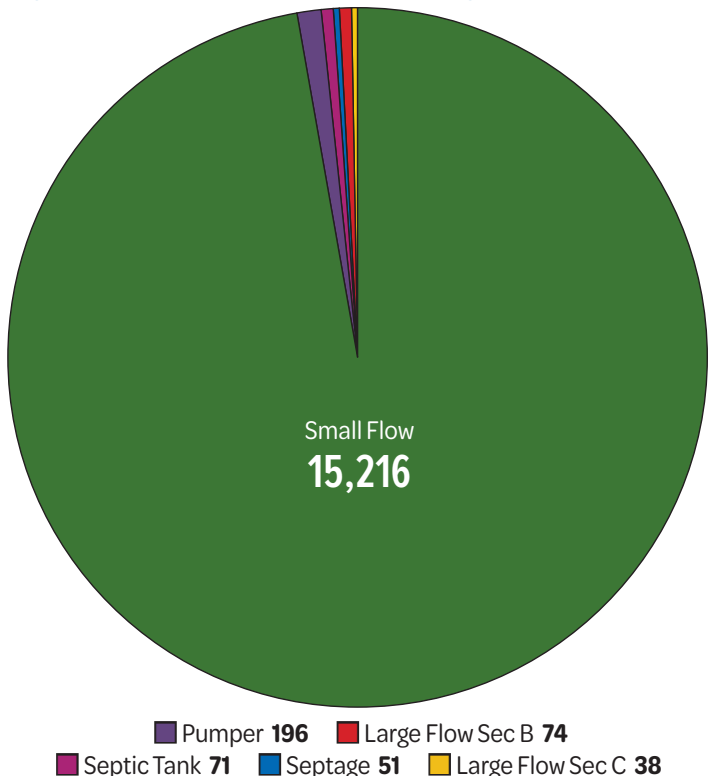
The ES Team made several improvements to the Soil and Onsite Sewage module of the Environmental Services System. These updates included adding new interfaces, enhancing performance and efficiency, and providing new reports and tools for soil evaluations. In FY2025, the Bureau of Environmental Services used the Environmental Services web application to perform the following:

- Animal Bite Module: Investigated thousands of animal bite cases and issued 5,741 notices.
- Onsite Sewage Module: Issued 15,600 onsite sewage permits.

Figure 59. FY2025 - Animal Bite Investigation Notice Issued

Referred to Physician	373
Veterinarian Quarantine Completed	783
Home Quarantine Completed	1,054
Confinement Notice Issued	3,531

Figure 60. FY2025 - Soil and Onsite Sewage Permits



HSS-ImmPRINT

The team made numerous upgrades to the ImmPRINT system. The following are some of the more prominent enhancements or features.

Display Non-U.S. Vaccine Shots: Patients who received vaccines outside the United States encountered issues when they were successfully transmitted to ImmPRINT via HL7. Adjustments were made to include non-U.S. vaccines in the Tree Vaccine History.

Medical and Religious Exemption Pages - Antigens/Groups: Changes have been made to the medical exemption dropdown for antigens. Additionally, adjustments have been implemented for the religious exemption dropdown for vaccine groups.

Military Medical Records Information: Allow schools to record immunization information from military medical records to support the new bill which would allow substitution of military medical records as evidence of age-appropriate immunization and testing instead of the COI. Changes have been implemented to allow school users to record vaccination details from military medical records via the "Add Historical Vaccines" page in ImmPRINT. Once the information has been documented, the patient's vaccine details page should indicate that the vaccine was transcribed from the military record.

CDC WSDL Transition: Successfully worked with HL7 providers/vendors in migrating from regular WSDL to CDC WSDL endpoint for HL7 submissions and queries. This change is a step towards ensuring consistent implementation of the nationally specified CDC WSDL across all environments.

LOGISTICS

The Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom services, and vehicles. This division is responsible for auditing all accountable property assigned to the department statewide and for collecting 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. This is done by affixing RFID stickers to all items valued at \$500 or more. During internal property audits, RFID scanners are used to improve efficiency and accuracy in preparation for the 2026 biennial state audit.

The Forms Unit continues to support the fleet of emergency response vehicles and trailers, ensuring they are ready to respond to any disaster statewide. This is accomplished through ongoing vehicle maintenance, inventory of equipment and supplies, and training in response duties.

TECHNICAL SUPPORT

The Technical Support Division (TS) has been working to complete the replacement of over 5,000 end-of-life Windows 10 computers and laptops statewide with Windows 11 devices. County Support completed the conversion of 79 VMware host servers to HyperV host servers, saving the department thousands of dollars. The Telecommunication Team is continuing its work to reconfigure and rewire county health department server racks to improve access

Figure 61. Logistics Support Facts, 2024 and 2025 Comparison

Logistics Items Reported	2024 Quantities	2025 Quantities
Equipment Inventory Items	21,560	26,461
Equipment Inventory Value	\$56,905,553	\$69,701,910
Forms Managed	746	403
Form Packages Sent	10,500	15,344
Promotional Items Managed	1,300	1,161
Department Vehicles	65	65
Emergency Response Vehicles, Trailers, etc.	80	80

to rack components, as well as wiring county health department building expansions around the state. Telecommunications is also in the process of converting the WAN (Wide Area Network) phone systems to Cisco Cloud Calling. This will eliminate issues with old copper lines and give the department greater calling security and flexibility. Telecommunications added external wireless access to many county health departments to facilitate drive-through vaccination clinics. The Network Security Team has completed the installation of a new security appliance in the department's data center. It integrates with network devices and other assets to monitor and detect vulnerabilities and provide information on risks to the team. TS data center staff deployed a new storage system from Pure Storage, which greatly increases the total available storage and provides greater redundancy, and implemented its first cloud-based servers within Amazon AWS.

Figure 62. IT Support Facts, 2024 and 2025 Comparison

IT Support Items Reported	2024 Quantities	2025 Quantities
Help Desk Calls	26,882	24,878
Personal Computers/ Laptops Supported	6,307	6,321
Servers Supported	440	432 Windows-based 40 Non-Windows Based
WAN Support Completed Work Orders	2,824	2,539
IP Phone Devices Supported	5,254	5,820
Windows Servers Deployed	70	36
Smart Phones/Hot Spots Supported	1,920	1,900
Technical Support Projects Completed	8	14
Voice Mail Boxes Supported	2,894	2,898
Windows 11 Computers/ Laptops Deployed		4,433
IP Gateways Supported	82	92
WAN Support Miles Driven	112,665	207,589
WAN Access Points Added	8	22
Upgraded Laptop Encryption	2,071	
County Health Department Converted to Cloud Calling	30	24

BUREAU OF PREVENTION, PROMOTION, AND SUPPORT

The Bureau of Prevention, Promotion, and Support is dedicated to delivering exceptional services to Alabama communities. The journey begins with a focus on understanding and meeting the needs of those Alabamians Public Health serves.

BEHAVIORAL HEALTH

Child Passenger Safety

The Alabama Child Passenger Safety Program (CPS) educates caregivers on the proper use of child safety restraints, recruits individuals to become certified child passenger safety technicians, and establishes and maintains car seat-fitting stations throughout the state. The CPS Training Program conducted 7 technician training sessions, adding 41 technicians, and assisting with recertification for 9 technicians. The program added seven car seat-fitting stations and one distribution site in the state. One staff member received an endorsement as a hybrid and lead instructor, and another began participating in the Lead Instructor Candidacy Mentoring Program. The program also hosted four meetings for Alabama technicians, offering an opportunity for them to network and earn credits toward recertification. Sessions covered the National Digital Check Form for new technicians, providing Alabama with a reliable data source for CPS restraint use, and informing vehicle and car seat manufacturers about future car seat technology development.

The program hosted 30 car seat clinics in 18 counties in central and northern Alabama, distributing information to 174 families and providing seats to 123 children. Additionally, the program provided 420 seats to distribution sites serving Birmingham, Huntsville, Mobile, and Tuscaloosa.

CPS staff supported external agencies in their efforts to train caregivers on the correct use of child safety restraints in their programs by providing hands-on demonstrations on proper car seat selection, installation, and use. These demonstrations emphasized the importance of correct harnessing and seat positioning for different age groups. The department also provided participants with informational resources and contact information for the CPS Program for ongoing guidance and support, which generated enough interest to conduct three CPS Technician certification trainings.

Citation Voucher Program

The Citation Voucher Program provides child safety restraints to individuals who receive a citation for failing to use a child safety restraint or for using one incorrectly. The program launched in Butler, Calhoun, Lee, Montgomery, and St. Clair counties. The program actively recruits partner agencies through community outreach and child passenger safety trainings.

The program oversees participants' completion of an online CPS training course and facilitates the provision of an in-person,

hands-on educational session after course completion. In-person sessions are conducted by certified instructors within the program or at one of its distribution sites.

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 for both passengers and drivers. The program provided 77 educational sessions reaching 2,710 students across the state.

The program partnered with the state Students Against Destructive Decisions (SADD) Coordinator at the Alabama Department of Economic and Community Affairs to provide a train-the-trainer education model to high school SADD chapters, encouraging students to take an active, peer-led role in promoting safety within their schools and communities. The program has identified four schools to pilot the process.

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 supported by 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 37 counties of the state through grants to ACAR and 9 rape crisis centers.

Surveillance and Prevention Branch

Two of this branch's three programs review various types of deaths that occur in Alabama, and all focus primarily on collecting data to inform prevention. This data is then used to develop strategies to address prevention, inform prevention policy, and direct prevention programs based on analyses of reviews, trends, and the identification of risk factors, among others. The third program works with the Food and Drug Administration (FDA) to conduct tobacco inspections at Alabama retailers to enforce tobacco laws and prevent minors from purchasing tobacco.

Alabama Violent Death Reporting System (AVDRS)

AVDRS is a statewide mortality surveillance program that collects data on violent deaths. In addition to standard demographics and cause and manner of death, the program also collects descriptions of fatal events and known circumstances contributing to violent deaths. 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 detailed 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 2024 and ending in early 2025, AVDRS collected data for the most recently completed 2023 calendar year. The number of deaths increased from 1,585 in 2022 to 1,623 in 2023.

Figure 63. AVDRS Manner of Death by Year

Manner of Death	YEAR		
	2021	2022	2023
Suicide	819	831	863
Homicide	771	704	697
Undetermined	15	35	44
Unintentional Firearm	13	15	19
Total	1,618	1,585	1,623

AVDRS' data partners, including the Alabama Coroner's Association, the Jefferson County Coroner/Medical Examiner's Office, the Alabama OEMS, and the Alabama Department of Forensic Sciences, have been instrumental to the program's success.

Alabama Child Death Review System (ACDRS)

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 2024 reporting year, there were 275 reviewable cases; a decrease from 2023 when there were 307 reviewable cases. Bodily force and weapon injuries, sleep-related deaths and Sudden Unexplained Infant Death (SUID), (included in undetermined, other, and unknown deaths), and motor vehicle incidents were the three leading causes of death for children in 2024, based on ACDRS data.

Over the past several years, the program has worked to improve its review rate, as shown in the table below.

Figure 64. ACDRS Review Percentage by Year[^]

Percent of Cases Reviewed	YEAR		
	2022	2023	2024
	77.4	86.3	85.8

[^]As of 11/2025

In 2025, ACDRS assisted with SUID investigation trainings across Alabama, conducting sessions in Baldwin, Blount, Cherokee, Conecuh, Cullman, Houston, and Shelby counties. The sessions were attended by law enforcement personnel, social workers, crime scene technicians, child advocates, and emergency medical personnel. Doll-reenactment kits containing tactical bags, dolls, place/found cards for taking photos, tape measures, and sanitizing items for the training were provided by ACDRS to law enforcement personnel to use when investigating these deaths. Conducting these

sessions reduces the number of deaths noted as undetermined on the death certificate.

The program continues to partner with the University of Alabama at Birmingham and the University of South Alabama on prevention efforts in the state. Through awareness, education, and prevention efforts, ACDRS continues to make strides in reducing child deaths in Alabama.

Figure 65. ACDRS Manner of Death by Year[^]

Manner of Death	YEAR		
	2022	2023	2024
Natural	10	5	*
Accident	113	110	114
Suicide	19	39	39
Homicide	57	55	57
Undetermined	77	74	60
Pending	51	24	*
Total	327	307	275

[^]As of 11/2025 *Categories with less than five deaths are suppressed.

Figure 66. Major ACDRS Cause of Death by Year[^]

Cause of Death	YEAR		
	2022	2023	2024
Motor Vehicle	48	54	56
Fire, Burn, or Electrocutation	7	*	*
Drowning	19	23	30
Asphyxia	26	34	30
Bodily Force or Weapon	71	80	78
Fall or Crush	6	0	*
Poisoning, Overdose, or Acute Intoxication	*	11	10
Undetermined/Other/Unknown	86	72	61

[^]As of 11/2025 *Categories with less than five deaths are suppressed.

FDA Tobacco Inspection Program

The FDA Tobacco Inspection Program collaborates with the FDA's Center for Tobacco Products to conduct inspections at all Alabama retailers selling tobacco products. This effort aims to prevent minors from buying tobacco and ensure tobacco permit holders comply with the requirements of the Tobacco Control Act of 2009.

In 2025, staff conducted 687 advertising and labeling inspections of all state tobacco retailers to ensure compliance with federal law governing the advertising, display, and sale of regulated tobacco products. The department's subgrantee, the Alabama Law Enforcement Agency, conducted 2,988 undercover buys by accompanying minors who attempted to make a tobacco purchase. Every tobacco retailer in the state is inspected, with the assistance of trained, age-appropriate undercover minors, to determine whether teenagers can purchase tobacco products in violation of the Tobacco Control Act of 2009. Currently, the program has 3 credentialed advertising and labeling inspectors and 27 undercover buy inspectors.

Tobacco Prevention and Control

The Tobacco Prevention and Control Program collaborates with local coalitions, community agencies, and state and national partners to implement and evaluate effective tobacco prevention and cessation activities that aim to achieve the following goals: eliminating environmental tobacco exposure, promoting quitting among adults and youth, and preventing youth initiation. 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. Secondhand smoke kills over 750 nonsmoking Alabamians each year. Children exposed to secondhand smoke are at an increased risk for Sudden Infant Death Syndrome, acute respiratory infections, ear problems, severe asthma, and reduced lung function.

The Youth Tobacco Prevention Program was awarded approximately \$950,808 to effect social norm change around tobacco use, address the marketing of emerging products to youth, provide education on policies that protect youth from nicotine initiation and exposure to secondhand smoke, and promote tobacco cessation. Youth Tobacco Prevention Program grantees delivered 284 presentations using the Stanford Medicine Tobacco Prevention Curriculum; of those, 135 were youth-led. In conjunction with the presentations, 5,612 pre-/and post-tests were completed by youth in Grades 6-12. Youth Tobacco Prevention Program grantees organized or participated in 55 community awareness activities, including local coalition meetings, health fairs, and the Great American Smokeout. Social media has continued to play a crucial role in educating the public. Approximately 86,000 individuals were reached through the Alabama You Choose and departmental Facebook pages, as well as departmental tobacco-related websites.

The Quitline 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 securing \$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 2025, the Quitline received 2,059 calls, 24,868 website hits, 824 counseling enrollments, 6,654 online chats, and 260 text enrollments.

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 decisions.

In 2025, the branch was integral to creating and sharing the department's sesquicentennial anniversary campaign, which spotlighted the efforts of department employees in promoting, protecting, and improving the health of the state's residents over the past 150 years. The milestones, achievements, and challenges that have contributed to an improved quality of life for Alabamians were highlighted, including the legacy of service and commitment in disease control and prevention, caring for families, safeguarding communities' sanitation and safety, responding to emerging public health threats, and mitigating damages during public health emergencies.

More than 45 news releases were distributed to the media to provide accurate, timely information to improve health outcomes,

issue advisories, highlight health themes, and recognize program achievements. Staff responded to and directed public inquiries, coordinated spokespeople's information for dissemination to the mass media, and drafted and edited various publications and documents, including proclamations and employee updates.

Marketing projects in 2025 included designing professional-quality original artwork for the website, social media, billboards, direct mail, and yard signs. Staff also developed a range of documents, including forms, booklets, posters, certificates, and newsletters.

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

Additionally, the branch collaborated with the Office of Human Resources to enhance recruitment efforts. This included writing blog posts that highlighted 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 on popular employment websites. A related social media campaign, Friendly Face Friday, was continued 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 several campaigns aimed at promoting healthy lifestyles and behaviors, and encouraging Alabama's residents to consult their healthcare providers and encourage timely health screenings. These campaigns included 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).

In addition, the branch contributed a number of in-depth blog posts covering a variety of important health topics, including avian flu; the flag warning system used at Gulf Coast beaches; 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 collaboration 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. The widespread use of computer-based platforms and virtual communication continued in 2025.

A highlight of 2025 was creating a video that showcased the department's history as part of the 150th Anniversary celebration. The video's historical timeline began before the department was founded, when rampant epidemics led to deaths from illness, and two in three infants died before reaching 1 year of age. The video then highlighted advancements over the years, including modern-day technologies that have helped build a legacy of service and commitment to communities throughout Alabama.

The division partnered with the Alabama Emergency Management Agency and the University of Alabama to conduct crisis communications training. Live virtual conferences and training programs provided throughout the year covered these topic areas:

- Acute health systems
- Children’s oral health
- Emergency medical services
- Environmental services
- Facilities management training
- Hospital role
- Managing workplace conflict and confrontation
- Mental health
- Pages over pixels reading initiative
- Putting insomnia to sleep
- Rabies overview for medical and public health professionals
- Stay interview toolkit and process
- Street drug training for home health staff
- Suicide awareness

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 collaborates as a network with Emory, along with other partners and technical assistance providers, to enhance the public health workforce’s ability 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 (OMS)

The Office of Management Support (OMS) provides leadership and coordination for essential departmental programs, including Public Health Accreditation, Strategic Planning, Records Disposition Authority, Grant and Budget Management, Policy Clearinghouse, and the Competitive Selection Process.

Public Health Accreditation

The department currently holds national accreditation from the Public Health Accreditation Board (PHAB), demonstrating that it meets PHAB’s quality standards and measures. PHAB accreditation assesses the department’s performance against a set of national standards. National accreditation demonstrates the department’s capacity to evolve, improve, and advance as it works to enhance the health of Alabama residents. In 2025, the department began working with a consultant to guide it through the reaccreditation process for the next 5-year cycle. This will include updating several key plans, including the State Health Assessment, State Health Improvement Plan, Workforce Development Plan, and Strategic Plan in the coming years.

Strategic Planning

A revised departmental Strategic Plan was released in November 2025 and 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. Efforts to update and refine the strategic priorities in the plan will continue in 2026 as the department moves forward in the reaccreditation cycle.

Performance Management

Program staff utilize the Monday work management software platform to monitor implementation of reaccreditation and strategic plan goals. This platform enables programs to plan, manage, and track progress toward achieving program milestones. Performance management will enable the department to define organizational goals, monitor progress, and improve effectiveness, thereby optimizing performance while recognizing the value of ongoing assessment within programs.

NUTRITION AND PHYSICAL ACTIVITY (NPA)

The division provides state leadership and represents the department on issues related to nutrition, physical activity, food access, chronic disease, and wellness. Alabama consistently ranks among the highest in the nation for poor health indicators, including physical inactivity, low fruit and vegetable consumption, obesity, chronic disease, and food insecurity.

The following initiatives and programs are coordinated through NPA to support healthy behaviors and improve food access and physical activity 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 access to healthier nutrition choices and regular physical activity. In addition to quarterly membership meetings, AWA organized a dynamic 1-day event, Cultivating Healthier Communities Together. The day was dedicated to advancing health and wellness, bringing together health advocates, professionals, and community leaders from around the state. Nearly 100 participants heard presentations from experts in community planning, nutrition education, parks and recreation, fitness, and brain health.
- NPA seeks to improve access to adequate, nutritious foods through partnerships with organizations that provide food access resources. Nutrition newsletters were distributed to approximately 7,000 seniors each month in food boxes delivered to support participants in the Commodity Supplemental Food Program (CSFP) with the Heart of Alabama Food Bank (HAFB), Community Food Bank of Central Alabama, and North Alabama Food Bank which, combined, cover 58 counties in Alabama. Available in English and Spanish, the newsletters provide practical nutrition tips and healthful recipes that are easy to read and use low-cost ingredients. Additionally, “Cooking Outside the Box,” a cookbook designed to help seniors utilize items typically included in CSFP boxes to create easy, tasty, and nutritious meals, was developed in partnership with the Community Food Bank of Central Alabama and distributed to approximately 1,200 participants. Also, a partnership with the Farmers Market Authority created Alabama agriculture-focused newsletters to share with seniors participating in the Senior Farmers Market Nutrition Program beginning in 2026. During Hunger Action Month in September, NPA collaborated with the HAFB to provide a 2-hour volunteer opportunity for ten departmental employees

to gain exposure, training, and experience in addressing the complexities of food insecurity to improve the health, quality of life, and longevity of Alabamians. A total of 180 food boxes were packed and 172 disaster relief boxes were disassembled so the food items could be distributed to the community before expiration dates by volunteers from the department.

- As a subcontractor for the Supplemental Nutrition Assistance Program (SNAP) Education Program, the division delivers nutrition education to individuals eligible for SNAP benefits. Education activities took place in schools, local health departments, and senior nutrition centers where approximately 750 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 daily physical activity.
- In celebration of National Nutrition Month in March, the theme “Food Connects Us” was promoted through a cooking video contest to highlight how food connects state residents to Alabama’s cultures, families, and friends. Individuals and organizations were invited to participate, and department employees were incentivized to enter a prize drawing. Participants were required to choose a recipe from NPA’s collection of healthy recipes on Pinterest to increase awareness and visibility of this resource and to ensure that all submitted recipes were healthy. The contest was promoted on the NPA website, the department’s social media channels, through a statewide email to employees, and via a mailout to each county health department. Submitted videos were shared with the public.
- 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 poster and activity book for children were developed to highlight local, Alabama foods, especially fruits and vegetables. Copies of each were mailed to each county health department for distribution to the public to increase awareness of the health benefits of eating fruits and vegetables and to celebrate how they are grown, distributed, and consumed.
- 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 Saraland successfully achieved recognition as a Healthy Alabama Community in 2025 by making significant improvements that enhance physical activity and increase access to nutritious foods. Saraland was formally recognized at the Alabama League of Municipalities’ annual Graduation and Awards Ceremony.

Chronic Disease Branch

Cardiovascular Health Program

The Alabama Cardiovascular Health Program received funding from CDC to implement and evaluate evidence-based strategies to prevent and manage cardiovascular disease (CVD) in Alabama. The program collaborated with Alabama universities and community and private partners to implement the following

strategies in pilot healthcare clinics: (1) track and monitor clinical and social services measures shown to improve health and wellness, healthcare quality, and identify patients at highest risk of CVD with a focus on hypertension and hypercholesterolemia; (2) implement team-based care for CVD risk reduction; and (3) increase community-clinical linkages for bidirectional referrals, self-management, and lifestyle change to mitigate risk for CVD. The program also partnered with the University of Alabama at Birmingham to create and facilitate monthly meetings for the Alabama Cardiovascular Health Learning Collaborative. It comprises public health entities, health systems, healthcare providers, and community leaders and their partners who are working to implement evidence-based practices for CVD prevention, early detection, and management. The collaborative helps facilitate communication and the exchange of ideas between members to support improvements in cardiovascular health outcomes for all Alabamians.

Alabama Brain Health Program

The Alabama Brain Health Program received a federal grant from CDC under the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act, Public Law 115-406, for Public Health Programs to Address Alzheimer’s Disease and Related Dementias (ADRD). The BOLD Project supports a public health approach to strengthening systems, environments, and policies to reduce dementia risk, improve early detection and diagnosis, prevent and manage comorbidities, and support dementia caregiving. The program facilitated and held quarterly meetings for the Alabama ADRD Coalition. The coalition supported the Alabama Alzheimer’s Disease Task Force in drafting the Alabama ADRD State Plan, 2025-2030. The coalition is a multidisciplinary stakeholder group that shares information and training, provides expertise on ADRD-related initiatives, and implements activities from the state plan. The Alabama Department of Senior Services partners with the department on the BOLD Project.

Diabetes

The Alabama Diabetes Program (ADP) focuses on expanding community access to resources that support diabetes management and prevention. Diabetes Self-Management Education and Support (DSMES) helps people with diabetes adopt and sustain behaviors essential to long-term diabetes management. 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 its onset 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 provide training for the diabetes workforce to screen for and address social determinants of health for patients with diabetes. Support for Samford University’s McWhorter School of Pharmacy (MSOP) continued for its DSMES training for pharmacists. Under the funding, MSOP is leading the creation of a statewide pharmacy network to support pharmacies implementing and sustaining DSMES and DPP programs. ADP is also partnering with Auburn University Harrison School of Pharmacy to develop training for pharmacists to screen for health-related social needs in patients with diabetes.

District outreach coordinators, social workers funded by the Cardiovascular Health and Diabetes programs, provided support to local DSMES and DPP in the Northern, Southwestern, and West Central districts.

The Family Health Weight Program (FHWP) was implemented at Nourish Foundation in Opelika. Two cohorts of children and families have completed the childhood obesity/diabetes prevention program, and a third group has begun.

PHARMACY

The Pharmacy Division is responsible for the Prescription Drug Monitoring Program (PDMP), providing medication information and medication protocol support to county health departments, maintaining the Alabama Controlled Substances List, assisting the Center for Emergency Preparedness in disasters, and conducting audit surveillance for the 340B Program. In addition, the Pharmacy Division collaborates with other state agencies and community groups to provide education and prevention activities to reduce drug overdose deaths in Alabama.

Funding from CDC's Overdose Data to Action-States grant provides activities focused on reducing overdose deaths and supporting treatment and recovery access for those with substance use disorder. The surveillance component of the grant processes data used to drive prevention activities and assist in evaluating the grant activities. The prevention component allows collaborations with state agencies and other entities that provide resources, such as peer support specialists to help individuals with substance use disorder, support for statewide naloxone distribution, support and distribution of a curriculum to further educate healthcare providers on pain management, and support and improvement for the Connect Alabama application.

Pharmacy staff are 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 make 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.

PDMP training sessions for healthcare professionals are designed to inform and improve the use of the PDMP database as a clinical tool. Several sessions were held throughout Alabama in 2025, and an online course was also offered for those who could not attend in person. More than 500 people from various healthcare disciplines, treatment and recovery, community leaders, and law enforcement attended the Annual Substance Misuse Summit in January 2025.

PDMP staff continue to provide customer service for users, collaborate with the PDMP vendor, and ensure that pharmacies and other controlled substance dispensers report to the PDMP database as required.

The training and audits conducted for the 340B Program help ensure the department remains compliant with program requirements. The 340B training program is required during clinical staff orientation.

PRIMARY CARE AND RURAL HEALTH (OPCRH)

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. Major initiatives in OPCRH include recruiting and retaining healthcare professionals and providing technical assistance to 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 for medically underserved areas. In FY2025, approximately 3,180 primary care practitioners were referred to rural hospitals and clinics in Alabama. OPCRH also assists communities in establishing CMS-certified rural health clinics.

Another recruitment program is the National Health Service Corps (NHSC), which offers 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 2025, 17 primary care physicians and 5 nurse practitioners were awarded in this program.

In 2025, OPCRH continued efforts 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. Thirty-eight small, rural hospitals were also assisted through 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 receive a screening without penalty. During FY2025, department nurses performed 66,274 screenings at the worksite and healthcare

providers conducted an additional 33,650 screenings. During this same time frame, 18,568 received an influenza vaccine.

State Employees Insurance Board (SEIB) Wellness Program

During FY2025, 5,133 state employees were screened by Wellness Program staff for SEIB.

Local Government Health Insurance Board (LGHIB) Wellness Program

During FY2025, 41 local employees were screened by Wellness Program staff for LGHIB. A total of 152 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, through the Chief Legal Officer, serves the State Health Officer by providing 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.

OPI's primary mission is to support directors, managers, and administrators in effectively discharging their responsibilities by reviewing departmental activities and functions, identifying deficiencies, and issuing reports with recommendations for corrective action. In FY2025, OPI's subrecipient monitoring division focused primarily on an \$18 million audit, that required a comprehensive expenditure review (100 percent testing) and site visits to subrecipient event locations across the state. OPI's County Audit Division continued local health department audits, maintaining 2024 production levels despite personnel transitions.

OPI maintained its focus on subrecipient monitoring and compliance. In collaboration with the Bureau of Financial Services and the Office of General Counsel, OPI delivered three targeted training sessions for departmental staff on grants management. These sessions reinforced the requirements of 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, with particular attention to risk assessments, subrecipient oversight, and the proper documentation of expenditures.

Staffing remains a significant concern for OPI. With approximately 27 percent of OPI's current workforce likely to retire within the next 5 years and 27 percent of the workforce supported by retired state employees, OPI faces a critical need for succession planning, knowledge transfer, and professional development. Complicating matters, OPI operated with five vacant auditor positions during

FY2025. While OPI's staffing issues are significant, they are not unique. They reflect a broader workforce challenge in the audit profession. The pool of qualified candidates continues to diminish as fewer students pursue accounting degrees, opting instead for careers in technology and other fields that promise higher compensation and improved work-life balance. Despite these constraints, management remains optimistic that establishing an Auditor series by the State Personnel Department will strengthen recruitment and retention efforts, and management plans to use accounting interns to recruit qualified candidates to the audit profession.

Figure 67. Number of Employees

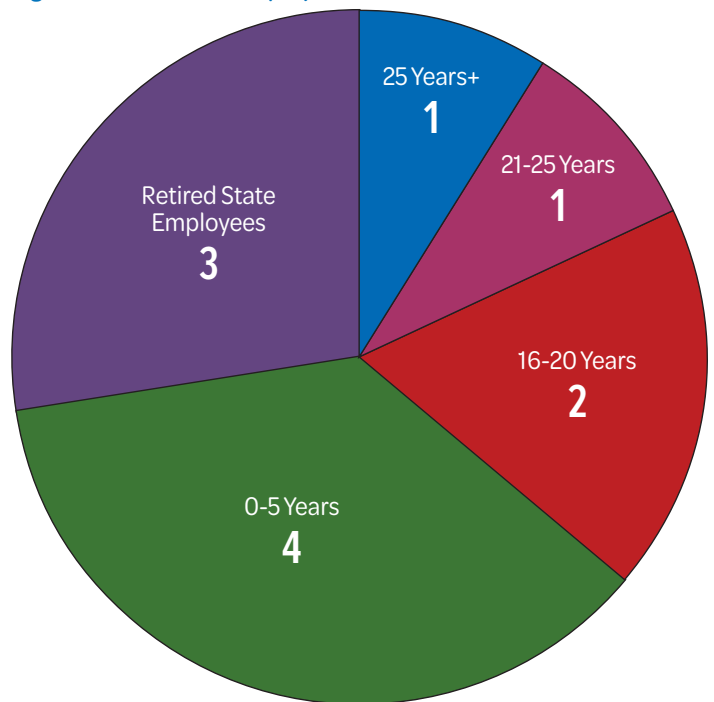


Figure 68. Special Reviews and Consulting Activities, FY2025

SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring		
76 Separate Accounts		\$6,402,384.71
State Level Program Reviews		
Health Provider Standards – Program Area: Revenues and Receipts		
Subrecipient Compliance and Monitoring		
Desk Reviews in Process	9	\$13,436,828.28
Audits/Site Visits Completed	5	\$28,074,390.88

Figure 69. Audit/Site Visit Grant Amounts

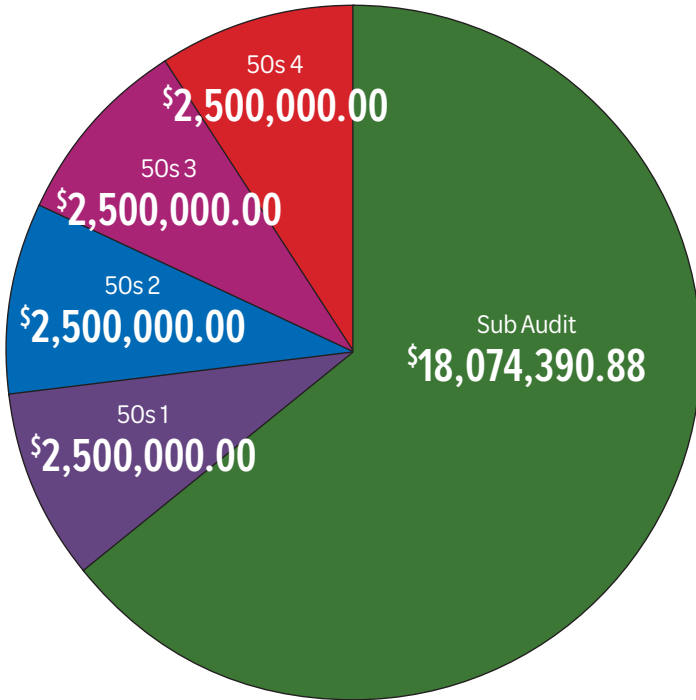
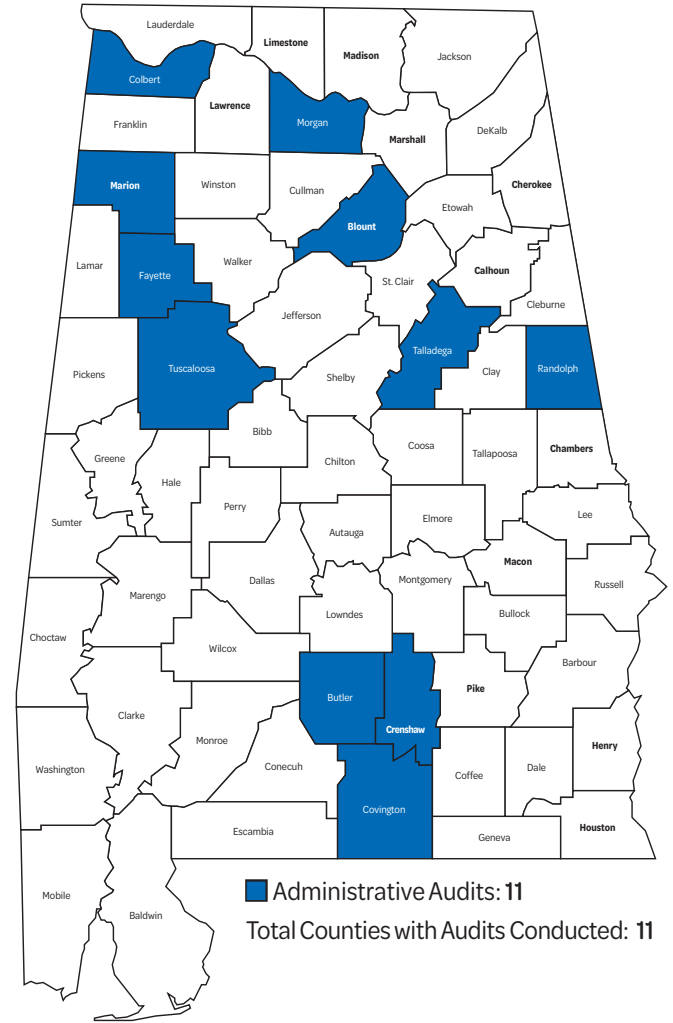


Figure 70. County Health Department Audits, FY2025



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 mission 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 for 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 office operates under an agreement with the U.S. Nuclear Regulatory Commission (NRC); Alabama is one of 40 Agreement States. The Office of Radiation Control is responsible for licensing, registering, and inspecting radioactive material possession and use within the state's jurisdiction. Licensure, registration, and inspection activities include security of radioactive materials, public health and safety, and decommissioning (in-state jurisdiction), as described by the U.S. Environmental Protection Agency's MARSSIM/MARSAME methodology. Radioactive material is possessed and/or used under authorizations labeled "general license" or "specific license." There are currently 194 general license registrants and 300 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.

Medical X-ray and Particle Accelerators: The office registers and inspects users of medical X-ray equipment and completes reviews of radiation shielding plans for this 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 3,349 entities registered as users of medical equipment and employs staff trained by the U.S. Food and Drug Administration as mammography inspectors.

The Office of Radiation Control registered and inspected 145 facilities in Alabama authorized to perform mammography, as described under the Mammography Quality Standards Act. The office also registers and inspects particle accelerators and has 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 of Radiation Control registers and inspects users of non-medical X-ray equipment. Non-medical X-ray equipment may be used in applications such as chemical/material analysis, gauges, baggage X-ray, whole-body scanning, non-destructive testing, and research. The office currently has 444 facilities registered to use non-medical X-ray equipment.

Emergency Planning: The office is responsible for radiation safety and radiological emergency response training for individuals from the department, Alabama Emergency Management Agency (AEMA), Alabama Department of Environmental Management (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 or incident at one of the nuclear power plants and when it is necessary to respond to the site outside the nuclear power plant's boundary. The office also works with hospital medical personnel in areas surrounding Alabama's two commercial nuclear power plants. Medical service drills are conducted to evaluate medical service staffs' techniques for handling radiologically contaminated patients. Certain hospital medical personnel were graded in medical service drills evaluated by the Federal Emergency Management Agency (FEMA); no recommendations were issued.

In June, the department, in collaboration with AEMA, ADEM, other Alabama state government agencies, and partners from surrounding states, successfully conducted a nuclear power plant exercise evaluating one ingestion pathway, which was evaluated by FEMA. The office did not receive any recommendations in FEMA's evaluation.

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 radioactive material releases are within regulatory limits. In 2025, no water samples, vegetation samples, daily air samples, or weekly air samples were found to exceed 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. and transported on predetermined routes and monitored via GPS tracking. The routes include Interstates 20 and 59, 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: Through outreach opportunities and the radon website, the office continues to encourage Alabama citizens to test their homes for radon. The office offers one free radon test kit per household in Alabama, 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 upon request. The radon website offers resources on 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
- 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
Wes Willeford, M.D., M.P.H., 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

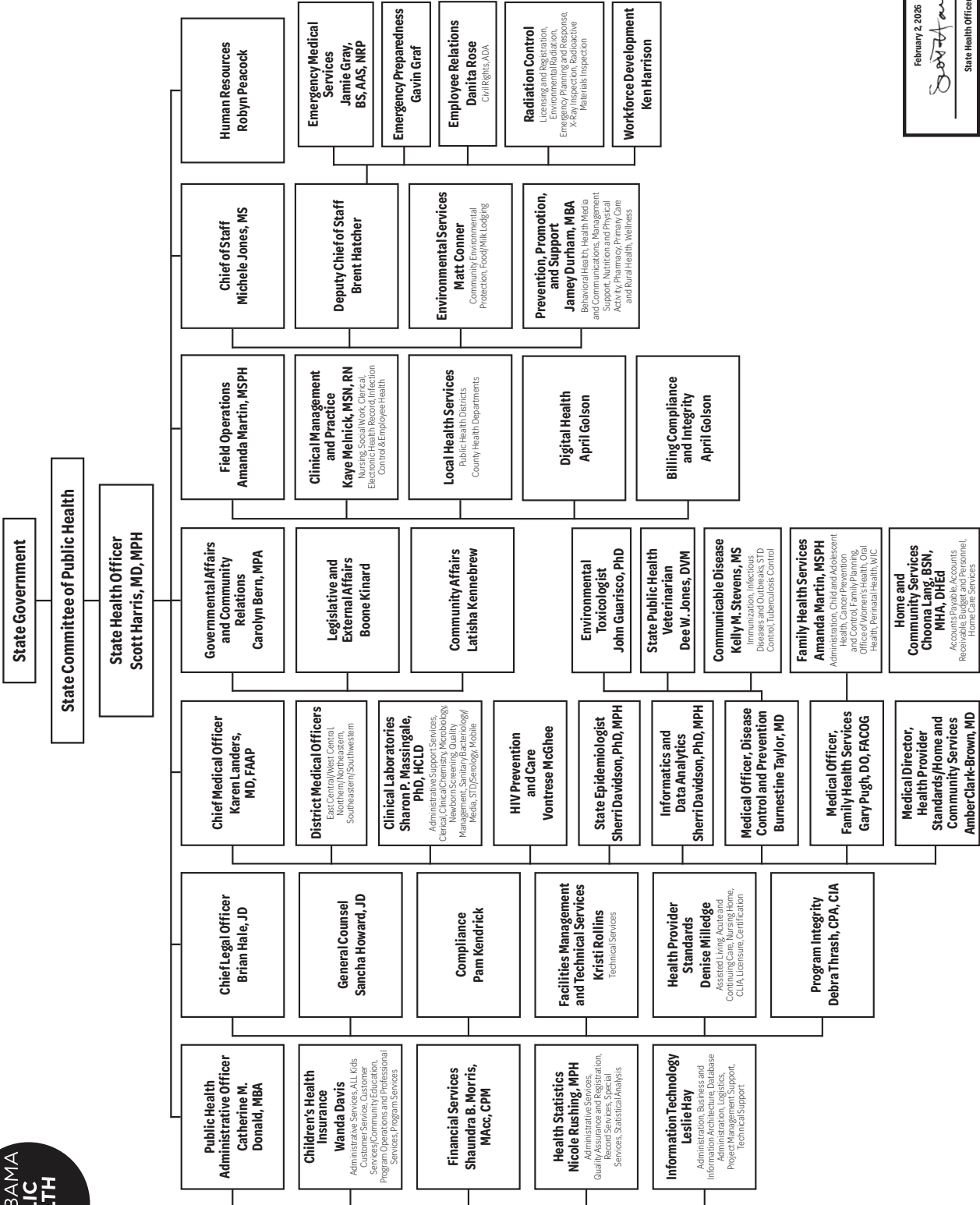
WEST CENTRAL DISTRICT

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



ADPH ORGANIZATIONAL CHART

February 2, 2026

 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.