Coronavirus Pandemic: The Beginning

The year 2020 will mark an unforgettable milestone for all of us living today. Everyone's life has been immeasurably changed by the novel coronavirus SARS-CoV-2. Words such as social distancing, PPE, N95 and quarantine are in common parlance. For most, the changes wrought by COVID-19 have brought about disruption and disappointment; for others, illness ranging from mild to severe; for others, loss and despair. As of mid-June, nearly 800 Alabamians have succumbed to this deadly virus.

Long before the World Health Organization officially declared the pandemic on March 11, ADPH leaders and teams were meeting, strategizing, and acting to protect the public health from the infectious disease. In mid-January efforts were underway to provide the most up-to-date information to the public about the novel coronavirus.

The department was in daily contact with the Centers for Disease Control and Prevention (CDC) and coordinated response efforts with multiple agencies at the local, state and federal levels. Concerned employees responded and adapted to what has often and accurately been called “an emerging, rapidly evolving situation.”

In early March, State Health Officer Dr. Scott Harris wrote the following message posted on the department’s website, and the recommendations still hold true: “As a clearer picture is emerging, ADPH advises the general public that the best way to avoid infection is to wash your hands frequently, avoid touching your face, cover coughs and sneezes, stay home when you are ill, and practice social distancing strategies such as staying 6 feet apart from other individuals.”

The State Health Officer cautioned the public about the dangers of misinformation and noted the department’s considerable amount of experience dealing with infectious diseases -- Ebola, Zika and H1N1 influenza.

State Health Officer Dr. Scott Harris addresses the media at a March 16 news conference.

Dedicated Bureau of Clinical Laboratories employees are on the front lines in the fight against COVID-19.

Years in advance of the pandemic, Alabama hospitals had planned strategies and emergency preparedness plans to deal with disease threats. The department launched a serious infectious disease network in 2017. Plans were made for treating serious infectious diseases, a protocol was in place, and it had been...
The Alabama Department of Public Health and the Alabama Department of Mental Health launched a statewide campaign in December, Stop Judging. Start Healing., aimed at assisting friends, family, physicians, mental health care clinicians, substance abuse prevention and treatment providers and all people in Alabama to change the way we speak about individuals with mental health illness, substance and opioid use disorders, HIV and hepatitis C.

A joint agency news release cautioned, “The language we use can be hurtful and harming to the people we care about. Using words that help and support others is important. Decreasing stigma surrounding mental health illnesses, substance and opioid use disorders and HIV and hepatitis C is vital to ensuring accurate information is shared with those we love and care for.”

“People with these conditions often fear that others are blaming or judging them,” State Health Officer Dr. Scott Harris said. “These conditions are manageable, and so it is important for everyone to understand that irrational fear creates barriers to people seeking and receiving care. Compassion helps break these barriers. Everyone deserves dignity, compassion and support.”

The campaign encourages the public to have open conversations to break the cycle of stigma by sharing kindness and understanding. It further reminds the public that changing the way we talk changes people, and the words providers and families use are powerful.

“The stigma that surrounds mental illness and substance use disorder is the number one barrier to treatment and recovery. We must learn how to speak in positive terms, support our friends and family, and offer appropriate resources to people who need our help,” said Commissioner Lynn Beshear, Alabama Department of Mental Health.

“Partnering with the Alabama Department of Public Health is the right, next step in the movement to educate practitioners, providers and the people of Alabama, in decreasing the stigma surrounding diseases that affect the mind and body. Support for total health is necessary for the well-being of an individual,” Commissioner Beshear continued.

The statewide campaign consists of television, social media and radio advertisements, with a targeted delivery of information to medical professionals to increase awareness of the importance of the use of people first language. The videos can be seen and shared on social media using #stopjudgingstarthealing.

**Alabama’s Health**

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

Jamey Durham, M.B.A. ___________ Director, Bureau of Prevention, Promotion, and Support

Arrol Sheehan, M.A. _________________________________ Editor

Noelle Ahmann _________________________________ Graphic Designer
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practiced. Accordingly, travelers to mainland China who returned to the United States were advised to report to the Infectious Diseases and Outbreaks Division as soon as they arrived. Disease intervention specialists began contact tracing with these first potential patients.

Public health authorities including Chief Medical Officer Dr. Mary McIntyre recommended Alabamians protect themselves from COVID-19 by getting a flu shot and taking other precautions since no vaccine is available for the highly contagious virus. Cases were anticipated, and many employees began working 16-plus hour days, seven days a week.

But the scope and scale of this current pandemic became much larger quickly. The first case in Alabama was recorded on March 13 in a Montgomery County resident, and Governor Kay Ivey declared a state of emergency. Increasingly stricter health orders followed placing size limitations on public gatherings, food establishments, and other retail venues and businesses. Schools were ordered closed. The first death in the state attributed to COVID-19 was reported in a Jackson County resident on March 25.

Days of Surprise

Upon starting at ADPH in October 2017, one of the first things I did was to review my Responsibilities and Results (R&Rs) during orientation. They were, of course, dental related—well, for the most part. The very last one read, “Respond to emergency and disaster assignments when called to duty.” I’ll have to admit, that was intriguing...and maybe a little ominous. Little did I know I would soon find out just what that responsibility would entail. Enter, the COVID-19 pandemic.

Public Health responsibilities evolved from an everyday routine to days of complete surprise. The Oral Health Office staff (of which there are only four—and one of those is on maternity leave) has had the opportunity to assist in answering coronavirus questions/concerns via emails and telephone, learn the process of and carry out contact tracing, assemble test kits, deliver test kits and PPE to county public health offices, deliver Remdesivir to hospitals, and deliver 150,000 KN95 masks from FEMA to the Alabama Dental Association (in the rain on a flatbed “cattle truck” look-alike, no less) for distribution to dental offices throughout the state. This, while simultaneously maintaining normal program activity such as implementing strategies of Alabama’s first State Oral Health Plan, providing oral health kits to the underserved, and learning the concepts and nuances of virtual meeting presentations, just to name a few.

For me personally, these additional experiences have broadened my grasp of what Public Health is all about. I have met phenomenal people throughout the state in all walks of life, and travelled to places I never even heard of (who knew there was a Slick Lizard Road in Nauvoo, Ala.?). Public Health is a tremendous number of amazing people doing things they’ve, at times, never done—or heard of—in the interest of saving lives...and I wouldn’t trade being a part of it for anything. In the words of Alan Turing, “Sometimes it’s the people no one imagines anything of who do the things no one can imagine.” At Alabama Public Health, I am one of those people.

Tommy Johnson, D.M.D., State Dental Director
Unified Command: A Framework to Combat COVID-19’s ‘Silent Tsunami’ and ‘Slow-moving Disaster’

Governor Kay Ivey established the Alabama COVID-19 Unified Command on March 30. The Unified Command is composed of the department along with the Alabama Emergency Management Agency (AEMA), the Alabama National Guard, and the Alabama Forestry Commission. The Unified Command meets twice daily to provide the latest facts and handle the informational and logistical challenges of COVID-19. In recent interviews, state leaders in the Unified Command discussed their roles.

Col. (Retired) Jim Hawkins spent 30 years with the Alabama National Guard as director of military support where he gained a lot of disaster experience. He retired to work in the private sector but returned at the request of Governor Ivey on March 25 to serve as interagency coordinator. Hawkins considers his appointment and being part of the team “an enormous privilege and a genuine honor” in this challenging period for Alabama. He stressed the critical importance of pre-event relationships in making Unified Command the success it is.

Unified Command exists in the Incident Command System in situations when more than one agency is needed. Sound policy decisions are based on command. It is a framework that can change and is flexible. The hierarchical structure of the Unified Command is different from the everyday organizational structure, and people work outside the supervisory chain.

“Each agency comes with its own core competencies,” Hawkins said. “With the pandemic, it is difficult to see the scope of this slow-moving disaster in this challenging period.”

Hawkins concluded, “This hugely important event is a complex situation. Lives matter; health matters, but we have to maintain the livelihood of our citizens. The state has taken a balanced approach, but we err on side of saving lives because we will rebuild our economy.”

State Health Officer Dr. Scott Harris said there have been many challenges related to the pandemic. When he first learned about the epidemic in Wuhan, as an infectious disease specialist he took an academic interest in the virus and followed it clinically. Widespread travel was occurring to and from China and the United States at that time. It is now clear the U.S. underestimated the risk and scope of coronavirus disease.

The department’s Scientific Response Section was activated in January. After the first diagnosed case and the catastrophic outcomes in Washington State and New York in mid-March, it was soon apparent Alabama would need to rely on partner agencies to help coordinate the many moving parts of dealing with the pandemic. Unified Command is a way to bring different areas of focus together and work with the same vision to respond in a timely way.

“Most challenges are really obvious to the public,” Dr. Harris said. “With a flood or an ice storm, there is no need to convince people to act. Most disasters have a beginning and an end, but with the pandemic you can’t see the physical results and we know it will continue for a long time. Months into the response, people are experiencing COVID fatigue.”

Dr. Harris said, “People are social creatures who want to be around people. Those are behaviors you can’t unlearn, but there are still many cases and deaths. Our agency’s mission is to promote health and safety, and mitigate health risks in the environment. We spend a lot of time on preventive care, and we are here to treat the state of Alabama as our patient.”

Partner agencies possess different strengths and skill sets. Alabama has relied on them to collect data on a larger scale than ever before, use their experience in managing disasters, obtaining resources, continued on page 5
decontaminating nursing homes, and other aspects of
the response. This has involved learning one another’s
capabilities, building relationships that can be relied
upon, and trusting each other.

The lesson is, Dr. Harris said, “We’re all stronger with
all of us working together than individually. We have
built good partnerships to last a long time.”

**AEMA Director Brian Hastings** has been tracking
COVID-19 since January when it became known that
Wuhan, China, could not contain the transmission of
infections with this highly efficient virus. This was of
particular interest to Hastings because his military
background included response to containment of
communicable diseases such as Ebola. Preparedness
activities for pandemics are different from other
disasters because unlike a hurricane or tornado, the
pandemic’s devastation cannot be seen. Hastings
compares COVID-19’s magnitude to a “silent tsunami”
created by just dropping a pebble into a large bay.

A principle of emergency management is saving lives
and mitigating suffering, Hastings said. The Unified
Command exists in Incident Command System when
more than one agency is needed. This puts one
enterprise in charge, aligning all activities in a crisis.
If there is no unified strategy, he explained, agencies
may be defeating their shared purpose by failing
to communicate and duplicating efforts. Normally
the lead coordinating agency is AEMA, but in this
pandemic, multiple agencies are involved and remain
in close coordination with each other.

“We bring all forces together so we can work with
all strengths to solve Alabama’s problems,” Hastings
said. “The key role of the AEMA is the power of our
partnerships. Because we provide coordination
and have built relationships with counties and
tribal organizations, we are capable of mobilizing
partners and bringing structure and discipline. By
having clarity and comfort, people can then join with
commonality to solve problems when looking at
Unified Command as a whole.

“Culture trumps things,” Hastings said. “If you mirror-
image your response from previous events, it’s a
recipe for disaster. We must remember the tactics of
the past may not be the way to go.”

**General Jerry Martin** of the Alabama National
Guard had been involved in past large-scale exercises
with flu epidemics and disasters which provided
relevant experience to prepare for the pandemic. The
toughest part for him is not knowing the impact of
the pandemic and the need to keep mission ready and
provide support for strategic partners.

He explained that Unified Command is very simple--a
structure where the pillars are the policy makers, and
interagency coordination and communication are key
in coming up with objectives and strategies. “There is
no success without information flow,” Martin said, and
communication with stakeholders is important.

Martin is proud of the breadth of knowledge and skill
sets possessed by the 9,500 plus Alabama National
Guard members, more than 700 of whom are on
active duty. One example of how the Unified Command
filled a gap is exemplified by a recent need. When
translations for public health orders were needed,
a National Guard linguist was readily available to
complete the necessary translations. Guard members
with skills in accounting and medical areas from their
civilian lives are also critical in COVID-19 response.
The Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE) selected Dr. Karen Landers, District Medical Officer for the Northern and Northeastern districts, as a CDC U.S. TB Elimination Champion. The honor was given for making a significant contribution to preventing and controlling TB in the United States.

“DTBE appreciates your commitment to improving public health and would like to recognize you as a leader in TB elimination,” a communication notifying Dr. Landers of this award stated. “By sharing your story of success, DTBE hopes that other organizations learn and become inspired to end TB in their own communities.”

The story was shared on the CDC website and social media channels beginning March 16.

COVID-19 Data and Surveillance Dashboard Provides a Wealth of Information

Vital demographic data regarding COVID-19 is made readily available to the public because of the department’s live, interactive dashboard that provides data on cases throughout the state. The dashboard continues expanding thanks to the dedicated work of epidemiologists and others with the Infectious Diseases and Outbreaks Division of the Bureau of Communicable Disease and Ginger Boling and Brenda Ryals of the Bureau of Information Technology, among others including Jennifer Allen of the Health Media and Communications Division of the Bureau of Prevention, Promotion, and Support. Epidemiologist Amanda Ingram describes how the system operates in this article.

On March 6, 2020, State Health Officer Dr. Scott Harris issued an emergency order declaring COVID-19 reportable to the Alabama Department of Public Health (ADPH). This means that certain individuals and entities, known as required reporters (e.g., healthcare providers, healthcare facility administrators, medical examiners, etc.), must notify ADPH of all individuals with a positive SARS-CoV-2 laboratory result within a specified timeframe. Laboratories (i.e., public health, commercial, and clinical) are required to report all SARS-CoV-2 laboratory results, including both positive and negative results, electronically.

Once these results are received by ADPH, they are either manually entered or electronically pushed into ADPH’s electronic disease surveillance system known as ALNBS [Alabama National Electronic Disease Surveillance System (NEDSS) Base System]. ADPH uses ALNBS to manage reportable disease data and send information regarding nationally notifiable diseases to the Centers for Disease Control and Prevention (CDC). Investigations are created from these laboratory results and assigned to disease investigators for case interviews and identification of close contacts (e.g., household members, intimate partners, and those individuals who were within six feet of the case for 15 minutes or more).

A separate team, known as contact tracers, follows up on each close contact identified during the initial interview. If any of the close contacts are symptomatic or have a positive SARS-CoV-2 laboratory result at time of contact interview, the process starts all over again. If the close contact does not have any symptoms, they are provided a survey link to notify ADPH if they become symptomatic after the contact interview is completed.

If a COVID-19 case subsequently dies, the medical record is requested, and the investigation is updated to reflect the case is deceased. To harmonize with the National Center for Health Statistics’ guidance for certifying deaths due to COVID-19, states were asked to indicate a case died due their COVID-19 infection if the decedent had one of the following:

- A positive SARS-CoV-2 nucleic acid amplification laboratory result, OR
- A death certificate with COVID-19 listed as either the primary or underlying cause of death

Epidemiologists analyze data collected during these interviews to inform data-driven decision-making processes, as well as provide situational awareness to the public. ADPH information technology staff uses ArcGIS to visualize these trends and monitor state- and county-level statuses in near real-time in a variety of formats, including temporal and spatial visualizations, on a public-facing dashboard.

The process of how data gets displayed on the dashboard begins with epidemiologists pulling data...
COVID-19 Hotline and Email Team Embrace Role

A team in the RSA Tower can be found at work 7 days a week answering telephone and email questions from the public about COVID-19. The team is composed of individual employees whose public health classifications run the gamut. They respond promptly, research for latest guidance as it evolves, and offer a willing ear or comforting words when Alabamians reach out to them. Team leader Ken Harrison takes pride in these professionals as they respond to a variety of questions from healthcare providers, to business owners, to parents concerned about summer camp safety.

"We have a dedicated telephone and email team that has embraced their role during this emergency declaration," Harrison said. "They are offering a vital service by providing information and resources that inform, protect, and preserve the health and safety of our fellow Alabamians. People are coming to us because they need advice, they need information, and sometimes, they are just afraid and need someone to talk to in a supporting role. What we have seen is the community trusts us (ADPH) for guidance and understanding during these difficult times."

Ken Harrison, Workforce Development Program Coordinator, Office of Human Resources

Dashboard, continued from page 6

From the ALNBS database and creating a view of COVID-19 cases. The view is extracted, transformed and loaded (ETL) into ArcGIS Geodatabase. In ArcGIS Geodatabase, various views are created to summarize data and/or to present data in specific formats, such as temporal format or time series data, and moving average calculation. The selected views for the dashboard are pushed to the cloud into feature layers. Feature layers not only feed content to ADPH’s dashboard application, but allow non-ADPH programmers to pull the data for use on their own websites.
Bureau of Clinical Laboratories Employees Perform Crucial Services

Laboratorians conduct COVID-19 testing at the Bureau of Clinical Laboratories for people at highest risk for COVID-19. During the 44th Annual National Medical Laboratory Professionals Week in April, State Health Officer Dr. Scott Harris thanked “heroes in lab coats” for performing invaluable work to support the health of patients and communities. In a video message, he praised “the unparalleled efforts and commitment of these highly skilled professionals during this pandemic.”

Temperature Screenings

One of the COVID-19 workplace safety measures is making temperature checks. Wellness nurses Joanne Gilliland, left, and Chris Caldwell are among those offering temperature checks in the RSA Tower.

National Guard Mission is to Meet COVID-19 Challenges

I’ve had the opportunity to work many disasters, but the COVID-19 response is the first time I have gotten to work closely with the Alabama Army National Guard. I have enjoyed learning about their organization, their culture, and what they can bring to the fight.

Alice B. Floyd, BSN, RN, Acute Health Systems Manager
Office of Emergency Medical Services

ALPHA Conference Update

The 64th Annual Health Education Conference of the Alabama Public Health Association has been cancelled for 2020 due to the COVID-19 pandemic. ALPHA President Melanie Dickens reports that the awards presentation and conference will be deferred until the 2021 conference and the current board will remain in place.
Commendations

If you would like to praise employees for their accomplishments, send letters of commendation to the State Health Officer or the employee’s supervisor and a copy by e-mail to Arrol.Sheehan@adph.state.al.us for inclusion in this list. Four items are needed: the employee’s name, work unit, name of the person making the commendation, and his or her city and state.

Georgette Blackmon
Center for Health Statistics from Richard Christopher
Russellville, Ala.
John Steigerwald
Huntsville, Ala.

Kathie Cleckler
Center for Health Statistics from LaShawn Norman
New Market, Ala.

Cernesa Fenderson
Center for Health Statistics from Linda Norman
Buffalo, N.Y.

Saundra Gray
Center for Health Statistics from Tiwania Fretwell
Bay Minette, Ala.

Bettina Frizzle
Center for Health Statistics from Jefferson County Coroner/Medical Examiner’s Office
Birmingham, Ala.

Casandra Henderson
Center for Health Statistics from Sybil Nell
Cleveland, Ohio

Chondra Hudson
Center for Health Statistics from Tommie Hairston
LaGrange, Ga.

Ted Johnson
Center for Health Statistics from Grady Cunningham
Dade City, Fla.

Brittany Marzette
Center for Health Statistics from Lorean East
Indiana

Leesa Massey
Center for Health Statistics from Deborah Haynes
New Orleans, La.

Shayla Santiago
Center for Health Statistics from Marsha Buchanan
Opelika, Ala.
from Linda Hudson
Thomasville, Ala.

Xuejun Shen, Ph.D.
Center for Health Statistics from Paul C. Erwin, M.D., Dr.P.H.
UAB School of Public Health
Birmingham, Ala.

Debra Starks
Center for Health Statistics from Brady
Montgomery, Ala.

Tamekie Washington
Center for Health Statistics from Ms. Dora Woody
Auburn, Ala.

United Spirit Enables Assembly in Record Time

One of my proudest moments as an ADPH employee presented itself with the recent opportunity to work side-by-side with coworkers at the ADPH warehouse in the assembly of COVID-19 test kits. While several faces were familiar, names were unknown. However, our united spirit of readiness, commitment and solidarity caused a fellowship that has allowed each of us to become familiar with names, the units in which we normally serve, and personalities that will not be forgotten. Although I had concerns about physically working in such close proximity, my trepidation soon subsided with the realization that our coordinated effort afforded me an unexpected sense of purpose. The simple fact that our efforts impacted so many lives across the State of Alabama was so fulfilling. Thousands of test kits were assembled by ADPH employees from varied professional backgrounds. However, our backgrounds were inconsequential because we all came with willing hearts, strong legs and quick hands. Test kits were assembled in record time, and prayerfully, saved the lives of all of the Alabamians who were anxious to determine whether they had contracted the virus.

Special kudos to JT, Karl, Vanessa, Caroline Mac, Reggie and the rest of the crew who made my assignment such a wonderful experience!

Although we are still in this storm, one day the sun will shine again. Masked! 6 feet! ...and Ready!

Thank you for the opportunity to share.

Yolande M. Johnson, Deputy Director
Office of Program Integrity

District Social Worker Navigates Treatment for COVID-19 Positive Patient

A district social worker was contacted by a COVID-19 positive patient who had no health insurance to seek treatment or a primary medical home. The social worker’s first hurdle was to find a physician willing to accept the patient, but she was able to find two options and worked with local resources to acquire a donation for the required co-pay.
Retirees
The following departmental employees have retired recently:

**March**
- Betty Buckelew
  Northern District
- Dory Galloway
  Northern District
- Darnita Kyser
  Southwestern District
- Kimberly Parker
  Information Technology
- Martha Skeen
  Southeastern District
- Sterling Wimbish
  Southeastern District STD

**April**
- Frances Ankum
  Southwestern District
- Amy Baker
  West Central District
- Linda Beasley
  Northern District
- Tamara Clem
  Northeastern District
- Gloria Culbrick
  West Central District
- Debbie Curry
  West Central District

**May**
- Diane Beeson
  Prevention, Promotion and Support
- Shirley Calloway
  Immunization
- Cheryle Debardelaben
  East Central District
- Charles Lail
  Prevention, Promotion and Support
- Carolyn Moore
  Communicable Diseases
- Debbie Parker
  Family Health Services
- Jessie Robinson
  West Central District
- Angela Shoultz
  West Central District
- Sherrie Shrewsbury
  West Central District
- Jeffrey Wright
  Financial Services

**June**
- Jeanne Dickinson
  Health Statistics
- Donna Doyle
  Southeastern District
- Sherry Reeves
  Northern District

**July**
- Charlynda Pierce
  Clinical Laboratory
- State Health Officer Dr. Scott Harris congratulates Chris Haag, right, deputy director of the Bureau of Family Health Services, upon his retirement in February after more than 31 years of service.
- Debbie Moulton of the Bureau of Family Health Services retired effective Feb. 1 after more than 25 years of service.
- Mary Gomillion, Northeastern District Administrator, left, and Mark Johnson, Assistant Administrator, are shown with Marilyn Waker at her retirement reception on March 6. Ms. Waker retired with 25 years of service and served in the Home Care Division in the Remote Patient Monitoring position.
Employees from All Ranks Come Together to Assemble COVID-19 Test Kits

When COVID-19 emerged, JT Mathis and a warehouse crew of just three people, Rick Thomas, Aaron Ward, and Joe Lee, were working long hours fulfilling requests for personal protective equipment and other stockpiled equipment and material. The communications officer and deputy director of Logistics with the Center for Emergency Preparedness and his team spent long, arduous days making sure PPE and testing supplies were delivered promptly.

As the situation expanded, William Hurst from Inventory Control and Administrative Support Assistant Angela Smith from Property offered to help. Ms. Smith maintained accountability of the hand receipts and Hurst helped on the warehouse floor. When IT problems arose, David Newman of the Bureau of Information Technology assisted in getting the printer operating for printing bills of lading. Everyone that was called on was quick to help us.

With a lack of testing kits in the state and the critical need to distribute the kits as soon as possible, it was decided that the orders must be handled in a careful and organized manner despite their urgency. An assembly line needed to be set up to make this happen.

Before the process started, Mathis met with leaders from the Bureau of Clinical Laboratories, Director Dr. Sharon Massingale and Assistant Director Dr. Aretha Williams. Microbiologist Evelyn Geeter also answered questions on the various types of swabs, handling of the viral transport (tube) media (VTM), and the process that a nurse takes to collect a specimen.

“They are remarkable women,” Mathis said. “There were some very technical questions about shelf stability that they answered.” All of this information is crucial, because the lack of just one item in a COVID-19 test kit could make it unusable or, even worse, result in a failed test for a person experiencing symptoms. If temperature-sensitive VTM was not stored correctly, it would spoil. And with supplies being difficult to obtain, if one component was missing from the kit, a sample could not be taken. Mathis compared each piece in the kit to a piece of gold. There was a critical shortage of these supplies.

On March 26, a team of 20 to 25 Central Office volunteers from different bureaus and offices arrived at the warehouse and were asked not to share pictures on social media or to disclose the contents of the kits.

The test kits were needed throughout the state. Once the assembly process was perfected, where nearly 600 kits were built hourly, teams of volunteers would arrive daily to increase the inventory of kits.

As the inventory was depleted, a request for volunteers was sent to the Office of Human Resources. Brent Hatcher, Lisa Jones and Carrie Allison reached out to departmental directors. Often these emails were coming through in the evening hours. Directors Amanda Martin, David Turberville and Kristi Rollins called often to ask if more help was needed. Then as morning arrived, volunteers—some that had helped in the past, others coming for the first time—would come from home during the stay-at-home order. Alabama needed to test citizens; volunteers rushed to the call to fulfill this need.

Assembly tasks include unpacking transport boxes for shipment, adding cold bricks to preserve specimens when mailed, Ziploc bags, absorbent paper, nasopharyngeal swabs, prepaid shipping label to the State Lab, instructions for specimen collection, quality check to ensure everything has been added to the kit, and the kit is taped closed. Then a Central Office volunteer takes the box to a conveyor belt where it is placed on a pallet. Each pallet contains 100 test kits. Some are delivered, and others are picked up by hospitals, nursing homes, county health departments, and correctional facilities all throughout Alabama. The Alabama National Guard members help load the boxes into vehicles for transport.
The assembly line of Central Office volunteers composed of employees of all titles; from administrative support assistants to departmental directors and nurses, each bringing a diverse skillset of experience and knowledge. Teams work from 8 a.m. until 4:30 p.m. nonstop. Days are long, hot, and seemingly nonending for workers who are justifiably proud that in a single day they have assembled 4,000 kits.

“There are no egos—everyone is coming together to build test kits for a community, and there’s an awareness of its importance,” Mathis said. “It’s created a lasting memory of community. Not one person was in a foul mood. It humbled me because we are public servants to our community and at the end of the day, everybody helped each other.”

The requests continue to come in, and Mathis is confident the quality of the operation will remain high.

A special thank you to Central Office volunteers:

Campaign Highlights Winning Smiles of Third Graders

To kick off National Children’s Dental Health Month in February, on Jan. 31 the Oral Health Office announced the winners of the third annual smile photo contest for third grade students in Alabama.

Two children, one girl and one boy, were selected from photo submissions as the overall winners of the “Share Your Smile with Alabama” campaign. Brison Williams of Lafayette Lanier Elementary School in Valley and Saya Bell of Paine Elementary School in Trussville were selected as the contest winners. The pair of third graders will be spotlighted in upcoming ADPH marketing campaigns to promote children’s oral health in the state.

This year’s national campaign slogan is “Fluoride in water prevents cavities! Get it from the tap!” Fluoride is a mineral that exists naturally in nearly all water supplies, and the optimal level is reached when a public water system properly adjusts the level of fluoride. The year 2020 is the 75th anniversary of community water fluoridation in the U.S. Studies conducted over the past 60 or more years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay.

State Dental Health Director Dr. Tommy Johnson said, “Dental decay is preventable, and fluoridation can play a large part. Fluoridation is important for young children because it strengthens the enamel to make it resistant to tooth decay. By drinking tap water containing fluoride and developing good oral health habits such as brushing and flossing, kids will get a good start on a lifetime of healthy smiles.”

Cavities (also known as caries or tooth decay) are one of the most common chronic conditions of children in the United States. Untreated dental cavities can cause pain and infections that may lead to problems with eating, speaking, playing and learning. Children who have poor oral health often miss more school and receive lower grades than their classmates.

The ADPH Oral Health Office is dedicated to preventing dental disease for Alabama’s citizens by promoting and developing quality, cost-effective community and school-based preventive, educational and early treatment programs which emphasize the elimination of oral health disparities.
Early in the pandemic, State Health Officer Dr. Scott Harris communicated by email and video messages his heartfelt thanks to employees as they learned to deal with COVID-19. In an email to employees he wrote, “We are living through an extraordinary situation, but I am awed at how I see ADPH pulling together to protect and preserve the health and safety of our fellow Alabamians. I feel a tremendous amount of pride every day in observing the dedication and diligence of you all. We are all doing vital work, and I know that we will all get through this together!”

Alternate duties meant the temporary reassignment of many, telework for some, and skeletal crews. New provisions were made for self-isolation, quarantine, paid emergency leave, curfew and wellness checks.

The department continues to provide education concerning COVID-19, including preventive measures and high-risk factors, specimen collection opportunities, case investigation, and contact tracing. In spite of COVID-19, modified public health services remain available including WIC, Immunization, TB Control and STD/HIV screening as well as Family Planning to provide for urgent needs of patients who use ADPH clinics.

In a statewide staff meeting June 4, Dr. Harris expressed his deep appreciation and thanks for employees’ “amazing work” when it seems that every day “is like seven Mondays.” He said, “You’re saving lives, and there’s no higher calling.”
Facemask Donations Help Protect Patients and Staff

Limited access to personal protective equipment led to a call for donations for home health from the Bureau of Home and Community Services for home health patients. In response, these colorful hand-sewn cloth facemasks were donated to the DeKalb County Health Department Home Health Office.

Nursing Home Preparedness and Response Goal of Meeting

Westside Terrace Long Term Care Facility in Dothan hosted a meeting May 21 with the purpose of building capacity for nursing home outbreak preparedness and response. Shown, left to right, are Dr. Nimalie Stone, CDC; Melanie Chervony, Epidemiologist, Infectious Diseases & Outbreaks Division; Kristy Hughes, RN, LNHA, Administrator; Stella Barnes, RN, Director of Nursing; and Ronald Berry, RN, Healthcare Coalition Coordinator. Participants discussed infection prevention and control strategies, testing recommendations, appropriate PPE use, conservation techniques and best practices.

Alabama Elks Association Donation Aids County Health Departments

Among the many donors to aid in COVID-19 response is the Alabama Elks Association. The donation is being used for county health departments, especially those located in rural communities where drive-in screening sites are being held.

“We appreciate the Alabama Elks Association’s generous donation during this unprecedented pandemic,” Carolyn Bern, director of Governmental Affairs and Community Relations, said. “We are grateful to the Elks Association members for helping us protect the citizens we serve.”

Elks Association State President Matt Kornegay said, “It is an honor to be able to assist the health department in this tremendous time of need for the citizens in our state.”

ADPH Field Operations Director Ricky Elliott said, “ADPH wants to ensure that all citizens experiencing symptoms or at high risk for COVID-19 have an opportunity to access screening sites in their communities. The Alabama Elks Association has provided ADPH with much-needed support for our county health departments to conduct additional free screening sites for communities across Alabama.”
S.H.A.D.E.
the SUN can HARM AND DAMAGE EVERYONE

90% of skin cancer is caused by exposure to ultraviolet (UVA and UVB) radiation from the sun.

1 in 5 Americans will develop skin cancer in their lifetime

A person’s risk for melanoma doubles if they have more than 5 sunburns, at any age

PREVENTION:
- Wear protective clothing
- Use sunscreen SPF 30+, reapply every 2 hours before going outside
- Seek shade, especially between 10-4 pm
- Wear 100% UV block sunglasses
- Wear a wide brim hat that is at least 2 inches
- Examine your skin for changes monthly

Skin cancer can effect anyone regardless of race or skin color.

Sun damage causes:
- Skin Cancer
- Cataracts
- Freckles
- Wrinkles
- Sun Spots

Sun damage builds up over time... prevention and early detection is key!
Public health environmentalists play an important part in disaster response, and the current pandemic is no exception. The June issue of the international publication *Environmental Health News* includes an interview with Tim Hatch, deputy director of the Center for Emergency Preparedness, about the role of environmental health in assisting with novel coronavirus COVID-19 mitigation efforts. A graphic accompanying the article includes a colorful head-and-shoulders representation of Hatch.

Hatch describes environmental health staff as "a very dynamic body of professionals." He said, "In disasters, EH removes the regulator hat and becomes more of a community support role." Environmental services remain essential because while restaurant dining areas may have been closed by the Stay at Home order, people still were allowed to purchase take-out food and temporary feeding sites were set up to provide nutrition for school children.

With the amount of personal protective equipment being used by health care personnel and others, the amount of waste increased markedly. The need for PPE disposal for hospitals and communities also increased the need for environmentalists to safeguard the public.

In addressing emergency preparedness for the future he regrets that, like other countries, the U.S. has relied on foreign manufacturers to produce the majority of PPE at a lower cost. But even with its great capacity, China could still not fill the global need. He also expressed concern about the needs of nursing home residents.

*Environmental Health News* is produced in the United Kingdom and is a publication of Environmental Sciences, a nonprofit, nonpartisan organization through the Chartered Institute of Environmental Health.

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**Calendar of Events**

**June 24, 9-10:30 a.m.**

**Addressing the Needs of Consumers with Substance Abuse Disorder (SUD) in the Age of COVID-19**

This program offers a chance to understand unique needs of individuals with substance use disorder in this age of COVID-19. Focus will be on understanding stressors, providing screening and referrals, and understanding risk of relapse for individuals in recovery. Program faculty will explore coping strategies for individuals with SUD - and other vulnerable consumers - in this time of heightened anxiety and grief. For more information, contact the Health Media and Communications Division, (334) 206-5618.

**Date to be announced**

**Intersection of Stigma and Fear: Living with HIV in the Age of COVID-19**

This program is designed to help providers working with persons living with HIV and at risk for HIV to identify how issues of pre-existing stigma may make coping in the age of COVID-19 more challenging. Focus will be on connecting stigma and accessing and remaining in health care and ways to heal from stigma. For more information, contact the Health Media and Communications Division, (334) 206-5618.

**Date to be announced**

**Self Care in Challenging Times: Care for the Caregiver in the Age of COVID-19**

This program invites health care workers to explore barriers to self care and the unique needs in a time of COVID-19. Emphasis will be placed on identifying and responding to workplace stress, managing unhealthy habits, and promoting a personal and workplace culture of self-care. For more information, contact the Health Media and Communications Division, (334) 206-5618.