

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.

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REFERENCES

1. US Census Bureau. Recreation and leisure activities: participation in selected sports activities 2007. Available at <http://www.census.gov/compendia/statab/2010/tables/10s1212.pdf>. Accessed May 17, 2010.
2. Yoder JS, Hlavsa MC, Craun GF, et al; CDC. Surveillance for waterborne disease and outbreaks associated with recreational water use and other aquatic facility-associated health events—United States, 2005-2006. *MMWR Surveill Summ*. 2008;57(SS-9):1-33.
3. CDC. Surveillance data from swimming pool inspections—selected states and counties, United States, May—September, 2002. *MMWR*. 2003;52(22):513-516.
4. van Weerdenburg K, Mitchell R, Wallner F. Backyard swimming pool safety inspections: a comparison of management approaches and compliance levels in three local government areas in NSW. *Health Promot J Austr*. 2006;17(1):37-42.
5. Hadjichristodoulou C, Mouchtouri V, Voutsourelis A, et al. Waterborne disease prevention: evaluation of inspection scoring system for water sites according to water microbiological tests during the Athens 2004 pre-Olympic and Olympic period. *J Epidemiol Community Health*. 2006;60(10):829-835.
6. Buss BF, Safraneck TJ, Magri JM, Török TJ, Beach MJ, Foley BP. Association between swimming pool operator certification and reduced pool chemistry violations—Nebraska, 2005-2006. *J Environ Health*. 2009;71(8):36-40.
7. National Association of County and City Health Officials. LDH budget cuts and job losses: 2010 data confirm job losses and program cuts in LHDs continue. Washington, DC: National Association of County and City Health Officials; 2010. Available at <http://www.naccho.org/advocacy/lhdbudget.cfm>. Accessed May 17, 2010.
8. Cramer EH, Blanton CJ, Otto CM. Shipshape: sanitation inspections on cruise ships, 1990-2005, Vessel Sanitation Program, Centers for Disease Control and Prevention. *J Environ Health*. 2008;70(7):15-21.
9. CDC. Model Aquatic Health Code. Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at <http://www.cdc.gov/healthywater/swimming/pools/mahc>. Accessed May 10, 2010.

* 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

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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>.