Meeting Summary

Multidrug-Resistant *Salmonella* Typhimurium Definitive Type 104

Approximately 50 representatives from the Centers for Disease Control and Prevention, U.S. Department of Agriculture, and U.S. Food and Drug Administration attended an interagency workshop to develop a collaborative agenda for the control and prevention of human illness caused by multidrug-resistant *Salmonella* serotype Typhimurium Definitive Type 104 (DT104). Invited speakers from the Minnesota Department of Health, the Schools of Veterinary Medicine at Washington State University and Cornell University, and the ministries of health of the United Kingdom, Canada, and the Netherlands attended the workshop, held in Atlanta, Georgia, in May 1997. Workshop goals were to review the available data on multidrug-resistant *S.* Typhimurium DT104, identify research needs and available resources to address this emerging public health problem, and outline a strategic plan for the control and prevention of human illness caused by this organism.

Multidrug-resistant *S.* Typhimurium DT104 resistant to ampicillin, chloramphenicol, sulfonamides, streptomycin, and tetracycline (R-type ACSSuT) were among the most common *Salmonella* isolates identified in the United States, Canada, the United Kingdom, and several other European countries in 1996. Data presented at the workshop indicate that multidrug-resistant *S*. Typhimurium DT104 recently emerged almost simultaneously in North America and Europe; mechanisms for this widespread distribution are not known. In several European countries, the organism is also frequently becoming resistant to trimethoprim and fluoroquinolones. *S.* Typhimurium DT104 R-type ACSSuT is also causing marked illness in animals, particularly cattle.

Further studies are necessary to elucidate the distribution of *S*. Typhimurium DT104 in the environment and in the human and animal food chains and to examine additional subtyping techniques, including pulsed-field gel electrophoresis, plasmid profiles, and polymerase chain reaction. In addition, laboratory procedures for *S*. Typhimurium DT104 (including phage typing techniques and interpretation) need to be standardized. Participants agreed to form an interagency working group to exchange information and assist in allocating resources to address this emerging public health problem.

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Guidelines for the Prevention of Opportunistic Infections in HIV-Infected Persons

The 1997 U.S. Public Health Service (USPHS)/Infectious Diseases Society of America (IDSA) guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus (HIV) were published in the Morbidity and Mortality Weekly Report June 27, 1997, (Vol. 46, No. RR-12) and will appear in other publications within the next few months. An editorial will be published in the Journal of the American Medical Association. An update of the 1995 version, the guidelines are intended for health-care providers of HIV-infected patients. They cover preventing exposure to opportunistic pathogens, using chemoprophylaxis or vaccination to prevent the first episode of disease, and preventing recurrence for 17 opportunistic infections or groups of opportunistic infections.

The guidelines, formulated by representatives of federal agencies, universities, professional societies, community health-care providers, and patient advocates, have been endorsed by USPHS, IDSA, The American College of Physicians, American Academy of Pediatrics, Infectious Diseases Society of Obstetrics and Gynecology, Society of Healthcare Epidemiologists of America, and National Foundation for Infectious Diseases.

Single copies of the guidelines are available from the Centers for Disease Control and Prevention, National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. Telephone: (800) 458-5231. The document (June 27, 1997, Vol. 46/No. RR-12) is also available on the Internet at http://www.cdc.gov/epo/mmwr/mmwr_rr.html or http://www.cdc.gov/nchstp/hiv_aids/pubs/mmwr.htm.

Erratum Vol. 3, No. 2: In the article "*Rhodococcus equi* and *Arcanobacterium haemolyticum*: Two "coryneform" Bacteria Increasingly Recognized as Agents of Human Infection," by Regina Linder on page 147, the heading should read *Arcanobacterium haemolyticum*; the first line should begin with *Corynebacterium haemolyticum* instead of *A. haemolyticum*. We apologize to our readers for this error.