Recreational Water Illness



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Acknowledgments

- Waterborne DiseaseCoordinators
 - States
 - District of Columbia
 - Territories
 - Freely AssociatedStates

- - NCEZID/WDPB
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Outline

- What do national data on outbreaks of recreational water illness tell us?
- How do we respond to the outbreak data?

Problem: Swimming is fun and a great form of physical activity, but it can lead to illness and injury



Solution: Work together to minimize risk of illness and injury

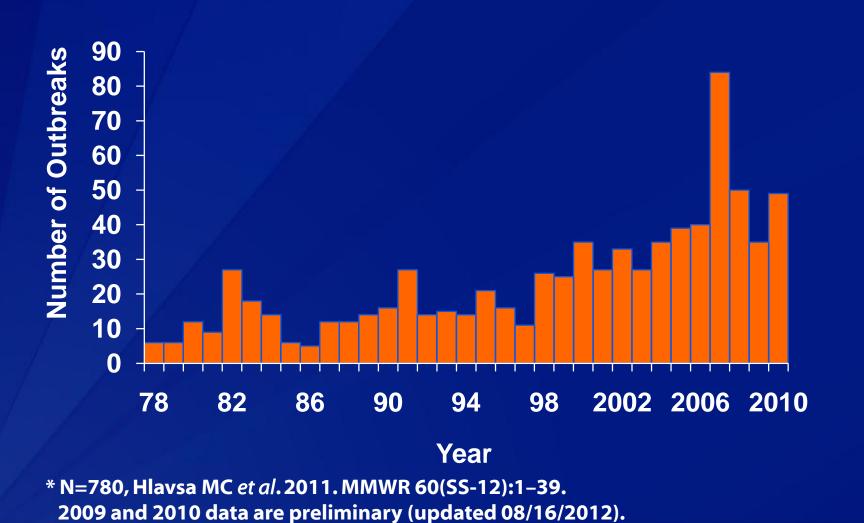
Recreational Water Illness (RWI)

- Caused by
 - Pathogens transmitted by ingesting, inhaling aerosols of, or having contact with contaminated water in pools, spas/hot tubs, interactive fountains, lakes, rivers, or oceans
 - Chemicals in water or chemicals that volatilize from water and cause indoor air quality problems

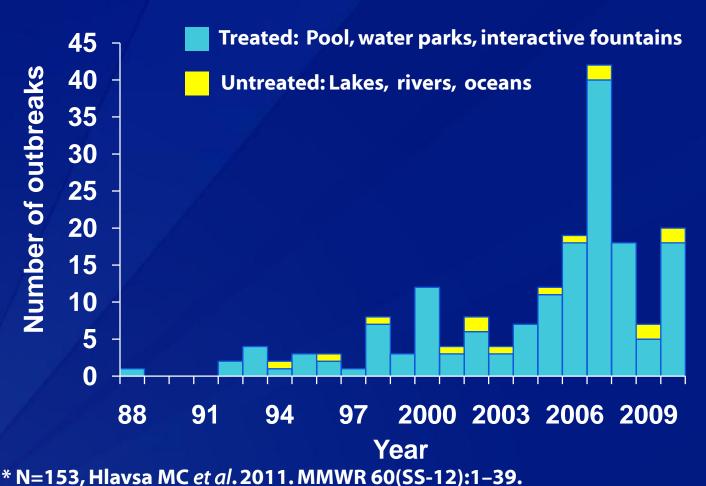
RWI Outbreak

- **≥** ≥ 2 persons linked by time, exposure to recreational water, and characteristics of illness
- Evidence implicates recreational water or volatilization of water-associated compounds into air surrounding water

RWI Outbreaks, by Year United States, 1978–2010*



RWI Outbreaks of Cryptosporidiosis, by Water Treatment and Year United States, 1988–2010*



2009 and 2010 data are preliminary (updated 06/26/2012).

RWI Outbreaks of Gastroenteritis Associated with Treated Recreational Water United States, 1999–2008 (n=164)



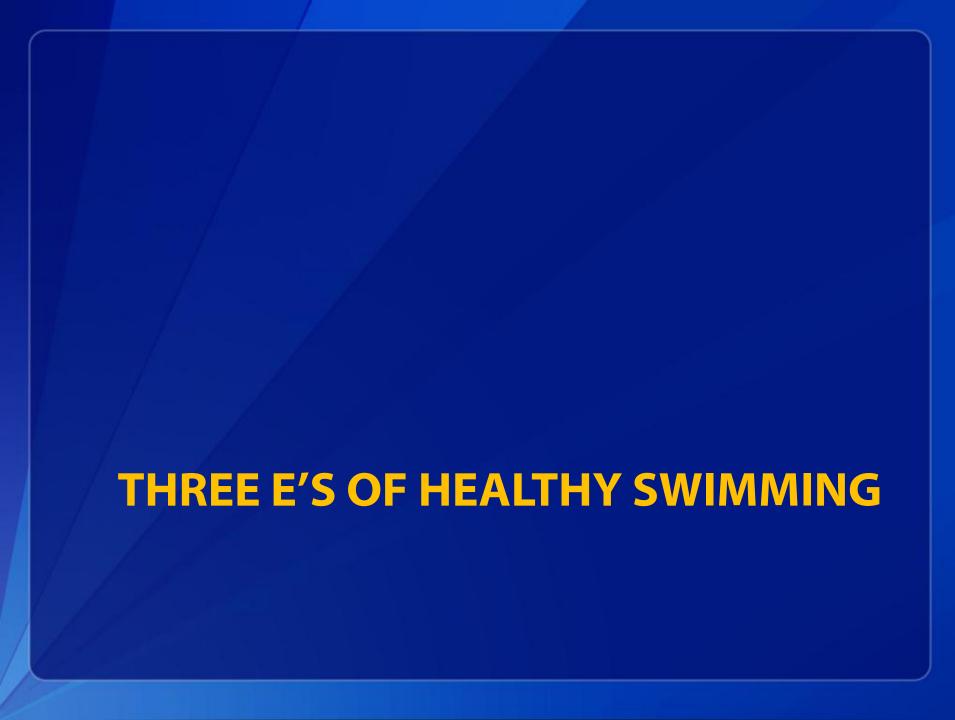
Other includes
Campylobacter, Salmonella,
Plesiomonas, and
multiple pathogens

Cryptosporidium
("Crypto")
74.4%

Chlorine tolerant

Unknown 6.7%

Source: Hlavsa MC et al. 2011. MMWR 60(SS-12):1-39.



EDUCATING the Swimming Public



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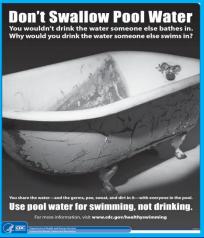
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fact sheets

brochures



videos

Knowledge of Healthy Swimming, by State of Residence — HealthStyles Survey, 2009

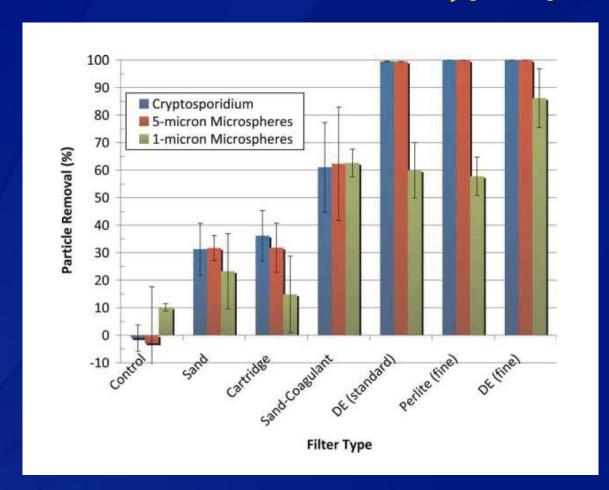
Behavior or concept	Utah % correct (95% Confidence Interval [CI])	Rest of Continental U.S. % correct (95%CI)	Rao-Scott Adjusted Chi- Square P-Value
Not swimming when you have diarrhea	100.0 (100.0–100.0)	78.4 (76.5–80.2)	
Not swallowing water while swimming	96.4 (90.8–100.0)	85.7 (84.4–87.1)	0.0464
Making sure that pools are treated	49.3 (8.8–89.8)	86.0 (84.7–87.4)	0.0096
Chlorine does not kill germs instantly	85.8 (71.3–100.0)	65.9 (63.8–68.1)	0.0483

ENGINEERING 99.9% *Cryptosporidium* **Inactivation*:** Chlorine Dioxide

		5 mg/L CIO ₂	
Experiment	5 mg/L CIO ₂	+	
		2 mg/L free chlorine	
/1	564	422	
2	473	453	
3	666	428	
4	784	654	
Mean <u>+</u> SD	622 <u>+</u> 134	489 <u>+</u> 111	

^{*} PRELIMINARY CDC data; Authors: Jennifer Murphy, Michael Arrowood, and Vince Hill.

ENGINEERING Removal of Cryptosporidium



Source: Amburgey JE et al. J Water HIth 2012;10(1):31-42.

ENFORCEMENT Current U.S. Pool Code Situation



- Lack minimum national standards for design, construction, operation, and maintenance of treated recreational water venues
 - No federal agency regulates all
- Regulate at state or local level
- - Outbreaks or events
 - Ability to keep up with latest scientific data

Impetus for the Model Aquatic Health Code (MAHC)



- CDC—sponsored workshop in 2005
- Problem: Variability in state and local pool codes identified as barrier to prevention of RWIs
- Solution: Develop model code as resource for state and local partners to voluntarily adopt
 - Base on scientific data, best practices
 - Provide free, open access
 - Update regularly, using latest data

MAHC Progress

- 14 MAHC modules
 - 12 (86%) 14 posted to date for 1st 60-day public comment period
- Goals for all 14 modules
 - Post all 14 modules individually for first 60day public comment period by October 2012
 - Re-post complete MAHC for second 60-day public comment period 1st quarter of 2013
 - Post 1st edition of MAHC for 2013 summer swim season

Evaluation of Recreational Water Illness & Injury Prevention Week



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