

dictive value of the rectal swab suggests that patients who are not colonized in the gastrointestinal tract are at low risk for subsequent infection. However, in a population with a low prevalence of *A. baumannii* infection (20/751, 2.7%), rectal swab is useless for detecting patients with *A. baumannii* infection in view of its low positive predictive value. This contrasts with other results that suggested that gastrointestinal tract colonization frequently was present before, or at the time of, infection by *A. baumannii*.⁶ Interestingly, our results suggest that the detection rate of rectal swabs was higher for patients who had a longer stay in the ICU.

To evaluate whether sampling other sites improved the colonization detection rate, we analyzed a subgroup of infected or colonized patients and found no significant differences between rectal, nasal, or groin colonization (60%, 56%, and 52%, respectively). Previous studies evaluating the relation between colonization and infection have reported conflicting results, varying from no positive rectal swabs in patients from whom the epidemic strain already had been isolated¹¹ to a high positivity rate of nasal swabs during a hospital outbreak.⁷ In contrast with our data, a recent report found that clinical infections occurred more frequently in patients with fecal colonization than in those without fecal colonization.¹⁰ However, in that study, performed during two different 2-month periods in 189 consecutive patients in ICUs, the percentage of patients with fecal colonization was much higher (41%) than in our study (8.7%), which was performed during 8 consecutive months in 751 consecutive patients.

We found that a combination of rectal and nasal swabs improved the detection rate in the present study; adding groin culture did not provide any additional information. The previously reported high mortality and morbidity rates associated with infection and colonization by *A. baumannii* in ICU patients⁴ suggest that improvements in preventive measures, including usual isolation procedures or ancillary supportive care, will be needed based on early detection of colonized patients.

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CDC's Immunization Practices Advisory Committee Revises Vaccine Recommendations for HCWs

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The CDC's Immunization Practices Advisory Committee recently issued updated recommendations on immunization of healthcare workers. These new guidelines update previous recommendations, published in

1987 and revised in 1989, and will be consistent with the immunization recommendations from the CDC's Hospital Infection Control Practices Advisory Committee's soon-to-be released "Guideline for Infection Control in Health Care Personnel."

These guidelines contain background information for each vaccine-

preventable disease with specific recommendations for use. A copy of this document can be obtained from the CDC's web site at <http://www.cdc.gov/epo/mmwr>.

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