



MISSISSIPPI STATE DEPARTMENT OF HEALTH

THE MISSISSIPPI STATE DEPARTMENT
OF HEALTH'S MISSION IS TO

PROTECT & ADVANCE

THE HEALTH, WELL-BEING AND
SAFETY OF EVERYONE IN MISSISSIPPI.

2025 ANNUAL REPORT

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ADMINISTRATIVE

LETTER *from* DR. EDNEY

MSDH Executive Director and Mississippi State Health Officer

Everything we do at the Mississippi State Department of Health revolves around our core mission:
“To protect and advance the health, well-being and safety of everyone in Mississippi.”

Despite many challenges, our staff has worked tirelessly to ensure our essential services are available to the 2.9 million residents and countless visitors to our state. Many people don't realize that our work at the MSDH affects everyone, every day – from our food protection and water quality programs to the Public Health Laboratory, to the nurses and staff in our county health departments, to vital records and statistics.

Ultimately our goal is to educate everyone on risk factors that empower them to make the best decisions for their health as possible. The healthier Mississippians are, the stronger our economy as people live longer, are more productive and provide great benefits to the workforce.

We continue to work as great stewards of the state and federal funds we are entrusted to invest with accountability and transparency.

I encourage you to take time and really dive into this annual report, which showcases the tremendous work being done by our staff around the state. I invite all of you to support our efforts that will not only take Mississippi off the bottom of national health rankings but make us a model for other states to follow.

Sincerely,



Daniel P. Edney, M.D., FACP, FASAM

MSDH Executive Director and Mississippi State Health Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI STATE BOARD of HEALTH MEMBERS

ELAYNE H. ANTHONY, PHD
Madison, MS
Term Expires: June 30, 2031

BETH EDMISTON, PT
Ocean Springs, MS
Term Expires: June 30, 2029

ROBERT "BOBBY" J. MOODY
Louisville, MS
Term Expires: June 30, 2025

**FREDERICK BARNETT
CARLTON, JR., MD**
Oxford, MS
Term Expires: June 30, 2027

**GENE BENNETT (BENNY)
HUBBARD, JR.**
Magee, MS
Term Expires: June 30, 2029

JIM PERRY
Jackson, MS
Term Expires: June 30, 2031

JAMES P. "PAT" CHANEY, MD
Amory, MS
Term Expires: June 30, 2027

LEE ANN GRIFFIN, PHARM.D.
Jackson, MS
Term Expires: June 30, 2027

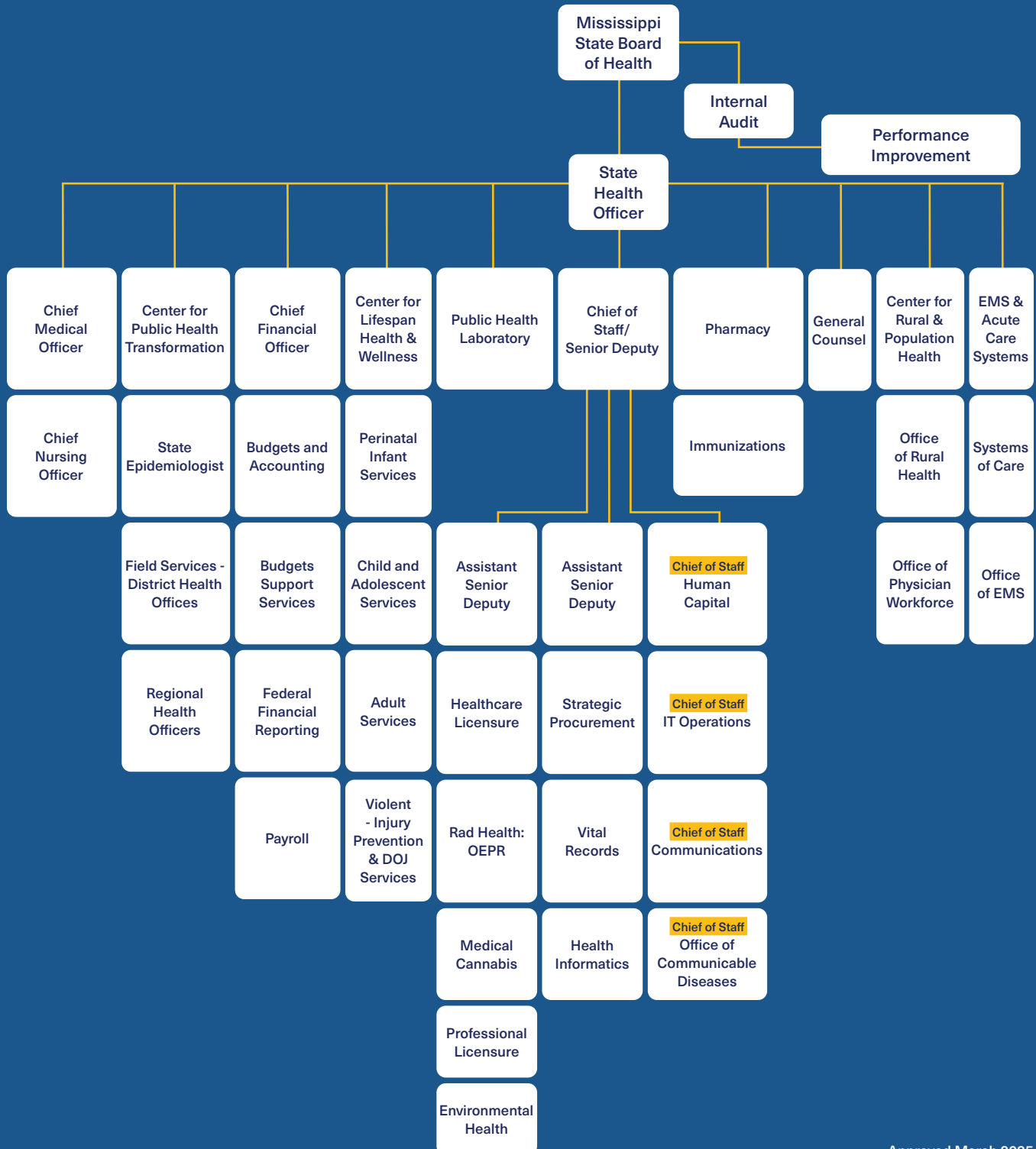
THAD WAITES, MD, MACC
Hattiesburg, MS
Term Expires: June 30, 2027

JOHN DAVIS IV, MD
Flowood, MS
Term Expires: June 30, 2029

**LUCIUS M. LAMPTON,
MD, FAAFP**
Magnolia, MS
Term Expires: June 30, 2031



MSDH FUNCTIONAL ORGANIZATIONAL CHART



Approved March 2025

PUBLIC HEALTH REGIONS

NORTHERN PUBLIC HEALTH REGION

532 South Church St.
Tupelo, MS 38804

Phone: (662) 841-9015

DELTA PUBLIC HEALTH REGION

1633 Hospital Street
Greenville, MS 38703

Phone: (662) 332-8177

CENTRAL PUBLIC HEALTH REGION

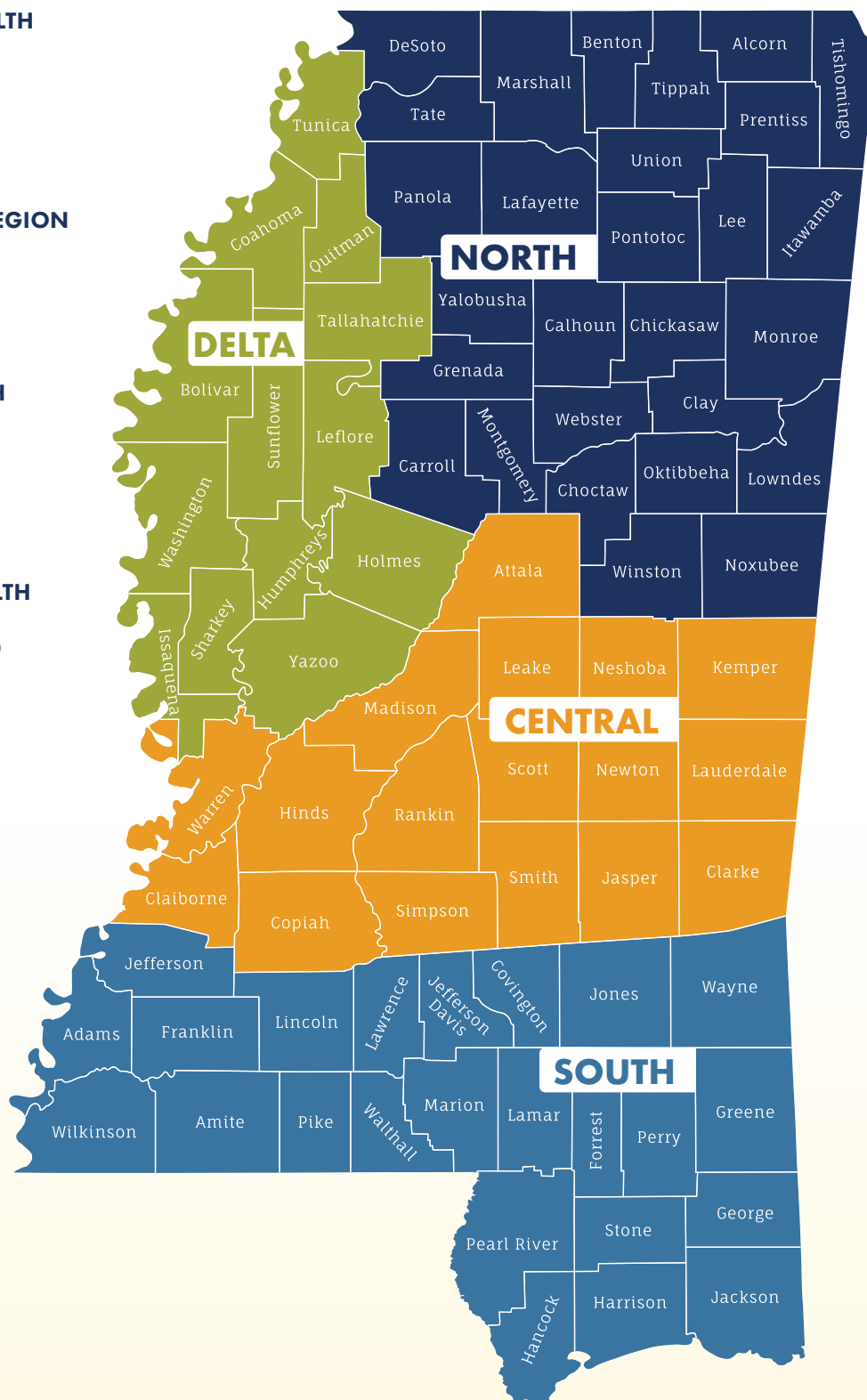
4800 McWillie Circle
Jackson, MS 39206

Phone: (601) 981-2304

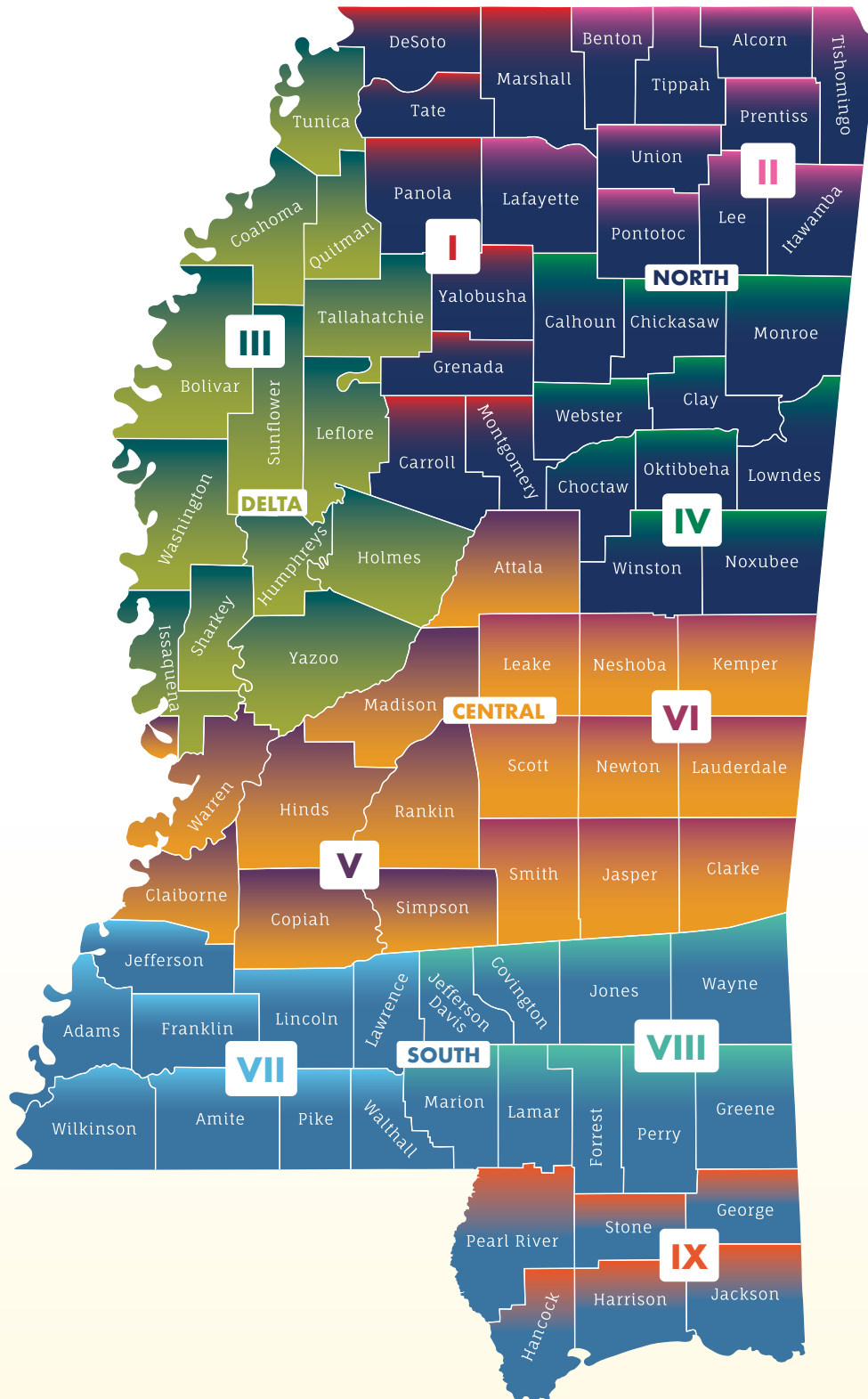
SOUTHERN PUBLIC HEALTH REGION

208 West Pine St, Suite 100
Hattiesburg, MS 39401

Phone: (601) 584-4174



PUBLIC HEALTH DISTRICTS



MSDH ADMINISTRATION

STATE HEALTH OFFICER

Dr. Daniel Edney..... (601) 576-7634

SENIOR DEPUTY

Kris Adcock (601) 576-7634

CHIEF FINANCIAL OFFICER

Lucreta Tribune (601) 576-8169

Dr. Renia Dotson (601) 576-7725

STATE EPIDEMIOLOGIST

Dr. Renia Dotson (601) 576-7725

CHIEF MEDICAL OFFICER

Dr. Tami Brooks..... (601) 576-7634

CHIEF OF PHARMACY

Meg Pearson, Pharm. D. (601) 713-3457

PUBLIC HEALTH LABORATORY DIRECTOR

VACANT (601) 576-7582

ACUTE CARE SYSTEMS DIRECTOR

Teresa Windham (601) 933-2445

GENERAL COUNSEL

Christin Williams (601) 576-7847

CENTER FOR PUBLIC HEALTH TRANSFORMATION DIRECTOR

Dr. Renia Dotson (601) 576-7725

CENTER FOR RURAL HEALTH DIRECTOR

Dr. Jennifer Gholson..... (601) 576-7216

INTERNAL AUDITOR

Wayne Jerome (601) 576-7903

ASSISTANT SENIOR DEPUTY

Laura Goodson (601) 576-7634

ASSISTANT SENIOR DEPUTY

Dorthy K. Young, PhD. (601) 576-7634

COMMUNICATIONS

Lauren Hegwood, Director (601) 576-7667

Greg Flynn, External Affairs/Media Relations

..... (601) 576-7667

HUMAN CAPITAL

Vicki Dodd (601) 576-7652

MEDICAL CANNABIS

Marcus Davenport..... (769) 268-5738

VITAL RECORDS

Patricia Garrette-Oluade..... (601) 206-8265

GOVERNMENTAL AFFAIRS

Logan Dillon..... (601) 576-7634

EMS AND ACUTE CARE SYSTEMS

Teresa Windham (601) 933-2445

CHANGES in REGULATIONS FISCAL YEAR 2025

JULY SBOH MEETING

1. Final Adoption of Modifications to the Regulations Governing Licensure of Hearing Aid Specialists
2. Final Adoption of Modifications Regulations Governing American Rescue Plan Act Rural Water Associations Infrastructure Grant Program
3. Final Adoption of Modifications to the COVID-19 Hospital Expanded Capacity Program Regulations
4. Final Adoption of Modifications to the State Victim Services Grant Program Regulations
5. Final Adoption of Modifications to the National Scope of Practice for EMS Providers
6. FY 2025 Radiological Health Licensing Schedule of Fees

OCTOBER SBOH MEETING

1. Final Adoption of Amendments to the Mississippi Healthcare Data Registry System
2. Final Adoption of Amendments to the Regulations Governing Licensure of Child Care Family Homes for 5 or Fewer Children

JANUARY SBOH MEETING

1. Amendments to Regulations Governing the Bureau of Emergency Medical Services
2. Amendments to MS Trauma System of Care
3. Final Adoption of Amendments of the Regulations Governing Occupational Therapists and Occupational Therapists Assistants

APRIL SBOH MEETING

1. Amendments to Regulations Governing the Bureau of Emergency Medical Services
2. Amendments to Regulations Governing Reportable Diseases and Conditions
3. Repeal of Existing Rules Governing the Office Against Interpersonal Violence

CHANGES in STATE LAW

Legislative Updates for the 2025 Mississippi Legislative Session

REGULAR SESSION

HB 610

Defines "nonemergency medical transportation (NEMT)" and "non-ambulatory NEMT transportation service" for vehicle permit and standards requirements.

HB 662

Revises Medicaid presumptive eligibility criteria for pregnant women to align with federal law.

HB 958

Department of Informations Technology; revise certain provisions relating to acquisition of technology services.

HB 1063

Establishes the Mississippi State Employees Paid Parental Leave Act.

HB 1077

Prohibits individuals under 21 from entering premises selling, storing, or maintaining kratom products.

HB 1094

Exempts State Department of Health contracts for specialized equipment/software from Public Procurement Review Board approval.

HB 1131

Brings forward provisions for disbursing funds from the 2024 Local Improvements Projects Fund for possible amendment.

HB 1194

Allows a for-profit water entity formed to comply with federal/state orders to convert to a water authority.

HB 1196

Authorizes Pearl River Valley Water Supply District to participate in the Local Governments and Rural Water Systems Improvements Loan and Grant Program.

HB 1401

Establishes a community health worker certification program in the State Department of Health.

HB 1447

Allows the State Department of Health to increase fees for water quality analysis per the Safe Drinking Water Act.

SB 2356

Adds 16 substances to Schedule I controlled substances due to their lack of medical use and high harm potential.

SB 2664

Enacts the Dietitian Licensure Compact for Mississippi to join with other states.

SB 2690

Extends the repealer on provisions related to the Health Care Expendable Fund.

SB 2691

Prohibits the sale of tobacco or tobacco products to individuals under 21.

CHANGES in STATE LAW

Legislative Updates for the 2025 Mississippi Legislative Session

SB 2697

Extends the reimbursement period for hospitals increasing COVID-19 treatment capacity through December 31, 2024.

SB 2698

Extends the operating period of the Mississippi Dementia Care Program.

SB 2699

Extends the repealer on the Patient's Right to Informed Health Care Choices Act for health care service advertisements.

SB 2704

Directs the State Department of Health to annually inspect the infirmary at Parchman State Penitentiary.

SB 2729

Creates the Mississippi Public Health Trust Fund to support public health programs.

SB 2730

Ensures equitable distribution of Mississippi Burn Care Fund appropriations among certified health centers.

SB 2741

Provides for the licensure of professional music therapists by the State Department of Health.

SB 2743

Allows funds from certified copies of birth, death, and marriage records to support public health programs.

SB 2748

Revises the Mississippi Medical Cannabis Act to define one MMCEU as one gram of total THC in cannabis concentrate.

SB 2767

Creates the Mississippi Opioid Settlement Fund Advisory Council.

SB 2886

Enacts the Mississippi Domestic Violence Fatality Review Team Law.

SR 100

Commends Melissa White Parker for 34 years of service with the Mississippi State Department of Health upon her retirement.

SPECIAL SESSION

HB 19

Provides funding for the State Department of Health for fiscal year 2026.

SB 2049

Transfers funding for the Office of Mississippi Physician Workforce from UMMC to the Mississippi State Department of Health.

PUBLIC HEALTH INDICATORS

MISSISSIPPI HEALTH STATISTICS

2024 MISSISSIPPI VITAL STATISTICS

OFFICE/PROGRAM ACTIVITIES

In-state Occurrences	Number
Births, in-state occurrence	32,211
Deaths, in-state occurrence	34,176
Marriages	16,387
Divorces	8,088
Fetal Deaths	244
Induced Terminations	0
Adoptions	1,978
Certified copies of records/certificates issued	468,285

Note: All activities represent in-state occurrence counts and may be different than the resident count often used in other population health statistics.

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

INFANT MORTALITY BY RACE IN MISSISSIPPI, 2015-2024

U.S. INFANT MORTALITY RATE (2023): 5.6 PER 1,000 BIRTHS

MISSISSIPPI RANK IN 50 STATES (2023): 50TH

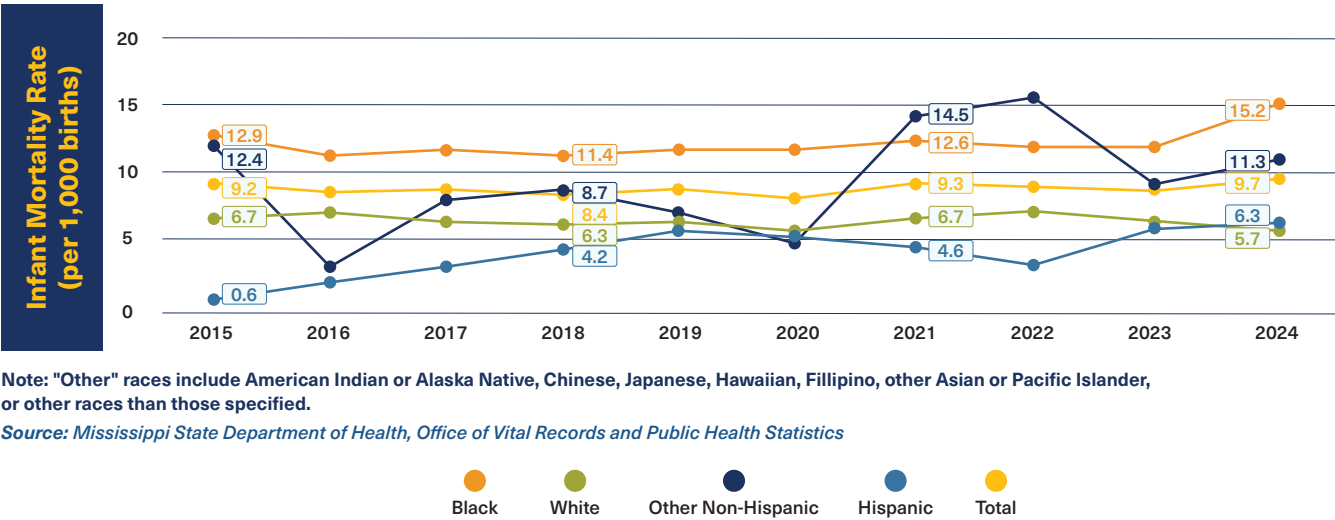
Infant Death Count						Infant Mortality Rate (per 1,000 births)				
Year	Black	White	Other Non-Hispanic	Hispanic	Total	Black	White	Other Non-Hispanic	Hispanic	Total
2015	211	131	11	1	354	12.9	6.7	12.4	0.6	9.2
2016	182	139	3	3	327	11.5	7.2	3.1	1.8	8.6
2017	190	120	8	5	326	11.8	6.4	8.0	3.0	8.7
2018	180	117	8	7	312	11.4	6.3	8.7	4.2	8.4
2019	185	119	7	10	322	11.8	6.5	7.2	5.9	8.8
2020	179	100	5	9	293	11.8	5.7	5.0	5.4	8.3
2021	184	120	14	8	327	12.6	6.7	14.5	4.6	9.3
2022	170	127	16	6	319	12.1	7.2	15.9	3.1	9.2
2023	169	110	10	13	305	12.2	6.3	9.2	6.1	8.9
2024	195	98	12	15	323	15.2	5.7	11.3	6.3	9.7

Note: "Other" races include American Indian or Alaska Native, Chinese, Japanese, Hawaiian, Fillipino, other Asian or Pacific Islander, or other races than those specified.

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

INFANT MORTALITY RATES BY RACE IN MISSISSIPPI, 2015-2024

MISSISSIPPI RESIDENTS, INFANT DEATHS PER 1,000 BIRTHS



TEEN BIRTHS BY RACE IN MISSISSIPPI, 2015-2024

U.S. TEEN FERTILITY RATE (2023): 13.1 PER 1,000 FEMALES 15-19

MISSISSIPPI RANK IN 50 STATES (2023): 50TH

Teen Birth Count						Teen Fertility Rate (per 1,000 females 15-19)				
Year	Black	White	Other Non-Hispanic	Hispanic	Total	Black	White	Other Non-Hispanic	Hispanic	Total
2015	1,881	1,449	71	136	3,537	42.0	28.7	22.2	43.8	34.8
2016	1,695	1,424	75	132	3,326	37.8	28.1	22.5	41.0	32.6
2017	1,634	1,304	75	124	3,137	37.0	26.0	21.9	36.0	31.0
2018	1,458	1,149	62	138	2,809	33.2	23.0	17.9	37.6	27.8
2019	1,475	1,172	75	145	2,869	34.7	24.2	20.9	37.2	29.1
2020	1,435	1,047	71	158	2,711	34.5	21.8	19.3	39.5	27.9
2021	1,323	1,009	64	149	2,546	31.3	20.6	16.6	34.2	25.6
2022	1,367	1,044	86	186	2,683	31.9	20.9	21.1	39.8	26.4
2023	1,313	980	80	223	2,596	29.7	19.4	18.9	41.1	24.9
2024	1,149	904	94	239	2,388	26.1	17.9	21.7	40.3	22.8

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

LEADING CAUSES OF DEATH, COUNTS BY YEAR, 2015-2024

Count					
Year	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
2015	7,965	6,490	1,799	1,926	1,733
2016	7,876	6,569	1,801	2,118	1,705
2017	7,936	6,528	1,718	2,037	1,717
2018	7,753	6,513	1,699	2,134	1,804
2019	7,993	6,586	1,892	2,079	1,851
2020	8,810	6,585	2,212	2,198	1,948
2021	8,841	6,619	2,436	2,131	1,982
2022	8,864	6,668	2,371	2,214	1,943
2023	8,451	6,527	2,393	2,102	1,847
2024	8,586	6,427	2,184	2,193	1,923

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

LEADING CAUSES OF DEATH, MORTALITY RATES, 2015-2024

Rate per 100,000					
Year	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
2015	266.2	216.9	60.1	64.4	57.9
2016	263.5	219.8	60.3	70.9	57.0
2017	265.9	218.8	57.6	68.3	57.5
2018	259.6	218.1	56.9	71.5	60.4
2019	268.6	221.3	63.6	69.9	62.2
2020	297.0	222.0	74.6	74.1	65.7
2021	299.7	224.4	82.6	72.2	67.2
2022	301.5	226.8	80.6	75.3	66.1
2023	287.5	222.0	81.4	71.5	62.8
2024	291.7	218.4	74.2	74.5	65.3

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

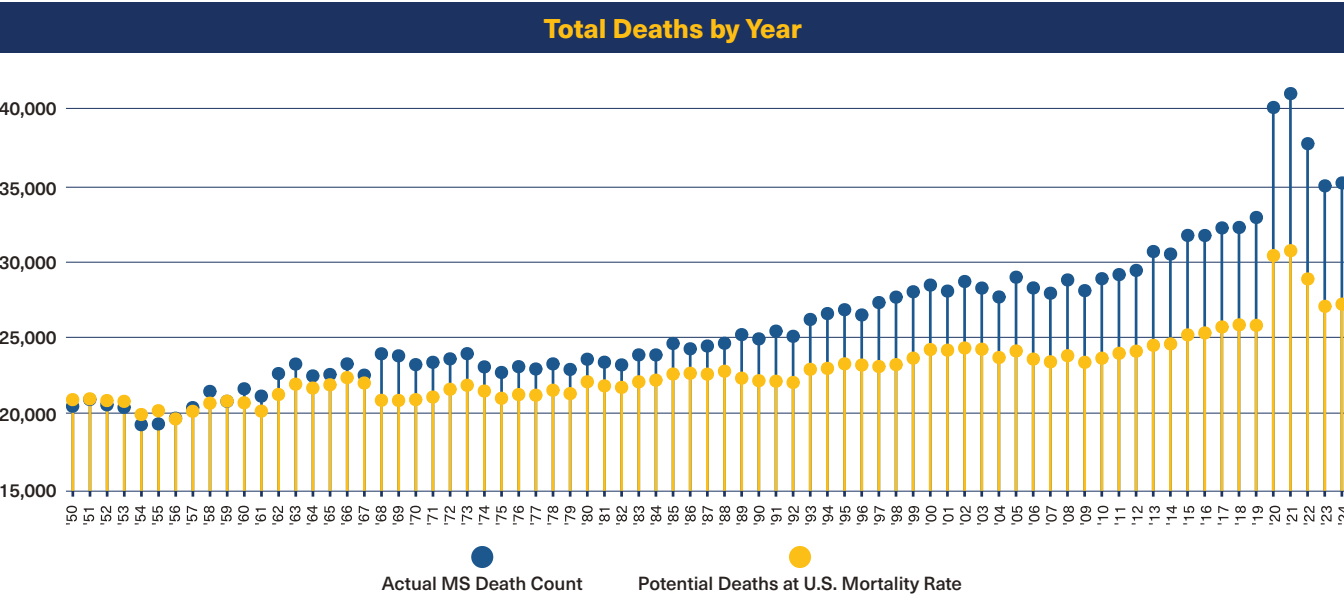
LEADING CAUSES OF DEATH, U.S. RATE AND RANK IN 50 STATES (2023)

1=Best / 50=Worst					
U.S. Rank/ Rate (2023)	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
MS Rank in 50 States (2023)	48	46	36	46	48
U.S. Rate (2023)	203.3	183.1	66.5	43.4	48.6

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

MISSISSIPPI MORTALITY COMPARED TO US MORTALITY, 1950-2024 PROVISIONAL



Note: The following graph/table compares Mississippi and US mortality rates. Using US mortality rates between 1950-2024 (provisional), the potential number of Mississippi deaths given the US mortality rate was calculated for each year.

Source: MSDH Office of Vital Records and Public Health Statistics; CDC WONDER, 2025

MISSISSIPPI MORTALITY COMPARED TO US MORTALITY, 1950-2024, BY DECADE

Decade	Average MS Mortality Rate	Average US Mortality Rate	Total MS Deaths	Total MS Deaths at US Rate	Total Difference in Deaths
1950s	940.7	948.3	204,166	205,808	-1,642
1960s	1,008.5	948.1	228,060	214,572	13,488
1970s	978.9	899.5	232,913	214,083	18,830
1980s	941.1	870.6	241,816	223,698	18,118
1990s	992.1	858.5	265,271	229,458	35,813
2000s	979.1	826.8	283,924	239,710	44,214
2010s	1,039.1	835.7	310,128	249,399	60,729
2020s	1,285.0	980.9	189,435	144,600	44,835
Total	-	-	1,955,713	1,721,328	234,385

2024 LEADING CAUSES OF YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 (PROVISIONAL)

The table below includes the Years of Potential Life (YPLL) as the cumulative year difference between the age of death and age 75 for all deaths attributed to each cause.

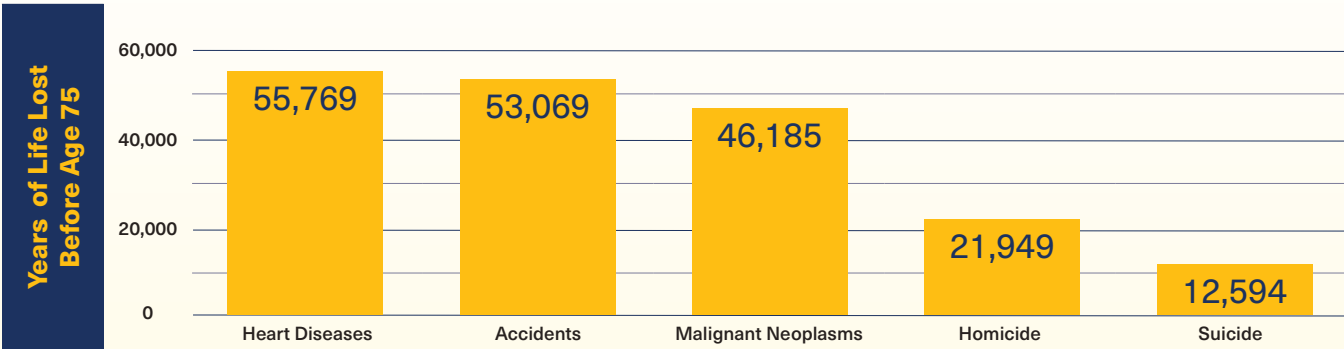
Years Lost Before Age 75					
Year	Accidents	Heart Diseases	Malignant Neoplasms	Homicide	Suicide
2015	47,445	52,780	53,031	11,840	12,336
2016	45,842	52,057	54,582	14,302	11,496
2017	42,572	51,992	51,711	13,974	13,153
2018	41,503	50,529	51,301	15,279	12,052
2019	46,214	53,656	50,675	17,745	12,754
2020	58,985	60,508	50,682	23,330	12,334
2021	65,523	62,594	51,128	27,033	14,162
2022	61,008	60,287	50,116	23,779	11,882
2023	61,007	54,455	45,815	22,692	13,141
2024	53,069	55,769	46,185	21,949	12,594

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); U03, X60-X84, Y87.0 (suicide); V01-X59, Y85, Y86 (accidents); X85-Y09, Y87.1 (homicide).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

2024 LEADING CAUSES OF POTENTIAL LIFE LOST BEFORE AGE 75

The table below includes the Years of Potential Life (YPLL) as the cumulative year difference between the age of death and age 75 for all deaths attributed to each cause.



Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); U03, X60-X84, Y87.0 (suicide); V01-X59, Y85, Y86 (accidents); X85-Y09, Y87.1 (homicide).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

STATUS OF SELECTED HEALTH INDICATORS, 2015-2024

Year	Infant Mortality Rate ¹	Heart Disease Mortality Rate ²	Teen (15-19) Fertility Rate ³
2015	9.2	266.2	34.8
2016	8.6	263.5	32.6
2017	8.7	265.9	31.0
2018	8.4	259.6	27.8
2019	8.8	268.6	29.1
2020	8.3	297.0	27.9
2021	9.3	299.7	25.6
2022	9.2	301.5	26.4
2023	8.9	287.5	24.9
2024	9.7	291.7	22.8
U.S. Rate (year)	5.6 (2023)	203.3 (2023)	13.1 (2023)
MS Rank ⁴	50	48	50

¹ Infant deaths per 1,000 live births

² Deaths per 100,000 population

³ Births among 15–19-year-olds per 1,000 females 15-19

⁴ Rank: 1=best/50=worst

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

STATUS OF SELECTED PREVALENCE INDICATORS FOR MISSISSIPPI, 2015-2024

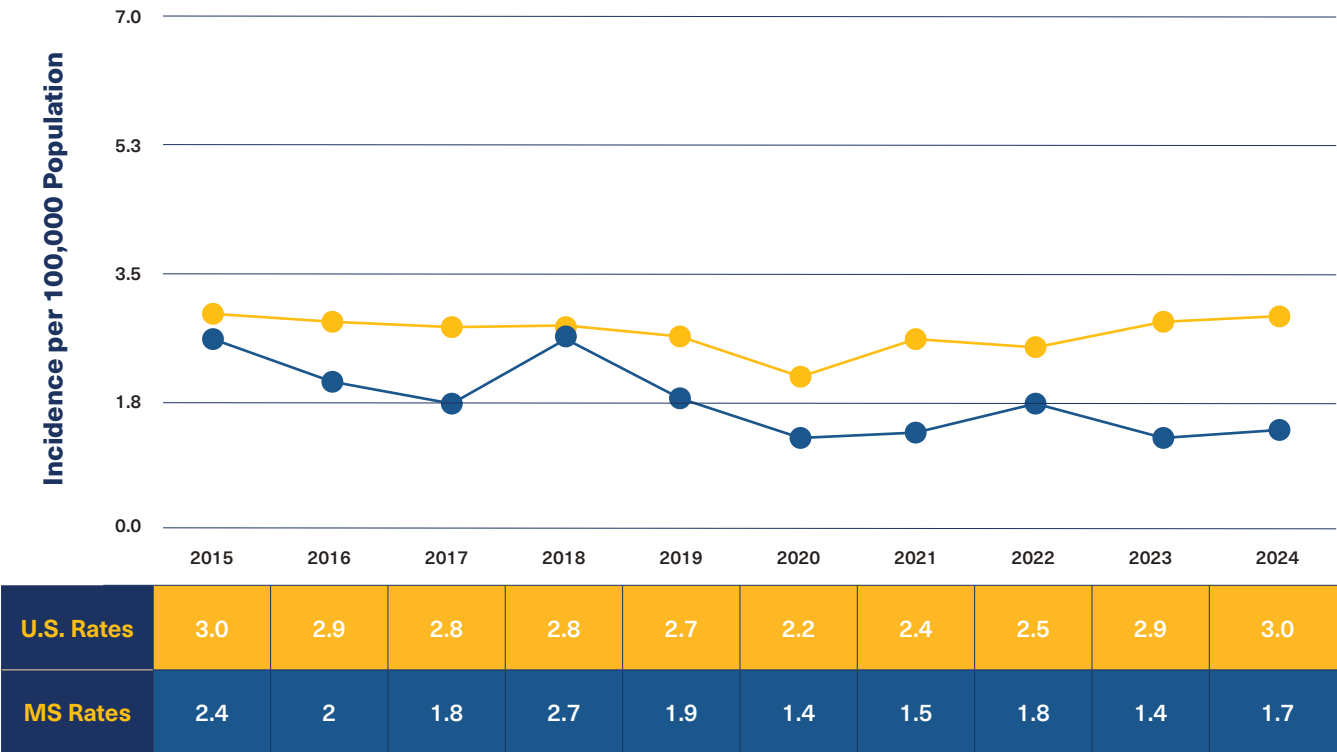
Year	Obesity Prevalence Rate ¹	Diabetes Prevalence Rate ¹	Self-Reported Fair or Poor Health Status Prevalence Rate ¹
2015	35.6	14.8	23.6
2016	37.4	13.7	23.2
2017	37.5	14.4	25.3
2018	39.5	14.3	23.3
2019	40.8	14.8	23.6
2020	39.7	14.6	19.9
2021	39.1	15.2	22.5
2022	39.5	15.3	24.6
2023	40.1	17.0	24.4
2024	40.4	15.2	23.0
U.S. Rate (year) ²	34.2 (2024)	12.0 (2024)	18.6 (2024)
MS Rank ³	49 out of 50	46 out of 50	46 out of 50

¹ Weighted Percent ² Median, all states (except TN) and DC

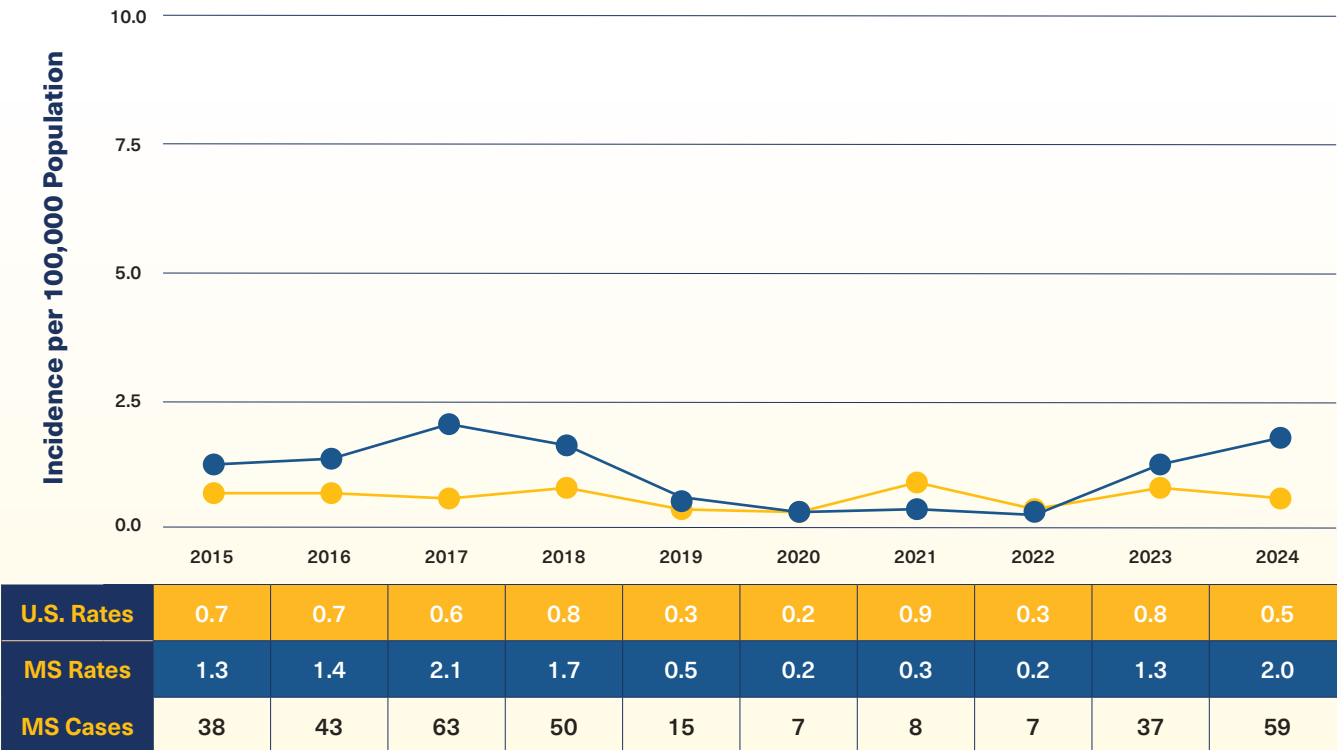
³ Rank: 1=best/50=worst (TN data not included in 2024 BRFSS national data set)

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

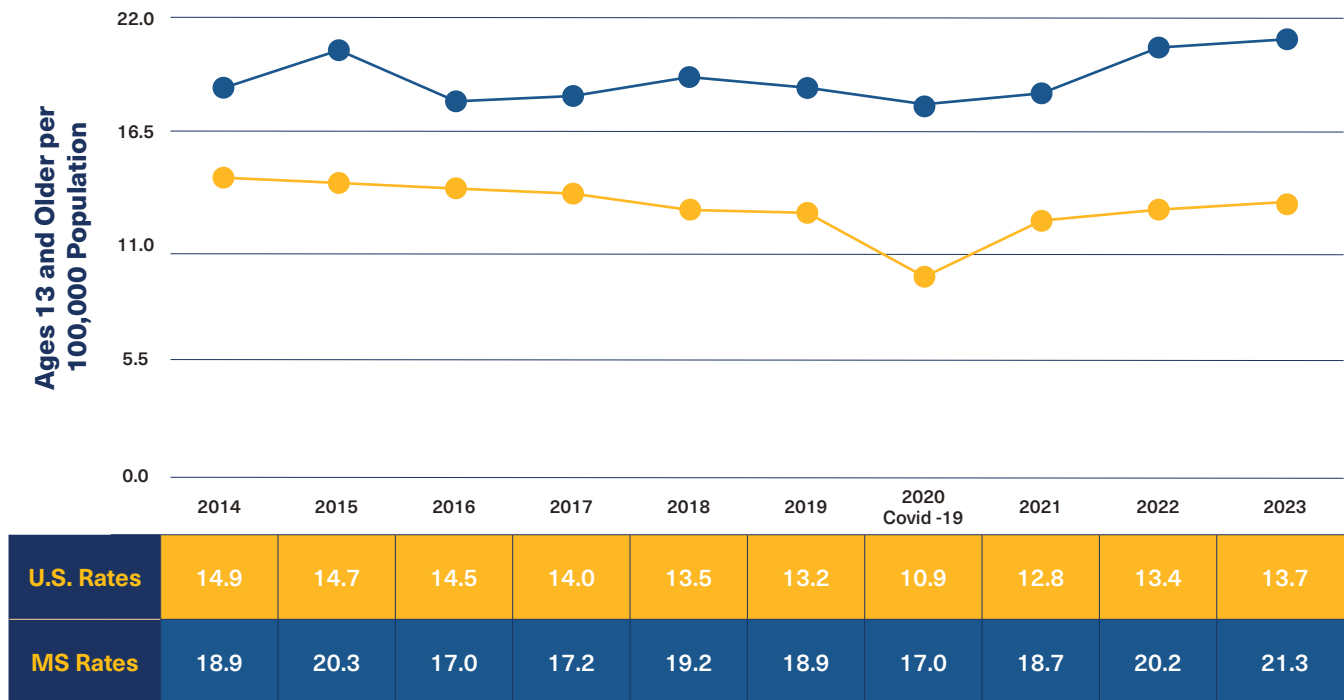
TUBERCULOSIS RATES BY YEAR, U.S. AND MS 2015-2024



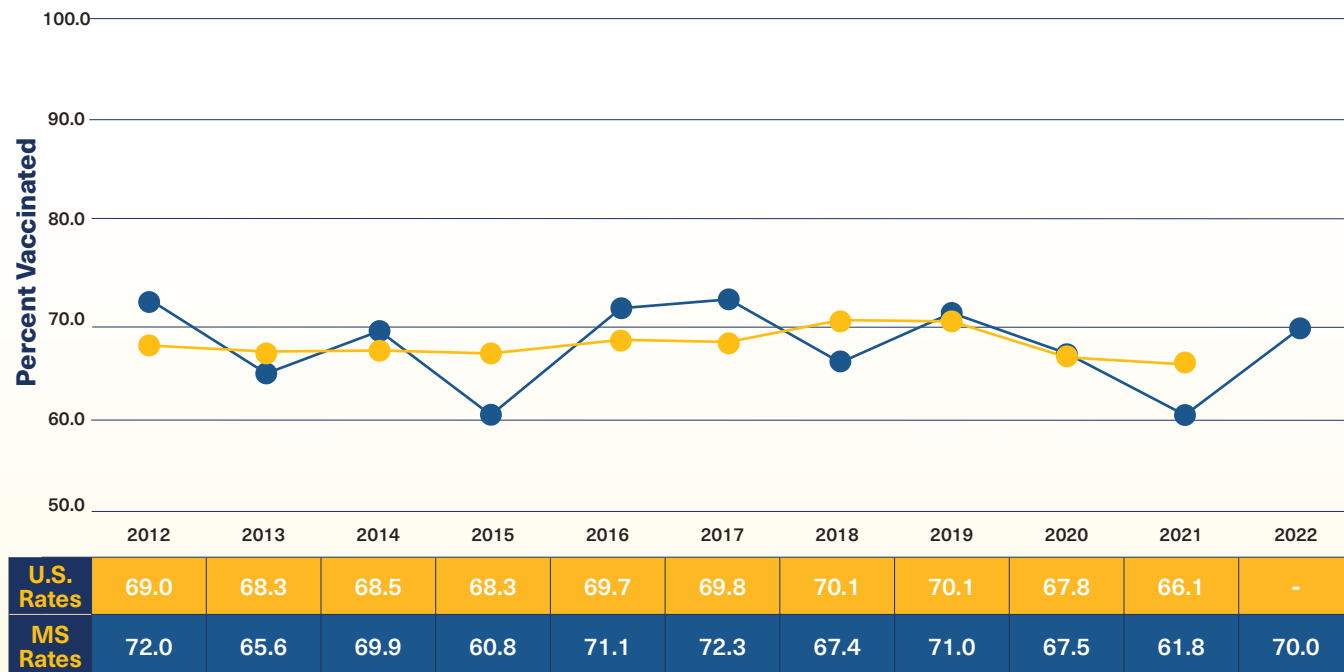
WEST NILE VIRUS RATES BY YEAR, U.S. AND MS 2015-2024



HIV DIAGNOSES RATES, U.S. AND MS, 2014-2023



VACCINATION COVERAGE RATE BY AGE 24 MONTHS *, BY BIRTH YEAR, U.S. AND MS, 2012-2022



CDC National Immunization Survey. CDC has transitioned to reporting NIS-Child data by birth year rather than survey year. This survey data is for children born 2012-2021 surveyed between 2013-2023. CDC's NIS-Child data by birth year had not been updated beyond the 2021 cohort upon release of this annual report; therefore, coverage rates reported for the 2022 Mississippi birth cohort represent data reported to the Mississippi Immunization Registry (MIIX) for children who reached the age of 24 months between 7/1/2024-6/30/2025 AND completed the combined 7 series vaccinations.

PHARMACY

PHARMACY PROGRAM DESCRIPTIONS and OVERVIEW

WORKFLOW AND OPERATIONS

The MSDH Pharmacy is permitted through the Mississippi Board of Pharmacy as a limited closed-door pharmacy. Medications supplied from the MSDH Pharmacy meet the needs of clients enrolled in specific programs offered through public health including the AIDS Drug Assistance Program (ADAP), Breast Cancer Program, Disease Outbreak, Medications for Substance Use Disorder (MSUD), Reproductive Health and Tuberculosis Program. The MSDH Pharmacy is also a fully operational warehouse. Supply orders are received daily from county health departments (CHDs) to service several programs including Child Health, Emergency Kits, HIV prevention, Immunizations, MSUD, Reproductive Health and Sexually Transmitted diseases (STD), and Tuberculosis. Currently, the MSDH pharmacy processes approximately 10,700 prescriptions and supply orders monthly. The pharmacy staff is also responsible for formulary management, procurement, third party reimbursement, and inventory control for medications and supplies.



REGIONAL CONSULTANT PHARMACISTS

The MSDH Pharmacy has established a team of six Regional Consultant Pharmacists who conduct regular visits to each county health department (CHD) throughout the state. **The responsibilities of this team include:**

- Complete inventory control processes within each assigned CHD once or twice monthly.
- Complete self-audits for each CHD and the MSDH Pharmacy for 340B compliance within each of the MSDH 340B program areas.



- Conduct self-audits for CHDs and the MSDH Pharmacy to ensure compliance with MSDH Policies and Procedures and applicable federal and state laws and to ensure program integrity.
- As applicable, conduct ad hoc training of CHD staff on data entry into EPIC.

Additional duties assumed by the Regional Consultant Pharmacist team in fiscal year 2025 included:

- Supported CHDs with Reproductive Health product inventory, assisted with new billing and distribution processes for long-acting contraceptives, and reallocated family planning medications and supplies to reduce waste and promote sustainability.
- Promoted the implementation of a clinical-based telehealth model across multiple program areas. This included providing comprehensive hands-on training and continuous support in CHDs and coordination with the Office of Health Information and Technology (OHIT) to troubleshoot and correct technology related issues to improve access to care and expand the reach of our healthcare services.
- Facilitated the expanded roll out of the Medications for Substance Use Disorder (MSUD) program by providing education on program details, coordinating with program staff to streamline appointment processes, and guiding staff through encounters to ensure they were confident and knowledgeable about the process.
- Completed additional projects throughout the year including CHD support and training in use of two distinct point-of-care (POC) tests, monitoring POC appropriateness of use, positivity, follow up corresponding labs, and overall patient impact.

RESIDENCY PROGRAM AND STUDENT EXPERIENTIAL EDUCATION

The MSDH Public Health Pharmacy offers a 12-month Postgraduate Year One (PGY1) Community Based Pharmacy Residency Program, accredited by the American Society of Health- System Pharmacists (ASHP) in partnership with the American Pharmacists Association (APhA). The resident is a full-time professional staff member working within an academic curriculum program through the Public Health Pharmacy and various other MSDH programs such as MSDH Pharmacy, Health Services, Opioid and Substance Use Program, Communicable Disease, Preventive Health, Office of Epidemiology, and Strategic Planning and Response.



Graduates of this program have the clinical competence and skills necessary to manage a community and/or public health practice; counsel, educate, and evaluate patients; manage multiple disease states such as HIV, Tuberculosis, Diabetes, Hypertension, Dyslipidemia, etc.; educate pharmacy students; and provide pharmaceutical care services to various multidisciplinary teams and programs. In addition, graduates are skilled in applying for, leading, managing, and providing deliverables for grants/public health initiatives and are well versed in advocacy and public health policy.

ADAP

The AIDS Drug Assistance Program (ADAP) operates under the Ryan White HIV/AIDS Program (RWHP) Part B. It provides FDA-approved medications to low-income clients with HIV. These clients have limited or no health insurance. The program can also use funds to: (1) buy health insurance for eligible clients, and (2) provide services that improve access to, adherence to, and monitoring of drug treatments. MSDH Pharmacy provides medications and supplies to enrolled clients.

OPIOID AND SUBSTANCE USE PROGRAM

The MSDH Opioid and Substance Use Program continues to make strides toward addressing the epidemic of drug use by establishing a comprehensive drug abuse surveillance system, expanding access to naloxone and fentanyl test strips, providing a variety of trainings for healthcare professionals, developing a novel approach to expand access to office-based opioid treatment (OBOT), improving public awareness and education on the scope of the drug epidemic, and engaging other state agencies and community-based organizations to provide coordinated prevention and treatment services. The increased access to opioid overdose reversal medications, opioid use disorder treatment, and provider and public education has contributed to the recent decline in overdose-related fatalities. In Fiscal Year 2025, the Medications for Substance Use Disorder (MSUD) program rapidly expanded access to outpatient opioid use disorder (OUD) treatment by offering telehealth-based treatment at no cost at 75 county health departments in 75 of 82 counties in Mississippi. The MSUD program demonstrated its commitment to decreasing barriers to accessing OUD treatment by enrolling 617 new clients from 60 counties across the state, showcasing the program's broad geographic reach and its ability to support individuals in diverse communities. Among the enrolled patients, 65.2% of prescription claims were covered by insurance; however, 34.8% of the prescription claims were not covered or lacked prescription insurance coverage.





For these individuals, the MSUD program acted as a vital safety net, providing free treatment options that allowed them to access necessary care without facing financial hardship. By serving both insured and uninsured patients, the MSUD program illustrates its dedication to equitable healthcare delivery, ensuring that vulnerable populations can receive the support they need regardless of their financial circumstances.

NALOXONE DISTRIBUTION

The MSDH Pharmacy continues to provide an innovative approach to increasing accessibility and availability of naloxone and fentanyl test strips throughout Mississippi. During the 2024 legislative session, HB 1137 was passed, which expanded access to naloxone by allowing community organizations and high-risk opioid overdose touchpoints to store, distribute, and administer naloxone. The MSDH Opioid and Substance Use Program offers naloxone at no cost to individuals, first responders, educational institutions, and community-based organizations by utilizing REDCap surveys on the ODFree.org website. After selecting the appropriate request form for individuals or organizations, Mississippians can request naloxone from the MSDH Pharmacy to be shipped directly to their home or organization. Individual requests are processed using the naloxone statewide standing order, and bulk requests are allowed through the amended legislation. Each individual naloxone kit contains two doses of naloxone nasal spray and educational materials that provide information on opioid overdose recognition, opioid overdose emergency management, and naloxone nasal spray administration. Organizations requesting naloxone in bulk can also request fentanyl test strips to distribute in the community. By offering Mississippians naloxone at no cost by mail, we have helped mitigate barriers to access and play an important role in decreasing fatal opioid overdoses. Through social media campaigns, news articles, and word-of-mouth, the MSDH distributed over 20,500 boxes of naloxone to individuals and organizations in FY 2025. The expansion of bulk naloxone distribution has strengthened community and interagency partnerships.

340B

The 340B Drug Pricing Program was created in 1992 under Section 340B of the Public Health Service Act and was designed to help certain safety net providers stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. MSDH has maintained three 340B Programs: Tuberculosis, Sexually Transmitted Disease, and Ryan White Part B AIDS Drug Assistance Program. Participation in the 340B Program gives these programs access to purchasing drugs at significantly discounted prices from the average wholesale price (AWP). All 340B savings and revenue are then reinvested back into the program from which they were generated to help sustain and expand the program.

PHARMACY SERVICES

MSDH Pharmacy offers specialty pharmacy services with a goal to provide exceptional personalized care and increased access to generate healthier outcomes for Mississippians. There are three focus areas. The first is Medication Therapy Management (MTM) services provided by pharmacists that include patient counseling for medications and disease state education, drug utilization review, and medication adherence counseling and monitoring. The second focus area includes continuous quality improvement and quality assurance. The third area of focus is overall pharmacy performance and is measured by metrics including consumer satisfaction, medication errors, telephone answer rates and speeds, patient adherence measures, and others.



PHARMACY PROGRAM STATISTICS *for* FISCAL YEAR 2025

WORKFLOW AND OPERATIONS

Items on MSDH Pharmacy formulary.....	548
Prescriptions and supply orders processed monthly.....	~ 10,800

PRESCRIPTIONS BROKEN DOWN BY PROGRAM FROM FISCAL YEAR 2025

Total	120,675
Tuberculosis	4,839
Reproductive Health	20,934
Disease Outbreak	103
Breast Cancer	7
Respiratory Diseases	8
AIDS Drug Assistance Program (ADAP)	83,641
Naloxone kits to individuals	7,038
Medications for Substance Use Disorder (MSUD)	4,105

SUPPLY ORDERS BROKEN DOWN BY PROGRAM FROM FISCAL YEAR 2025

Total	8,085
Tuberculosis	570
Sexually Transmitted Diseases (STD)	2,163
Maternal Health (Prenatal Vitamins)	354
Immunizations	608
Reproductive Health	2,916
Emergency kits	912
Naloxone kits to First Responders	294
Women, Infants and Children (WIC)	268

REGIONAL CONSULTANT PHARMACISTS

COUNTY HEALTH DEPARTMENT SITE VISITS CONDUCTED BY REGIONAL PHARMACISTS IN FISCAL YEAR 2025

Total	1,582
Northern	634
Central	435
Southern	368
Delta	145

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Drugs added to ADAP formulary in Fiscal Year 2025	9
---	---

RESIDENCY PROGRAM AND STUDENT EXPERIENTIAL EDUCATION

Postgraduate Year One (PGY1) Residents hosted since resident program inception	19
PGY1 Residents hosted in fiscal year 2025	3

- 3 business plans created (1 by each resident)
- 3 quality improvement projects completed (1 by each resident)
- 3 IRB approved research projects conducted (1 by each resident)

Pharmacy professional conferences attended by residents and residency program coordinators	6
--	---

Presentations of pharmacy continuing education and training resource	8
--	---

Poster presentations 3 posters at 2 events/conferences	
---	--

MSDH Programs worked with	7
---------------------------------	---

PHARMACY STUDENTS HOSTED FOR EXPERIENTIAL EDUCATION ROTATIONS IN FISCAL YEAR 2025

Total	29
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Public Health Elective Advanced Pharmacy Practice Experience (APPE)	16
---	----

Public Health Elective Introductory Pharmacy Practice Experience (IPPE)	10
---	----

Dual Enrolled Doctor of Pharmacy and Master of Public Health Students	3
---	---

Pharmacy student projects completed	55
---	----

OPIOID AND SUBSTANCE USE PROGRAM

Federal grants secured and ongoing in Fiscal Year 2025	5
--	---

SUBSTANCE USE-RELATED TRAININGS PROVIDED

Total training sessions provided	26
--	----

Healthcare professionals trained	851
--	-----

340B

MSDH Programs that are 340B eligible	3
--	---

SPECIALTY PHARMACY

Patients who have qualified for Patient Management Program (PMP) services	2,685
---	-------

Quality Improvement Projects initiated, ongoing and/or completed in Fiscal Year 2025	3
--	---

PUBLIC HEALTH LABORATORY



MISSISSIPPI PUBLIC HEALTH LABORATORY

The Mississippi Public Health Laboratory (MPHL) is the state's only public health laboratory. The mission of the MPHL is to provide quality and innovative laboratory testing services for the diagnosis, prevention and surveillance of infectious and chronic diseases and environmental contaminants to reduce the incidence of illness and death and to improve the quality of life among Mississippians. The MPHL currently has a 60-member staff that perform approximately 125 different tests on a variety of sample types, from blood and bodily fluids collected from patients, to drinking water and food. The lab is staffed by highly trained scientists and equipped with state-of-the-art instrumentation that would be unavailable or cost-prohibitive elsewhere. The MPHL is always ready

and available to locally respond to novel strains of disease-causing microorganisms, natural disasters, chemical spills, foodborne outbreaks and other health emergencies as needed. The lab provides results that monitor and detect health threats ranging from rabies and foodborne illness to antibiotic-resistant bacteria, cases and outbreaks of sexually transmitted infections, influenza, tuberculosis, and arboviruses in humans and mosquitoes. The facility is a first responder for terrorism events by being a Level 2 chemical terrorist response laboratory and a Laboratory Response Network (LRN) reference laboratory for biological threats. The lab also tests all the state's drinking water, bottled water, raw milk and dairy products for bacteriological and chemical agents.

MPHL testing and support functions by service area:

Administration Services	Clinical Services	Environmental Services	Outreach Services	Informatics Services
Logistics	Quality Assurance	Quality Assurance	Lab Training	Laboratory Information System
	Mycobacteriology			
	STI/Immunology			
Records and Data Entry	Special Microbiology	Chemistry Organic	Terrorism Response Coordination	
	Chemistry/Hematology			
Procurement	Molecular Diagnostics	Chemistry Inorganic	Lab Safety	Data Management and Analytics
	Biochemistry			
	Core Sequencing	Environmental Microbiology	Biosafety Outreach	
	Clinical Chemistry			

LABORATORY QUALITY

Laboratorians work diligently and are committed to ensure testing that supports public health. The MPHL is accredited by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services, the U.S. Environmental Protection Agency (EPA), and the U.S Food and Drug Administration (FDA) for all testing performed. To maintain accreditation, the MPHL is inspected by the above federal agencies every two or three years.

DISTRIBUTION OF SPECIMENS RECEIVED AND TESTS PERFORMED AT MPHL

	Environmental	Clinical	Lab Total
Total Samples	79,227	149,521	228,748
Total Tests	190,043	182,511	372,554

MPHL Section	Number
Biochemistry	192
Clinical Chemistry	11,586
Immunology	35,049
Molecular Diagnostics	4,348
Special Microbiology	5,090
Sexually Transmitted Infections	104,229
Mycobacteriology	20,699
Core Sequencing	1,318
Organic Chemistry	26,460
Inorganic Chemistry	50,760
Environmental Microbiology	112,823

INFECTIOUS DISEASE SURVEILLANCE

The MPHL serves as the state's representative in the following national laboratory surveillance networks:

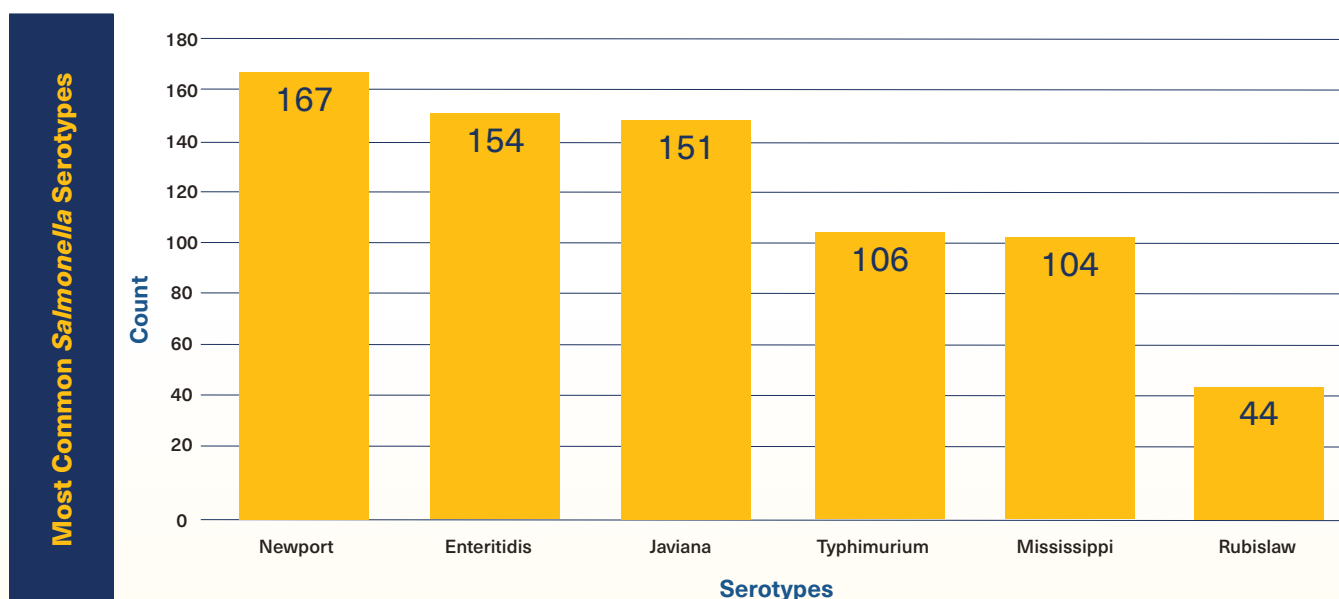
- **PulseNet** - a national laboratory foodborne illness surveillance network
- **AR Lab Network** - a national laboratory network to rapidly detect antimicrobial resistance and inform local responses to prevent spread and protect people.

Specimens received by MPHL were tested using general microbiological and molecular methods. The MPHL performed whole genome sequencing to further identify outbreak clusters and new resistance mechanisms. The MPHL sequenced 1318 total specimens, 269 for the AR Lab Network and 1049 for PulseNet.

Organism	Total Number Sequenced
<i>Salmonella</i>	982
<i>E.coli</i> 0157	6
<i>E.coli</i> non-0157	24
<i>Shigella</i>	16
<i>Listeria</i>	4
AR bacteria	269
<i>Campylobacter</i>	17

Out of 982 *Salmonella* isolates sequenced, 21 were identified as associated with national outbreaks. In total, 11 unique national outbreak codes were assigned to samples in Mississippi by PulseNet, a national system for enteric disease outbreaks surveillance. PulseNet also identifies strains of interest which are suspected to be "reoccurring, emerging or persistent" (REP) and assigns REP codes to these isolates. 3 unique REP codes were assigned to a total of 35 samples.

Below is a graph of the most common serotypes of *Salmonella* identified by sequencing in Mississippi.



In the MPHL's whole genome sequencing surveillance of AR bacteria, 43 samples submitted with suspected healthcare-associated infections (HAI) were identified to carry the New Delhi Metallo- β -Lactamase (NDM) gene. An additional 7 samples were found to carry the Verona Integron-encoded Metallo- β -Lactamase (VIM) gene. Both genes are carbapenem-resistance genes of global concern. Additionally, whole genome sequencing allows for gene level cluster detection in these samples, which has allowed for surveillance regarding the transmission of

antimicrobial resistance genes (AMR) and for informing infection prevention. Additionally, surveillance of AR bacteria during this period identified the presence of a *Klebsiella pneumoniae* carbapenemase (KPC) gene in an *Acinetobacter baumannii* sample. This is the first documented case of transmission in the United States and one of only 18 total cases ever identified in the United States. Early detection of this sample will allow for preventing the spread of this gene in future *Acinetobacter* samples.

PREPAREDNESS

The MPHL serves as the state's laboratory response network reference laboratory for biological and chemical threats. The MPHL tested 8 samples for biological threat determination, including the following samples submitted for rule-out testing: 2 for *Bacillus anthracis*, 1 for *Brucella* species, 2 for *Burkholderia* species, 1 for *Francisella tularensis*, and 2 for white powder letters.

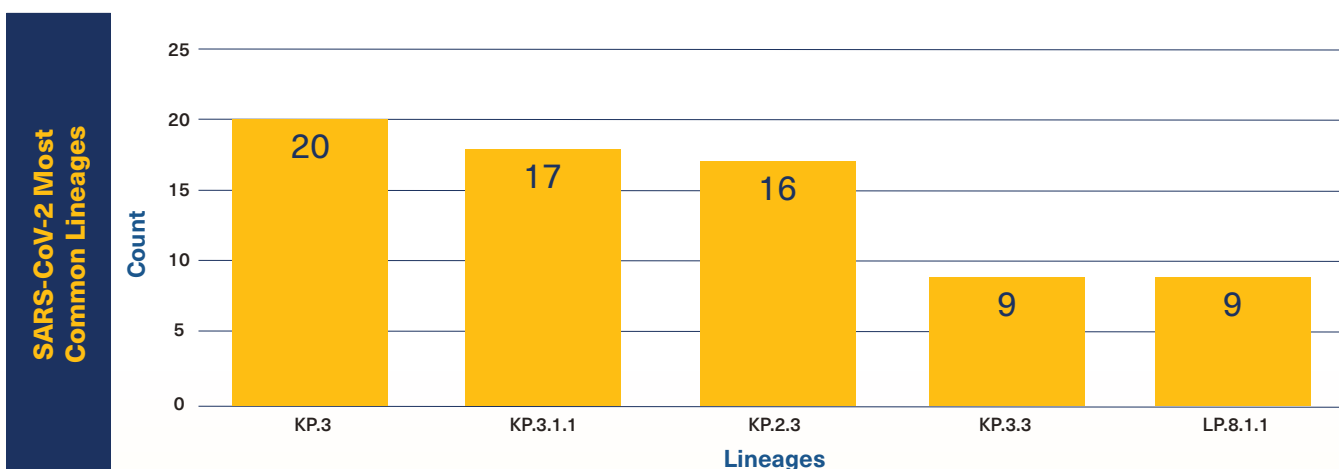
RESPIRATORY VIRUS SURVEILLANCE

The MPHL tests specimens submitted from Emergency Rooms, pediatric and family practice clinics throughout the state for Influenza and COVID-19 surveillance using molecular methods. This testing identifies what types of viruses are circulating in our state and assists with influenza vaccine production. The MPHL performed the tests to the right for respiratory virus surveillance.



Virus	Total Tests Performed
SARS-CoV-2 only	492
Influenza A and B only	337
Influenza and SARS-CoV-2	882

The MPHL further characterized 206 SARS-CoV-2 positive specimens using next-generation sequencing to identify the specific variants affecting MS residents. All identified variants were classified as Omicron. Bioinformatics analysis uncovered 68 unique lineages of the SARS-CoV-2 Omicron variant. The most common lineages detected by the MPHL are illustrated in the graph below.



SEXUALLY TRANSMITTED INFECTION (STI) TESTING

The MPHL also supported STI surveillance and outbreak response by performing testing on specimens submitted from MSDH clinics, MS jails and detention centers, and community health clinics. The MPHL performed the number of STI tests to the right using serology and molecular methods and obtained the corresponding positivity rates.

DRINKING WATER RESPONSE

The MPHL tests drinking water samples for compliance with EPA safety standards. Additionally, the MPHL tests drinking water samples in response to water system issues, including pressure issues or system leaks. To assist MS water systems, the MPHL tested 4,413 water samples.

STI Type	Total Tests Performed
HIV Testing Summary	34,198
Chlamydia	52,771
Gonorrhea	52,771
Trichomonas Vaginalis	9,593
Syphilis	35,867

COMMUNICATIONS

PROFILE PERFORMANCE

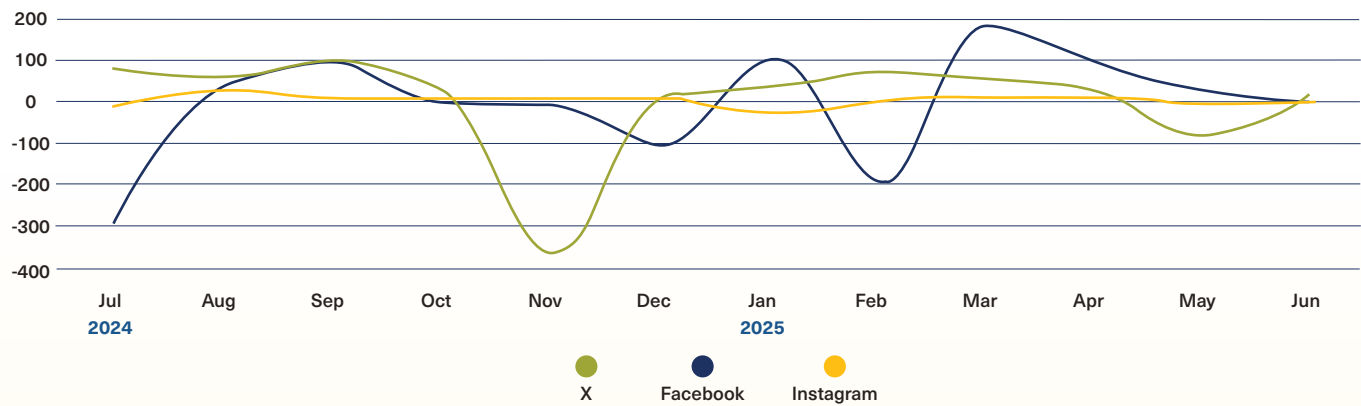
The Office of Communications serves as the central voice of MSDH, ensuring that accurate, timely, and clear information reaches the public, media, and partners across the state. The team manages public information, media relations, digital communications, graphic design, and crisis communication, working to make complex public health data understandable and actionable for every Mississippian.

From daily health updates and press releases to emergency response messaging during disease outbreaks or natural disasters, the Office of Communications plays a critical role in protecting the health and safety of communities. The office supports every MSDH program by promoting health education, transparency, and trust, helping Mississippians make informed decisions that improve lives and strengthen communities.

Ultimately, the mission is to ensure that the work of public health is seen, heard, and understood, because effective communication saves lives.

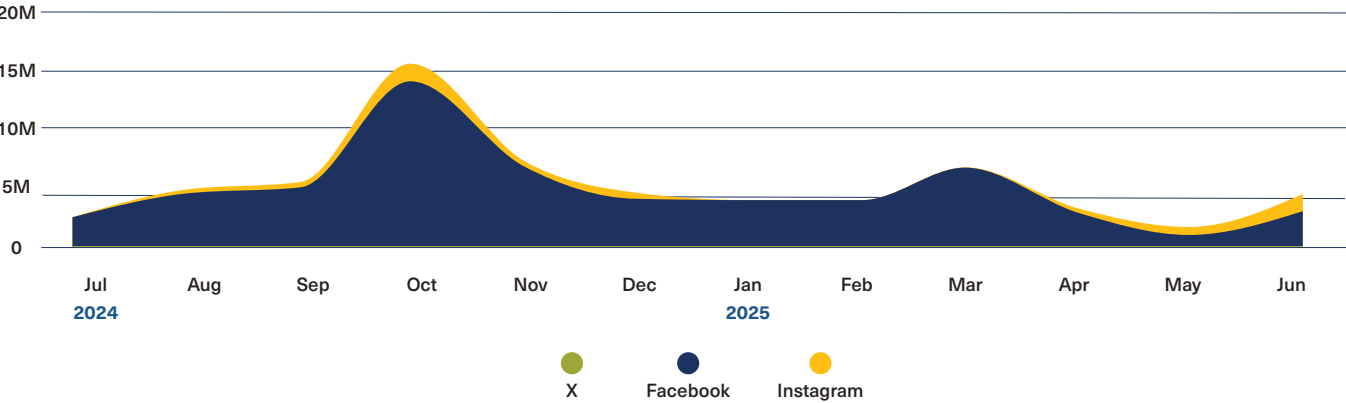
Performance Summary	
Impressions	64,167,578
Engagements	119,937
Post Link Clicks	3,567
Engagement Rate (per Impression)	0.2%

AUDIENCE GROWTH



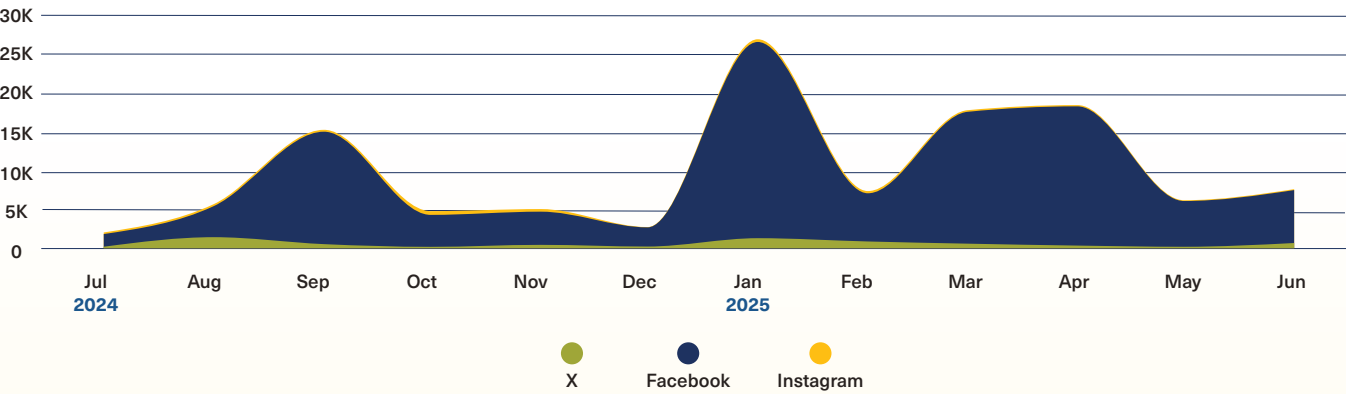
Audience Metrics	Totals
Audience	205,203
Net Audience Growth	-99
X Net Follower Growth	-8
Facebook Net Follower Growth	-101
Instagram Net Follower Growth	10

IMPRESSIONS



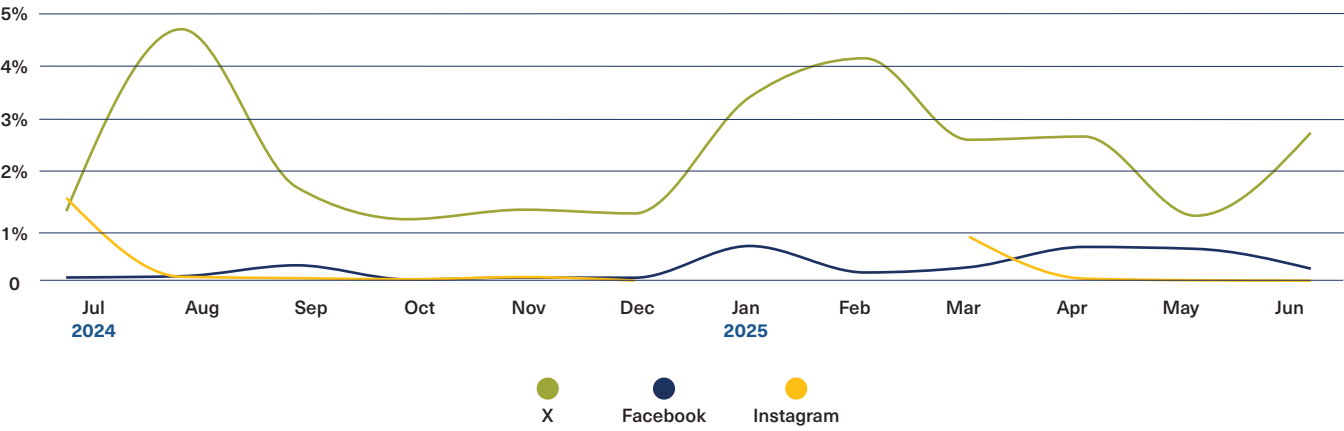
Impression Metrics	Totals
Impressions	64,167,578
X Impressions	274,053
Facebook Impressions	58,121,347
Instagram Views	5,772,178

ENGAGEMENTS



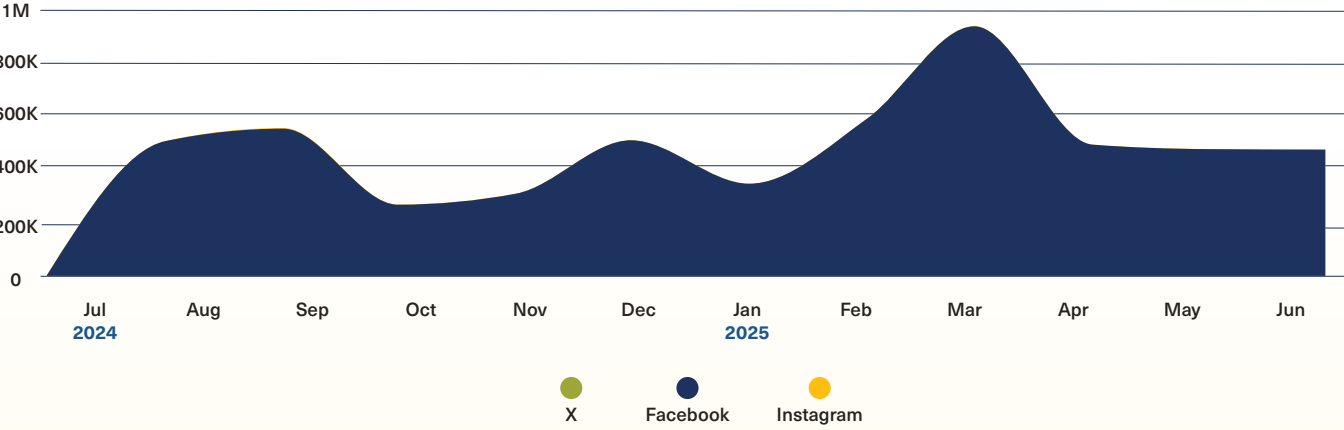
Engagement Metrics	Totals
Engagements	119,937
X Engagements	6,871
Facebook Engagements	110,264
Instagram Engagements	2,802

ENGAGEMENT RATE






Engagement Rate Metrics	Rate
Engagement Rate (per Impression)	0.2%
X Engagement Rate	2.5%
Facebook Engagement Rate	0.2%
Instagram Engagement Rate	0%

VIDEO VIEWS



Video Views Metrics	Totals
Video Views	5,371,500
X Video Views	3,821
Facebook Video Views	5,361,094
Instagram Reel Video Views	6,585

PROFILES

Profile	Audience	Net Audience Growth	Published Posts	Impressions	Engagements	Engagement Rate (per Impression)
Reporting Period Jul 1, 2024 - June 30, 2025	205,203	-99	1,427	64,167,578	119,937	0.2%
 @msdh	31,435	-8	376	274,053	6,871	2.5%
 @healthy.ms	10,748	10	436	5,772,178	2,802	0%
 Mississippi State Department of Health	163,020	-101	615	58,121,347	110,264	0.2%

FY 2025 MONTHLY MEDIA REPORTS

Month	Requests	News Releases
July '24	43	4
August	51	2
September	28	6
October	42	7
November	30	6
December	15	1
January	58	11
February	33	4
March	32	3
April	25	1
May	44	3
June	27	9
Total	428	57

WEBSITE ACTIVITY FOR FISCAL YEAR 2025

Users	2,090,385
Visits	3,312,001
Views	6,049,065

TOP-PERFORMING CAMPAIGNS

VAPING IS CRINGE

This campaign was created to impactfully reach teens where they are and tell them that “vaping is cringe.” The campaign appeared across digital and streaming platforms, as well as on billboards. It made national headlines, and for the first time, MSDH was awarded a Telly, which is an international award that honors excellence in video.



THE TELLY AWARDS | 2025 | VAPING IS CRINGE | MSDH | MAD GENIUS

SYPHILIS

MSDH has used this campaign to raise awareness about syphilis, an ongoing crisis in Mississippi. From congenital syphilis to safe sex practices, this campaign featured digital ads on social media and billboards, and printed materials for healthcare providers and patients.



TESTING & DIAGNOSING

Patients with no history of syphilis testing and treatment are considered to have syphilis if they have a reactive RPR and reactive TPPA (or other equivalent testing positive).

Patients with prior history of syphilis diagnosis/treatment:

A new infection in an individual previously diagnosed/treated for syphilis is demonstrated by clinical findings (presence of chancre or s/sx of secondary syphilis), history, and laboratory findings.

- Laboratory – reactive RPR and TPPA
- TPPA will remain positive from previous infection
 - Demonstrated 4-fold (two dilution) increase in RPR titer over previous post treatment RPR result indicates a potential new infection. Example: Current RPR of 1:32 is a fourfold (or two dilution) increase over prior post treatment RPR of 1:8.
 - Patient history, historical lab results, and prior treatment history should be used in clinical decision making in patients with previous diagnosis and treatment of syphilis. If a new infection is suspected, staging should be done and appropriate treatment given.

STAGING

Early Syphilis

- Primary syphilis classically presents as a single painless ulcer or chancre at the site of infection but can also present with multiple, atypical, or painful lesions.
 - Chancre or lesion(s) appears as an indurated, painless papule ranging in size from a few millimeters to 1-2 centimeters in diameter
- Chancre develops within 10-90 days after inoculation at the site of infection
- Chancre may be in the genital area, on lips, tongue, nipple, finger, or anus
- Chancres will resolve without treatment (but this does not mean the infection has been cleared)

- Secondary syphilis manifestations can include skin rash, mucocutaneous lesions, and lymphadenopathy.
 - Symmetrical maculopapular rash involving palms and soles, generally 0-10 weeks after the disappearance of primary lesion, may last 2-6 weeks, and disappears with or without treatment
 - Squamous (scaly) rash
 - Annular rash appearing as a circular skin discoloration, or nickel/dime lesions that typically occur on the face

Latent Syphilis

- Early Latent Syphilis
- Observable clinical S/S are not present (i.e. Seroreactivity without other evidence of primary, secondary, or tertiary disease)
 - Acquired syphilis in the past year
 - Patient recalls symptoms of primary or secondary syphilis within the last year A sex partner within the last year documented to have primary, secondary, or early latent syphilis
 - Persons with reactive nontreponemal and treponemal tests whose only possible exposure occurred during the previous 12 months
- Late Latent Syphilis - All other cases of latent syphilis are classified as late latent syphilis (>1 year's duration) or latent syphilis of unknown duration.

- Tertiary Syphilis - Tertiary syphilis is late symptomatic disease and can present with neurological or cardiovascular involvement, gummatous lesions, tabes dorsalis, and general paresis.
- T. pallidum can infect the CNS, which can occur at any stage of syphilis and result in neurosyphilis. Orosyphilis, ocular syphilis and neurosyphilis can present in any syphilis stage.
- Pregnant women may be identified in any stage of syphilis and should be staged and treated accordingly.

Understanding Syphilis: A Comprehensive Overview

Syphilis is a systemic disease caused by *T. pallidum*, transmitted through direct contact with syphilitic sores during vaginal, anal, or oral sex, or from mother to child (congenital syphilis). Chancres typically appear 21 days after exposure, but can range from 10 to 90 days. The disease progresses in stages, which guide treatment and follow-up.

- Transmission:**
 - Syphilis spreads through oral, anal, or vaginal sex, and direct contact with sores. Washing or urinating after sex does not prevent transmission.
- Symptoms:**
 - **Primary:** Painless sores on genitals, mouth, anus, or rectum.
 - **Secondary:** Rash, fever, sore throat, muscle aches, and fatigue.
 - **Latent:** No symptoms, detectable via blood test.
 - **Tertiary:** Severe symptoms like paralysis, blindness, and heart disease.
- Testing & Treatment:**
 - Diagnosed with a blood test.
 - Early detection and antibiotic treatment are essential.
 - Untreated syphilis can cause severe health issues and increase HIV risk.
 - Curable with antibiotics, but damage may be irreversible.
- Pregnancy Risks:**
 - Pregnant women can pass syphilis to their babies, causing severe health issues.
 - Testing and treatment during pregnancy are crucial.
- Follow-Up:**
 - Regular testing ensures treatment success, especially for those with HIV or risk of re-infection.
- Prevention:**
 - Abstain from sex or choose a monogamous, uninfected partner.
 - Use condoms correctly every time.
 - Get regular STI screenings if sexually active.
 - Safe sex, regular testing, and partner notification prevent syphilis spread.
 - Pregnant women should be screened as a part of routine care.

CONTACT US >>>

Seek medical attention if you or your partner show symptoms or suspect syphilis. Early detection prevents serious health issues. Open communication about sexual health ensures mutual well-being.

msdh.ms.gov

Schedule an Appointment: 855-767-0170
Toll-free: 1-866-458-4948

Call 800-456-2323 (Press 1) for a free syphilis test and find a nearby lab by zip code.

TREATMENT

Bicillin LA is the preferred treatment for ALL patients (pregnant women must be treated with Bicillin LA to prevent congenital syphilis)

- One dose of 2.4 million units given for primary, secondary, and early latent syphilis
- Total of 7.2 million units given for late latent syphilis, and syphilis of unknown duration: 2.4 million units given once a week for 3 weeks.
- Patients with reported penicillin allergy may require referral to allergy/immunology for desensitization prior to treatment.
- Doxycycline is a treatment option for non-pregnant patients
- Pregnant patients must be treated with Bicillin LA, so referral for desensitization will be needed for pregnant patients with penicillin allergy.

CONTACTS & FOLLOW-UP

The Mississippi State Department of Health STD/HIV office follows up with all cases of syphilis in MS to identify potential contacts who may need testing and treatment. MSDH also ensures that patients with syphilis receive appropriate follow up testing.

Healthcare providers can assist in this process by ensuring that there is a correct phone number and address for the patient when reporting to MSDH. Providers can also discuss with their patients that contact follow up is important and that patient privacy will be protected during all conversations with potential contacts.

SCAN HERE



Additional information on syphilis, including clinical presentation, diagnosis, staging, treatment, and follow up can be found on the CDC website

MSDH STD/HIV Office: 601-576-7723

FOLLOW US:     

SYPHILIS



MISSISSIPPI STATE DEPARTMENT OF HEALTH

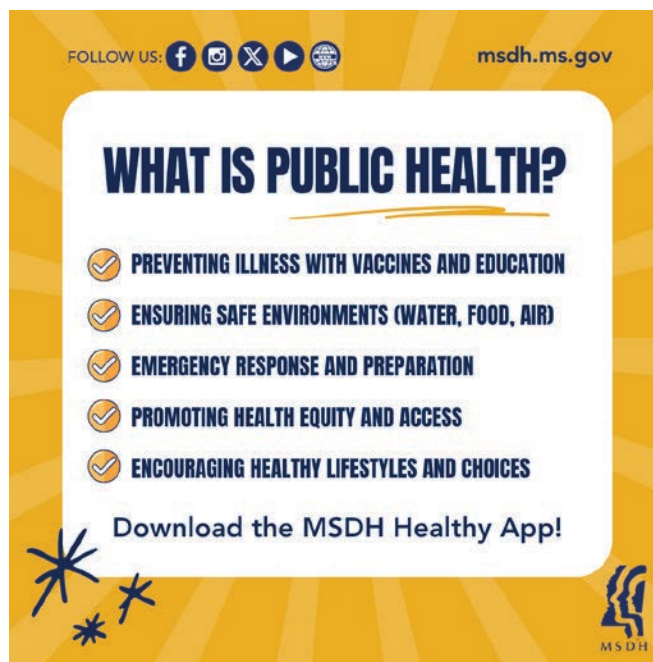
Syphilis is a systemic disease caused by *T. pallidum*. It is transmitted from person to person by direct contact of the syphilitic chancre (sore) or it can be transmitted from a pregnant woman to her unborn child (congenital syphilis).

It is generally transmitted through vaginal, anal or oral sex and chancres may appear in any of the surrounding areas typically around 21 days post exposure, but it can range from 10 to 90 days post exposure

The disease has been divided into stages on the basis of clinical findings and duration of infection, which guide treatment and follow-up.

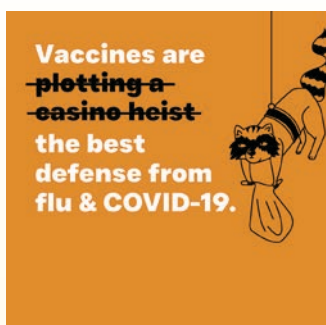
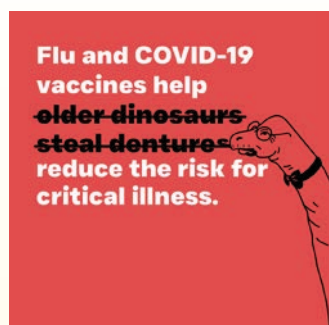
WHO IS MSDH

The Mississippi State Department of Health touches every Mississippian every day. MSDH has many different areas that all share one goal: to protect and advance the health, well-being, and safety of everyone in Mississippi. This campaign was designed to educate the public on all the services MSDH provides daily.



KEEP YOUR VAX STRAIGHT

There are many misconceptions about vaccinations. This campaign uses a comprehensive, multi-channel strategy to combat vaccine hesitancy, promote accurate information, and increase vaccination rates across all age groups through targeted public relations, paid media, mobile app integration, and community partnerships, especially in rural and underserved areas. The campaign builds trust, accessibility, and sustained awareness of the importance of immunizations statewide.



The background is a dark blue field composed of a grid of squares. Some squares are a slightly lighter shade of blue, creating a subtle checkerboard effect. Other squares contain geometric patterns: some have vertical stripes, some have a diamond or checkerboard pattern, and some are solid dark grey. The overall aesthetic is modern and geometric.

PROGRAM ACTIVITIES AND STATISTICS

HEALTH SERVICES DATA

OFFICE OF HEALTH DATA AND RESEARCH

The Office of Health Data and Research (OHDR) advances the MSDH mission by upholding scientific integrity, conducting data analysis, reporting, and program evaluation of the Title V MCH Block Grant and other Health Services Programs. OHDR provides non-communicable epidemiological and biostatistical support to health services programs. It supports public health surveillance, grant proposal writing, and applied public health research to ensure the programs are evidence-based.

The Fiscal Year 2025 Report of Activities by Health Services Programs		
Child Health	Number of Newborns screened for phenylketonuria, hypothyroidism, galactosemia, hemoglobinopathies, congenital adrenal hyperplasia, and other genetic disorders	31,259
	Mississippi Lead Poisoning Prevention and Healthy Homes	
	Number of children screened for lead	29,120
	Number of children with elevated blood lead levels of 3.5 and above	209
Women's Health	Healthy Moms/Healthy Babies (HM/HB) Maternity Patients	
	Number of HM/HB participants	545
	Number of professional visits	3,788
	Healthy Moms/Healthy Babies (HM/HB) Infant Patients	
	Number of HM/HB participants	446
	Number of professional visits	4,511
	Women with Cervical Cancer Diagnostic/ Screening Service	1,103
	Women with Breast Cancer Diagnostic/ Screening	2,616
	Total Cancer Diagnostic/ Screening Services	3,719
	Total number of women referred to Medicaid for cancer treatment	40
WIC – Special Supplemental Nutrition Program for Women, Infants, and Children (Average monthly participation)	Total number of breast and cervical cancer prevention education programs conducted	75
	Reproductive Health (Family Planning)	
	Adult patients served	13,164
	Teens	3,045
	Total	16,209
	Women	13,668
	Infants	17,800
	Children	29,188
	Total	60,656

HEALTH PROTECTION

Environmental Health FY 2025	
Boilers and pressure vessels inspected (including inspections done by insurance representatives, which are insured by MSDH)	18,363
Food establishments permitted	12,713
Inspections of food establishments	17,165
Wastewater complaints investigated	720
Water system inspections	1010 ¹
Sewage disposal inspections and soil/site evaluations	11,108
Dairy farm inspections	198 ²
Dairy samples collected for evaluation	1198
Jail inspections performed	44 ³

¹ 85% of the state's 1189 unique water systems were inspected due to staffing levels. Efforts are ongoing to return program to full staffing.

² Fewer dairy farms were in operation in SFY2025, but all necessary regulatory inspections were performed.

³ Fewer jail sanitation inspections conducted due to reduction in number of inspection requests. Statutory sanitation inspection of MS State Penitentiary at Parchman conducted.

Tobacco Control FY 2025	
Number of counties with Tobacco-Free Coalitions implementing evidence-based programs consistent with CDC best practice guidelines	78 (with funding support for 82)
Number of cities in Mississippi with comprehensive smoke-free air ordinances	193 (and 7 Counties)
Number of unduplicated individuals who have completed the intake process for OTC-funded tobacco cessation treatment programs	2,205
Number of unduplicated individuals who have contacted OTC-funded tobacco cessation treatment programs via phones	5,422 ¹
Number of unduplicated individuals who have contacted OTC-funded tobacco cessation treatment programs via website	670
Number of unduplicated individuals who utilized the OTC-funded specialized tobacco cessation treatment program for Mississippians with behavioral health conditions	1,187

¹ Note: Source: FY 2025 Tobacco Reporting and Progress System (TRAPS). The actual number of callers was 5,422. The Quitline vendor is currently unable to isolate the unique callers from the data provided. Therefore, the number of unique callers reflect individuals who completed the intake (registration) process.

RADIOLOGICAL HEALTH

National Materials Program	
Specific Licenses Inspected	84
Non-Healing Arts X-rays Inspected	22
Reciprocal Inspections	4
General Licenses Inspected	5
Materials License Amendments	119
New Materials Licenses	6
New Industrial X-Ray Registrations	16
Industrial X-Ray Amendments	37
X-Ray / Mammography	
X-Ray Facilities Inspected	449
MQSA Inspections	96
New Healing Arts X-Ray Registrations	72
Liner Accelerators Inspected	11
Shielding Plans Reviewed and Approved	10
Environmental Samples	
GGNS	480
Salmon Site (STS)	63
Emergency Response	
Basic Radiation Classes	3
Full Scale Exercises	4
Rad Health REP Training	2
Responses / Assists / Investigations	6

HEALTH PROTECTION—OFFICE OF LICENSURE

Health Facilities Licensure and Certification Division	FY 2025	FY 2024	FY 2023
Ambulatory surgical centers (licensed/certified)	80	74	72
Community mental health centers (certified only)	3	4	4
Comprehensive outpatient rehabilitation facilities (certified)	0	0	0
End stage renal disease facilities (certified)	98	96	97
Home health agencies (licensed/certified)	42	43	45
Hospice (licensed/certified)(include branches/satellites)	123	123	129
Hospitals - accredited (licensed/certified)	69	70	68
Hospitals - non-accredited (licensed/certified)	44	44	44
Nursing homes/skilled nursing facilities (licensed and certified)	209	209	211
Outpatient physical therapy (certified)	21	21	4
Portable x-ray (certified)	5	4	4
Post acute residential brain injury rehabilitation (licensed only)	1	1	1
Psychiatric residential treatment facilities (licensed/certified)	8	8	8
Rural emergency hospital treatment facilities (no inpatient beds)	7	6	2
Rural health clinics (certified)	217	217	208
Life Safety Code Emergency Preparedness Surveys completed	205	223	n/a
Total health facility surveys (licensure and recertification) (7/1/23-6/30/24) ACC, LTC, ICF, PPEC, PCH, CLIA, LSC	1,092	971	410
Total complaint/FRI (Facility Reported Incident) surveys	1,365	1,222	771
CLIA laboratories (excluding VA labs) (certified only)	3,423	3,559	3,595
Intermediate care facilities for individuals with intellectual disabilities (ICF_IID) (licensed)	14	14	14
Personal care homes (licensed)	190	196	202
Prescribed pediatric extended care facilities (licensed)	21	20	18
Professional Licensure Division	FY 2025	FY 2024	FY 2023
Licenses issued for athletic trainers, audiologists, dietitians, hearing aid specialists, occupational therapists and occupational therapy assistants, respiratory care practitioners, speech-language pathologists, and professional art therapists	8,512	5,275	8,125
Total number of registered or certified radiation technologists, audiology aides, eye enucleators, speech language pathology aides, tattoo artists, body piercers, and hair braiders	15,218	15,141	14,323
Child Care Division	FY 2025	FY 2024	FY 2023
Number of inspections of youth camps	55	75	73
Child residential care homes monitored per notification Act X	28	17	27
Number of general/renewal inspections of daycare facilities	3,916	4,214	4,133
Daycare complaints investigated	1,001	1,057	848
Fingerprint Division	FY 2025	FY 2024	FY 2023
Total number of CHRCs processed for healthcare facilities	73,486	70,451	72,758
Total number of CHRCs processed for child care facilities	10,746	12,256	14,422
Total number of CHRCs processed for medical cannabis facilities	1,863	2,196	2,831

Office of Health Planning and Resource Development	2025	2024
Certificate of Need (CON) applications reviewed	15	13
Capital Expenditures Authorized through Issued CONs	\$158,566,459.00	\$35,111,002.00
Declaratory Rulings (DR) issued	30	33
Capital Expenditures Authorized through Issued DRs	\$298,910,657.61	\$246,503,485.51
Total Capital Expenditures Authorized through Issued CONs and DRs	\$457,477,116.61	\$281,614,487.51

RURAL HEALTH AND PRIMARY CARE

Subprogram Outputs	FY 2025 Actual	FY 2026 Estimated	FY 2027 Projected
Number of Health Professional Shortage Area (HPSA) designation reviews conducted:			
Primary Care	82	82	82
Dental	82	82	82
Mental Health (11 catchment areas plus One (1) single Mental Health County)	12	12	12
Number of National Health Service Corps site applications processed	63	68	73
Number of J-1 Visa Waiver applications reviewed	4	5	5
Number of National Interest Waiver applications processed	2	5	5
Number of health care professionals placed in areas of need:			
Primary Care Practitioners	64	65	65
Dentists	1	5	5
Core Mental Health Professionals	14	15	15

HRSA automatically designates all 21 Federally Qualified Community Health Centers and their satellite locations as HPSA; therefore, these facilities do not receive a designation review by the Mississippi Primary Care Office.

Subprogram Efficiencies	FY 2025 Actual	FY 2026 Estimated	FY 2027 Projected
Percentage of HPSA designation reviews completed by federal deadline ¹	100%	100%	100%
Percentage of National Health Service Corps site applications processed within 21 days as required by Federal Health Resources and Services Administration	100%	100%	100%
Percentage of J-1 Visa Waiver applications for physician placements completed within 180 days ²	100%	100%	100%
Percentage of J-1 Visa and National Interest Waiver applications approved by U.S. Department of State	100%	100%	100%

¹ HPSA federal deadline is a calendar date that can change annually.

² J-1 Waiver applications for FY 2024 have been recommended and approved by the MS State Department of Health SHO and shipped to the US Department of State, awaiting their recommendation letters.

Subprogram Outcomes	FY 2025 Actual	FY 2026 Estimated	FY 2027 Projected
Number of Health Professional Shortage Areas designated: ^{1, 3, 4}			
Primary Care	153	153	153
Dental	148	148	148
12 Mental Health-Catchment Areas plus One (1) Single Mental Health Counties	84	84	84
Number of entire counties designated as Health Professional Shortage Areas:			
Primary Care	78	78	78
Dental	76	76	76
Mental Health	75	75	75
Percentage of Mississippi population living in an area designated as a Health Professional Shortage Area:			
Primary Care	47%	47%	47%
Dental	48%	48%	48%
Mental Health	72%	72%	72%
Number of practitioners needed to remove HPSA designations: ^{2, 3}			
Primary Care	251	251	251
Dental	178	178	178
Mental Health	90	90	90
Number of approved National Health Service Corps sites ⁴	415	420	425

¹ Entire counties, portions of counties or population centers, and individual facilities can be designated as HPSAs; therefore, one county can include several HPSAs. All 21 Federally Qualified Community Health Centers are designated as HPSAs.

² Statewide totals in each category.

³ Health Professional Shortage Area designation qualifies an area for various federal resource incentives, including a 10% Medicare bonus payment for primary care providers, loan repayment programs through the National Health Service Corps, and site approval for J-1 Visa Waiver physicians.

⁴ National Health Service Corps designation provides incentives to help attract physicians, such as federal loan repayment programs.

Reference:

HRSA.gov <https://data.hrsa.gov/>

Reference Information HRSA Data Warehouse (Quick Facts) Region IV

Bureau Health Workforce Portal: Shortage Designation Management Systems (Providers Data Base)

Bureau Health Workforce: BHW Management Information System Solution (BMISS) National Health Service Corps Site Application Portal Data Base

HRSA-Health Workforce Shortage Areas: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

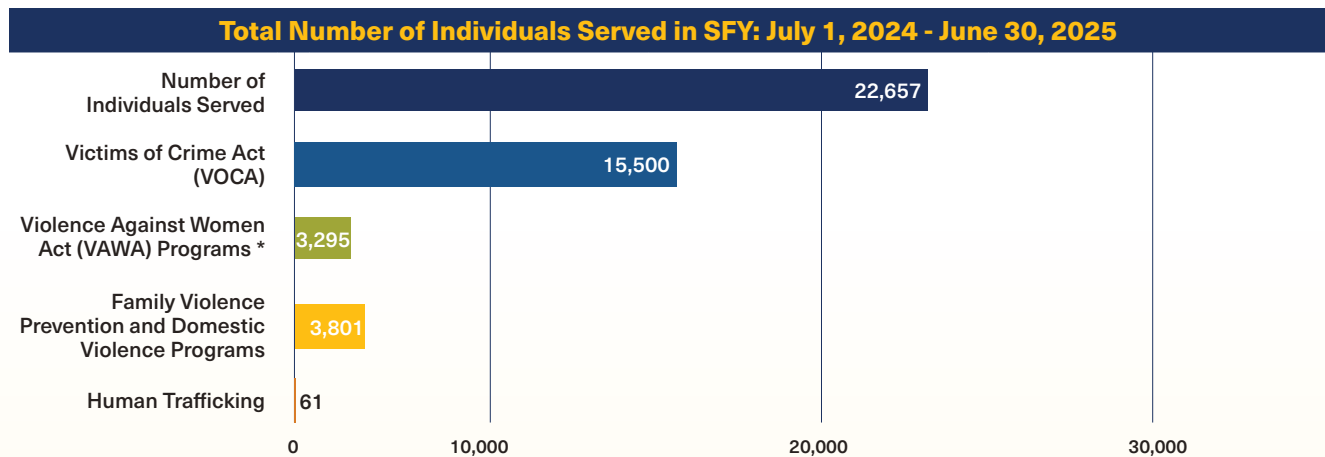
Bureau Health Workforce Portal: National Health Service Corps Field Strength
<https://data.hrsa.gov/topics/health-workforce/field-strength>

Designated Health Professional Shortage Areas Statistics: Second Quarter of Fiscal Year 2025 Designated HPSA Quarterly Summary: As of March 31, 2025
[data.hrsa.gov/RuralHealthInformationHub - Health Professional Shortage Areas: Primary Care, by County, July 2025](https://data.hrsa.gov/RuralHealthInformationHub-HealthProfessionalShortageAreas/PrimaryCare/byCounty/July2025)
Mississippi: <https://data.hrsa.gov/default/generatehpsaquarterlyreport>

Rural Health Information Hub – Health Professional Shortage Areas: Dental Care, by County, July 2025
Mississippi: <https://www.ruralhealthinfo.org/charts/9?state=MS>

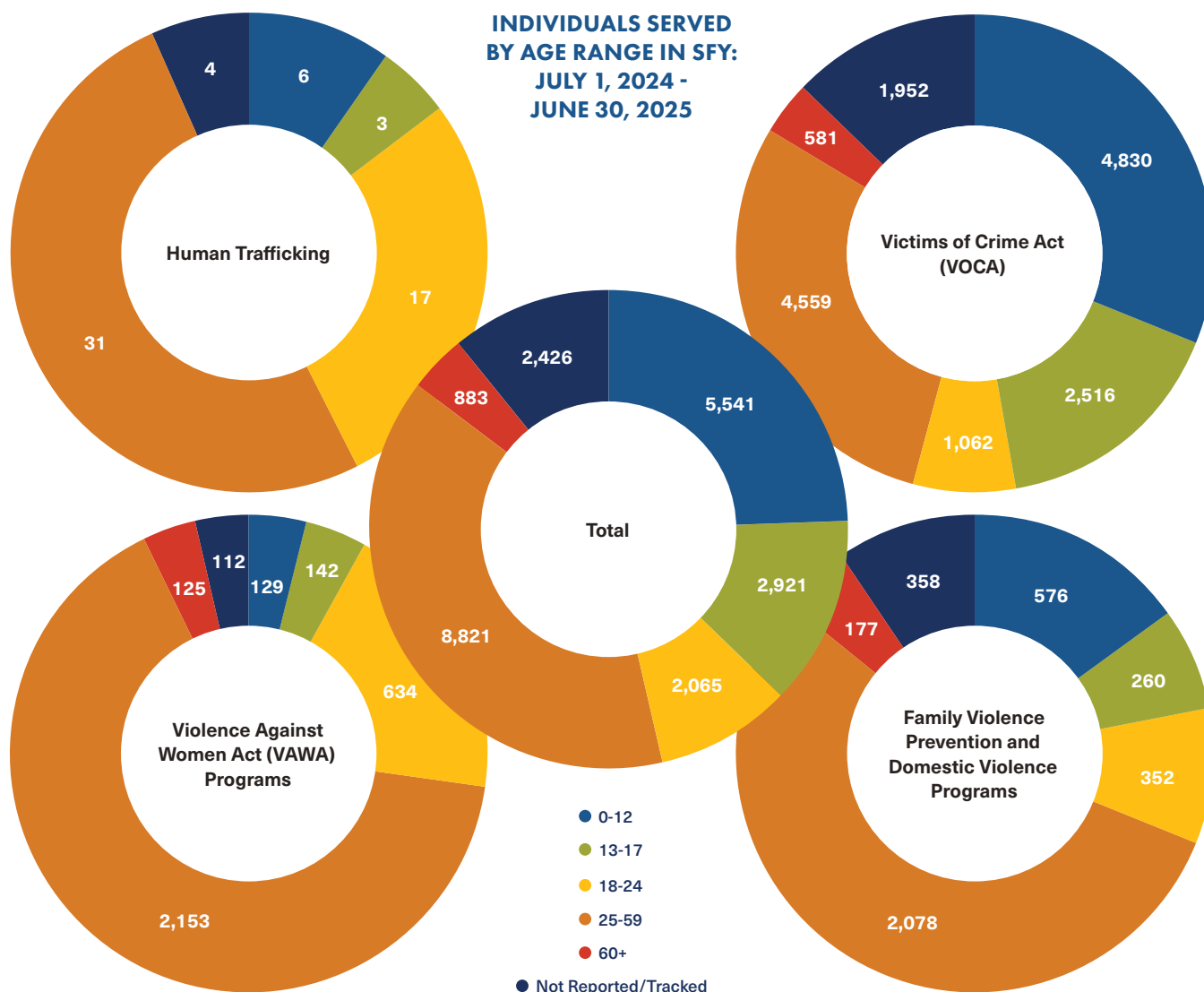
Rural Health Information Hub - Health Professional Shortage Areas: Mental Health, by County, July 2025
Mississippi: <https://www.ruralhealthinfo.org/charts/7?state=MS>

OFFICE AGAINST INTERPERSONAL VIOLENCE



For VAWA- Data is reflective of reports submitted. Some agencies did not submit reports, or reported incorrect information and is pending an updated report

Individuals Served by Gender in SFY: July 1, 2024 - June 30, 2025					
Gender	Human Trafficking	Violence Against Women Act (VAWA) Programs	Victims of Crime Act (VOCA)	Family Violence Prevention and Services	Total
Male	7	324	4,600	1,343	4,924
Female	50	2,774	10,029	2,037	12,803
Other	0	39	14	421	474
Not Reported/Tracked	4	158	857	0	1,015
Total	61	3,187	15,500	3,801	18,795



Individuals Served by Race in SFY: July 1, 2024 - June 30, 2025					
Race	Victims of Crime Act (VOCA)	Human Trafficking	Violence Against Women Act (VAWA) Programs	Family Violence Prevention and Domestic Violence Programs	Total
American Indian or Alaska Native	27	-	12	33	72
Asian	32	-	98	42	172
Black or African American	6,450	11	1,614	1,574	9,649
Hispanic or Latino	646	6	232	154	1,038
Native Hawaiian or Other Pacific Islander	5	-	16	62	83
White Non-Latino or Caucasian	6,433	32	1,112	1,534	9,111
Other Race	151	1	2	402	556
Multiple Races Reported	364	6	9	0	379
Not Reported/Tracked	1,392	5	200	0	1,597
Total:	15,500	61	3,295	3,801	22,657

EMERGENCY MEDICAL SERVICES/ACUTE CARE SYSTEMS

Ambulance permits issued	767
Emergency Medical Technicians/ Paramedics	2444
EMS Drivers	1165
Emergency services licensed/relicensed	76
Designated trauma centers (includes burn centers)	92
Designated stroke centers	15
Designated STEMI centers	20

DATA AND PUBLIC RECORDS REQUESTS

Request Type	#
Public Records Requests	805
Data Requests	294
Other (May include medical records requests referred to Medical Records Division)	116
Medical Records Requests received by the Medical Records Division	925
Subject Matter (could be multiple per request)	#
Outside of scope, not within MSDH Jurisdiction, or Closed Due to Lack of Response or at Direction of Requestor ¹	228
Property (including CON, Environmental Site Assessments)	265
Other (May include medical records requests referred to Medical Records Division)	183
Investigations or complaint inquiries (e.g., disease outbreak, health care facilities, child care facilities, restaurants)	159
Regulatory and Professional Licensure	117
STD/HIV Data	32
Opioids/Drug Abuse	9
PRAMS, BRFSS, YRBSS	22
Water and/or Wastewater Systems (non-Jackson)	19
Mental Health	3
Medical Cannabis	25
Jackson Water and/or Wastewater	9
Maternal or Infant Mortality/Morbidity	13
Vital Statistics	25
Non-STD/HIV Reportable Diseases	26
WIC	26
Immunizations (data)	16
COVID-19 Data	6
Abortion or Title X	1
Hospital Discharge Data	5
Healthy Moms/Healthy Babies	1

¹ Closure due to lack of response may include requests for which directions were sent to Requestor to obtain sought records elsewhere (e.g., vital records, medical records, another state agency) or after being provided or directed to publicly available data resources.

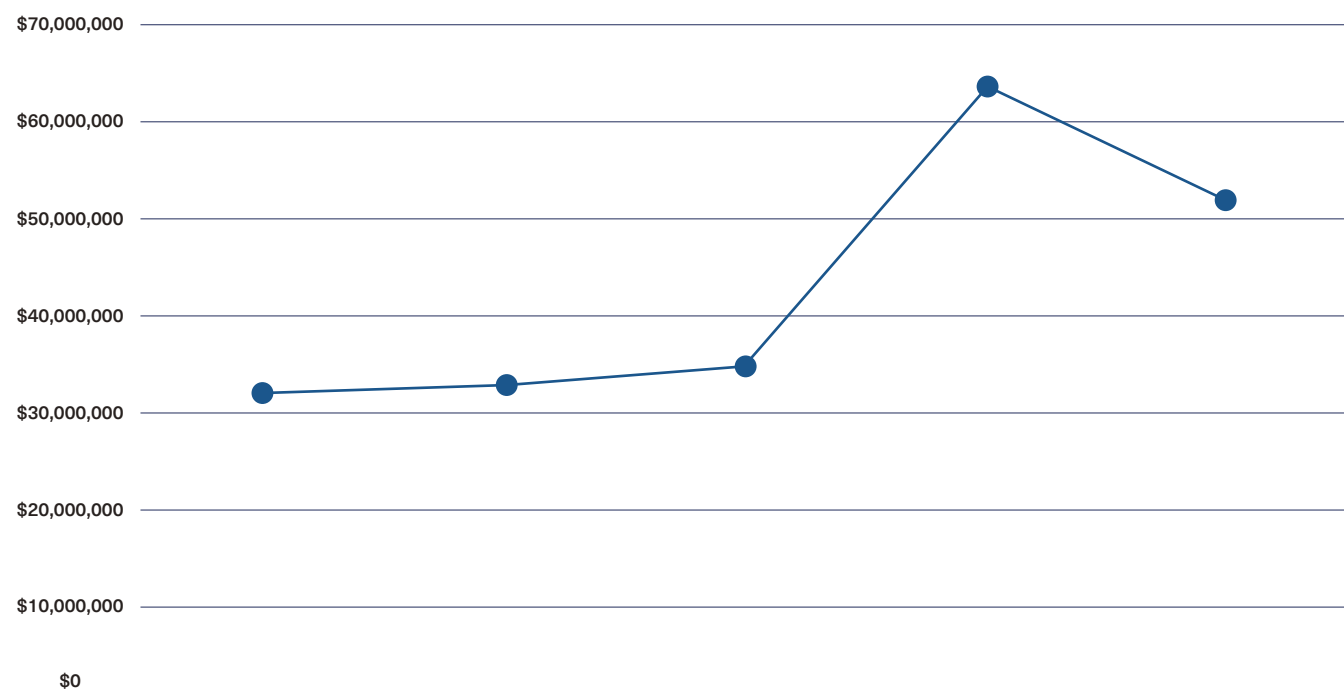
EXPENDITURES

FISCAL YEAR 2025

EXPENDITURE FUNDING SOURCES FOR FISCAL YEARS 2021 THROUGH 2025

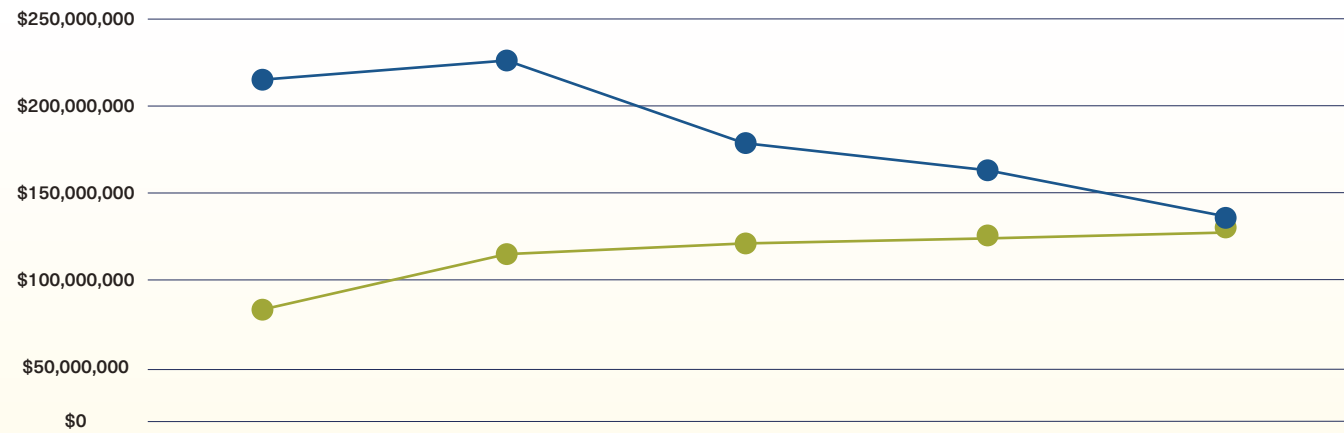
	2021	2022	2023	2024	2025
General Funds	\$31,552,980	\$33,274,222	\$34,555,535	\$63,234,697	\$51,203,845
Federal	\$218,686,629	\$227,797,238	\$180,705,763	\$162,288,926	\$138,561,854
Fees and Other	\$91,630,642	\$110,473,202	\$114,494,408	\$127,027,589	\$129,841,916
Health Care Expendable	\$5,988,103	\$5,655,982	\$11,793,667	\$12,151,810	\$10,180,430
Tobacco Control	\$17,556,778	\$17,918,040	\$16,023,296	\$19,171,873	\$18,559,257
Capital Expense Fund	-	\$7,359,806	\$1,877,794	\$2,986,365	\$1,300,390
Coronavirus State Fiscal Recovery Fund	-	-	\$1,131,903	\$73,371,600	\$10,135,879
Budget Contingency Fund	\$87,900,000	-	-	-	-
ICU Infrastructure Fund	\$10,000,000	-	-	-	-
Burn Care Fund	\$1,000,000	\$1,000,000	\$999,904	\$3,514,261	\$1,893,426
Local Government & Rural Water	\$13,596,581	\$30,502,425	\$34,508,536	\$29,196,328	55,991,284
Rural Water Associations Infrastructure	-	-	\$451,641	\$49,463,543	\$144,793,062
Medical Cannabis	-	\$116,605	\$5,106,934	\$6,415,518	\$5,369,982
Total	\$477,911,713	\$434,097,520	\$401,649,381	\$548,822,510	\$567,831,325

GENERAL FUND EXPENDITURES



Fiscal Years	2021	2022	2023	2024	2025
Expenditures	\$31,552,980	\$33,274,222	\$34,555,535	\$63,234,697	\$51,203,845

SPECIAL FUND EXPENDITURES



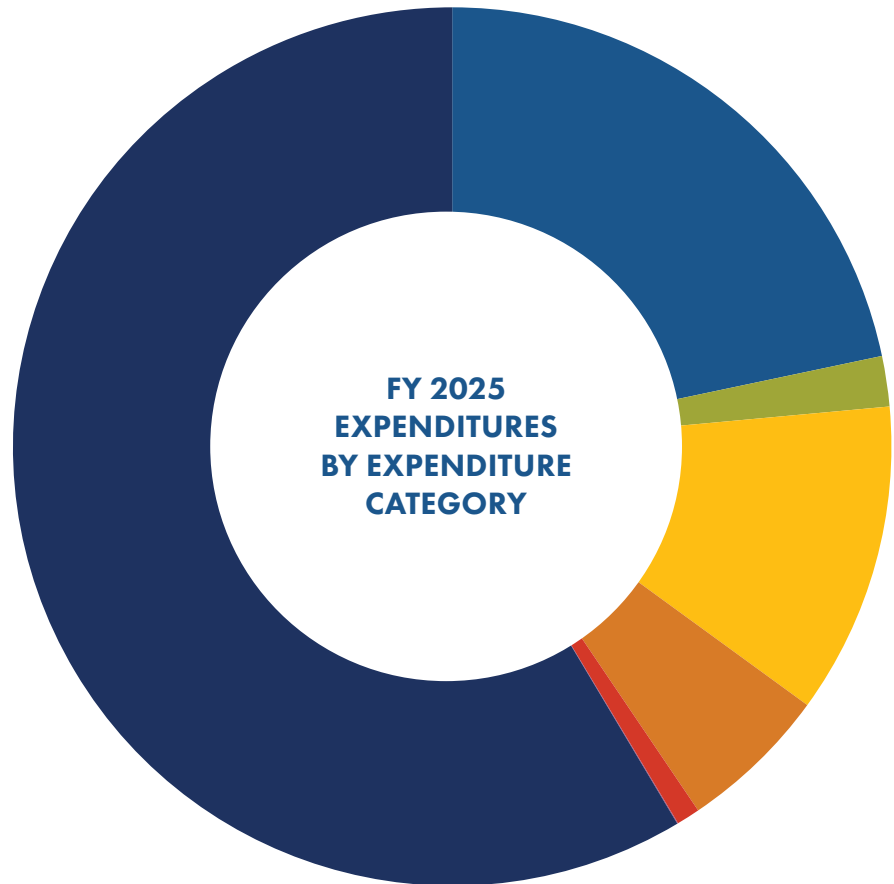
Fiscal Years	2021	2022	2023	2024	2025
Federal	\$218,686,629	\$227,797,238	\$180,705,763	\$162,288,926	\$138,561,854
Fees and other	\$91,630,642	\$110,473,202	\$114,494,408	\$127,027,589	\$129,841,916

EXPENDITURES BY MAJOR CATEGORY FOR FISCAL YEARS 2021 THROUGH 2025

	2021	2022	2023	2024	2025
Salaries	\$115,434,916	\$107,333,053	\$113,252,901	\$119,825,818	\$123,177,266
Travel	\$3,631,780	\$3,704,651	\$5,397,704	\$9,207,835	\$10,523,938
Contractual Services	\$60,129,950	\$87,812,739	\$72,978,204	\$60,744,475	\$65,127,926
Commodities	\$69,965,237	\$59,455,053	\$34,941,386	\$39,557,597	\$31,372,254
Capital Outlay - Equipment	\$2,931,221	\$5,845,460	\$4,302,736	\$5,996,929	\$4,901,909
Vehicles	-	\$105,370	\$454,531	\$1,040,224	\$52,010
Wireless	\$326,240	\$50,836	\$138,601	\$82,384	\$126,904
Subsidies, Loans and Grants	\$225,492,369	\$169,790,358	\$170,183,318	\$312,367,248	\$332,549,118
Total	\$477,911,713	\$434,097,520	\$401,649,381	\$548,822,510	\$567,831,325

Source: FY Budget Request - MBR-1-01.

- Salaries
\$123,177,266 | 21.69%
- Travel
\$10,523,938 | 1.85%
- Contractual Services
\$65,127,926 | 11.47%
- Commodities
\$31,372,254 | 5.52%
- Capital Outlay - Equipment
\$4,901,909 | 0.86%
- Vehicles
\$52,010 | 0.01%
- Wireless
\$126,904 | 0.02%
- Subsidies, Loans & Grants
\$332,549,118 | 58.56%



- General Funds
\$51,203,845 | 9%
- Federal
\$138,561,854 | 24%
- Fees and Other
\$129,841,916 | 23%
- Health Care Expendable
\$10,180,430 | 2%
- Tobacco Control
\$18,559,257 | 3%
- Capital Expense Fund
\$1,300,390 | 0%
- Coronavirus State Fiscal Recovery Fund
\$10,135,879 | 2%
- Burn Care
\$1,893,426 | 0%
- Local Government & Rural Water
\$55,991,284 | 10%
- Rural Water Associations Infrastructure
\$144,793,062 | 26%
- Medical Cannabis
\$5,369,982 | 1%

PHOTO HIGHLIGHTS

BOARD OF HEALTH



EMS FAIR 2025



EMERGING LEADERS 2025



CHILDREN'S HOSPITAL DONATIONS



GIVING DIABETES THE BLUES



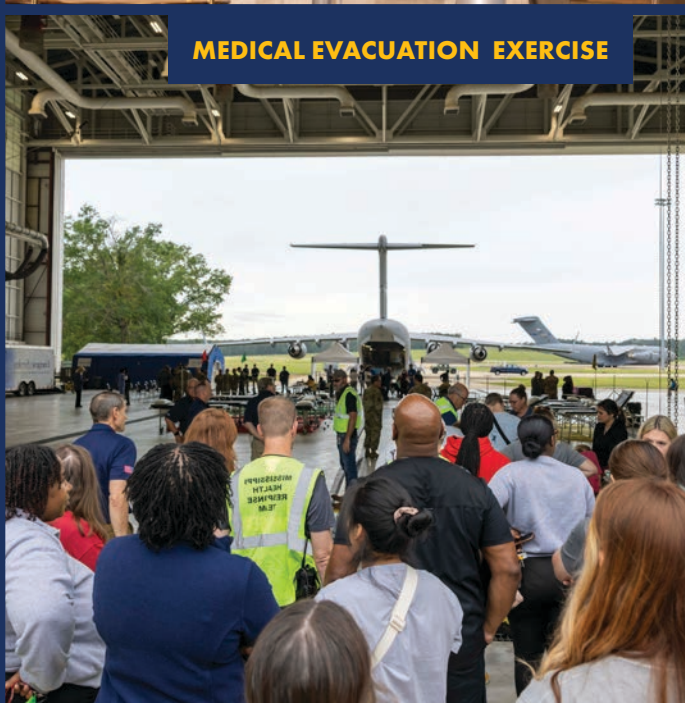
HEALTHY AGING SUMMIT 2025



HEALTHY MS 2025



MEDICAL EVACUATION EXERCISE



RURAL HEALTH DAY OPEN HOUSE



SALVATION ARMY DONATIONS



TOUCH-A-TRUCK YAZOO HIGH SCHOOL



**MOBILE UNIT RESPONSE
(WALTHAM COUNTY)**





msdh.ms.gov
1-866-HLTHY4U
(1-866-458-4948)