Notices to Readers — Continued

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Notice to Readers

Drive Safely Work Week — September 11–15, 2000

The Network of Employers for Traffic Safety (NETS), a nonprofit organization comprising corporate, state, and federal partners, is sponsoring the fourth annual Drive Safely Work Week during September 11–15, 2000. Unintentional injuries are the leading cause of death in the United States for persons aged 1–44 years and accounted for approximately 97,000 deaths among persons of all ages in 1997 (*1*). In 1998, approximately 41,000 persons died on U.S. highways and another 3.2 million suffered nonfatal injuries (*2*).

Highway fatalities have decreased substantially since 1966 (n=50,984), and the fatality rate per mile of travel has decreased more than threefold (from 5.5 in 1966 to 1.6 in 1998) (*3*). However, minimal changes have occurred in the numbers of fatalities and the fatality rate per mile from 1994 to 1998. Although most injuries and fatalities in 1998 were to vehicle occupants, pedestrians accounted for 5220 of the fatalities and 69,000 of the injuries (*4*). Motor-vehicle crashes also are the leading cause of occupational injury deaths, accounting for approximately 16,000 deaths in workers from 1980 to 1992, or 20% of all fatal workplace injuries over this period (*5*).

The national campaign to prevent motor-vehicle crashes includes a "toolkit" that contains information, posters, and suggested programs that employers or other groups can use to address five major traffic safety issues: safety belt use, aggressive driving, driver inattention, sharing the road with trucks, and impaired driving. The materials are not dated and may be used throughout the year.

Additional information about NETS and purchasing the toolkit (cost: $25) is available on the World-Wide Web, http://www.trafficsafety.org,* or telephone, (202) 452-6005. Additional information about motor-vehicle–related injuries is available from the National Highway Traffic Safety Administration at http://www.nhtsa.dot.gov. Information about occupational transportation injuries is available from CDC's National Institute for Occupational Safety and Health at http://www.cdc.gov/niosh.

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*References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

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Notice to Readers

Availability of Influenza Pandemic Preparedness Planning FluAid, 2.0

Influenza pandemics have occurred three times during the 20th century: 1918, 1957, and 1968. Experts predict that another influenza pandemic is likely, if not inevitable. Prepandemic planning is essential if influenza pandemic-related morbidity, mortality, and social disruption are to be minimized. To help state and local public health officials and policy makers prepare for the next influenza pandemic, CDC has developed FluAid, 2.0, a specialized software that estimates the number of deaths, hospitalizations, and outpatient visits that may occur during the next pandemic. The software also will help planners calculate the potential burden of an influenza pandemic on health-care resources (e.g., number of hospital beds required and doctors available to see outpatients as a percentage of existing capacity).

Starting September 1, 2000, FluAid, 2.0 will be available from the National Vaccine Program Office's World-Wide Web site, http://www.cdc.gov/od/nvpo/pandemics/. The software can be downloaded or can be accessed as an online calculator. A manual is provided explaining the software, required data inputs, and suggestions for data sources. FluAid is in the public domain and available free of charge.

Contributors to the Production of the *MMWR* (Weekly)

Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Samuel L. Groseclose, D.V.M., M.P.H.

State Support Team
Robert Fagan
Jose Aponte
Gerald Jones
David Nitschke
Scott Noldy
Carol A. Worsham

CDC Operations Team
Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Patsy A. Hall
Suzette A. Park
Felicia J. Perry
Pearl Sharp

Informatics

T. Demetri Vacalis, Ph.D.
Michele D. Renshaw Erica R. Shaver

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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MORBIDITY AND MORTALITY
WEEKLY REPORT

Legionnaires' Disease Associated With Potting Soil — California, Oregon, and Washington, May–June 2000

Since Legionnaires' Disease (LD) was first reported in 1976, outbreaks have been associated with airborne transmission of *Legionella* bacteria through cooling towers, showers, and other aerosolizing devices (*1*). However, most LD cases are sporadic, and the source and mode of infection in many cases are unknown. Infections with one species, *Legionella longbeachae*, have been associated with gardening and use of potting soil in Australia and Japan (*2,3*). This report summarizes the findings of LD investigations in California, Oregon, and Washington, that suggest that transmission from potting soil has occurred for the first time in the United States, and that active surveillance and case finding are warranted to explore this association.

On June 13, 2000, CDC was alerted by a county health official in Washington of *L. longbeachae* infection in a 46-year-old woman who had been hospitalized with pneumonia. The patient reported that she had been potting plants during the 10 days before her symptoms began in May. An isolate from the patient's sputum was sent to CDC for species confirmation, and two samples of potting soil and one of compost from the original packages obtained from the patient's residence were sent for analysis. *L. longbeachae* was isolated from one potting soil sample. The compost contained other *Legionella* species but not *longbeachae*.

In May, two *L. longbeachae* isolates had been received at CDC from bronchial wash samples taken from both a 77-year-old Oregon woman and a 45-year-old California man who were both diagnosed with legionellosis. The California patient died and his house was cleaned before an investigation could be undertaken. State and local health officials determined that the Oregon patient had been potting plants using commercial potting soil mixtures and had been working in a home garden during the 10 days before her symptoms began in April. Two potting soil samples taken from her residence were tested for *Legionella* at CDC; one was positive for *L. longbeachae*. Isolates of *L. longbeachae* from the patients and soils will be compared using amplified fragment length polymorphism typing.

Reported by: JS Duchin, MD, J Koehler, DVM, Public Health–Seattle & King County, Seattle; JM Kobayashi, MD, State Epidemiologist, Washington State Dept of Health; RM Rakita, MD, K Olson, MD, NB Hampson, MD, Virginia Mason Medical Center, Seattle. DN Gilbert, MD, JM Jackson, Providence Portland Medical Center, Portland; KR Stefonek, MPH, MA Kohn, MD, State Epidemiologist, Oregon Dept of Human Svcs, Health Div. J Rosenberg, MD, D Vugia, MD, Acting State Epidemiologist, California Dept of Health Svcs. M Marchione-Mastroianni, CDC Foundation, Atlanta, Georgia. Respiratory Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; and EIS officers, CDC.