What is already known on this topic?

Pool inspection programs are important in assessing and enforcing compliance with pool codes aimed at minimizing the risk for recreational water illness and injury.

What is added by this report?

Analysis of routine pool inspection data from a convenience sample of 15 jurisdictions with 121,020 inspections found that almost one out of eight inspections conducted in 2008 resulted in immediate closure because of serious code violations (e.g., lack of disinfectant in the water).

What are the implications for public health practice?

Pool inspection data can be used as a potential source for surveillance to guide resource allocation and regulatory decision-making to reduce health and safety risks for swimmers; the Model Aquatic Health Code can facilitate systematic collection of pool inspection data.

collected. Standardized, electronic pool inspection data across jurisdictions would supply needed baseline data and enable future monitoring and evaluation of MAHC as a public health resource for state and local jurisdictions in their efforts to promote swimmer health and safety.

Acknowledgments

This report is based, in part, on contributions by E Wright, Jefferson County Dept of Health, Alabama; G Epperson, Maricopa County Environmental Svcs Dept, Arizona; M Davin, Pueblo City-County Health Dept, S Evans, Weld County Dept of Public Health and Environment, Colorado; R Vincent, P Anderson, Florida Dept of Health; B Trundle, Catoosa County Environmental Health, R Cira, MPH, S Gaines, DeKalb County Board of Health, D Hornsby, L Westcott, Gwinnett County Environmental Health, Georgia; M Mettler, Environmental Public Health Div, K Harrington, R Hooton, St. Joseph County Health Dept, Indiana; L Linnenbrink, Scott County Health Dept, Iowa; G Edwards, A Georgeson, Minnesota Dept of Health; C Fernandez, Environmental Health Dept, City of Minneapolis, Minnesota; L Hunter, L Randolph, Taney County Health Dept, Missouri; T Huffman, J Daniel, Nebraska Dept of Health and Human Svcs; T Wilson, New Hampshire Dept of Environmental Svcs; D Mead, T Shay, New York State Dept of Health; C Stilwell, Mecklenburg County Health Dept, North Carolina; K Madden, Columbus Public Health, Ohio; M Rockey, C Li, Oklahoma City-County Health Dept, Oklahoma; SB Keifer, E Van Ess, Oregon Dept of Human Svcs; J Kawaguchi, Multnomah County Environmental Health, Oregon; D Cinpinski, Allegheny County Health Dept, Pennsylvania; JL Ridge, South Carolina Dept of Health and Environmental Control; T Vyles, MA, Plano Health Dept, G Rothbarth, W Turpen, Tarrant County Public Health, Texas; RM Mason, L Wood, Tennessee Div of General Environmental Health; S Hughes, Alexandria Dept of Health, C Gordon, Virginia Dept of Health; M McGinn, Clark County Environmental Public Health, S Main, Spokane County Health Dept, B Petek, Kitsap County Health District, D DeLong, Tacoma-Pierce County, G Fraser, Office of Environmental Health, Safety, and Toxicology, Washington; N Bloomenrader, Wyoming Dept of Agriculture; and C Nolan, Garrison Enterprises, Charlotte, North Carolina.

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* The 15 participating agencies and their total number of routine pool inspections conducted in 2008: Florida Department of Health (52,752), Nebraska Department of Health and Human Services (1,132), New York State Department of Health (7,384), South Carolina Department of Health and Environmental Control (22,111), Columbus (Ohio) Public Health (2,117), DeKalb County (Georgia) Board of Health (2,755), Jefferson County (Alabama) Department of Health (982), King County (Washington) Public Health (2,300), Los Angeles County (California) Environmental Health (7,890), Maricopa County (Arizona) Environmental Services Department (15,075), Mecklenburg County (North Carolina) Health Department (1,248), Oklahoma City-County (Oklahoma) Health Department (1,802), Sacramento County (California) Environmental Management Department (1,016), Taney County (Missouri) Health Department (549), Tulsa (Oklahoma) Health Department (1,907).

† Although data from the agencies included hot tub inspection records, this report focused only on pool inspection data.

‡ Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: cyanurate levels, algae, bacterial quality, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, total dissolved solids, saturation index, and oxidation reduction potential.

§ Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: turbidity, cross connections, flow meter, water level, turnover, skimmer/gutter, weirs, filter, gauges, and pipe labeling.

New WISQARS Fatal Injury Mapping Module

MMWR. 2010;59:234

CDC'S WEB-BASED INJURY STATISTICS Query and Reporting System (WISQARS) is a leading source of injury statistics in the United States. WISQARS provides data on injury deaths, violent deaths, and nonfatal injuries, and now a new WISQARS fatal injury mapping module allows users to produce customized, color-coded maps of injury death rates, by intent (e.g., unintentional, homicide, or suicide) and mechanism of injury (e.g., motor vehicle-traffic, fall, fire/burn, poisoning, or cut/pierce).

These maps show the distribution of injury death rates nationally, regionally, and for individual states and counties. In addition, annualized estimates of total lifetime medical and work loss costs resulting from injury-related deaths are provided for counties within individual states. The new module can help public health professionals compare injury rates across geographic areas and monitor fatal injuries and their associated burden in the United States. The new fatal injury mapping module is available at http://www.cdc.gov/injury/wisqars.

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