

ALABAMA DEPARTMENT OF PUBLIC HEALTH'S COVID-19 PANDEMIC RESPONSE MOVING FORWARD

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A Bit of History

Alabama's response to the COVID-19 pandemic has been unparalleled as ADPH worked to mitigate the effects of the largest outbreak of a single disease in more than a century. The implications of the emerging global crisis were recognized early, and partners began to prepare for the possibility of an exponential growth in infections from a novel virus. Beginning in mid-January 2020, ADPH worked to learn, prepare, and provide the most up-to-date information about the new coronavirus, SARS-CoV-2, that became known as COVID-19. As a clearer picture emerged, precautions were recommended, the State Bureau of Clinical Laboratories began testing for the novel virus, and news conferences were held to provide guidance.

On March 13, 2020, the first case of COVID-19 was confirmed in Alabama. Four days later, protective orders were issued as additional cases were confirmed. Decisions were needed early in the pandemic when little was known about the virus, people had no immunity, and treatment was unavailable. Recommendations for prevention were not made in isolation, but with consultation with leaders at all levels of government, physicians, other healthcare professionals, Alabama hospitals, elected officials, law enforcement, and community stakeholders in a Unified Command. General information was frequently updated and provided to the public through the news media, websites, and toll-free telephone lines. Many unprecedented challenges had to be faced as states were competing for scarce resources such as necessary personal protective equipment and ventilators. Concerns centered around bulging hospital and ICU bed capacity.

Once vaccine became available, through community input, stakeholder expertise, and building robust partnerships, ADPH worked to create programs to deliver significant resources – stockpiles of personal protective equipment, numerous testing and vaccine sites, and the technology and communication tools necessary to monitor and inform the public. A three-phased approach was planned for vaccine distribution and administration with healthcare providers, residents of long-term care, and the vulnerable elderly first in line. Alabama built its response to the pandemic using

the latest available scientific knowledge and real-time data. Partnerships included members of high-risk and underserved communities.

COVID-19 affects everyone regardless of race, ethnicity, or political affiliation, and equitable vaccine distribution was a driving force in the implementation of vaccination efforts. When eligibility expanded, enormous crowds waited hours to attend large-scale mass vaccination clinics held in Alabama cities.

From the beginning, data and the best scientific information available have been used to drive response, with data collected by race, ethnicity, gender, age, and geography. Underserved communities were targeted, and drive-through clinics accessible to those with disabilities were opened in the Black Belt region and rural areas selected utilizing the Centers for Disease Control and Prevention's Social Vulnerability Index to offer vaccination clinics. Special efforts were needed to reach residents of communities which were disproportionately impacted by COVID-19. A research study found Alabama ranked ninth best in the nation in providing vaccine accessibility to people in marginal communities.

With the change in trends and now that widespread testing and treatments are available, Alabama can adapt our response for the current stage of the pandemic – moving from crisis response to disease management. Equity remains important in ensuring the right tools reach those most at risk for severe disease from COVID-19. As we remain vigilant and respond to changes in the virus, keeping the public well informed remains a priority.

The Changing Context

The COVID-19 landscape looks different today than it did two and one-half years ago, and the scene will continue to evolve. We have learned more about the virus and now have several effective tools that reduce risk for people.

- Vaccines and boosters are widely available and help protect against severe illness, hospitalization, and death for infants 6 months through people of advanced age.

- Treatment is available for people at higher risk of severe disease.
- There are adequate supplies of testing and personal protective equipment.
- Immunity in Alabama’s population has increased considerably, both from vaccination and from past infection. While people who have been infected with COVID-19 do have some protection against the virus, studies show that infection-acquired immunity waned after 1 year in unvaccinated participants. Protection remained consistently higher in those who were subsequently vaccinated, even in persons infected more than 18 months previously.

Core Principles

The following principles undergird Alabama’s plan for this next stage of pandemic.

- **Empowering Individuals.** As people return to their normal routines, they need to make informed decisions on how to best protect themselves and their families. While the pandemic is not over, with vaccines, boosters, and other tools at our disposal, in most instances individual decision-making and risk assessment is the appropriate path forward. The focus will be on protecting those most vulnerable to serious illness.
- **Maintaining Health System Capacity.** ADPH will continue to coordinate with the healthcare community to preserve healthcare system capacity in the event of future surges. It is vital that healthcare providers meet the needs of those who have COVID-19 as well as anyone else needing care whether it be for cancer, heart disease, or an injury.
- **Collaborating with Local Partners.** A central tenet of ADPH’s strategy has been to develop partnerships with local health departments, healthcare professionals, community leaders, businesses, and advocacy groups and a myriad of other local, state, and federal entities that have been integral to Alabama’s COVID-19 response. Partners will support resilience and speed recovery.
- **Prioritizing Equity.** ADPH will continue to ensure equitable access to the information and tools people need to best protect against COVID-19. This work begins with our ongoing commitment to data transparency by race, ethnicity, gender, age, and geography and using that data to drive policy and action. In addition, Alabama will continue to direct its resources to communities most at risk from COVID-19,

including historically marginalized populations, people with disabilities, and older Alabamians.

Leading with Data Transparency

Alabama has relied on science, real-time data, and key metrics to guide its pandemic response. Because each metric has limitations, the state has used a combination of metrics rather than relying on any one metric. As we move into this next phase, some of those key metrics no longer meet the current need. For example, the rise of antigen testing, including at-home testing, makes the percent of tests that are positive less reliable.

CDC COVID-19 Community Level. The CDC publishes a weekly map categorizing counties in the country as low, medium, or high. The level is based on hospital beds in use, hospital admissions, and new COVID-19 cases. This tool can help people understand COVID-19 spread in their community and provides recommended actions people may want to take.

Operational Preparedness and Recovery

In addition, ADPH will work with our partners to address the chronic underfunding of the state’s public health system to build a sustainable public health infrastructure and strengthen it at the community and state level. While Alabamians have demonstrated resiliency, support will be needed to recover stronger. ADPH will focus on priorities that are grounded in whole-person health, driven by equity, and responsive to the lessons learned responding to the greatest health crisis in our lifetime.

Conclusion

As Alabama moves to the next chapter, ADPH is shifting strategies from emergency response to one that minimizes daily disruptions to our lives. The COVID-19 virus will be with us in the future. We encourage you to speak with a health provider you trust as you consider your own risk and the actions you take. Fortunately, while COVID-19 can still cause harm or change in unpredictable ways, we now have the tools and knowledge to manage and live with the virus. We can do this by building structures and processes that prepare us to react nimbly to ongoing changes – whether they be a new variant, new vaccine or treatment, increase in spread, or testing demand. Strengthening the state’s health care delivery is needed to confront future crises. Together, we can create the best opportunity to support health and wellbeing for all Alabamians.