



Driven by your expertise.

Council for the Model Aquatic Health Code

P.O. Box 3121
Decatur, GA 30031
www.CMAHC.org
info@CMAHC.org

1/22/2016

Dr. Thomas Frieden, Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dr. Frieden:

2015 CMAHC Voting Results

We are pleased to report that the final results of the Council for the Model Aquatic Health Code (CMAHC) member voting on the 159 MAHC Change Requests (CR's) submitted in 2015 have been reviewed by the CMAHC Board of Directors and me. The "CMAHC 2015 Change Request Voting Log and Results" spreadsheet is attached to assist CDC when weighing the 2015 CMAHC vote results for final incorporation into the MAHC 2nd Edition. All CR-associated materials can be found for review on the CMAHC website. We offer the following comments on specific CRs for CDC to consider when reviewing the CRs that passed and while revising the MAHC:

- CR's 64, 71, 72, 109: Each CR consolidated two or more individual code items into one item purportedly to simplify the section. While generally not changing the intent of the code requirements, consolidating multiple separate code requirements into one section compromises the ability to identify issues when analyzing inspection data. The MAHC was developed with future data analysis in mind, and constructed so that individual items could be identified during analysis.
- CR 19: The CR as posted had an error in the voting module in that the CR was modified by the Technical Review Committee (TRC) in consultation with, and agreement by, the submitter. The revised CR language was not included in the voting module so members voted on the older and original language submitted.
- CR 54: It has been learned that the revised language (MAHC 4.9.2.1.4.2) is in conflict with OSHA referenced guidance material.
- CR 81: The CR changed the allowable cyanurate levels based on data relating to *Cryptosporidium* inactivation. These data only pertain to this highly halogen-tolerant pathogen for which routine halogen disinfection is not an effective barrier so is not applicable. Routine operational considerations for cyanurate/stabilizer should be based on inactivation data and public health assessment and impact for chlorine-sensitive pathogens, which was not included in the submission. For your information, an Ad Hoc Technical Committee is being formed in 2016 to collect, review, and assess the cyanurate data and summarize that for the CMAHC membership.
- CR 47: It was listed as a clarification and deemed non-controversial for membership. The TRC recommended the change be approved since the intent was to clarify the code. However, it is now clear that CR 47 significantly changes the language and intent of the MAHC relative to ozone's use for secondary disinfection. Instead of the ozone unit having to achieve 3-log inactivation in the

secondary disinfection system flow, the ozone unit would now have to achieve 3-log inactivation in the main recirculation system flow. To achieve 3-log inactivation in the main recirculation system flow the amount of ozone applied to the side stream will have to be greater than if 3-log inactivation only needs to be achieved in the secondary disinfection system flow. In addition, adoption of this change will create conflicts with three other sections (4.7.3.3.2.1, 4.7.3.3.2.7, 4.7.3.3.4.2).

- A complete database containing all Change Requests, Technical Review Committee reports, member comments, and voting results can be found for your review on the CMAHC website (www.cmahc.org) at https://cmahc.org/2015_change_requests.php

This is the first of many CMAHC reports to CDC that you will receive in the years to come. The CMAHC is now 2.5 years old and it has been a busy time. CDC only released the MAHC 1st Edition in August 2014, and the CMAHC has now created the process for advising the CDC on needed MAHC updates, and held the first of many CMAHC Biennial Conferences (with 200 attendees) to discuss MAHC CRs, and held its' first member vote; the results being transmitted with this letter. We have delivered on the aggressive schedule needed to assist CDC with its plan for a 2-year MAHC revision schedule. We have also started multiple Ad Hoc Technical Committees and established the MAHC Research Agenda. We have learned great lessons from the first Biennial Conference so the second Biennial Conference, scheduled for October 17-18, 2017, will be much improved and more efficient. The CDC-CMAHC partnership, built with your Center staff in NCEZID and NCEH, is strong and supports the CDC and CMAHC vision of transforming the face of aquatics while improving the health and safety of all swimmers in the years to come. We look forward to working with CDC to make the MAHC the best model code it can be so that our national partnership achieves that common vision of "Healthy and Safe Aquatic Experiences for Everyone"

Sincerely,



Douglas C. Sackett,
Executive Director

Attachment: CMAHC 2015 CR Voting Log and Results
Cc: CMAHC Board of Directors