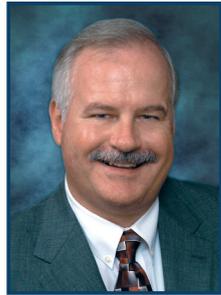




Alabama Department of Public Health
ANNUAL REPORT 2013

State Committee of Public Health



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A Letter from the State Health Officer

The Honorable Robert Bentley
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Bentley:

It is my privilege to present to you the 2013 Annual Report of the Alabama Department of Public Health. As we continue to deal with fiscal challenges, we have continued to work to improve and protect the health of Alabama's citizens.

The department has had the opportunity during the past year to be instrumental in several initiatives to improve the health outcomes of Alabamians. We have implemented the Southeast Stroke system and to date, 16 facilities are participating in the system. Our role was pivotal in assisting the University of Alabama with the development of the National Emergency Medical Services Information System Version 3.0. This will allow all areas in the state to be a part of the Trauma System.

Obesity continues to be a public health issue of concern for our state. Scale Back Alabama is a 10-week, weight-loss competition and public awareness campaign conducted in partnership with the department and Alabama hospitals, with support from Blue Cross and Blue Shield of Alabama. The program is conducted with the help of local employers (companies with ten employees or more), hospitals, and health departments. The statewide campaign held its seventh year in 2013 and had approximately 30,000 people from almost every county participate. During 2013, department staff continued to collaborate with Department of Education personnel to develop a quality physical education program for Alabama;

train teachers, principals, and superintendents on physical education benefits; and increase the number of students with disabilities participating in daily physical education classes.

The Alabama Strategic Alliance for Health Program provided community interventions in counties with significant health issues to support changes that improve the rates of obesity, diabetes, and cardiovascular disease in residents. This program assisted 15 counties in implementing interventions that promote physical activity and nutrition, reduce tobacco use and exposure, improve access to quality health care, and help eliminate racial and ethnic health disparities.

There have been significant policy changes in the state regarding tobacco use. To date, six cities have passed ordinances to protect citizens from secondhand smoke. Eighteen hospitals and eight colleges and universities have adopted tobacco-free and smoke-free campus policies, and all of Alabama's county health departments now have 100 percent tobacco-free campuses.

Enrollment in ALL Kids, Alabama's Children's Health Insurance Program, for 2013 remained steady, declining slightly from its peak in 2012, with 84,763 children. The low-cost, comprehensive health care coverage program provides regular check-ups and immunizations, prescriptions, vision and dental care, and mental health and substance abuse services for children under the age of 19.

A Letter from the State Health Officer

The Alabama Breast and Cervical Cancer Early Detection Program provides free breast and cervical cancer screening to underserved women in Alabama. Breast cancer screening includes clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Cervical cancer screening includes a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. If a patient is diagnosed with breast and cervical cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives. Data for 2012 shows that 159 breast cancers and 22 cervical cancers were diagnosed. Since 2001, more than 1,545 breast cancers have been diagnosed as a result of the free screening, and 360 cervical cancers have been diagnosed.

While we have accomplished much in 2013, there are still challenges that must be addressed. The infant mortality rate of 8.9 deaths per 1,000 live births in 2012 was the highest in the past 4 years. This represented the deaths of 519 infants who did not reach 1 year of age. One of the factors contributing to the rate is that infants delivered before 39 weeks of gestation are at higher risk of admission to neonatal intensive care units (NICUs) and of death. We are currently working with other health care providers to reduce the occurrence of elective deliveries prior to 39 weeks.

During 2013, Alabama became the twenty-second state to add Critical Congenital Heart Disease to the state newborn screening

panel. This screening helps identify seven primary cardiac defects. Since screening began, five infants have been identified with primary Critical Congenital Heart Disease, and eight infants have been identified with coronary heart disease.

As of December 2013, there were 540 public and private providers enrolled in Alabama's Vaccines for Children program, which is managed by the department's Immunization Division. More than \$55 million worth of vaccines were distributed to providers actively vaccinating children and adolescents in the state.

Over the past year, it has been my privilege to work with both Public Health and Medicaid. In that role, I have observed the important role each agency plays in protecting and improving the health of our fellow citizens. We remain committed to those goals. I am convinced that by working with our partners in both the public and private sectors, we will be successful.

Sincerely,



Donald E. Williamson, M.D.
State Health Officer



Table of Contents

Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality, and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring, quality services.

Authority

Alabama law designates the State Board of Health as the advisory board to the state in all medical matters, matters of sanitation, and public health. The State Committee of Public Health meets monthly and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the Committee is not in session.

More than 140 years ago, medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to preserve and prolong life; to plan an educational program for all people on rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

	Bureau of Children's Health Insurance	7
	Bureau of Clinical Laboratories.....	8
	Bureau of Communicable Disease	11
	Office of Emergency Medical Services.....	21
	Center for Emergency Preparedness.....	23
	Bureau of Environmental Services	24
	Bureau of Family Health Services.....	25
	Bureau of Financial Services.....	33
	Bureau of Health Promotion and Chronic Disease....	36
	Bureau of Health Provider Standards.....	39
	Center for Health Statistics	41
	Bureau of Home and Community Services	45
	Office of Human Resources.....	47
	Bureau of Information Technology.....	49
	Bureau of Professional and Support Services.....	50
	Office of Program Integrity	53
	Office of Radiation Control.....	54
	County Health Department Services	55
	Public Health Areas Map.....	56
	ADPH Organizational Chart.....	57

Bureau of Children's Health Insurance (ALL Kids)

ALL Kids has worked very closely over the past year with the Alabama Medicaid Agency in preparation for essential changes in how program eligibility for children and families will be determined in 2014. The department's Bureau of Information Technology has served as the lead in developing a new joint eligibility and enrollment system, which will allow ALL Kids and Medicaid to process applications sharing one system and enabling both agencies to be in compliance with the Affordable Care Act. Future plans include allowing other human service programs offered through the Department of Human Resources to be phased into the new system. Enhanced federal funding is being provided for the development of the new system.

Figure 1. ALL Kids Enrollment, 2000-2013



Until this fiscal year, ALL Kids experienced nine years of record enrollment. However, enrollment for fiscal year 2013 is slightly less than fiscal year 2012.

Families can continue to apply for enrollment by either using a paper application or using the program's Web application. ALL Kids continues to see an increase in the number of Web

applications received. The program's Web application is very user friendly for families. The Web application has two main features. One feature is a pre-populated renewal application that allows families to renew their coverage online by simply updating the current information on record. The second feature gives families the ability to set up accounts to update their information, pay premiums, and check enrollment status.

Figure 2. ALL Kids Monthly Applications



Bureau of Clinical Laboratories

The mission of the Bureau of Clinical Laboratories (BCL) is to lead the state through laboratory science to improve and protect the residents' health by testing and providing test data in support of disease surveillance and policy decisions. The bureau, in collaboration with its partners, aspires to ensure quality test results for timely diagnosis and treatment of Alabama's citizens. The bureau consists of the following divisions: Clinical Chemistry, Newborn Screening, Microbiology, Quality Management, Sanitary Bacteriology/Media, STD/Serology, Administrative Support Services, and the Mobile Laboratory Division.

Distribution of Clinical Specimens and Environmental Specimens Received

The BCL, which is funded through Medicaid receipts and federal grants, is federally certified and credentialed through the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and Clinical Laboratory

Improvement Amendments (CLIA) to ensure quality test results. It offers services through an array of technical specialties and consists of a main laboratory in Montgomery and a specialty testing laboratory in Mobile. More than 7 million laboratory tests are performed annually for the more than 800,000 specimens received. The number of specimens received, and tests performed, increased at both laboratory locations during the past year.

Figure 3. 2013 Distribution of Clinical Specimens

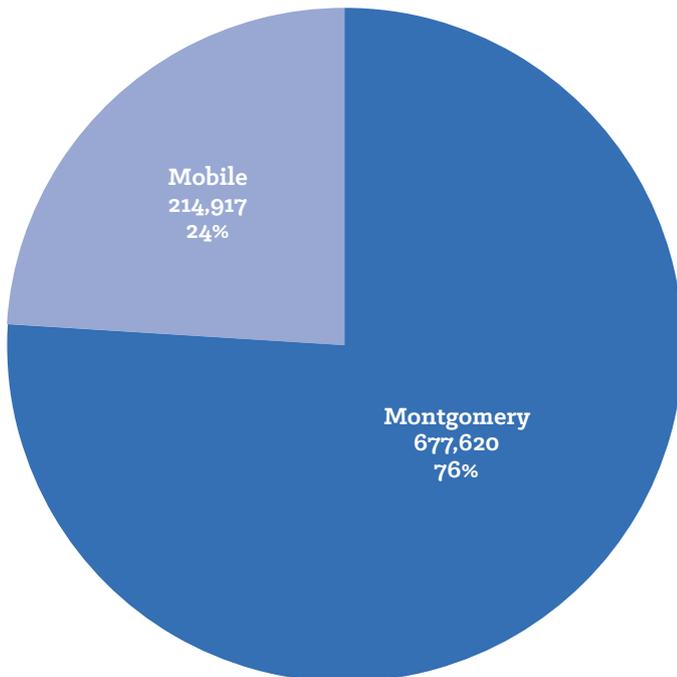
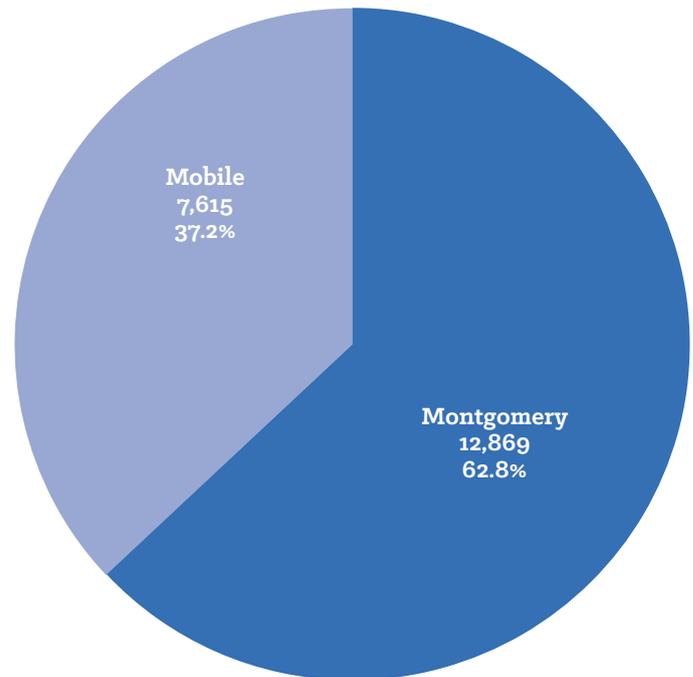


Figure 4. 2013 Distribution of Environmental Specimens



Improved Information Technology

Bureau of Clinical Laboratory Information Management System

BCL's multiyear installation of the Chemware Horizon Laboratory Information Management System (LIMS) is almost complete. The LIMS software upgrades new instrument interfaces while changing test requirements, and continues to evolve and grow. The system allows the laboratory to receive, request, and send test reports electronically from county health departments and more than 30 private submitters, including small, rural providers. Electronic requests and reporting reduces the number of specimens to be manually keyed in, allows near real-time reporting, reduces data-entry errors, decreases turnaround time, and reduces lost report incidents.

LIMS also allows the laboratory to automatically send electronic reports to its public health partners. Notifiable disease reports are sent electronically to CDC, the department's Epidemiology Division, and other programs in near real-time. Bioterrorism specimen reports are submitted electronically to CDC directly and securely from LIMS. The laboratory is one of a small group of national laboratories with this capability. Another important feature of LIMS is its ability to capture auxiliary data for easy extraction to generate ad hoc reports that assist in epidemiological projects such as outbreak investigations. New to this year, LIMS has the capability to deliver electronic drinking water reports to the bureau's state regulatory partner, the Alabama Department of

Bureau of Clinical Laboratories

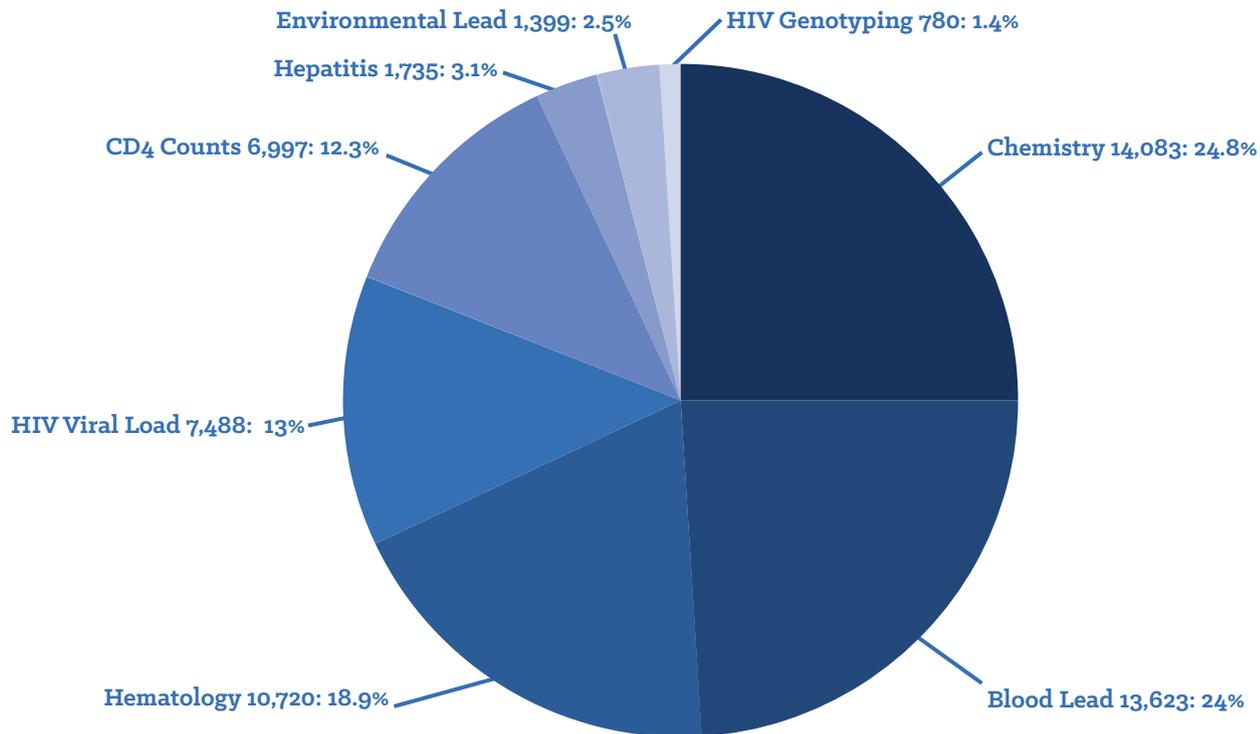
Environmental Management (ADEM). This partnership was successfully implemented with the assistance of grant funds awarded by the EPA.

Clinical Chemistry Specimens Processed and Analyzed

The Clinical Services Branch performs testing for routine chemistry profiles, Hepatitis B screenings, complete blood

counts (CBC's), CD4/8 T-lymphocyte subset enumeration, and quantitative polymerase chain reaction (PCR) for HIV viral loads and HIV genotype testing. Specimens for analysis are submitted from county health departments, federally qualified health centers, and community-based HIV treatment programs to support the clinical management of their patients. The division processed and analyzed 56,825 specimens during fiscal year 2013.

Figure 5. 2013 Clinical Chemistry Specimens



Infectious Testing Disease – Microbiology

During the past year, the Microbiology Division and the Respiratory Disease Division merged to create a more efficient and cost-saving division in the BCL.

Outbreaks: During fiscal year 2013, the state laboratory's Reference Microbiology Section assisted in investigating ten enteric bacterial outbreaks. Seven investigations were caused by Shigella, and three were Salmonella. Noteworthy was a foodborne illness detected among participants attending a post-funeral meal with nearly 100 percent stricken with food poisoning. There were multiple hospitalizations in Alabama and ten other states. One death was attributed to this outbreak. The suspected agent was determined to be *Salmonella* seftenberg. The Microbiology Division isolated the *Salmonella* from both patients and food. These results were confirmed by genotyping at BCL and at CDC.

The Emerging Infectious Disease Section was involved in numerous outbreak investigations: 30 were caused by Norovirus, 2 by Salmonella, 7 by Shigella, 1 by *Staphylococcus aureus*, and 14 were unidentified.

Preparedness: The state laboratory received 12 clinical specimens and 5 environmental samples to rule out agents of bioterrorism; 3 were positive: 1 for *Brucella suis* and 2 for *Brucella melitensis*. One of the *Brucella melitensis* was involved in a laboratory exposure investigation where it was determined that an expectant mother had worked without the necessary biosafety barriers in a hospital facility.

Tuberculosis (TB) and Fungal Infections: The Mycobacteriology Section received 9,550 specimens for isolation and identification of *M. tuberculosis* complex and other *Mycobacteria* species.

Bureau of Clinical Laboratories

Technology has enhanced the rapidity for determining drug resistant TB cases such that during a recent case on a college campus the same day the positive smear result was released, a PCR result revealed drug resistance. Genotyping information was collated and distributed monthly to the department's TB Control Division to enhance outbreak investigations and patient care.

The BCL continues to provide TB drug susceptibility testing for the state of South Carolina. The BCL TB lab was recognized nationally at the National Conference in San Diego by presenting a particular TB procedure by Alabama TB Laboratory staff.

The Mycology Laboratory received 4,540 specimens for fungal identification, which is nearly four times the amount in the previous year.

Dermatophytes were reported with *Trichophyton tonsurans* as the most common, and systemic pathogens were also isolated and identified (21 *Histoplasma capsulatum* and 4 *Blastomyces dermatitidis*). This year the volume of work greatly increased.

HIV and STD Testing: The total specimens tested in 2013 increased by 9.6 percent due to validation of *Trichomonas vaginalis* testing of male specimens submitted for Chlamydia and Gonorrhea. In December 2012, all specimens submitted for Chlamydia and gonorrhea were also tested for *Trichomonas vaginalis*. The incidence rate for Chlamydia and gonorrhea remained unchanged while the *Trichomonas vaginalis* incidence rate was 9 percent for women and men attending adult health and STD clinics. HIV and syphilis testing declined slightly in 2013 with no change in incidence for syphilis and a slight decrease in incidence of HIV.

Mobile Branch Laboratory

Shellfish/BEACH/Harmful Marine Phytoplankton Branch:

The Mobile lab was asked to test the state of Georgia's shellfish growing waters from February 2013 through May 2013. This contract role helped the neighboring state as its shellfish program transitioned to a new laboratory. Microbiologists in the Mobile Lab shared their expertise with the new Georgia Lab personnel to assist them in a successful FDA evaluation. The Georgia samples, in addition to Alabama shellfish growing water samples, brought the total to 478 tested.

The marine recreational water testing section, BEACH (Beaches Evaluation and Coastal Health) program, experienced a reduction in funding as a result of federal sequestration. The laboratory tested 950 coastal Alabama waters with a 7.3 percent positive rate. Microbiologists continued to work with information technology professionals to prepare the section to report results electronically through LIMS. This effort has been helped by an EPA Informatics grant.

The Mobile Lab continued the harmful algae testing of the required shellfish growing areas and along the Alabama Gulf of Mexico sites. This section provided assistance to ADEM and the Alabama Department of Conservation and Natural Resources in their investigations of reported discolored water and fish kills.

Seafood tissue processing for the Chemistry Division's analyses continued in the second year after the Deepwater Horizon oil spill. The Mobile Laboratory prepared 517 samples of finfish, crab, oyster, and shrimp caught in local waters to determine if polycyclic aromatic hydrocarbons or the surfactant used during the blowout was contaminating the seafood.

Clinical Branch: The Mobile Chlamydia trachomatis-Neisseria gonorrhoea-Trichomonas vaginalis section tested 158,000 specimens from county health departments, private providers, and jails.

The Urine Culture and Sensitivity section analyzed 2,276 specimens for potential pathogens. Specimens came from county health departments and private providers.

The Mobile Syphilis Serology section continued testing blood for syphilis utilizing three methods.

Environmental Testing

The Sanitary Bacteriology/Media Division tests dairy products, public and private water, and fluoride samples and prepares media used by both the county health departments and the BCL. Testing was done on 1,375 dairy samples to include raw producer and tank truck samples, as well as finished dairy products. Testing was performed on 1,052 fluoride samples. The laboratory tested 6,373 public and private water samples in support of the Safe Water Act under contract with ADEM. To ensure compliance with state and federal standards, 12 public water utility laboratories (EPA) were inspected as well as 3 milk laboratories (USDA). Media and reagents were prepared in support of the newborn screening, microbiology, milk and water, mycology, TB, and emerging infectious disease programs.

In the Environmental Branch of the Mobile Laboratory, the Drinking Water section began electronic reporting of drinking water results to county health departments when LIMS went live. This effort was assisted by an EPA Informatics grant.

In the area of rabies testing, more domestic positives have been determined this year compared to previous ones. The laboratory has sent more positive specimens to CDC for rabies virus typing in support of the state rabies program. The Mobile Lab analyzed 319 specimens with 4 positives for fiscal year 2013. The Montgomery rabies laboratory tested 1,364 specimens with 53 positives.

Bureau of Communicable Disease

Epidemiology Division

The Epidemiology Division's (EPI) mission is to protect the residents of Alabama by monitoring and responding to cases of communicable, zoonotic, and environmental-related human diseases and conditions.

Figure 6 demonstrates the volume of disease reports investigated by EPI in 2013 as compared to the number that qualify as cases according to the criteria established by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention (CDC).

Figure 6. Alabama Notifiable Disease Investigation and Case Counts for 2013 as of 3/10/2014

Disease	EPI Investigated	Cases
Arboviral	27	12
Botulism	1	0
Brucellosis	6	1
Campylobacteriosis	425	234
Chickenpox (Varicella), Adults > 18 years	235	20
Cholera	1	1
Cryptosporidiosis	153	142
Dengue	8	0
<i>E. coli</i> , Shiga Toxin-producing (Includes O157:H7)	85	52
Ehrlichiosis/Anaplasmosis	27	15
Giardiasis	198	174
<i>Haemophilus influenzae</i> , Invasive	86	76
Hansen's Disease (Leprosy)	1	0
Hemolytic Uremic Syndrome (HUS)	2	2
Hepatitis A	99	10
Hepatitis B	753	90
Hepatitis C	506	32
Hepatitis, Other Viral	5	3

Disease	EPI Investigated	Cases
Histoplasmosis	78	28
Legionellosis	64	42
Leptospirosis	1	0
Listeriosis	6	5
Lyme Disease	419	24
Malaria	3	3
Meningococcal Disease	9	5
Psittacosis	1	0
Q Fever	7	2
Salmonellosis	1,157	1,089
Shigellosis	350	314
Spotted Fever Rickettsiosis	691	252
<i>Streptococcus pneumoniae</i> , Invasive Disease (IPD)	207	186
Toxic-shock Syndrome	1	1
Trichinosis	1	0
Typhoid Fever	4	4
VISA (<i>Staph. aureus</i> , Vancomycin Intermediate Susceptible)	1	0
Vibriosis (Non-cholera)	21	18
Other	2	0
Total	5,641	2,837

*Additionally, 88 outbreaks were investigated in 2013.

Bureau of Communicable Disease

Outbreak Investigations: An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. Notifiable disease reporters must report “outbreaks of any kind” to EPI within 24 hours. During 2013, 88 outbreaks were investigated and several outbreaks drew media attention due to the severity of illness and number of people affected.

Cluster of Illnesses Following Routine Stress Tests: In May 2013, a cluster of patients reported severe rigor, nausea, vomiting, and abdominal pain shortly after having a stress test on one of two days at one health care facility. As part of the procedure, patients received injections of a radioactive medicine along with saline. Epidemiological investigations thoroughly ruled out contaminated product released from the manufacturer. Used syringes sent to CDC for testing grew *Pseudomonas oryzihabitans*, while unused syringes of product grew nothing. Investigation concluded that contamination was likely due to staff not following facility protocols when preparing injections that should have been administered according to facility and manufacturer instructions. No additional cases were reported.

Funeral Meal Leads to Foodborne Outbreak: In July 2013, approximately 80 individuals reportedly became ill with diarrhea, vomiting, and fever within a few hours of eating a meal served following a funeral. Of the 38 individuals available for interview, 30 were hospitalized for their illness. Individuals from ten different states were in attendance. *Salmonella* Heidelberg was isolated from 23 clinical specimens, and pulsed-field gel electrophoresis (PFGE) pattern analysis indicated 100 percent match among all clinical specimens. Contributing factors were likely a mixture of cross contamination during food preparation, contaminated equipment and/or utensils, improper holding temperatures, and improper food storage. This investigation demonstrates the need for food safety education for untrained food handlers at social gatherings especially when kitchen areas are not “adapted” for high volumes of food preparation and serving.

Fundraiser Leads to Foodborne Outbreak: In October 2013, an estimated 250-300 individuals ordered food from a local fundraiser, and several hundred reportedly became ill shortly after eating. Fifty individuals with diarrheal illness were interviewed, and 14 food samples, 30 environmental samples, and 13 clinical specimens from ill individuals were collected for testing. *Salmonella senftenberg* was isolated in two environmental samples obtained from the facility, nine

food samples, and all clinical specimens. Seven positive food samples were from beans served during the fundraiser: two from boxed food plates and five from beans in five-gallon buckets used during the fundraiser. The data, environmental investigation, and laboratory results support the hypothesis that the beans served during the fundraiser were the contaminated food source. It is unclear how the beans became contaminated with the bacteria, but salmonellosis is often food related and typically occurs when food products are contaminated with the bacteria through cross contamination or when improper food handling occurs.

Legionella Outbreak Associated with Long-term Care Facility: In the fall of 2013, EPI confirmed 15 cases of *Legionella pneumophila* in individuals associated with a single long-term care facility, in 10 residents and 5 visitors. During the investigation, four additional potential cases (all residents) were identified. The facility began remediation steps immediately.

Environmental assessments were conducted at the facility and in the community within a two-mile radius of the facility. Environmental samples taken at the facility yielded no positive results; however, samples were taken post-remediation. Nearby water cooling towers tested positive for *Legionella* bacteria, and remediation steps were taken by the facility owners.

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections in Persons Receiving Joint Injections: In November 2013, EPI initiated an outbreak investigation following a report that patients admitted to a local hospital with joint infections had all received joint injections at the same orthopedic facility. As a result, eight patients were hospitalized. Clinical specimens from six of these patients grew Methicillin-resistant *Staphylococcus aureus* (MRSA); isolates were 100 percent PFGE pattern match to each other. *Staphylococcus epidermidis* bacteremia grew for one of the other patients and no specimen was collected for the eighth patient although the patient met case definition because of a clinical diagnosis of infection in the joint during the period of interest.

A visit was made to the facility, interviews were conducted, and records, policies, and protocol were reviewed. The injection preparation area was a large double-door, ceiling to floor, metal storage cabinet. There was no hand sink or other hand sanitizing system in, at, or near the storage cabinet. Contamination of the multi-dose vial likely resulted from improper procedures before administration of the injection.

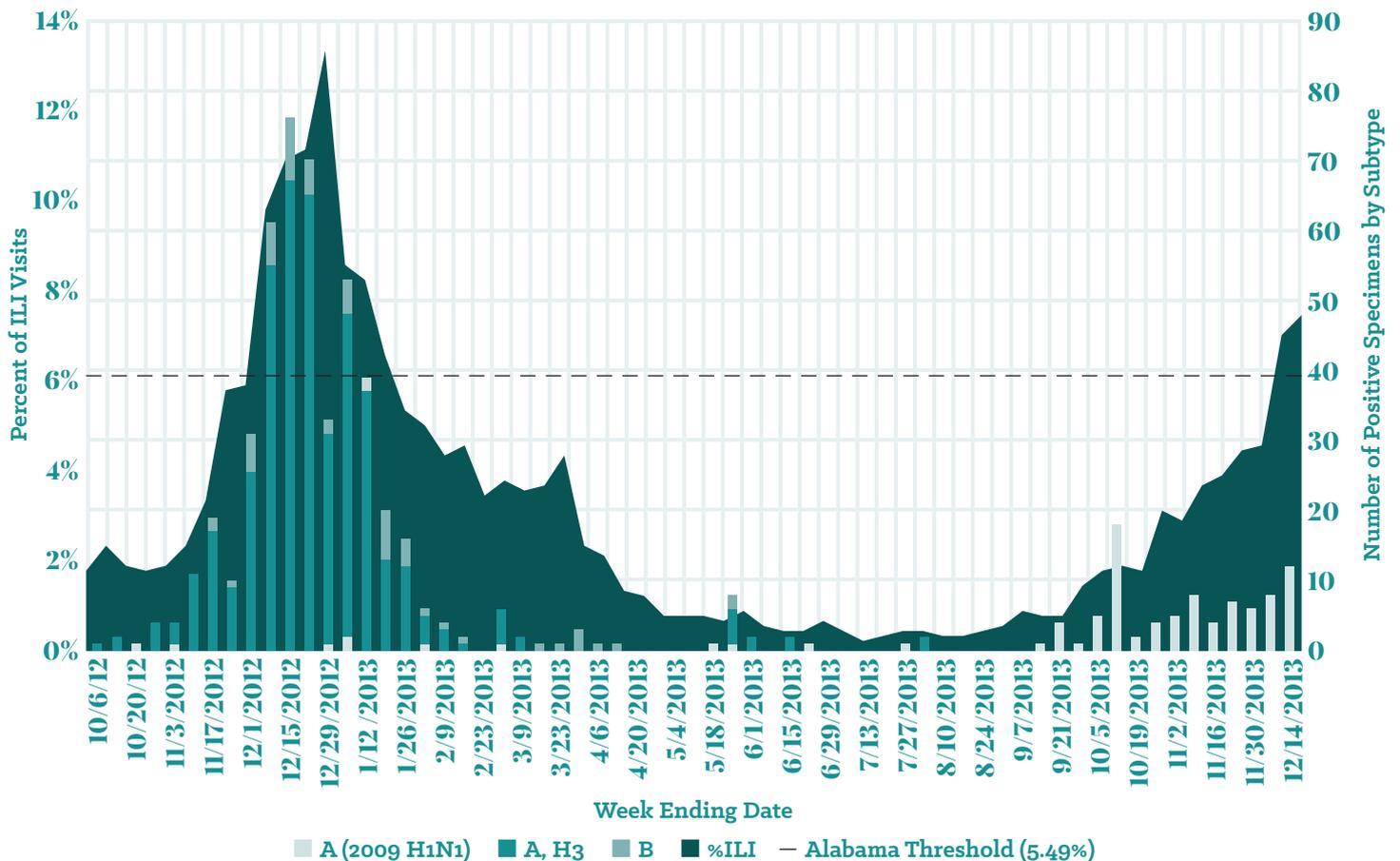
Bureau of Communicable Disease

Influenza Activity: During the 2012-2013 influenza season (September 30, 2012-May 18, 2013) 44.2 percent of 782 specimens received at the Bureau of Clinical Laboratories tested positive for influenza. Thus far, of the 223 specimens received since the start of the 2013-2014 influenza season (September 29, 2013-May 17, 2014), 41.7 percent have been positive for influenza.

Each week, approximately 30 medical providers report to CDC the percentage of patient visits attributable to influenza-like illness (ILI). This information, illustrated in this section in addition to positive specimens received, is essential to Alabama maintaining situational awareness for influenza.

Figure 7. Positive Influenza Specimens Received at the BCL and Percentage of Visits with Influenza-like Illness (ILI)

Reported by Week Ending Date, Alabama, October 2012-December 2013



Arboviral (Mosquito-borne) Surveillance: The 2013 arboviral season was significantly less active compared to an extremely active year in 2012; only 16 positive human cases were confirmed. EPI continues to work with the Department of Agriculture and Industries Veterinary Laboratories to identify and record positive veterinary species in Alabama. In 2013, reported veterinary cases consisted of only seven cases of Eastern equine encephalitis (EEE) in horses. However, low numbers of veterinary positives can be misleading and may not adequately represent arboviral activity. There is not a system to account for animals that may have died from arboviral disease but were not tested due to the cost of the test or diagnostic limiting factors.

Figure 8. Investigation and Case Counts for 2013

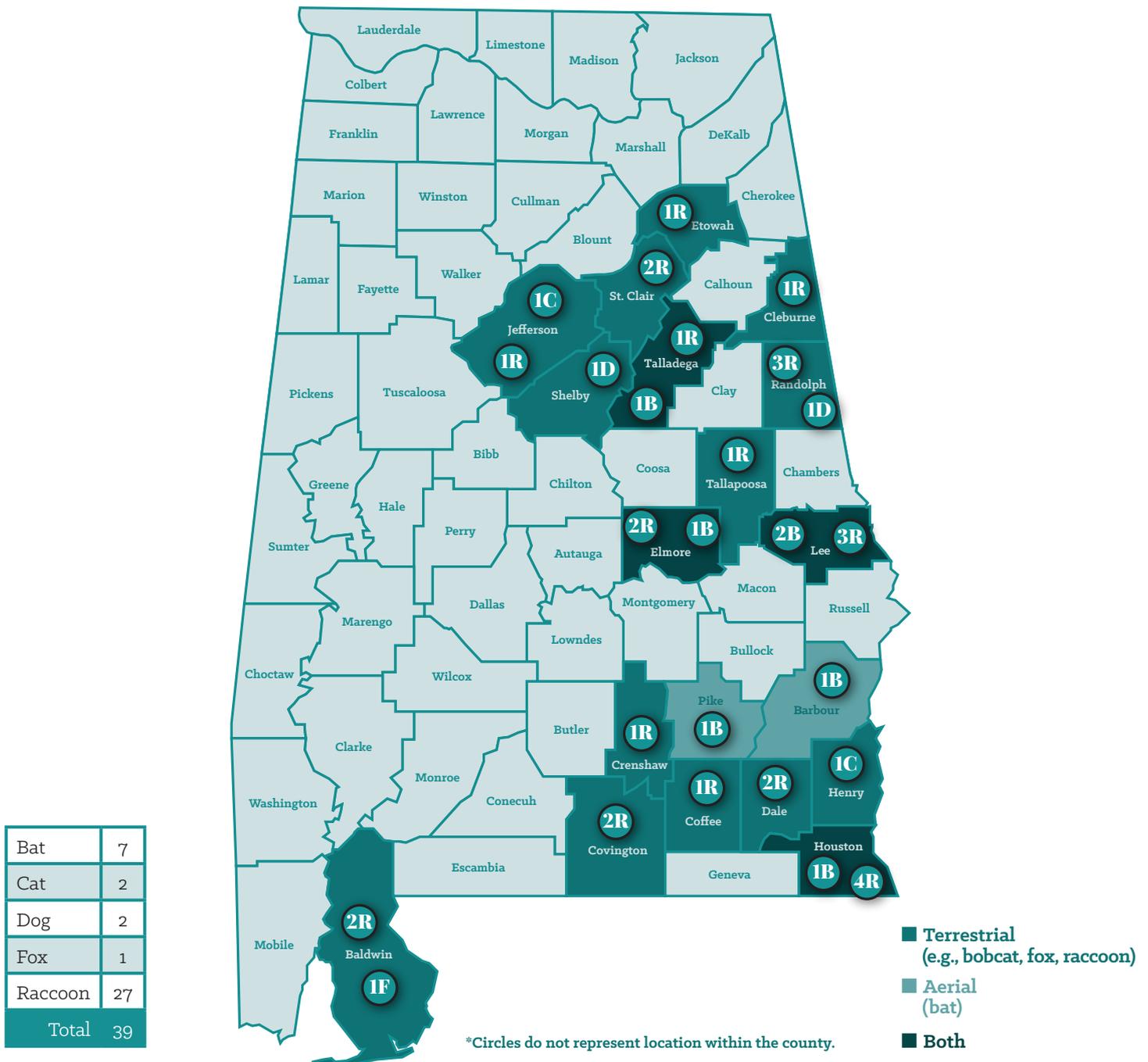
Arbovirus	EPI Investigated	Cases
California Serogroup Viral Encephalitis/Meningitis	5	2
Dengue Fever	6	5
St. Louis Encephalitis	1	0
West Nile Encephalitis	3	3
West Nile Fever	18	6
Total	33	16

Bureau of Communicable Disease

Rabies: In 2013, the department investigated approximately 6,000 animal bites and tested 1,918 specimens for rabies from Alabama counties resulting in 39 positives. The total number of positives for 2013 continues the downward trend for positive rabies tests since 2011. Rabies in wildlife species, however, does not seem to be decreasing in frequency or in locales. The main concern for 2013 has been the spread of rabies in raccoons into traditionally non-endemic areas south and southeast of Birmingham. ADPH is working with the U.S.D.A.

Wildlife Services and the National Rabies Management teams to continue to survey the areas for additional positives and to identify an effective vaccination strategy to contain the spread in Jefferson, Shelby, and parts of Chilton counties. The area north of Montgomery, including Autauga and Elmore, and extreme southern Chilton County were baited with vaccine for the third consecutive year as a response to a similar spread of rabies identified in 2011. To date, surveillance continues to yield no positives following the vaccination strategy.

Figure 9. Animal Rabies Specimens Testing Positive of 1,918 Alabama Specimens Submitted 2013 (as of 12/20/2013)



Bureau of Communicable Disease

Healthcare-Associated Infections: The 2012 Annual Healthcare-Associated Infections Report released in 2013 highlights Alabama's second year that infection measure data has been reported. Overall, Alabama hospitals performed

better than the national average for surgical site infections (SSIs) for colon surgeries and abdominal hysterectomies, central line-associated blood stream infections (CLABSIs), and catheter-associated urinary tract infections (CAUTIs).

Figure 10. Hospital –Associated Infections Reported to Public Health in 2012

Number of Alabama Hospitals Reporting	Number of Surgical Procedures or Central Line Days* or Catheter Days**	Number of Healthcare-Associated Infections	Ratio of Actual to Predicted Infections (SIR)***	Overall Hospital Performance Compared to National Performance
SSIs associated with Colon Surgeries				
73	5,654	213	0.605	Better
SSIs associated with Abdominal Hysterectomies				
63	7,603	68	0.528	Better
CLABSIs				
72	115,203	110	0.478	Better
CAUTIs				
90	193,056	235	0.696	Better

*Central Line Days: The sum of patients per day with a central line in general medical, surgical, and medical/surgical intensive care units.

**Catheter Days: The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards.

***SIR: The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

HIV/AIDS Prevention and Control Division

The mission of the HIV/AIDS Prevention and Control Division, in collaboration with community partners, is to reduce the incidence of HIV infections, to increase life expectancy for those infected, and to improve the quality of life for persons living with or affected by HIV.

On July 13, 2010, President Barack Obama signed the National HIV/AIDS Strategy, the nation's first ever comprehensive plan for HIV/AIDS. This new strategy calls for renewed efforts in HIV/AIDS prevention and treatment. The Division of HIV/AIDS Prevention and Control implemented a plan to create a statewide response to meeting the goals of the National HIV/AIDS Strategy. This statewide epidemic requires new commitments in meeting the three primary goals of the national strategy: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; and, 3) reducing HIV-related health disparities. In order to accomplish these goals, the HIV/AIDS Division

staff coordinated with state partners including AIDS service organizations, persons living with HIV, clinics, and representatives from the Office of the Governor.

In September 2011, the HIV/AIDS Division embarked on an effort to develop a state plan. This process has guided the AIDS community towards greater collaboration among all HIV/AIDS service and lead agencies; a merging of prevention and care as one entity; and a strengthening commitment and unity of the HIV/AIDS providers and recipients of services in Alabama.

Integral to the success of this plan, on December 1, 2011, the Governor of Alabama created by Executive Order Number 26 the Alabama HIV/AIDS Prevention Task Force. The charge of this body is to research and develop options to encourage statewide efforts to reduce cases of HIV/AIDS and to improve the overall health of Alabamians by adopting and promoting a statewide comprehensive HIV/AIDS Prevention and Direct Services Plan for the general public, state and local elected officials, various public and private organizations and associations, businesses and industries, agencies, potential funders and other community

Bureau of Communicable Disease

resources. *The Alabama State Plan – Implementation of the National HIV/AIDS Strategy* was published in August 2013. In January, the division officially launched the *Know. Manage. Live.* campaign to promote knowing one's HIV status; managing one's health by staying connected to health care; and living one's best life for positive health outcomes. The campaign supports the National HIV/AIDS Strategy.

The division's Alabama Drug Assistance Program provided more than 1,860 clients with life-saving medications in 2013.

Immunization Division

The goal of the Immunization Division is to prevent the spread of vaccine-preventable diseases by providing vaccine to citizens of Alabama; educating medical personnel and the public on the importance of vaccinations; investigating vaccine-preventable disease outbreaks; and ensuring that children in day care, Head Start programs, and schools are adequately immunized against diseases that are harmful and sometimes deadly.

The division provides vaccine to the public utilizing state and federal funds. The division manages the Vaccines for Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, underinsured, American Indian, or Alaskan Native. As of December 2013, there were 540 public and private providers enrolled in Alabama's VFC program, with more than \$55 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. Immunization staff continues to perform site visits and standards audits for enrolled providers to promote proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement.

Distribution of seasonal influenza vaccine in the state began in September 2013. A total of 305,700 doses of seasonal influenza vaccine were purchased by the division, including 258,100 doses to VFC providers for eligible children. Formulations available included inactivated and live, preservative-free and preservative-containing, as well as pediatric and adolescent/adult formulations.

Alabama's population-based immunization registry, ImmPRINT, continues to grow and reach out to vaccination providers across the state. ImmPRINT has increased to include over 3.9 million individual patient records with over 41.5 million doses in their vaccination histories. Contributors to the data in ImmPRINT continue to include the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 99 county health departments, 85 federally qualified health centers, 63 rural health centers, 747 private physician offices, 57 hospitals

and others including 151 pharmacies and 6 youth centers. In addition to these changes, Health Level 7 data exchange with private providers and Blue Cross began in January 2011 and is ongoing. Providers are strongly encouraged to participate.

The Immunization Division annually conducts a School Entry Survey in conjunction with the Alabama Department of Education and a Day Care/Head Start Survey in cooperation with the Alabama Department of Human Resources. These surveys evaluate the immunization status of all children to ensure they have a current Certificate of Immunization or a valid exemption on file. During the 2012-13 school year, all public and private schools in the state responded to the School Entry Self-Survey, in addition, 40 percent of day care and Head Start centers in the state responded to the self-survey. To validate the surveys, each year staff audit at least 25 percent of the schools, day care, and Head Start centers in Alabama. In 2013, 467 schools and 448 child care centers were visited. Of the records reviewed, 91.1 percent of school students and 83.4 percent of the child care center children were found to have a valid certificate on file.

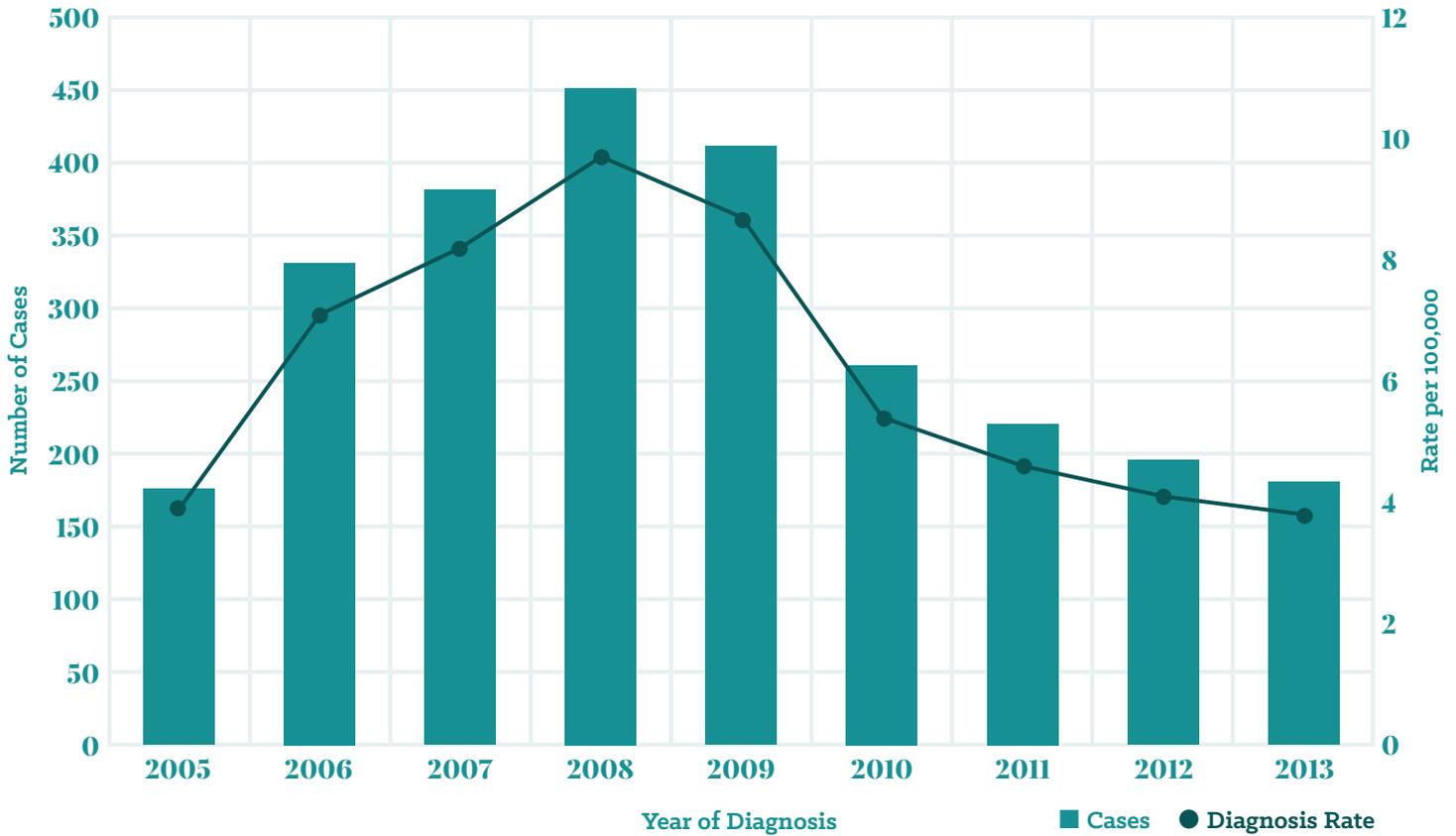
As part of the division's surveillance and outreach to monitor and prevent the spread of vaccine-preventable diseases, staff investigate vaccine-preventable diseases reported by physicians and laboratories. The numbers of pertussis (whooping cough) cases reported as of December 2013 decreased from 2012; 212 cases were investigated, 117 cases were confirmed, and 95 cases were probable, compared with 200 cases investigated as of December 2013 and 98 were classified as confirmed and 102 cases were classified as probable. Seven possible cases of mumps were investigated resulting in three suspected, four probable cases, and zero confirmed cases in the state. As of December 2013, 140 cases of chickenpox were investigated, 42 cases were confirmed, a slight decrease from the 46 cases in 2012. As of December 2013, the division's Perinatal Hepatitis B program provided case management for 92 infants born to mothers who were reported as positive for hepatitis B, 54 of those were identified prospectively. Immunization staff is in constant contact with hospitals and physicians to emphasize the importance of identifying possible hepatitis B cases to hasten intervention and prevention of further cases.

STD Division

Primary and Secondary Syphilis: Syphilis is one of the three most commonly reported STDs. It is caused by the bacterium *Treponema pallidum* and is transmitted through contact with an infected genital ulcer. These ulcers also facilitate the sexual transmission and contraction of HIV. The primary and secondary stages are the most infectious stages of syphilis. Penicillin G is the preferred drug for treating all stages of syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestation of the disease.

Bureau of Communicable Disease

Figure 11. Primary and Secondary Syphilis Cases in Alabama 2005-2013*



- In 2013*, the primary and secondary (P&S) syphilis case rate in Alabama was 3.8 per 100,000 population.
- The Centers for Disease Control and Prevention recently released the Sexually Transmitted Disease Surveillance Report for 2012. Although the number and rate of P&S infections continue to decline, Alabama ranked 15th in the nation in P&S syphilis rate.

Figure 12. Primary and Secondary Syphilis Cases, Alabama 2013*

	Cases	Percent	Rate per 100,000
Gender			
Female	21	11.5%	0.9
Male	161	88.5%	7.2
Total	182	100%	3.8

- In 2013*, there were 182 P&S syphilis cases diagnosed in Alabama, a 6.7 percent decrease compared to 195 cases diagnosed in 2012.
- In 2013*, 88.5 percent of P&S syphilis cases with reported sex were male.
- 2013* Incomplete Data.

Bureau of Communicable Disease

Figure 13. 2013 Primary and Secondary Syphilis Cases, Demographics

Race/Ethnicity	Cases	Percent	Rate per 100,000
Black/African American	111	61%	8.8
White	43	23.6%	1.3
Hispanic	2	1.1%	-
Unknown	26	14.3%	-
Age Group			
15-19	14	7.7%	-
20-24	53	29.1%	-
25-29	51	28.0%	-
30-34	20	11.0%	-
35-39	14	7.7%	-
40-44	16	8.8%	-
45-49	8	4.4%	-
50+	16	8.8%	-

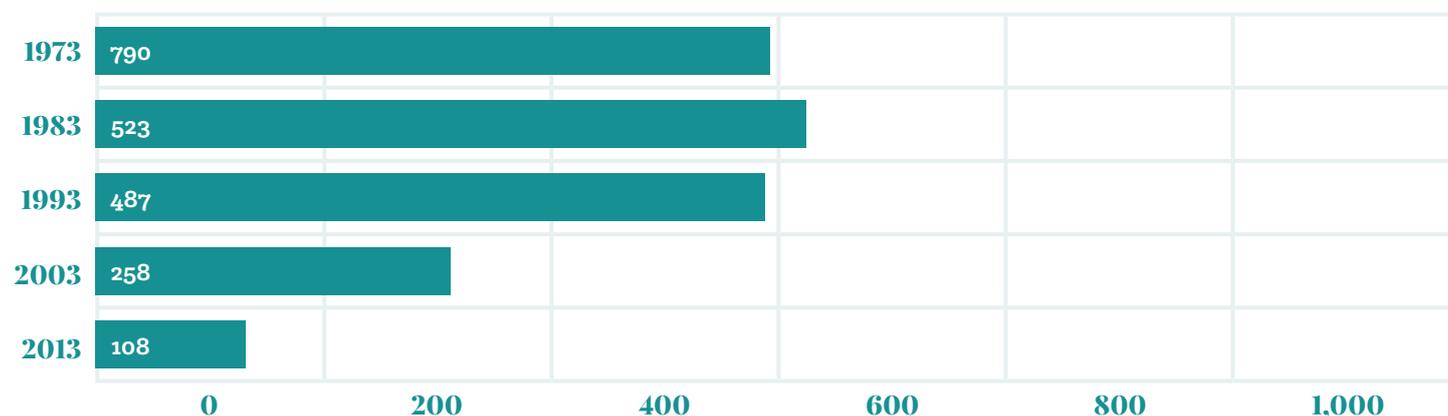
- Approximately 61.0 percent of the 2013* P&S syphilis cases with reported race were black, reflecting the significant health disparity that exists in Alabama.
- More than 70.3 percent of cases occurred in persons under the age of 35 and nearly 13.2 percent of cases occurred in persons aged 45 and older.

Tuberculosis (TB) Control Division

The ultimate goal of the Division of TB Control is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision

of diagnostic, treatment, and case management activities. The Division of TB Control provides these services to all persons in Alabama. This commitment to the citizens of Alabama has contributed to the historic decline in morbidity illustrated in the accompanying chart.

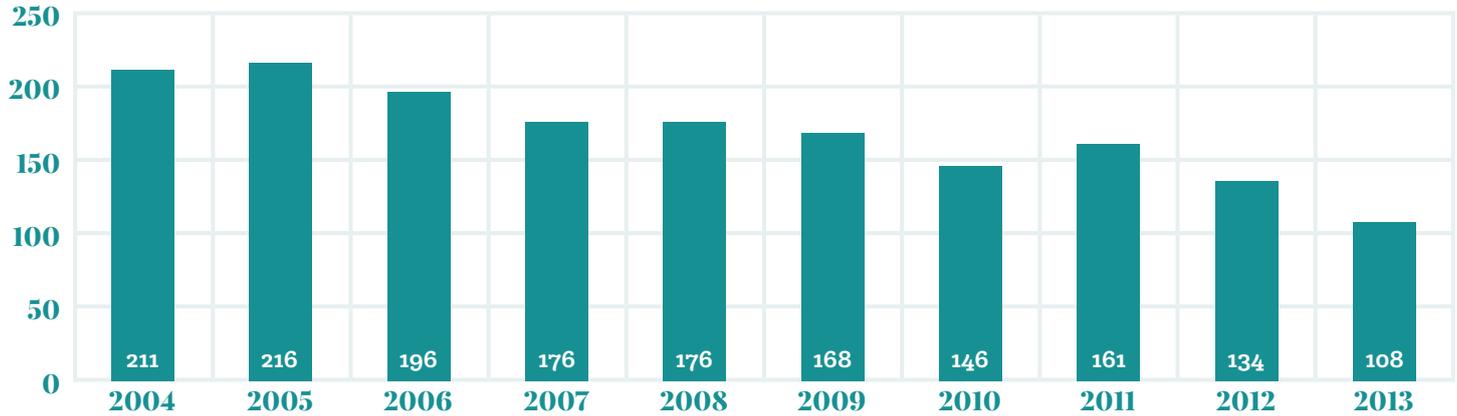
Figure 14. Historical Trend of Tuberculosis Cases in Alabama



In 2013 the Division of TB Control evaluated 254 persons suspected of having tuberculosis, eventually ruling out disease in 146 suspects and confirming active TB disease in 108 patients. This figure represents a 19.4 percent decrease in confirmed cases from the previous year.

Bureau of Communicable Disease

Figure 15. Tuberculosis in Alabama – 2004 through 2013



The 10-year trend in confirmed cases shown in Figure 15 illustrates an accelerated decline in cases of tuberculosis (a 49 percent decrease from 2004 to 2013) when compared to the previous 10-year period (a decrease of 40 percent) from 1994 to 2003.

In addition to the identification, evaluation, and treatment of persons with active tuberculosis, the division seeks to prevent

future cases through prompt identification and evaluation of contacts at risk for exposure, and to assure the initiation and completion of preventive therapy for those contacts found to be infected. Preliminary data for 2013 reveals that 2,577 contacts to persons with suspected or confirmed tuberculosis were identified, and that 1,371 (53 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 99 persons were placed on treatment for latent TB infection by division staff.

Figure 16. Demographics for Confirmed TB Cases in Alabama - 2013

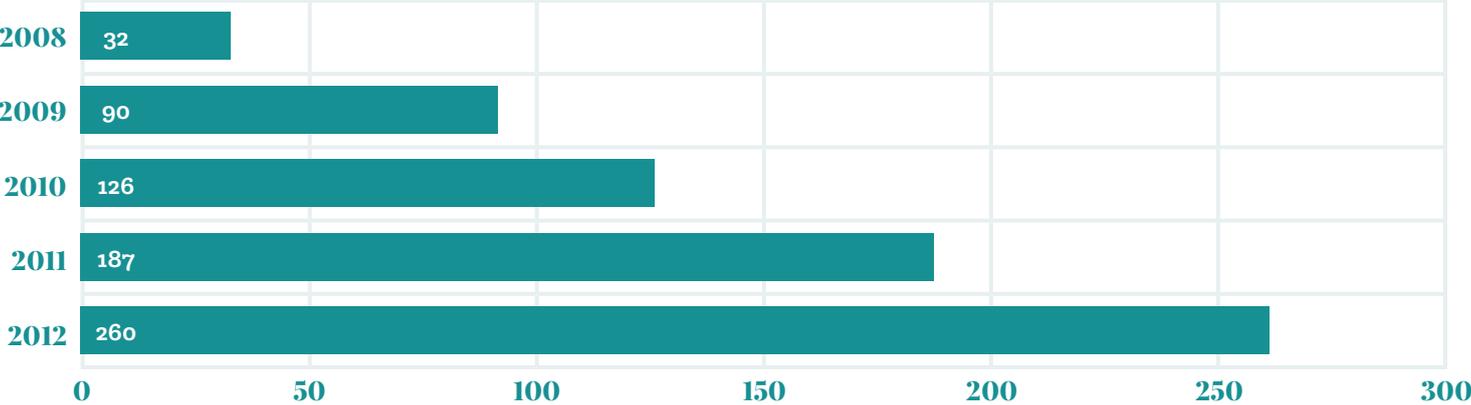
Age	Race / Ethnicity	Gender	Nativity
0-4 = 5 (4.6%)	Asian = 5 (4.6%)	Female = 46 (42.6%)	U.S. Born = 85
5-14 = 2 (1.9%)	Black = 51 (47.2%)	Male = 62 (57.4%)	Foreign Born = 23
15-24 = 11 (10.2%)	Hispanic = 18 (16.7%)	X	X
25-44 = 27 (25.0%)	White = 52 (48.1%)	X	X
45-64 = 32 (29.6%)	Other = 0 (0.0%)	X	X
65+ = 31 (28.7%)	X	X	X

The division continues to place great emphasis on the identification of persons at high risk for progression to active TB disease. Treating these persons preventively protects the community at large from further spread and is very cost-effective. A key aspect of this preventive effort can be

found in the division's partnership with staff in the Alabama Department of Corrections. TB Division staff continue to educate inmates about the importance of preventive therapy, and Figure 16 depicts the steady increase in compliance with therapy following discharge.

Bureau of Communicable Disease

Figure 17. Number of Inmates Seeking Continuity of Therapy



The division has continued to emphasize the importance of preventively treating TB within the Department of Corrections (and continuing that treatment at the county health department level following their release). This effort has contributed to a 62 percent reduction in TB case rate among those persons hardest hit by TB in the 10-year period of 2002 to 2012 in correctional facilities.

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 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 the licensure when statutory or regulatory violation is substantiated.

Figure 18. Emergency Medical Services Personnel – Personnel Licensed by OEMS by License Type

License Type	Number of Personnel
Advanced EMT	322
Driver	66
Emergency Medical Responder	21
Emergency Medical Technician	6,848
Intermediate	402
Paramedic	4,247
Total	11,906

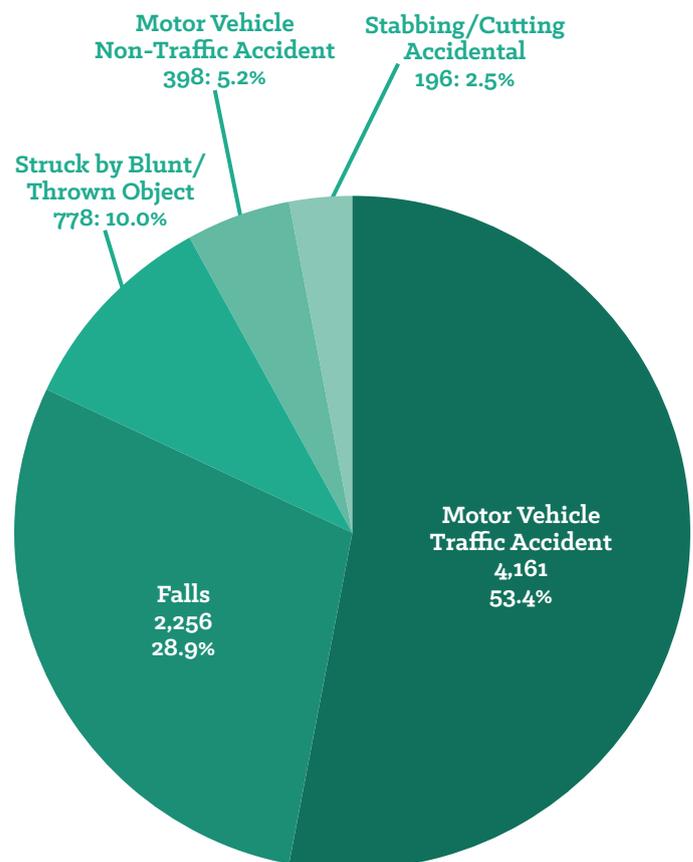
Alabama Trauma and Health System

The Alabama Trauma and Health System, which is a part of OEMS, is spearheading the development of a new system to better address trauma in the state. A pilot stroke system is currently underway in the Southeast Region that will help save lives and reduce the burden of stroke. The primary goal of the Southeast Regional Pilot Acute Stroke System is to develop a stroke emergency care system that, when fully implemented, will result in 100 percent tPA (tissue plasminogen activator) administration to all eligible patients and a minimum of 10 percent administration to all ischemic stroke patients, as well as decreased stroke mortality and disability in the Southeast Region. Because tPA has to be administered within the first few hours of Acute Ischemic Stroke (AIS) onset, this system will improve the chances of survival regardless of proximity to an urban stroke center. The stroke system is voluntary, and all hospitals in 18 counties in the Southeast Region are encouraged to participate.

Alabama Emergency Medical Services for Children

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

Figure 19. Five Most Common Causes of Injury in 2013 (Children Age 0 to 18 Years Old)



Office of Emergency Medical Services

EMS Training

OEMS routinely trains EMS personnel on how to effectively deal with various types of injuries. Among the training that EMS personnel receive is developing a primary impression, which is

the paramedic's first impression of the patient when they arrive on the scene. This primary impression is recorded to compare the complaint reported to the dispatch to the final diagnosis.

Figure 20. Five Most Common Primary Impression Criteria

Primary Impression Type	Number
Traumatic Injury	76,831
Respiratory Distress	40,567
Chest Pain/Discomfort	39,674
Abdominal Pain/Problems	34,962
Altered Level of Consciousness	33,052

Center for Emergency Preparedness

The Centers for Disease Control and Prevention (CDC) provided \$9,011,117 to the Alabama Department of Public Health in 2012-2013 in a cooperative agreement to provide overall direction to and management of the department's assessment, planning, and response to acts of bioterrorism; outbreaks of infectious disease; and other public health threats and emergencies, such as meteorological, geological, chemical, and radiological disasters.

The Assistant Secretary for Preparedness and Response Hospital Preparedness Program provided \$5,422,089 in a cooperative agreement with the department. These funds were designed to enhance health care system capacity and preparedness to respond to large numbers of patients following a naturally occurring disaster or terrorist action resulting in mass casualties.

The state and local Strategic National Stockpile (SNS) Technical Assistance Review (TAR) is a tool that CDC uses to show the state's evidence of overall readiness to manage, distribute, and dispense SNS materiel during a public health emergency. For the second consecutive year, the Alabama Department of Public Health scored 100 percent on the State 2013 TAR. Also, on the local 2013 TAR, Jefferson County scored 100 percent, up from 99 percent, in 2012, while central Alabama scored 98 percent up from 95 percent in 2012.

In 2013, the Center for Emergency Preparedness (CEP) activities included the following:

CEP training for health care facilities, emergency medical services, the Alabama Emergency Management Agency, law enforcement, and other response partners continued through the Advanced Regional Response Training Center in Mobile. This training allows response partners from each public health area to learn and train together. More than 2,400 individuals attended training sessions in 2013.

CEP participated in the annual Governor's Be Ready Alabama Day event held September 11, 2013, on the campus of Auburn University. This event allowed CEP to plan for and actually deploy the Mobile Medical Station and Communications Truck and exercise with the local Public Health Area 8 response team. During the event, CEP rallied with approximately 40 other agencies from east Alabama, and shared information and ideas related to emergency preparedness and response.

In 2013, a series of 11 Mass Fatality Tabletop exercises were conducted. Over 250 different agencies with 539 participants were involved with the tabletop series.

More than 304,322 educational items related to health and preparedness were distributed throughout Alabama.

During fiscal years 2012-2013, the Assistant Secretary of Preparedness and Response mandated that agencies that receive Hospital Preparedness Program grant funding establish or refine health care coalitions. The purpose of health care coalitions is to ensure that communities are prepared to meet the health care needs of their citizens by integrating coalition member efforts allowing a more coordinated response during disaster and resilient recovery from disaster. In 2012-2013, Alabama began the establishment of health care coalitions within the 11 public health areas. Currently, Alabama has 449 health care coalition member organizations within the 11 public health area health care coalitions. The coalitions consist of members from emergency response agencies, academic facilities, private businesses, mental and behavioral health providers, community and faith-based partners, hospitals, nursing homes, community health centers, and public health.

Bureau of Environmental Services

The Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, seafood, soil, onsite sewage, solid waste, and indoor air quality/lead.

Environmental Operations Branch

This branch creates the infrastructure for the bureau. Its goal is to find solutions to problems before they affect the state's environmental program by developing environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state's environmental programs.

Division of Food, Milk, and Lodging

Food and Lodging Branch: Approximately 63,495 inspections were conducted at food establishments, and 3,109 complaints received from the public concerning food establishments were investigated. There were 1,079 hotel inspections conducted and 316 complaints received from the public concerning hotels were investigated. Statewide, 312 body art facility inspections were conducted, and 102 complaints received from the public concerning body art facilities were investigated.

Milk and Food Processing Branch: There were 12,359 tests reviewed and documented on results of samples collected from milk tankers for the presence of antibiotic drug residue.

There were 1,081 certificates of free sale issued allowing out-of-country sales of Alabama produced food and milk products.

Seafood Branch: The branch collected and analyzed 228 water samples in shellfish growing areas of Mobile Bay.

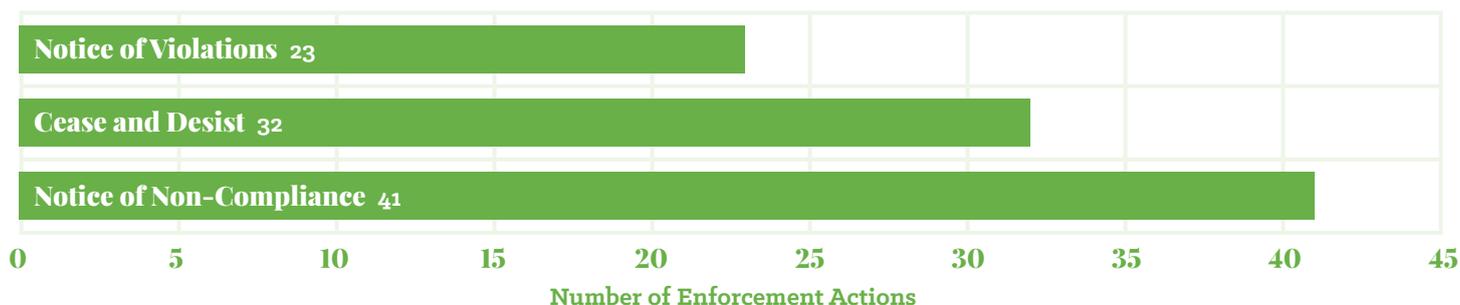
Division of Community Environmental Protection

The Onsite Sewage Branch issued 7,080 *Permits to Install Onsite Sewage Systems* and a total of 9,192 onsite sewage systems were issued an *Approval for Use*.

The Solid Waste/Vector Branch provides information and education to individuals and communities on the storage and control of solid waste to minimize the threat of a health hazard, nuisance, or harborage for vermin or vectors. For fiscal year 2013, 1,277 solid waste complaints and 3,180 vector control complaints were investigated.

The Indoor Air Quality/Lead Branch surveyed 85 homes of children with elevated blood lead levels for lead hazards. More than 300 lead renovation and abatement contractors were certified; 96 enforcement actions were taken including the issuance of 32 cease and desist orders; and 64 violation notices were issued to non-certified companies resulting in approximately 30 percent obtaining required lead certifications.

Figure 21. Fiscal Year 2013 Lead Certification Enforcement Activities



Bureau of Family Health Services

The Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth, and their families in Alabama through assessment of community health status, development of health policy, and assurance that quality health services are available. The bureau consists of the following programs: Women, Infants, and Children (WIC); Oral Health Branch; Cancer Prevention and Control; Children's Health; and Women's Health.

Women, Infants, and Children (WIC) Program

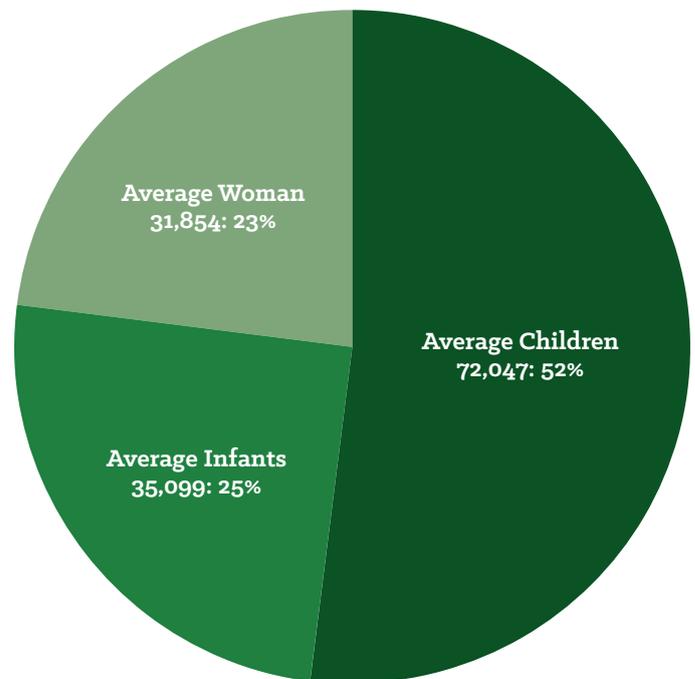
The Special Supplemental Nutrition Program for Women, Infants, and Children serves women who are pregnant, recently had a baby, or are breastfeeding; infants; and children up to the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines and have at

least one nutrition risk documented. Benefits provided by the WIC Program include quality nutrition education and services, breastfeeding promotion and support, referrals to maternal and child health care services and other assistance agencies, and supplemental foods prescribed as a monthly food package. The total state funding amount for WIC food instrument redemptions in 2013 was \$109,682,748.95.

Figure 22. WIC Food Instrument Redemptions by Public Health Area, 2013

Area Number	Area WIC Redemptions
Area 1	\$7,494,410.31
Area 2	\$16,993,297.04
Area 3	\$6,067,650.48
Area 4	\$13,211,438.23
Area 5	\$10,503,101.73
Area 6	\$8,388,215.06
Area 7	\$4,574,752.89
Area 8	\$14,870,208.66
Area 9	\$8,585,495.07
Area 10	\$7,961,143.25
Area 11	\$11,033,036.23
Total	\$109,682,748.95

Figure 23. Average Participation for WIC, 2013



Oral Health Branch

Community water fluoridation is the single, most effective public health measure to prevent tooth decay. The Centers for Disease Control and Prevention named community water fluoridation as one of ten great public health achievements of the twentieth century. Studies conducted throughout the past 65 years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults. Simply by drinking water, children and adults can benefit from fluoridation's cavity protection whether they are at home, work, or school. Fluoridation is one public health program that actually saves money. An individual can

have a lifetime of fluoridated water for less than the cost of one dental filling. Currently, 78.41 percent of the state has fluoride added to the community water supplies.

The Oral Health Branch promoted the positive benefits of adding fluoride to drinking water supplies during a Surface Water Conference hosted by the Alabama Department of Environmental Management. The Centers for Disease Control and Prevention, in partnership with the Association of State and Territorial Dental Directors, awarded a total of 56 Alabama water systems with Certificates of Appreciation for providing optimal levels of fluoride to Alabama citizens for

Bureau of Family Health Services

12 consecutive months in 2012. These awards were presented by the Oral Health Branch during the conference. Two water systems also received special recognition.

- Fifty Years of Service: Athens Water Department
- Reaffirmation Award: Madison Water Works

The department encouraged the water board of Madison to continue adding fluoride to its water supplies. Madison Water Works reaffirmed its commitment to providing fluoridated water to the citizens of its community.

Figure 24. Surface Water Fluoridation Quality Awards Recipients, 2012

Anniston Water Works and Sewer Board
Arab Water Works Board
Central Elmore Water Authority
Chattahoochee Valley Water Supply
Colbert County Rural Water System
Cullman Utilities Board
Fayette Water Works Board
Five Star Water
Gadsden Water Works
Guntersville Water Works and Sewer Board
Harvest-Monrovia Water System
Heflin Water Works
Huntsville Utilities
LaFayette Water Works
Mobile Area Water Service System
Montgomery Water Works
Muscle Shoals Water Department
Section-Dutton Water System
Sheffield Utilities Department
Shelby County Water Services
Smiths Water and Sewer Authority
Sylacauga Utilities Board
Trussville Utilities
Tuscumbia Water Works
Water Works Board of Grant, North Marshall

Figure 25. Ground Water Fluoridation Quality Award Recipients, 2012

Daleville Water and Sewer Board
Daphne Utilities
Enterprise Water Works
Eufaula Water Works
Evergreen Water Works
Fort Deposit Water and Sewer Board
Grand Bay Water Works
Gulf Shores Utilities
Orange Beach Water System
Ozark Utilities Board
Perdido Bay Water System
Rutledge Water Works
Selma Works and Sewer
Spanish Fort
Troy Utilities Department
Tuskegee Utilities Board
Water Works Board of Prattville

Alabama Comprehensive Cancer Program

The Alabama Comprehensive Cancer Program facilitates the statewide Alabama Comprehensive Cancer Control Coalition. The coalition is a statewide group of cancer-related organizations and advocates that are responsible for assessing the burden of cancer, determining priorities for cancer prevention and control, and developing and implementing the 2011-2015 statewide comprehensive cancer control plan. The vision is to eliminate the burden of cancer in Alabama.

The new 5-year goals are to expand partnerships; decrease the number of Alabamians affected by tobacco; increase the number of Alabamians receiving the Human Papillomavirus (HPV) vaccination; reduce Alabamians' cancer risk by decreasing their exposure to UV light; strengthen survivorship, hospice, and palliative care; and increase Alabamians' access to clinical trials. Healthy lifestyle choices such as a proper diet, regular exercise, and participation in checkups and screenings are vital. The program and coalition seek community members and organizations who are interested in setting the state's agenda for cancer control.

Bureau of Family Health Services

Alabama Statewide Cancer Registry

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

heart disease. Approximately 1 in 3 people will be diagnosed with cancer at some point in his or her lifetime.

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

Figure 26. Alabama Cancer Incidence Rates by Site and Sex, 2002-2011 Combined

	Male		Female	
	Rate	Count	Rate	Count
All Sites	565.7	126,677	390.2	108,193
Bladder	32.9	6,921	7.7	2,222
Brain and CNS	7.8	1,770	5.6	1,473
Breast	1.2	263	117.0	32,127
Cervix Uteri	-	-	8.7	2,129
Colon and Rectum	58.2	12,855	40.6	11,529
Esophagus	8.7	2,010	1.8	502
Hodgkin Lymphoma	2.8	628	2.1	521
Kidney and Renal Pelvis	20.4	4,697	10.8	2,998
Larynx	9.2	2,159	1.9	543
Leukemia	14.9	3,177	9.1	2,483
Liver and Intrahepatic Bile Duct	8.4	1,950	3.0	865
Lung and Bronchus	103.7	23,121	54.1	15,472
Melanoma of the Skin	24.8	5,436	14.3	3,766
Myeloma	7.3	1,629	5.0	1,419
Non-Hodgkin Lymphoma	20.3	4,460	13.8	3,881
Oral Cavity and Pharynx	19.6	4,582	6.9	1,935
Ovary	-	-	12.3	3,429
Pancreas	13.6	2,982	10.0	2,895
Prostate	154.1	35,480	-	-
Stomach	8.7	1,887	4.6	1,313
Testis	4.5	979	-	-
Thyroid	4.1	952	11.2	2,806
Corpus and Uterus, NOS	-	-	17.9	5,041

Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.

Rates and counts are for malignant cases only with the exception of urinary bladder and groups that contain urinary bladder.

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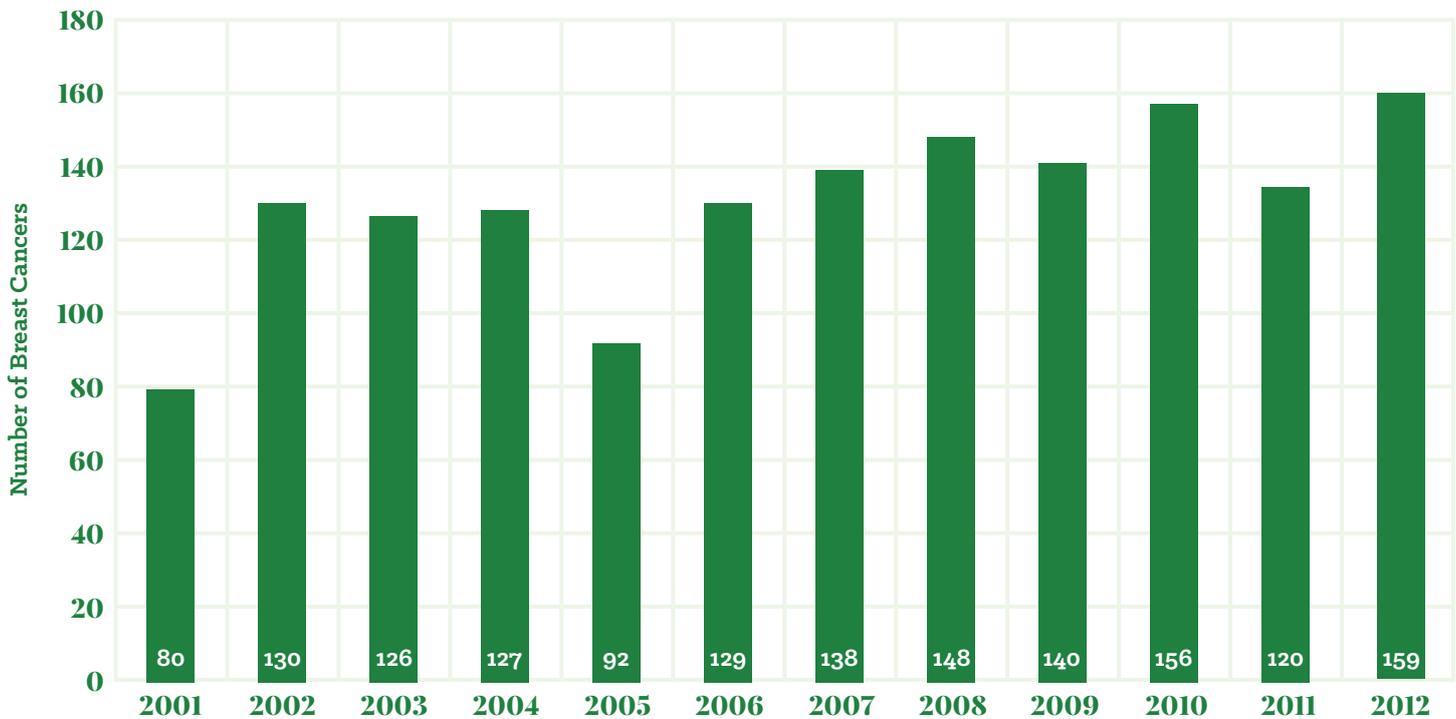
Alabama Breast and Cervical Cancer Early Detection Program

The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) provides free breast and cervical cancer screening services to underserved women in Alabama. The goal of ABCCEDP is to reduce breast and cervical cancer related morbidity and mortality through screenings in underserved populations in the state of Alabama. Eligible populations for the screenings are women ages 40-64, uninsured or underinsured, and whose income is at or below 200 percent of the federal poverty level.

Breast cancer screening includes clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Cervical cancer screening includes a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. Screening and diagnostic services are provided through contracted providers and county health departments. If a patient is diagnosed with breast or cervical cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives.

Number of Breast Cancers Diagnosed through ABCCEDP – Since 2001, more than 1,545 breast cancers have been diagnosed as a result of free screening.

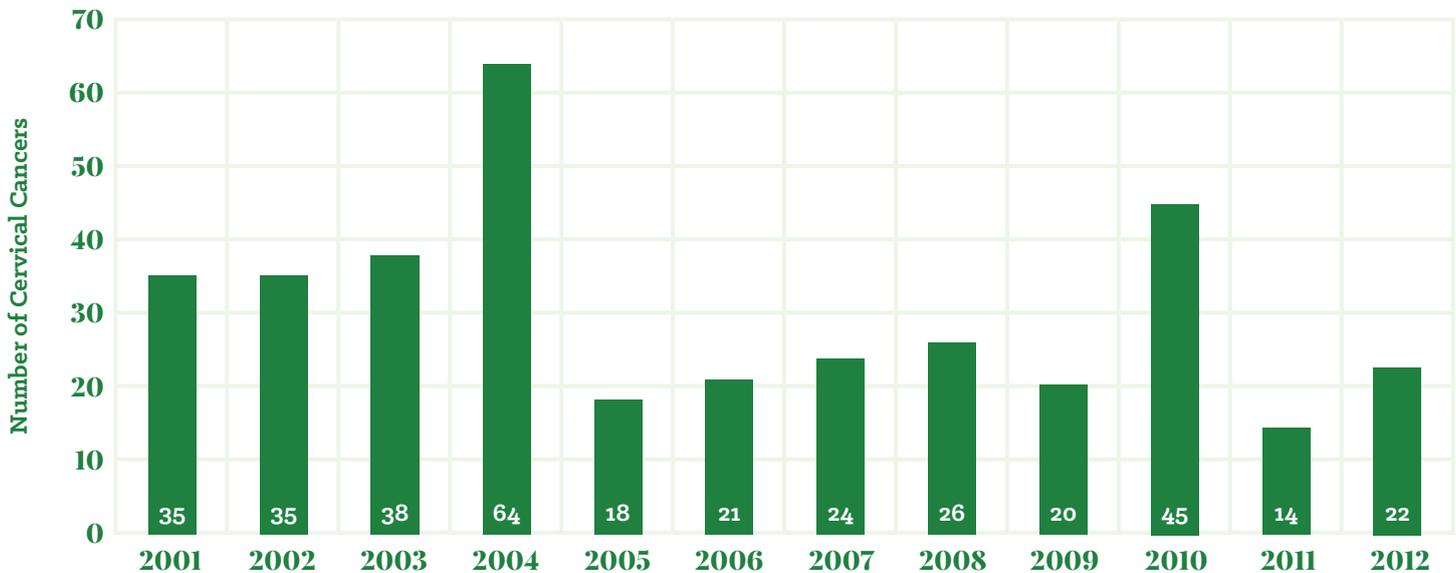
Figure 27. ABCCEDP Diagnosed Breast Cancers by Year



Bureau of Family Health Services

Number of Cervical Cancers Diagnosed through ABCCEDP – Since 2001, more than 360 cervical cancers have been diagnosed as a result of free screening.

Figure 28. ABCCEDP Diagnosed Cervical Cancers by Year

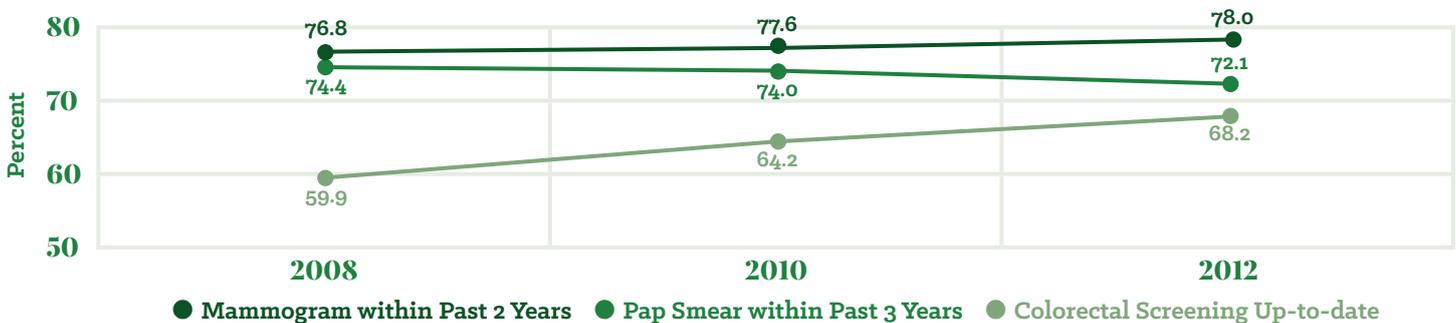


Alabama FITWAY Colorectal Cancer Prevention Program

The Alabama FITWAY Colorectal Cancer Prevention Program promotes screening for colorectal cancer (CRC). The program's goal is to increase CRC screening rates to 80 percent among Alabamians 50 years of age and older by 2014. Colorectal cancer is the second leading cause of cancer deaths and the leading cause among nonsmokers. Nearly all of these deaths are preventable by finding polyps in the colon and removing them. Three different tests for CRC are recommended by the U.S. Preventive Services Task Force (USPSTF): a colonoscopy every 10 years, a sigmoidoscopy every 5 years, or a high sensitivity take home test. The fecal immunochemical test (FIT) finds hidden blood in the stool (evidence of

possible polyps) using new chemical technology. The FIT is underutilized in Alabama. Yet the test has the potential to reach many more individuals in need of CRC screening because it is an inexpensive test, it can be completed at home, and it does not require a patient to take time off from work or arrange for care or transportation. Additionally, FIT does not require any dietary restrictions for completion and has more specificity when compared to guaiac-based testing. The program seeks to increase public awareness for CRC screening; educate providers about the FIT and USPSTF CRC guidelines; support system changes to increase access and reduction of barriers to receiving CRC screening; and improve the use of electronic health records and reminder systems in physician offices.

Figure 29. Cancer Screening Trends Among Women Age 50+ in Alabama, 2008-2012



Source: Behavioral Risk Factor Surveillance System, 2008-2012

Bureau of Family Health Services

Alabama Childhood Lead Poisoning Prevention Program

The Alabama Childhood Lead Poisoning Prevention Program (ACLPPP) continues as the collaborative effort of the Bureau of Family Health Services, Bureau of Environmental Services, and the Alabama Medicaid Agency. The program's mission is to help every child in Alabama develop to his or her maximum potential by promoting a lead-free environment and healthy lifestyle.

In December 2013, ACLPPP implemented a new surveillance system, the Healthy Housing and Lead Poisoning Surveillance System (HHLPPSS). HHLPPSS is in a Web-based format that

allows for better case management and data quality. It enhances the surveillance and case management of lead poisoning in Alabama.

A total of 34,988 children were screened for lead poisoning in calendar year (CY) 2013. The following tables describe ACLPPP screening data. Figure 30 compares the data from CY 2010 through CY 2013. The number of children screened by age group is provided in Figure 31. Also, Figure 30 describes characteristics of the children with elevated blood lead levels (EBLLs).

Figure 30. ACLPPP Blood Lead Screening Data, 2010-2013

CY	Number of Children Screened	Number of Lab Reports with an EBLL*	Percentage of Children with EBLLs with Medicaid Coverage
2010	40,422	587	87.5%
2011	41,810	547	87.3%
2012	40,445	534	87.6%
2013	34,988	407	88.0%

*Elevated blood lead level, defined as ≥ 10 $\mu\text{g}/\text{dL}$

Figure 31. ACLPPP Data for Total Number of Children Screened by Age Group, 2013

Total Number of Children Screened	Number of Children Screened by Age Group			
	0-11 Months	12-35 Months	36-72 Months	>72 Months
34,988	618	21,015	10,652	2,703

Bureau of Family Health Services

Newborn Screening Program

Newborn screening is mandated by the Code of Alabama 1975, Section 22-20-3. The Newborn Screening Program is a comprehensive and coordinated system encompassing education, screening, follow-up, diagnosis, evaluation, and management. The Alabama Bureau of Clinical Laboratories is the sole provider in the state for the blood analysis of newborn screening.

Newborn screening allows treatment to be initiated within the first few weeks of life, thereby preventing some of the complications associated with genetic and endocrine disorders. Early diagnosis may reduce morbidity, premature death, mental retardation, and other developmental disabilities. Alabama's Universal Newborn Hearing Screening Program, Alabama's Listening, ensures that all infants receive a hearing screening prior to hospital discharge, and that they are referred for further testing and intervention if they fail the screening.

On June 21, after one year of voluntary screening, the Alabama Board of Health amended Administrative Code 420-10-1 to add Critical Congenital Heart Disease (CCHD) to the screening panel. With the addition of CCHD, the program now screens for 30 of 31 disorders recommended by the U. S. Health and Human Services Secretary's Discretionary Advisory Committee on Heritable Disorders in Newborns and Children. On September 18, The March of Dimes recognized Dr. Donald Williamson, State Health Officer, for his leadership in newborn screening and for the efforts of the department to mandate screening for CCHD.

The program works in partnership with pediatric sub-specialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up. Additionally, seven community-based sickle cell organizations provide counseling and follow-up for children identified with sickle cell disease or trait.

Figure 32. Newborn Screening Disorders, 2013

Newborn Screening Disorders	Newborns Identified
Carnitine Uptake Defect	1
Classical Galactosemia	1
Congenital Adrenal Hyperplasia	2
Congenital Hypothyroidism	36
Critical Congenital Heart Defect	2
Cystic Fibrosis	13
Hearing Loss	45
Hemoglobinopathies	53
Maple Syrup Urine Disease	1
Medium-chain Acyl-CoA Dehydrogenase Deficiency	3
Methylmalonic Acidemia	1
Long-chain L-3 OH Acyl-CoA Dehydrogenase Deficiency	1
Very long-chain Acyl-CoA Dehydrogenase Deficiency	1
Phenylketonuria	4
Hyperphenylalaninemia	3
Total	167

Bureau of Family Health Services

Family Planning Program

One of the major goals of the Alabama Family Planning Program (FPP) is to decrease unintended pregnancies. During fiscal year 2013, direct patient services were provided to an estimated 98,862 family planning clients through local health department clinics. Of this total, 77.2 percent of these individuals have incomes at or below 100 percent of the federal poverty level. Approximately 22 percent of the clients served were teens. The FPP provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for individuals of reproductive age. It offers opportunities to individuals to plan and space their pregnancies in order to achieve personal goals and self-sufficiency. Services are targeted to low-income individuals.

Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its thirteenth year after being granted a renewal through December 2014. This program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services for women 19-55 years of age.

State Perinatal Program

The purpose of the State Perinatal Program is to identify and recommend strategies that will effectively decrease infant morbidity and mortality, to improve maternal and infant health through a system of regionalized care, and to provide leadership in establishing program priorities.

The program is based on a concept of regionalization of care, a systems approach in which program components in a geographic area are defined and coordinated to ensure that pregnant women and their infants have access to appropriate care. The availability of neonatal intensive care served as the framework for the organization of regionalized care. The program's functioning body is the State Perinatal Advisory Committee which represents Regional Perinatal Advisory Councils. The regional committee makes recommendations to the state committee regarding perinatal concerns and strategies to improve the health of mothers and infants. Program activities include the Fetal and Infant Mortality Review (FIMR) Program, promotion of the Text4baby campaign, coordination of the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality Initiative, participation on state and national committees to reduce infant mortality, and provision of outreach and education to providers and the public.

Figure 33. Ten Leading Contributing Factors in Alabama FIMR Cases, 2012

Contributing Factor	Percent of Total Cases (n=151)
Pre-existing medical conditions such as asthma, hypertension, diabetes, mental health disorders, etc.	82.1
Prematurity (<37 weeks)	67.5
Unplanned pregnancy (parental compliance/knowledge)	53.0
Substance abuse	47.7
Maternal infection other than Sexually Transmitted Diseases (STDs)	41.1
Other emotional stressors during pregnancy such as loss of job, loss of loved one, incarceration, divorce, natural disaster, etc.	38.4
Obesity	37.7
Poverty (during pregnancy or infant's life)	35.8
History of fetal or infant loss	33.8
Presence of life course perspective risk factors (stressors in childhood, history of abuse, poverty, lack of support, etc.)	33.8

Bureau of Financial Services

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

In 2013, Financial Services managed the department's \$718 million budget using 367 internal budgets interfaced with nine Executive Budget Office spending plan activities, and 242 internal funds interfaced with 14 State Comptroller's funds in the State Treasury. The bureau managed a total of more than 100 federal grants with a value in excess of \$445 million and 768 contracts totaling over \$214 million in fiscal year 2013. Included in the federal grants accounted for were 5,772,376 Women, Infants, and Children (WIC) negotiable instruments issued to 1,662,337 recipients paid with a redeemed food value of \$110 million, including \$34.8 million received from the department's infant formula rebate contract.

The Family Practice Rural Health Board and the Board of Medical Scholarship Awards are provided fiscal agent services in the form of payroll, procurement, accounts payable, and contract payment processing and budget management.

The bureau also provides all accounting services for the Alabama Public Health Care Authority (the authority). The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout Alabama.

The authority has completed the Phase I and II building

programs which included constructing and renovating 51 facilities, and is continuing to propose and develop solutions for additional public health buildings and equipment needs.

The Phase III building program includes the following projects with status noted:

- Montgomery Modular Clinic – Complete
- Crenshaw County Health Department – Complete
- Geneva County Health Department – Complete
- Walker County Health Department Renovation – Complete
- Biosafety Level Three Laboratory Repair – Complete
- Calhoun County Health Department Renovation – Complete
- Mobile Branch Lab Renovation – Complete
- Pike County Health Department Renovation – Complete
- Mitchell Young Road Warehouse – Under Construction

The authority manages the Alabama Public Health Capital Maintenance Trust Program which provides funding for a comprehensive, coordinated preventative maintenance improvement and replacement program for public health facilities in Alabama. The authority's construction management firm provides technical assistance, advice, and program monitoring. The program spent \$1.2 million during fiscal year 2013 to provide the following services:

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

Bureau of Financial Services

Figure 34. Public Health Funding History

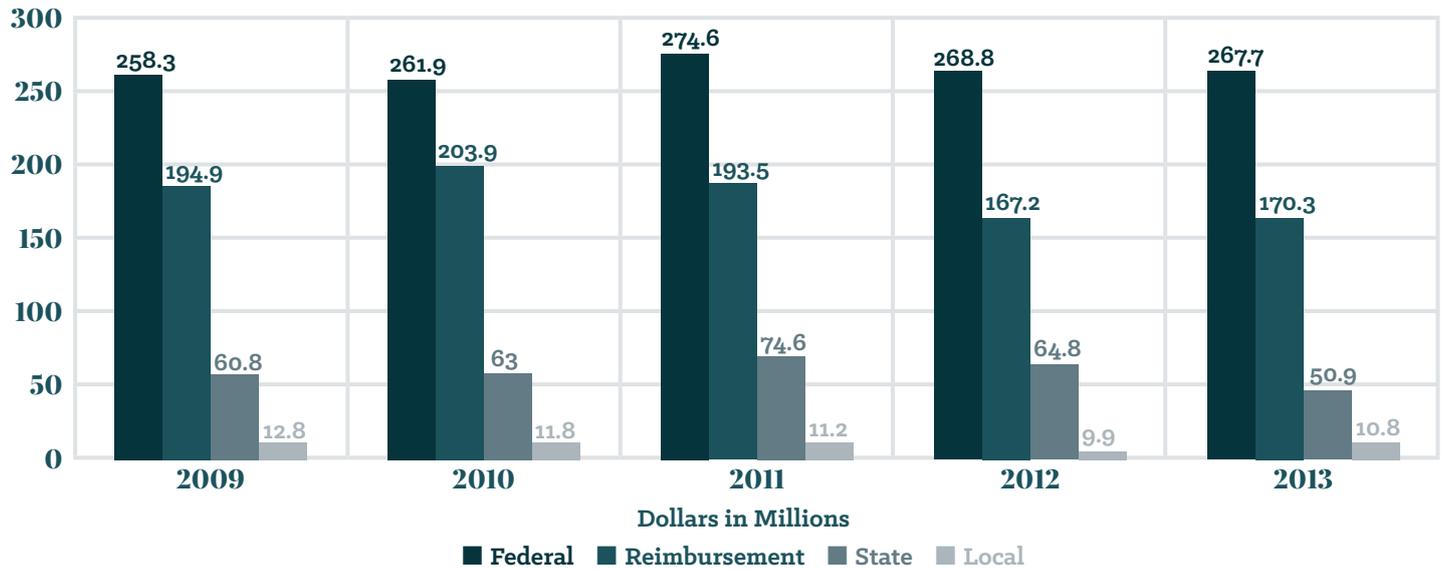
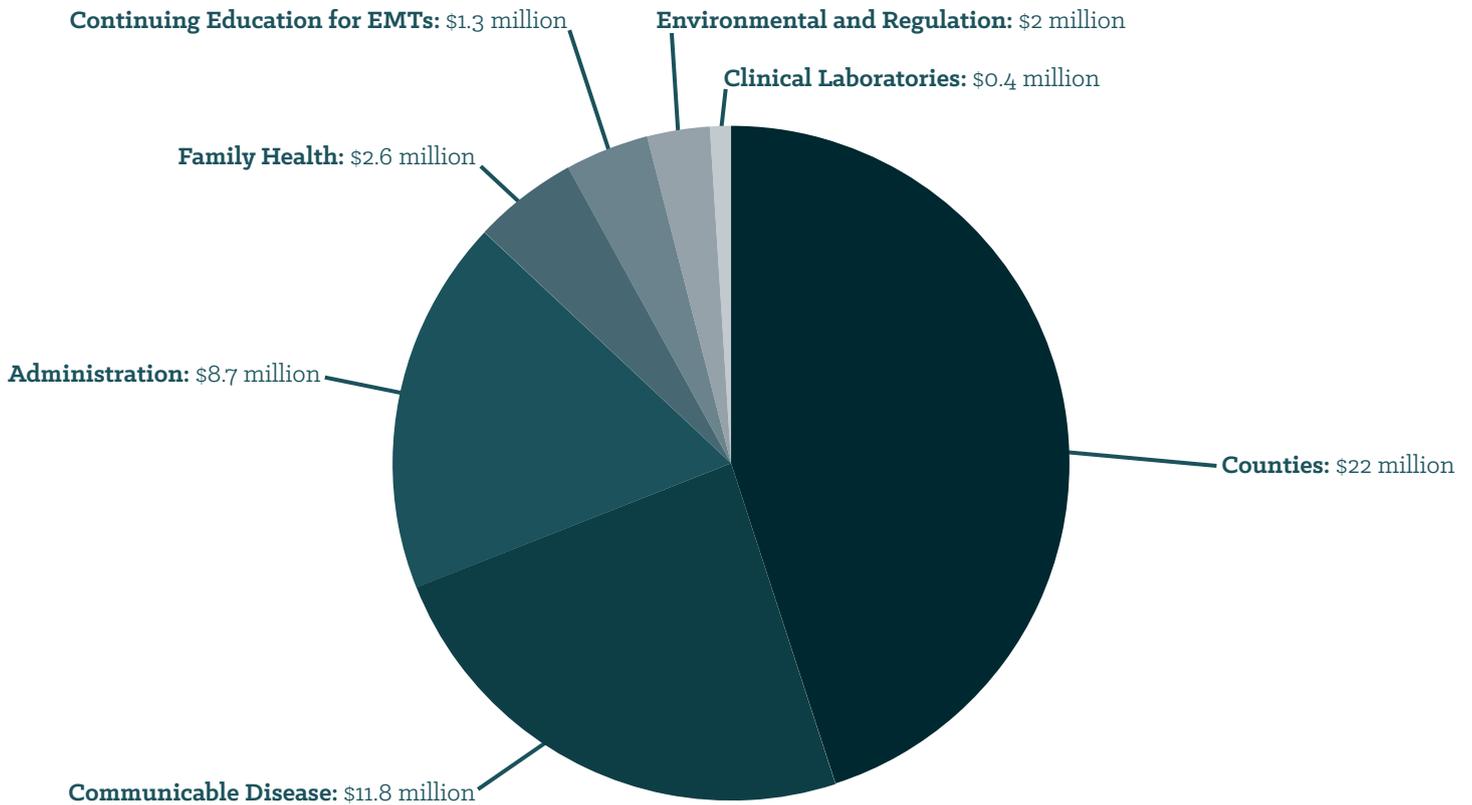


Figure 35. Use of State Funds - FY 2013

Excludes Children's Health Insurance Program and Children First Trust Fund



Bureau of Financial Services

Figure 36. State Appropriations - Public Health

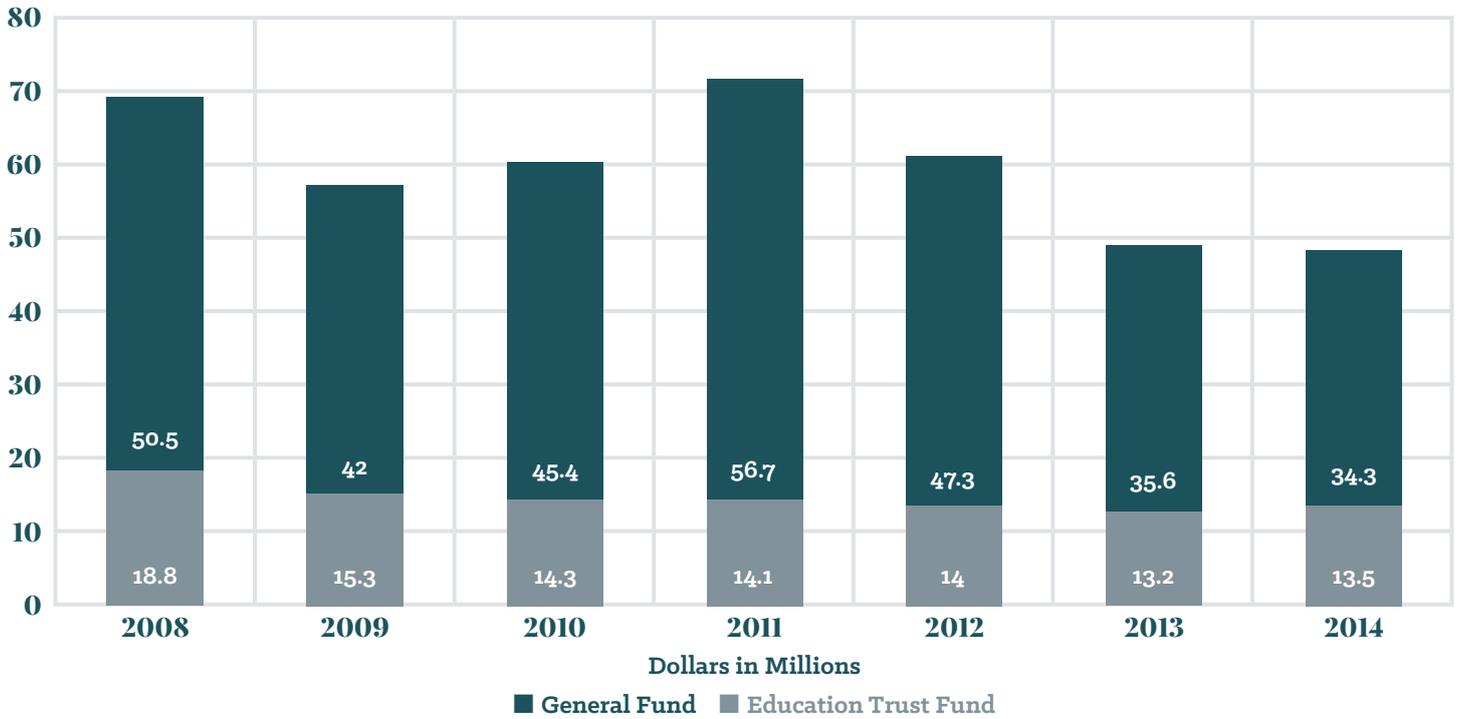
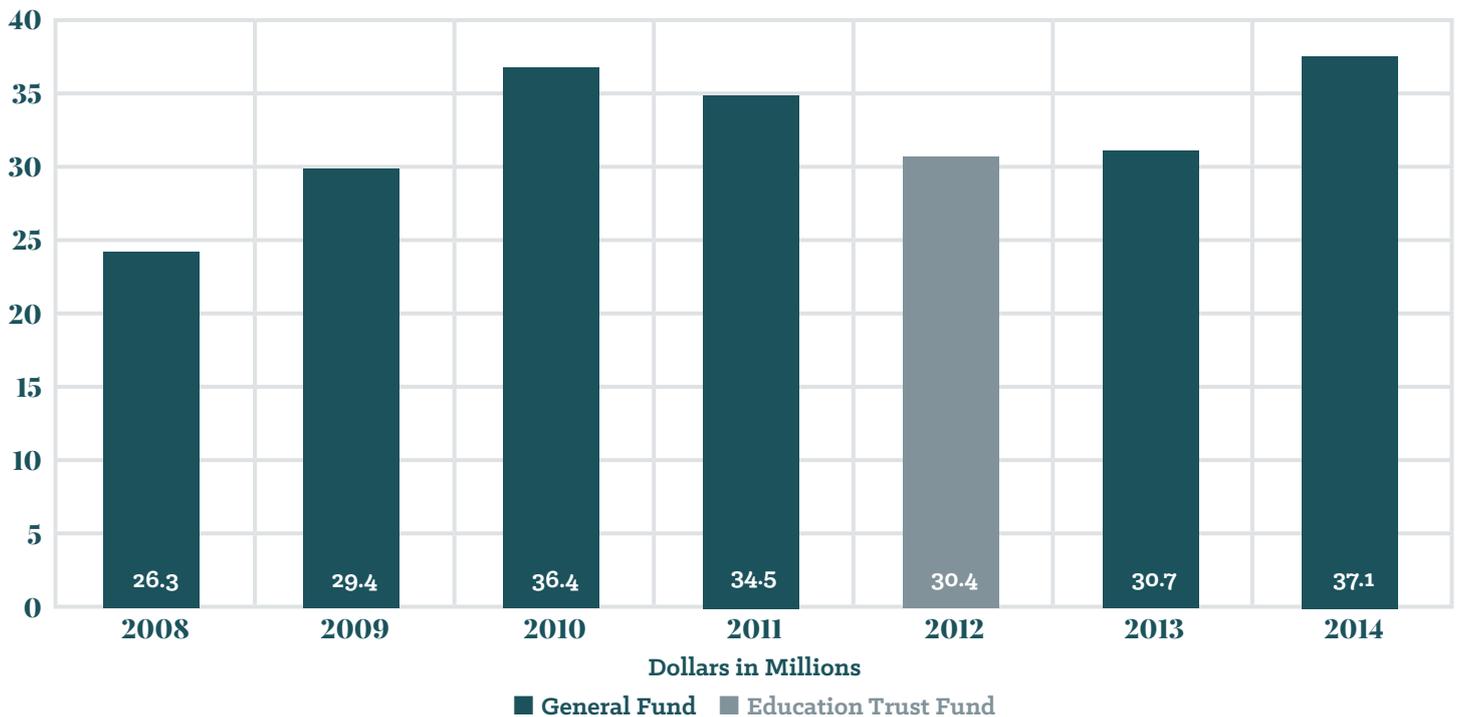


Figure 37. State Appropriations - Children's Health Insurance Program



Bureau of Health Promotion and Chronic Disease

The Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, disability prevention, communications and health marketing.

Public Education Employees' Health Insurance Program Wellness

Public Education Employees' Health Insurance Program (PEEHIP) Wellness is a joint project of the department and PEEHIP. It is a voluntary program, available during work hours, at no cost to employees. The program screens for potential health problems, provides medical referrals, and

educates participants about preventive guidelines. In 2012, more than 23,000 employees were screened by departmental Wellness Program staff. Notably, 30.4 percent of participants had prehypertension or hypertension, and 69.1 percent were overweight or obese.

Figure 38. 2012 Screening Results (23,252 Total Screened)

Risk	Percentage
Prehypertension (121-139/81-89 mmHg)	21.8%
High Blood Pressure (\geq 140/90 mmHg)	8.6%
Overweight (Body Mass Index 25-29)	33.9%
Obese (Body Mass Index \geq 30)	35.2%
Glucose (\geq 140-179 mg/dL)	4.0%
Glucose (\geq 180mg/dL)	1.9%
High Cholesterol (\geq 200 mg/dL)	26.7%

Alabama Behavioral Risk Factor Surveillance System

The Alabama Behavioral Risk Factor Surveillance System (BRFSS) is part of a national survey system that monitors health practices, attitudes, and conditions that place adults at risk for chronic disease, injuries, and preventable infectious diseases. Alabama BRFSS is an annual telephone survey that randomly selects adults for inclusion in the survey. In 2012,

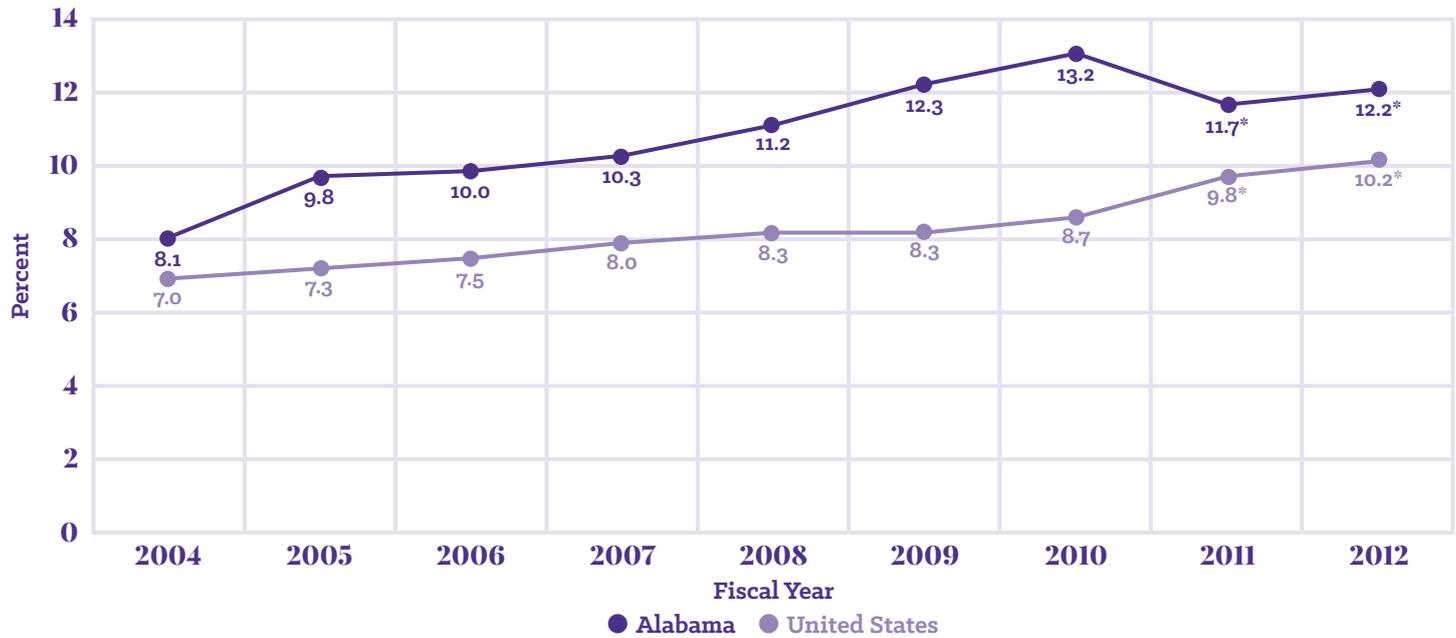
9,026 adults participated in the Alabama BRFSS survey and reported on their health practices and daily living habits. Alabama BRFSS also permits trend analysis of conditions. Many chronic conditions and health risk behaviors are more prevalent among Alabamians when compared to the national average, as may be seen in Figures 39 and 40.

Figure 39. Prevalence of Selected Conditions in Alabama and the United States

Condition	Alabama (%)	United States (%)
Asthma	13.5	13.2
Current Smoker	23.8	19.6
Diabetes	12.22	10.17
Hypertension	40.1	30.8
Obesity	33.0	27.6
Physical Inactivity	27.2	22.9

Bureau of Health Promotion and Chronic Disease

Figure 40. Percent of Adults in Alabama and the United States Who Have Been Diagnosed with Diabetes



*Due to BRFSS methodology changes, estimates from 2011 and after cannot be compared to estimates of earlier years.

Division Of Communications and Health Marketing

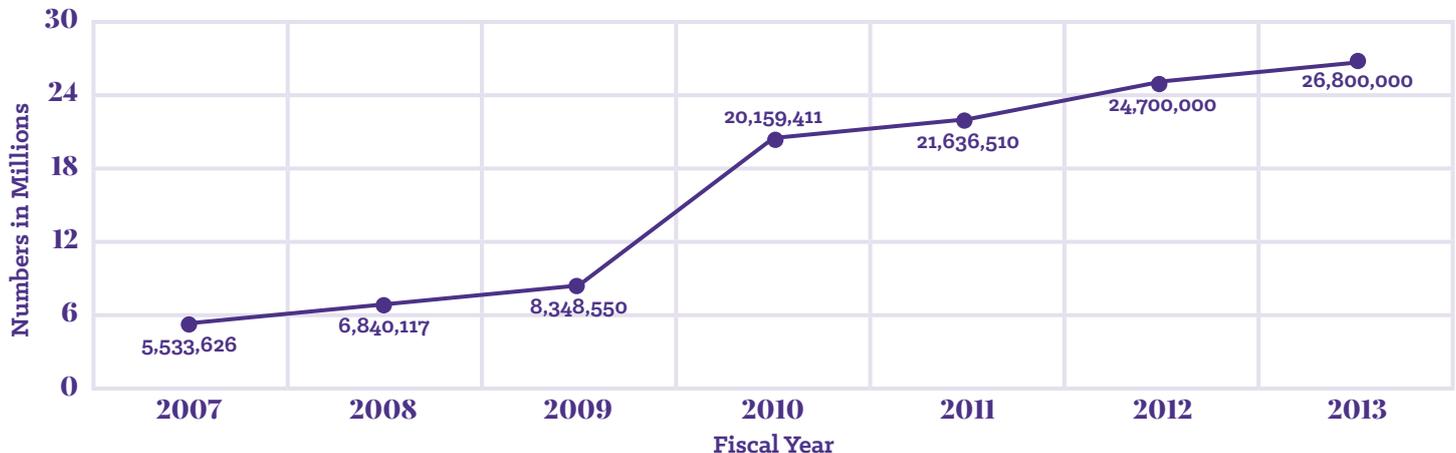
To reach the appropriate audience, the department uses targeted marketing campaigns for immunizations, various health screenings, healthy lifestyles, and other prevention and educational activities employing a wide range of media, including outdoor, print, and broadcast advertising. The agency utilizes social networking sites including Facebook, Twitter, and YouTube.

Digital Media Branch: Both state and local level Web site content and design are managed and coordinated through

the division's Digital Media Branch, while providing a cost-efficient way to deliver timely, essential communications to the public, media, businesses and organizations, and other government agencies.

The branch helped launch the Alabama Department of Public Health mobile app. The app is free of charge and makes it easier for the public to access health information. The app furthers the branch's goal of improving the timeliness of information sharing from the Web site, as well as increasing the frequency of message delivery to the public.

Figure 41. ADPH.ORG Web Site Traffic



Bureau of Health Promotion and Chronic Disease

Risk Communication: The goal of the Risk Communication Branch is to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events through the development of communication policies and procedures; training of staff, partner agencies, and the public; and creation of emergency health information and promotion materials that support emergency preparedness activities in the state.

In 2013, the branch produced emergency preparedness materials to assist staff to communicate more effectively, and to provide the public with steps they can take to become more prepared. The branch also assisted area staff with local communication activities including developing plans and overseeing communication training. Branch staff conducted a full-day training titled, Communicating Effectively in State Government, educating participants on targeting populations through paid media, utilizing social media, and breaking the language barrier. In addition, training was conducted on joint information centers and Strategic National Stockpile media relations.

Tobacco Prevention and Control Branch

Tobacco use continues to be the leading cause of preventable death in Alabama, killing in excess of 7,500 smokers and costing the state more than \$1.49 billion in direct medical expenses to treat smoking-related diseases each year. More than \$238 million of these direct medical expenses were paid by the state's Medicaid program. The bureau's tobacco branches work to enforce Food and Drug Administration (FDA) regulations, prevent youth from starting tobacco use, help tobacco users quit, protect people from exposure

to secondhand smoke, and provide education and expert information on tobacco-free topics as requested.

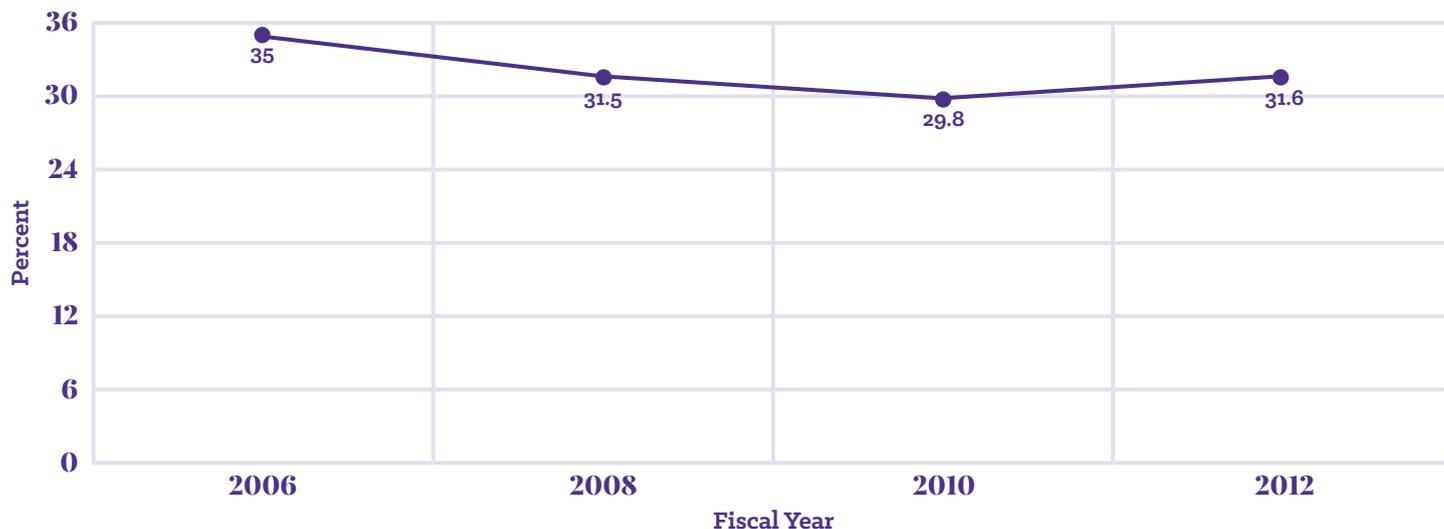
The FDA Enforcement Branch conducted 4,221 inspections which revealed a combined violation rate of 4.8 percent. The program contracts with public health areas and state police to conduct the inspections. Results of the inspections are available to view on www.fda.gov. The Alabama program is cited as a model nationally.

The Tobacco Prevention and Control Branch managed telephonic and Web-based quitlines which assisted 8,997 tobacco users in 2013. The program reported a 36 percent quit rate for surveyed participants from the previous year, ranking it fifth among the quitlines that offer similar services. The branch, in partnership with the department's Plan First Program and Medicaid, provided cessation services to more than 1,000 low-income women of childbearing age.

Tobacco Control coordinators and their coalitions completed Air Quality Monitoring Assessments in six cities (Dothan, Gadsden, Montgomery, Moulton, Sheffield, and Tuscaloosa). Results reveal that employees working in locations with indoor smoking are exposed to levels of air pollution that are, on average, five times higher than the safe annual level established by the U.S. Environmental Protection Agency.

Six cities passed ordinances to protect citizens from secondhand smoke. Eighteen hospitals and eight colleges and universities also adopted tobacco-free and smoke-free campus policies. All of Alabama's county health departments now have 100 percent tobacco-free campuses.

Figure 42. Percent of Youth Who Have Used Any Form of Tobacco in the Past 30 Days



Bureau of Health Provider Standards

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

Figure 43. Summary of Licenses and Investigations

	Total Complaints Investigated	Facilities with Probational Licenses
Abortion Centers	2	0
Assisted Living Facilities and Skilled Assisted Living Facilities	102	4
Ambulatory Surgical Centers	0	0
End Stage Renal Disease Treatment Centers	14	0
Home Health Agencies	7	N/A
Hospitals	56	0
Hospice Agencies	13	0
Nursing Homes	2,157	N/A

Bureau of Health Provider Standards

Figure 44. Division of Provider Services Statistical Summary

Facility Type	Licensed Facilities	Certified Facilities	Licensed Beds or Stations
Abortion or Reproductive Health Centers	5	0	0
Ambulatory Surgical Centers	42	38	0
Assisted Living Facilities			
Congregate	98	0	5,380
Family	11	0	32
Group	102	0	1,594
Total	211	0	7,006
Assisted Living Facilities (Specialty Care)			
Congregate	38	0	1,590
Group	52	0	921
Total	90	0	2,511
Cerebral Palsy Centers	1	0	34
Community Mental Health Centers	0	49	0
End Stage Renal Disease Treatment Centers	151	148	2,489
Federally Qualified Health Centers	0	91	0
Home Health Agencies	0	153	0
Hospices	181	115	30
Hospitals			
Joint Commission Accredited Hospital Facilities	80	82	16,595
Non-Joint Commission Accredited Hospitals	40	42	2,008
Total	120	124	18,603
Independent Clinical Laboratories	395	0	0
Independent Physiological Laboratories	58	0	0
Nursing Homes			
Immediate Care Facilities/Individuals with Intellectual Disability	0	1	0
Nursing Facilities	2	2	112
Skilled Nursing Facilities	229	225	27,007
Total	231	228	27,119
Organ Procurement Centers	0	0	0
Portable X-Ray Suppliers	0	0	0
Rehabilitation Centers	23	28	0
Residential Treatment Facilities	0	10	0
Rural Health Clinics	0	89	0
Sleep Disorders Centers	18	0	0
Totals	1,526	1,073	57,792

Center for Health Statistics

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. The center consists of the following divisions: Administrative Services, Quality Assurance and Registration, Record Management and Customer Services, Special Services, and Statistical Analysis.

More than 150,000 vital records were registered with the Center for Health Statistics in 2013; many electronically. An automated vital records system, called ViSION or Vital Statistics Image Oriented Network, allows vital records to be issued in all 67 county health departments. Customers can obtain most vital records from the center through county health departments in 30 minutes or less. Customers may also order records over the Internet, by telephone for next day delivery, or by regular mail. All birth records are registered electronically with the Center for Health Statistics, and approximately 50 percent of divorce and death certificates are registered electronically. In addition to registering vital records and issuing certified copies, the center corrects and amends birth and death records and creates new certificates after legal actions.

Statistical Analysis

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 Web site to the public, news media, researchers, government or private agencies, and various units within the department. Center staff also administer the Pregnancy Risk Assessment Monitoring System (PRAMS) which surveys new mothers about their experiences during pregnancy and immediately following delivery, providing valuable information about the health of pregnant women.

Figure 45. Certified Copies of Vital Records Issued

The center issued more than 550,758 certified copies of vital records through county health departments, mail, Web orders, and operator-assisted requests.

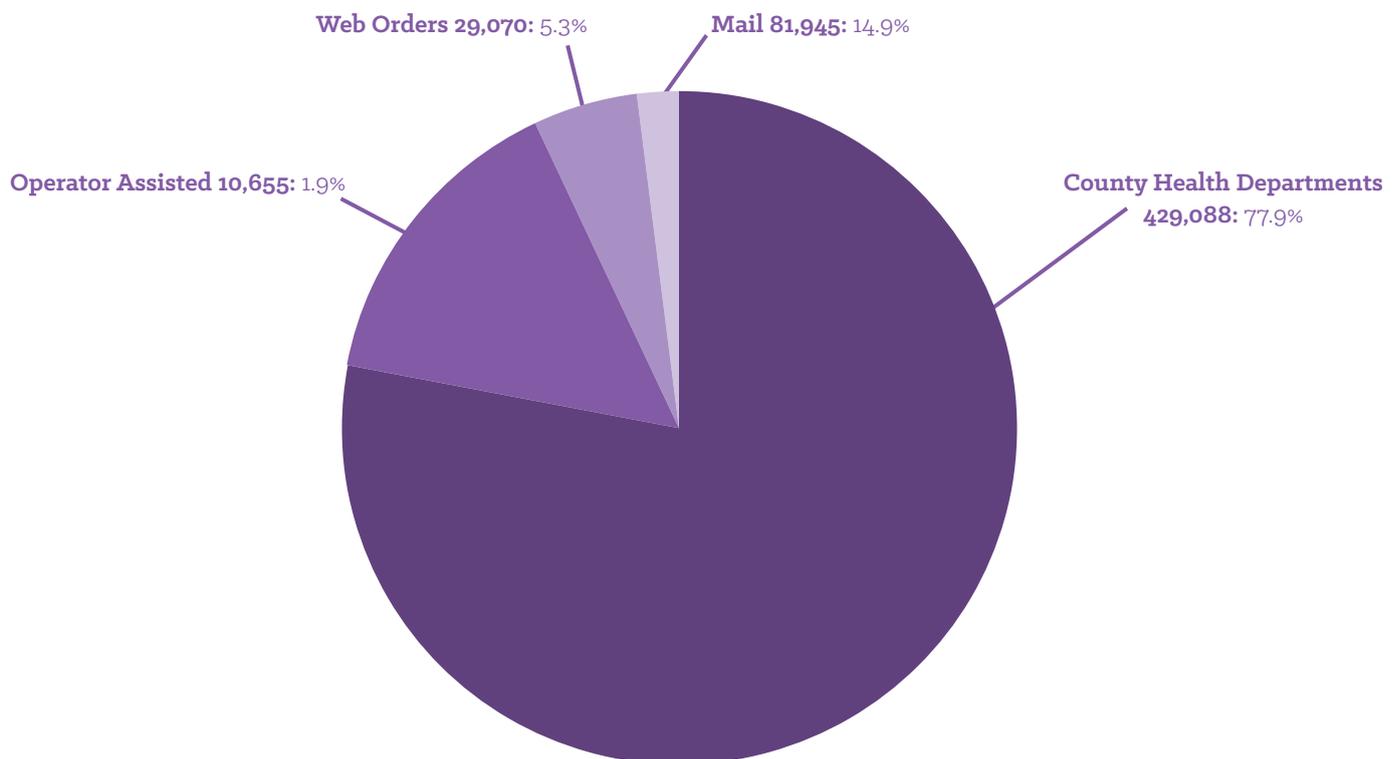


Figure 46. Electronic Death Registration

During 2013, the center, in collaboration with departmental area staff, increased the number of death records registered electronically by training vital records providers statewide. Registering death records electronically allows families to obtain certified copies more quickly. A regulation, effective October 2014, was passed that makes use of the Electronic Death Registration system mandatory for almost all persons involved in preparing and submitting death certificates.

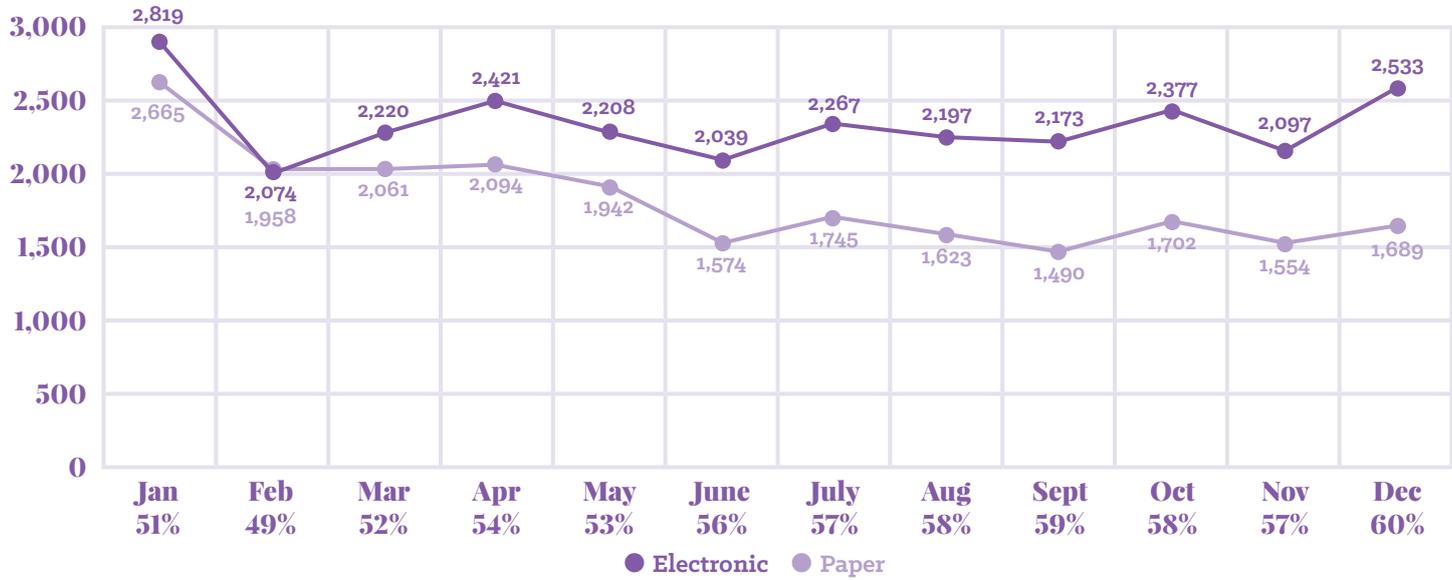
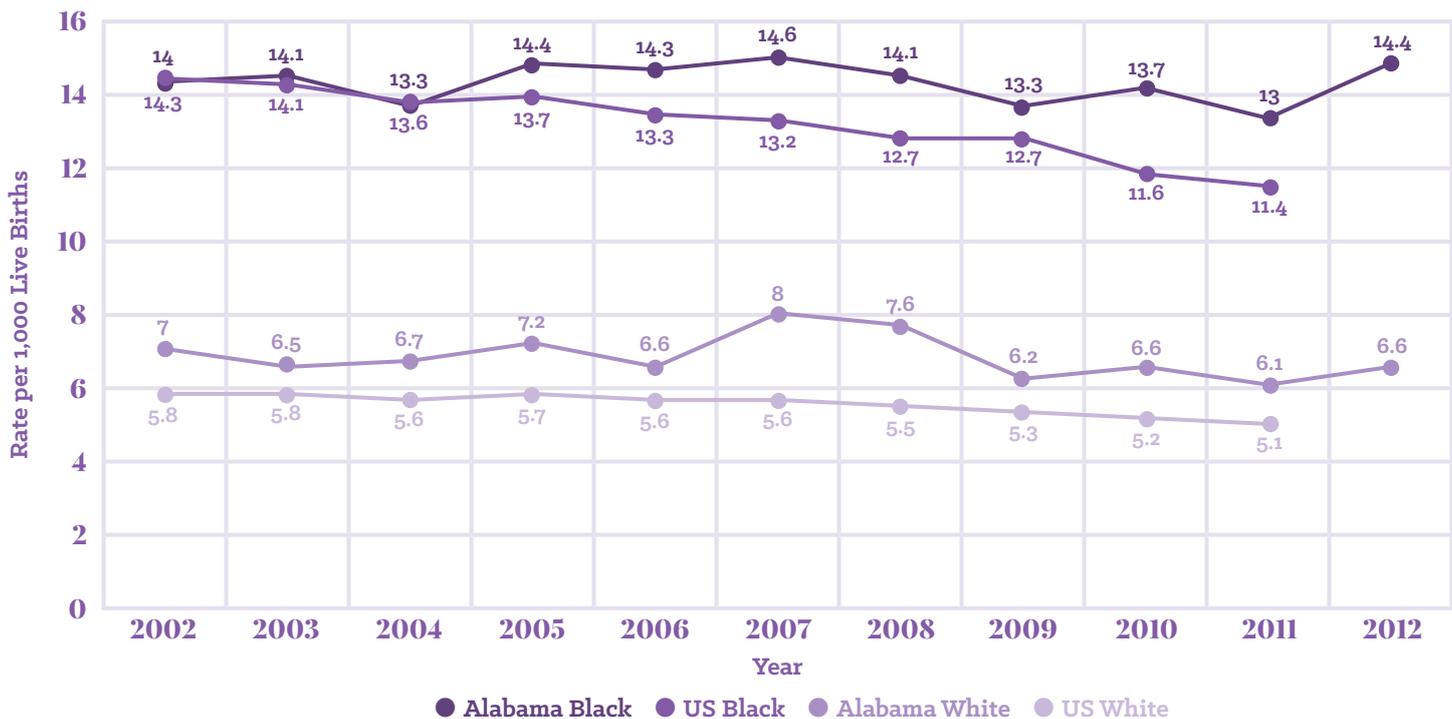


Figure 47. Infant Mortality

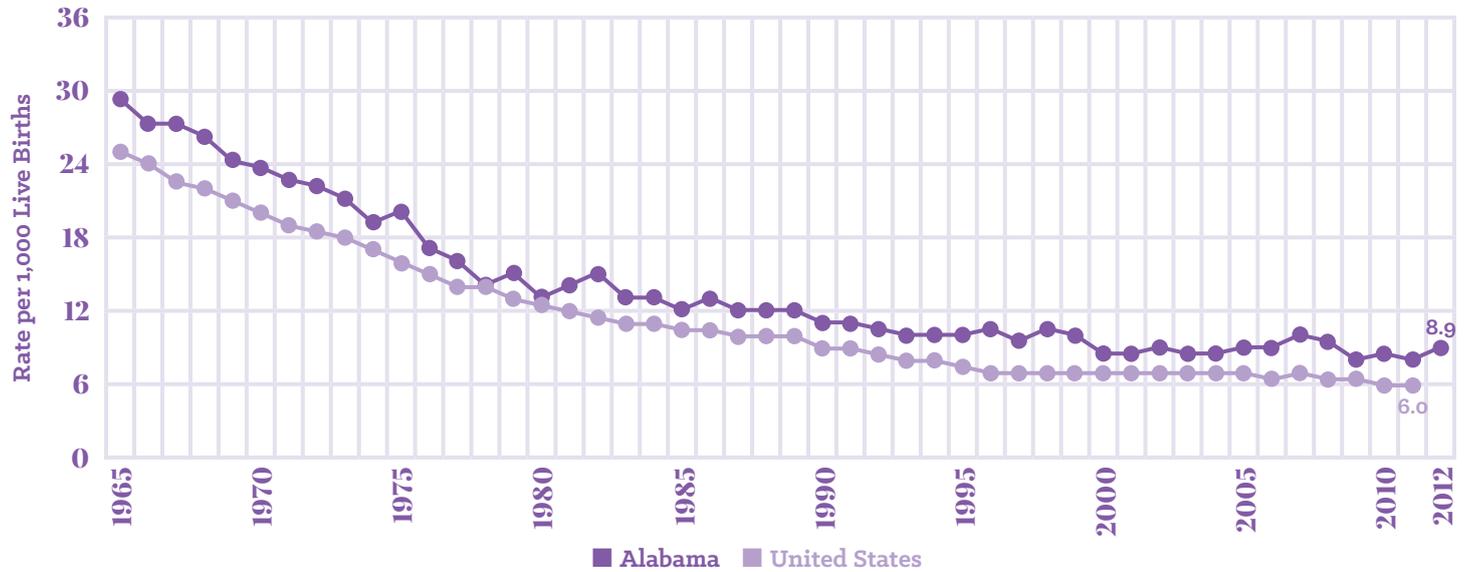
Comparison of Infant Mortality Rates for Alabama and the United States by Race for 2002 through 2012.



2012 U.S. rate is not available. The 2010 and 2011 U.S. rates are provisional.

Figure 48. Comparison of Infant Mortality Rates for Alabama and the United States for 1965 through 2012

The infant mortality rate for Alabama was 8.9 deaths per 1,000 live births in 2012.



The 2012 U.S. rate is not available. 2010 and 2011 U.S. rates are provisional.

Figure 49. Alabama's Leading Causes of Death for 2012¹

Cause of Death	Rank	Number	Rate ¹
Total All Causes		49,212	
Diseases of The Heart	1	12,002	248.9
Malignant Neoplasms	2	10,264	212.9
Chronic Lower Respiratory Diseases	3	3,006	62.3
Cerebrovascular Diseases	4	2,620	54.3
Accidents	5	2,255	46.8
Alzheimer's Disease	6	1,386	28.7
Diabetes Mellitus	7	1,295	26.9
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,034	21.4
Influenza and Pneumonia	9	933	19.3
Septicemia	10	899	18.6
Suicide	11	721	15.0
Chronic Liver Disease and Cirrhosis	12	618	12.8
Primary Hypertension	13	528	10.9
Homicide	14	403	8.4
Parkinsons	15	384	8.0
All Other Causes, Residual		10,864	

¹Rate is per 100,000 population.

Figure 50. Vital Statistics for 2012¹

This includes births, teen births, low-weight births, births to unmarried women, induced terminations, infant deaths, neonatal deaths, postneonatal deaths, deaths, marriages, and divorces.

	Number	Rate/Percent	
Births	58,381	12.1	(Per 1,000 Population)
Births to Teenagers	6,236	19.8	(Per 1,000 Females Aged 10 to 19 Years)
Low Weight Births	5,866	10.1	(Percent of All Live Births)
Births to Unmarried Women	24,854	42.6	(Percent of All Live Births)
Deaths	49,212	10.2	(Per 1,000 Population)
Marriages	39,489	8.2	(Per 1,000 Population)
Divorces	17,193	3.6	(Per 1,000 Population)
Induced Terminations of Pregnancies	7,970	8.3	(Per 1,000 Females Aged 15 to 44 Years)
Infant Deaths	519	8.9	(Per 1,000 Live Births)
Neonatal Deaths	337	5.8	(Per 1,000 Live Births)
Postneonatal Deaths	182	3.1	(Per 1,000 Live Births)

¹Total estimated state population was 4,822,023.

Bureau of Home and Community Services

The Bureau of Home and Community Services administers home care services statewide. Its mission is to provide compassionate and effective health care services in the home, while meeting the challenges of the changing health care needs of Alabama citizens. The bureau consists of the following divisions: Billing and Support, Budget and Personnel, Compliance, and Home Care Services.

Figure 51. Home Health Visits by Discipline

Home Health Visits	HH Medicare	HH Medicaid	HH Other	Total
Skilled Nurse	33,132	59,121	4,481	96,734
Physical Therapy	16,080	158	2,029	18,267
Speech Therapy	28	0	41	69
Occupational Therapy	347	12	42	401
Social Work	624	3	55	682
Home Health Aide	20,368	111,417	1,907	133,692
Total	70,579	170,711	8,555	249,845

Figure 52. 2013 Home Health Visits

The bureau provided 249,845 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance.

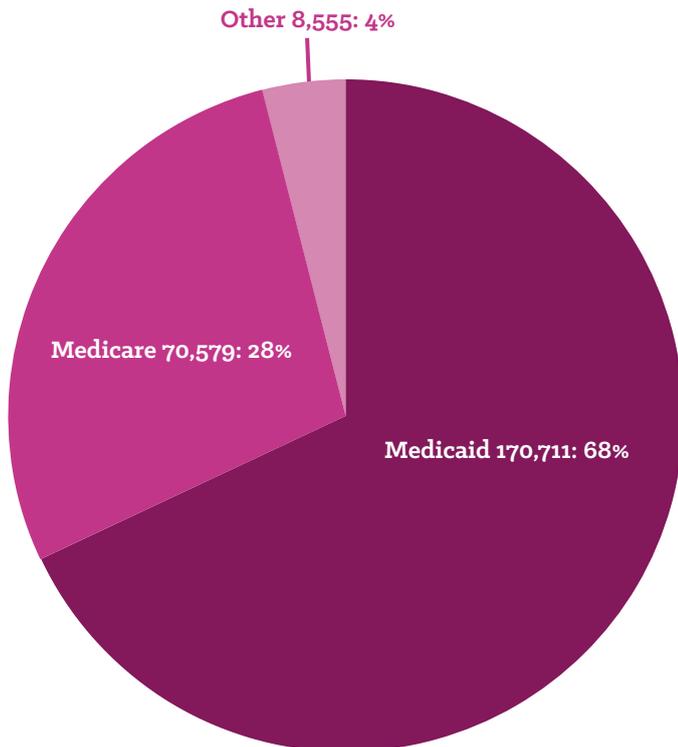
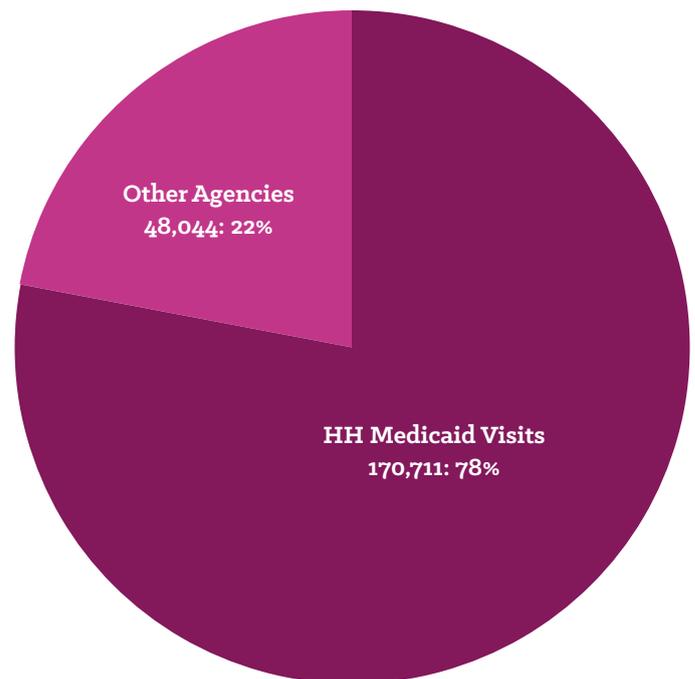


Figure 53. Fiscal Year 2013 Medicaid Home Health Visits

In fiscal year 2013, Alabama Medicaid recipients received 218,755 home health visits. Of these visits, Public Health staff provided 78 percent of the total visits.



Bureau of Home and Community Services

Figure 54. 2013 LifeCare Service Hours

The bureau provided 249,845 LifeCare services to patients covered by Medicaid and third party insurance.

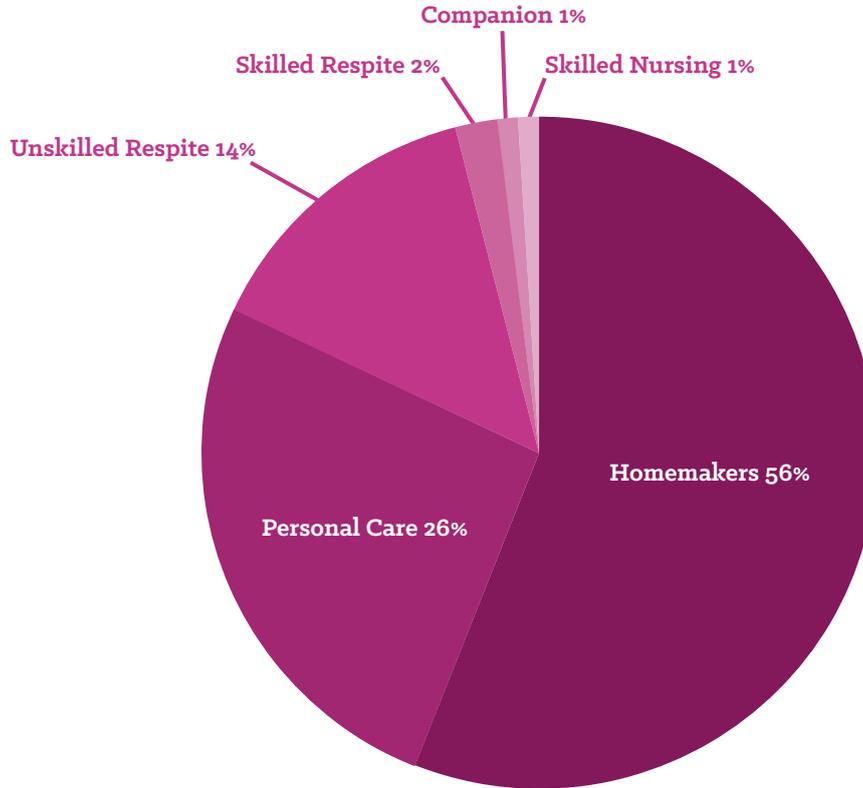


Figure 55. LifeCare Hours by Service Type

LifeCare Service Hours	LifeCare	Biotelemonitoring	HIV/AIDS Waiver	LC Other	Total
Homemakers	478,647	0	6,681	13,647	498,975
Personal Care	223,786	0	1,250	9,831	234,867
Unskilled Respite	108,961	0	723	11,870	121,554
Skilled Respite	13,928	0	0	0	13,928
Skilled Nursing	0	0	0	9	9
Companion	5,579	0	46	0	5,625
Biotelemonitoring Service	0	12,555	0	0	12,555
Total	830,901	12,555	8,700	35,357	887,512

Office of Human Resources

The Office of Human Resources reviews and processes requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals, and disciplinary actions.

In addition, the office coordinates the department's recruitment program, affirmative action program, and the State Employee

Injury Compensation Trust Fund Program. The office provides training on human resources issues; provides guidance to supervisors and employees in resolving workplace conflicts; and coordinates (through referrals) the Employee Assistance Program. Staff review and recommend requests for serious disciplinary actions, participate in administrative hearings, and respond to grievances and allegations of unfair practices.

Figure 56. 2013 Personnel Actions Processed for Merit Employees

New Hires	93
Promotions	100
Dismissals	4
Retirements	85
Transfers Out	57
Other Separations	152
Employee Assistance Program Referrals (Employees and Dependents)	113
Hours of Leave Donations	4,600
Annual Appraisals	3,069
Probationary Appraisals	209

ADPH Minority Employment Comparison

The department is comprised of 3,092 merit system employees, 34 percent are minority employees. According to the U.S. Equal

Employment Opportunity Commission's 2012 Job Patterns statistics, the department has a higher percentage of minorities compared to the Alabama Labor Market.

Figure 57. Alabama Labor Market vs. ADPH



Source: U.S. Equal Employment Opportunity Commission, www.eeoc.org.

Office of Human Resources

Figure 58. 2013 Turnover Rate in Areas/Counties and Central Office

	Number of Merit Employees	Turnover Rate by Percentage
Central Office	1,035	12.2
Areas/Counties	2,057	12.6
Statewide	3,092	12.45

LifeCare Transition to Department of Senior Services:
 The department transitioned the LifeCare program to the Department of Senior Services. This resulted in numerous

transfers, resignations, separations, and retirements for the supporting merit and Form 8/home attendant staff in this program throughout Alabama.

Figure 59. Form 8/Home Attendant Staff

Date	Number of Employees
October 2012	796
October 2013	18

Bureau of Information Technology

The Bureau of Information Technology's (IT) mission is to plan, provide, and support the information and logistics needs of the department. The bureau consists of seven divisions, including Project Management, Database Administration, Systems Development and Integration, Business and Information Architecture, Technical Support, Logistics, and Revenue Recovery. IT procures, develops, and supports information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure. The IT Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles. The Revenue Recovery Division researches, corrects, and resubmits appropriate billable

claims for patient services to insurance payors as well as administers billing related requirements for the department.

IT continued to support the bureau's Health Information Technology for Economic and Clinical Health (HITECH) Act by working with providers, hospitals, software vendors, and the Centers for Disease Control and Prevention to build Health Level 7 (HL7) messages and transport protocol. These messages will facilitate the sharing of health information with trading partners (e.g., providers, hospitals) in the areas of immunizations, electronic lab reporting (ELR), syndromic surveillance, and cancer. Figure 60 illustrates the number and status of the trading partners through 2013.

Figure 60. Number and Status of Trading Partners, 2013

Trading Partner Status		Immunization	ELR	Syndromic Surveillance	Cancer
Registered through Meaningful Use (MU) Application		601	132	231	7
Trading Partner Agreement		110	25	54	0
Test		96	7	8	0
Pilot / Parallel	Real-time	6			
	Batch	0	0	3	9
Production	Real-time	348			
	Batch	1	1	3	0
	Hosted	247	0	0	0

Figure 61. IT Support Facts, 2013

Support Facts	Quantities
Help Desk Calls	25,034
Personal Computers Supported	5,481
Servers Supported	469
Personal Computers Installed	741
County Support Trips	3,244
IP Phone Devices Support	5,732
Voice Mail Subscribers	2,772
Network Sites Upgraded	3
Smart Phones Supported	364 (Blackberry, Android, and iPhone)

Figure 62. Logistics Facts, 2013

Items	Number
Equipment Inventory Items	18,796
Equipment Inventory Value	\$38 million
Forms Managed	4,981
Form Packages Sent	10,422
Promotional Items Managed	458
Department Vehicles	49
Emergency Response Vehicles, Trailers	85

IT began development of a new eligibility and enrollment system for the Children's Health Insurance Program (CHIP) and Medicaid. The enrollment portion of the system went live on October 1 in accordance with federal guidelines. This new system incorporates the new federal guidelines, new technology, and provides a system for "one-stop shopping" for Medicaid and CHIP eligibility.

Bureau of Professional and Support Services

The Bureau of Professional and Support Services supports a variety of important department initiatives and projects. These services include the facilitation and participation in activities to recruit, retain, and train employees within the department, and to develop and implement programs to enhance the health care workforce and health delivery infrastructure in rural and medically underserved areas in the state. The bureau consists of the following programs: Nursing Division, Nutrition and Physical Activity Division, Office of Minority Health, Office of Primary Care and Rural Health, Social Work Division, Pharmacy Division, and Training Unit.

Nutrition and Physical Activity (NPA) Division

Adults and youth in Alabama continue to have high rates of obesity. The state consistently ranks as one of the most obese states in the nation. According to a 2012 report from the Centers for Disease Control and Prevention (CDC), 67.8 percent of Alabama adults are either overweight or obese. Alabama youth in grades 9-12 also have high rates with 32.7 percent being either overweight or obese.

NPA initiatives to address obesity in adults and youth:

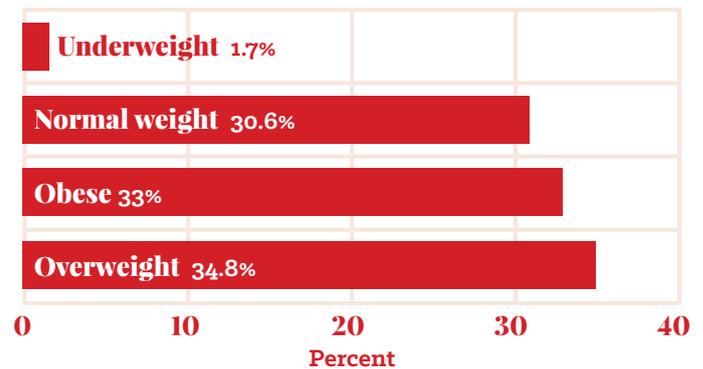
Now in its eighth year, Scale Back Alabama is a statewide weight-loss contest that encourages Alabama to get healthy and have fun while doing it. The 2013 campaign had almost 30,000 participants in almost every county. Since its inception, the total statewide weight loss of the contest is more than 1 million pounds. The Scale Back Alabama school program had impressive numbers with 91 schools and more than 2,000 school personnel participating last year.

The iChoices program is a comprehensive wellness program that focuses on developing a healthier and more dynamic workforce in Public Health. The program works to empower employees to think better about their health and the choices they make. One-on-one health coaching is available to employees during work hours to create individualized health plans.

The Alabama Healthy Vending Machine Program increases access to healthier foods and beverages in worksites. The goal of the initiative is to offer healthier snacks and beverages in vending machines and other venues where these items are available. The program is being implemented in multiple businesses in the private sector throughout Alabama. Expansion plans are in progress with local health departments and city governments.

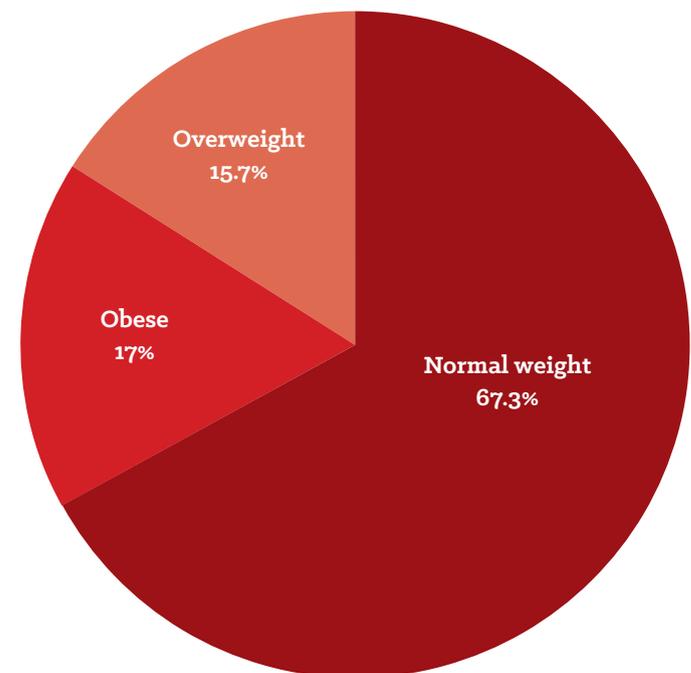
Initiatives for youth include the Healthy Weight Initiative (HWI) and the Supplemental Nutrition Assistance Program (SNAP) education program. The HWI is a collaboration with the State Department of Education to provide nutrition and physical activity resources and training to after-school programs across the state. The SNAP education program

Figure 63. Adult



Source: Centers for Disease Control and Prevention, BRFSS 2012

Figure 64. Youth (Grades 9-12)



Source: Centers for Disease Control and Prevention, YRBS 2011

funds staff to teach nutrition classes to low-income audiences. Nutrition education programs primarily take place in schools in which greater than 50 percent of their students receive free or reduced cost meals.

In collaboration with the Social Work Division, the Alabama Disability and Health Program was created in 2012 with funds through a 3-year grant from the Centers for Disease Control and Prevention to improve the health of persons with disabilities. Alabama is one of 18 funded state-based programs with the purpose of promoting equity in health, preventing chronic disease, improving emergency preparedness, and increasing the quality of life among people with disabilities.

Bureau of Professional and Support Services

Pharmacy Division

The Pharmacy Division's primary responsibility is to establish dispensing policies for all county health departments and oversee implementation of these policies. The division participates as a member of the department's preparedness advisory council and collaborates on the refinement of Alabama's procedures for ordering and processing the Strategic National Stockpile, a special stockpile of drugs and supplies which would be shipped by the federal government to the state, if indicated, following any terrorism event. The division also coordinates state agencies accessing the Minnesota Multistate Contracting Alliance for Pharmacy, which is operated by the State of Minnesota and serves government-based health care facilities. This alliance allows the state of Alabama to purchase medications and clinic supplies at substantially reduced prices. In addition, the division coordinates access to 340 B pricing, a federal pricing program for covered entities within the department. As of September 2013, approximately 1 billion prescriptions had been reported into the prescription drug monitoring database, which became operational in April 2006 and is used to monitor Schedule II, III, IV, and V drugs.

National Governors Association Policy Academy on Prescription Drug Abuse

According to the CDC, in 2010, Alabama had one of the highest national rates of prescription painkillers sold per 10,000 people. In 2011, in some areas in Alabama, a rising number of deaths from illegal and prescription drugs surpassed fatalities caused by suicide, by discharge of firearms, and homicide by discharge of firearms. In addition, the Alabama Center for Health Statistics reported there were a total of 506 accidental poisonings and exposures to noxious substances in the state.

In 2012, the Office of the Governor, in collaboration with the National Governors Association and the Alabama Department of Public Health, formed a work group to address the prescription drug abuse epidemic within Alabama. The objective of the year-long project was to strategically plan how the state will reduce prescription drug abuse, and the department was a key partner to ensure this goal was accomplished. The extensive work of the work group led to two legislative amendments and one new law aimed at reducing the prescription drug abuse problem in the state.

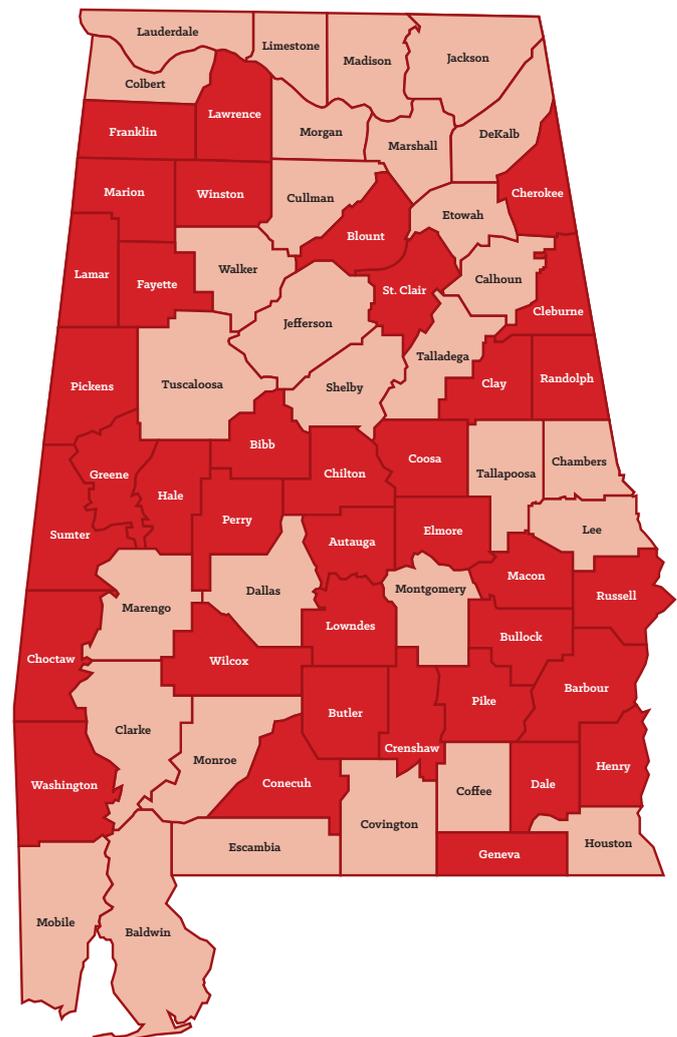
Rural Health

Alabama is confronted with a serious loss of obstetrical service, especially in the rural counties. In 1980, only nine Alabama counties did not have hospitals providing obstetrical service. Today, there are 37 counties without hospitals providing this basic health care service. All of these counties are rural. This loss unfortunately contributes to other undesirable infant and maternal health outcomes. Nearly 26 percent of all births to

Alabama residents in 2012 involved cases in which the mother had less than adequate prenatal care. This percentage was almost 53 percent in two Alabama counties.

Alabama has one of the highest percentages of low weight births among all 50 states, with 10 percent of all births being of low weight in 2012. This was as high as 18 percent in one county. Preterm births (under 37 weeks in gestation) were as high as 26 percent in one county. More than 35 percent of all Alabama births were by cesarean section with this percentage being over 40 percent in 14 counties.

Figure 65. Counties without Hospitals Providing Obstetrical Service, November 2013



■ Counties with Obstetrical Services
■ Counties without Obstetrical Services

Bureau of Professional and Support Services

Office of Women's Health

The Alabama Office of Women's Health (OWH) continued collaborative efforts with the department's Bureau of Family Health Services (FHS) on the implementation phase of an initiative to address the reduction of infant mortality. OWH and FHS participated in a regional partnership initiative, the Collaborative Improvement and Innovation Network (COIIN). The COIIN initiative was created to facilitate collaborative learning in Health and Human Services Public Health Regions IV and VI, and assist the 13 states involved in developing state plans for reducing infant mortality. Focusing on the reduction of elective, non-medically indicated deliveries prior to 39 weeks, and

perinatal regionalization, the OWH assisted with the state's public awareness campaign by targeting outreach to women throughout Alabama. The Less Than 39 Weeks - Timing is Everything is a public awareness campaign that educates Alabama women about the importance of delaying non-medically related elective deliveries until at least 39 weeks gestation.

More than 42,000 copies of the Less Than 39 Weeks brochures have been distributed to Public Health departments, obstetrician offices, perinatal hospitals, and clinics across the state. All of the 51 delivering hospitals in Alabama are currently using the Less Than 39 Weeks brochure.

Office of Program Integrity

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

The primary mission of the Office of Program Integrity is to assist directors, managers, and administrators in effectively

discharging their duties by reviewing various activities and functions within the department, presenting reports on deficiencies, and providing recommendations for corrective actions concerning those activities.

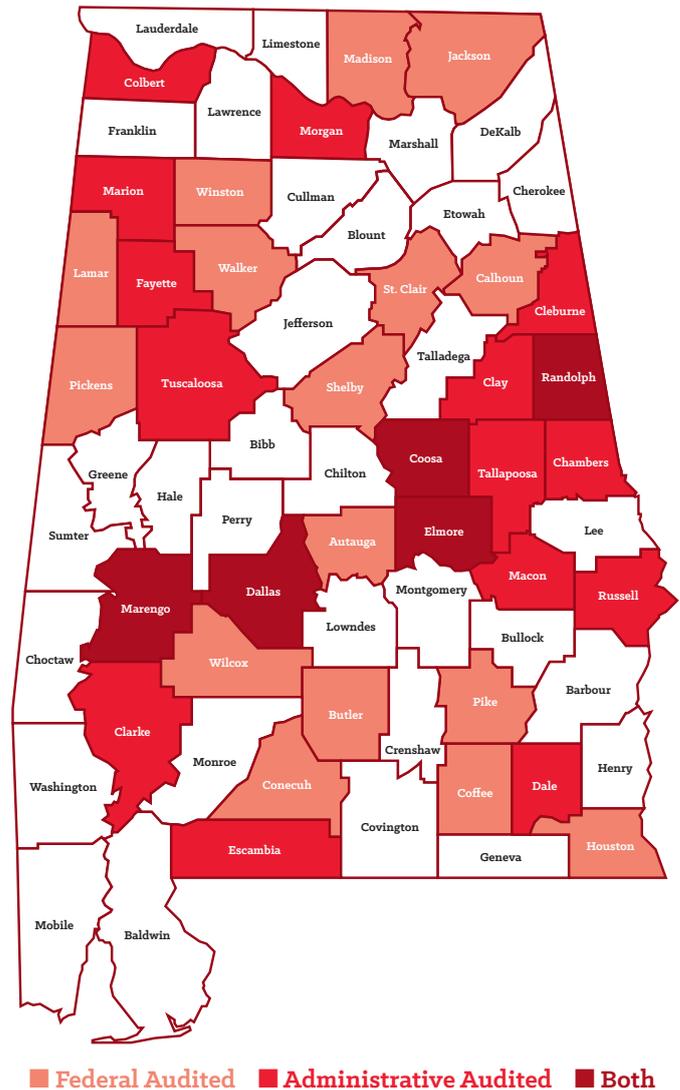
During 2013, the Office of Program Integrity continued its mission of objectively evaluating county health departments and central office units in the areas of financial and administrative activities, and federal compliance.

Figure 66. Fiscal Year 2013 Accomplishments by Audit Category

Fiscal Year 2013 Accomplishments By Audit Category	
FINANCIAL/ADMINISTRATIVE AUDITS	
• County Health Departments	21
• State Level Audits	2
• Property Audits	21
FEDERAL PROGRAM AUDITS	
• County Health Departments	21
• State Level Audits	1
SPECIAL REVIEWS AND CONSULTING	
• SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
• Subrecipient Compliance and Monitoring	
• Fee System Manual Revisions	

Figure 67. Federal and Administrative Audits by County

The Office of Program Integrity performed audits in 35 counties in 2013.



Office of Radiation Control

The Office of Radiation Control has the primary mission of protecting the public from excessive exposure to ionizing radiation by maintaining radiation doses to members of the public and occupationally exposed workers as low as reasonably achievable. This protection will be accomplished by registering, licensing, and inspecting the day-to-day use of radiation in the state of Alabama; performing routine monitoring for radioactivity in the environment; responding to incidents involving radioactive material; and formal training and preparedness programs.

Notable Achievements for Fiscal Year 2013

Nuclear Power Plant Exercises: In fiscal year 2013, an offsite response exercise was conducted for the Browns Ferry Nuclear Power Plant. Staff from the Office of Radiation Control fully participated in the exercise beginning in Montgomery and then transferring control to a forward emergency operating facility near the plant. The exercise was evaluated by the Federal Emergency Management Agency. For Radiation Control’s participation, the evaluators determined that no areas required corrective actions and there were no recommendations for improvement.

Environmental: Radiation Control performs environmental sampling and radiation exposure monitoring near various radioactive material licensees to assure licensed material is properly used and controlled. The bureau also maintains a series of environmental stations surrounding the two nuclear power plants that can be used as monitoring stations in the

event of a catastrophic accident that results in the offsite release of radioactive materials. During fiscal year 2013, Radiation Control implemented new hardware/software for these monitoring stations that allows staff to access their information from anywhere in the world.

Expanded Radiological Emergency Response

Team: Radiation Control continues to equip and train environmentalists and nurses from the 11 public health areas that are assigned to the Expanded Radiological Emergency Response Team. When responding to an incident or accident involving radioactive material, the team is in constant radio contact with Radiation Control staff. During 2013, two training sessions were held in Montgomery. Utilizing the equipment assigned and the training provided, the environmentalists and nurses that are part of this team are prepared to respond in the event of an incident or accident involving radioactive material.

Figure 68. Service Activities FY 2013

Type of License or Registration	Number of Facilities	Number of License and Registration Actions	Number of Inspections	Percentage of Facilities Inspected
Medical X-Ray	1,698	718*	673	40%
Dental X-Ray	1,297	*	440	34%
Veterinary X-Ray	483	*	122	25%
Academic/Other X-Ray	15	*	9	60%
Non-Medical X-Ray	282	155	111	39%
Radioactive Material - Industrial	229	69	56	25%
Radioactive Material – Medical	157	152	93	59%
Radioactive Material - Academic/Other	37	26	7	19%
Particle Accelerators	54	45	21	39%
Radioactive Material – General Licenses	216	45	13	6%

Includes all registration actions for medical, veterinary, and academic.

County Health Department Services

Public Health services in Alabama are primarily delivered through county health departments. County health departments are located in each of Alabama's 67 counties. Larger counties and counties with specific needs have more than one county health department location. A wide variety of services and valuable information are provided at county health departments.

Typical services and information include the following:

- Alabama Breast and Cervical Cancer Early Detection Program
- Birth, Death, Marriage, and Divorce Certificates
- Cancer Detection
- Child Health
- Children's Health Insurance Program (CHIP)
- Dental Services/Health Education and Community Fluoridation Programs
- Diabetes
- Disease Surveillance and Outbreak Investigations
- Family Planning
- Food and Lodging Protection
- HIV/AIDS
- Home Care Services
- Hypertension (High Blood Pressure)
- Immunization
- Indoor Lead/Asbestos/Air Pollution
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Laboratory
- Maternity
- Nursing Services
- Nutrition Services
- Onsite Sewage Disposal Systems
- Sexually Transmitted Diseases (STDs)
- Social Work Services
- Solid Waste
- Tuberculosis
- Water Supply in Individual Residential Wells

The Alabama Department of Public Health Annual Report is published by the Bureau of Health Promotion and Chronic Disease.

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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 www.adph.org.

