ticularly in *S agalactiae* infections. In the early postpartum period, fever in the mothers was significantly less likely in the patients offered vaginal disinfection, a reduction from 7% in those douched using saline compared with 3% in those disinfected using chlorhexidine. A lower occurrence of urinary tract infections also was observed: 6% in the saline group as compared with 3% in the chlorhexidine group ($P<.01$).

This prospective controlled trial demonstrated that vaginal douching with 0.2% chlorhexidine during labor can significantly reduce both maternal and early neonatal infectious morbidity. The squeeze bottle procedure was simple, quick, and well-tolerated.

FROM: Stray-Pedersen B, Bergan T, Hafstad A, Normann E, Grogaard J, Vangdal M. Vaginal disinfection with chlorhexidine during childbirth. *Int J Antimicrob Agents* 1999;12:245-251.

Effectiveness of Live, Attenuated Intranasal Influenza Virus Vaccine

A recent study by Nichol and colleagues concluded that, among healthy adults, a live, attenuated influenza vaccine delivered intranasally not only helps prevent serious illness but also saves money.

In a randomized, double-blinded, placebo-controlled trial of 4,561 healthy adults aged 18 to 64, investigators found that recipients of intranasally administered trivalent, live, attenuated influenza virus (LAIV) vaccine were as likely to experience one or more febrile illnesses as placebo recipients during peak outbreak periods (13.2% for vaccine vs 14.6% for placebo). However, vaccination significantly reduced the numbers of severe febrile illnesses (18.8% reduction) and febrile upper respiratory tract illnesses (23.6% reduction). Vaccination also led to fewer days of illness across all illness syndromes (22.9% reduction for febrile illnesses; 27.3% reduction for severe febrile illnesses), fewer days of work lost (17.9% reduction for severe febrile illnesses; 28.4% reduction for febrile upper respiratory tract illnesses), and fewer days with healthcare-provider visits (24.8% reduction for severe febrile illnesses; 40.9% reduction for febrile upper respiratory tract illnesses). Use of prescription antibiotics and over-the-counter medications was also reduced across all illness syndromes. Vaccine recipients were more likely to experience runny nose or sore throat during the first 7 days after vaccination, but serious adverse events between the groups were not significantly different.

The match between the type A(H3N2) vaccine strain and the predominant circulating virus strain (A/Sydney/05/97[H3N2]) for the 1997/98 season was poor, suggesting that LAIV provided substantial cross-protection against this variant influenza A virus strain. The authors concluded that intranasal trivalent LAIV vaccine was safe and effective in healthy, working adults in a year in which a drifted influenza A virus predominated.

FROM: Nichol KL, Mendelman PM, Mallon KP, Jackson LA, Gorse GJ, Belshe RB, et al. Effectiveness of live, attenuated intranasal influenza virus vaccine in healthy, working adults: a randomized controlled trial. *JAMA* 1999;282:137-144.

Gastrointestinal Endoscopic Reprocessing Practices in the United States

Patient infection from contaminated gastrointestinal (GI) endoscopes generally can be attributed to failure to follow appropriate reprocessing guidelines. Recently, the Food and Drug Administration recommended a 45-minute exposure of GI endoscopes to 2.4% glutaraldehyde solutions heated to 25°C. Simultaneously, the American Society for Gastrointestinal Endoscopy (ASGE), the American Gastroenterological Association, and the Society of Gastroenterology Nurses and Associates endorsed a reprocessing guideline that emphasized manual precleaning and recommended a 20-minute exposure to a 2.4% glutaraldehyde solution at room temperature. Since then, little information has become available regarding actual reprocessing practices in the United States.

Cheung and colleagues mailed a questionnaire regarding endoscopic disinfection practices to 730 randomly selected members of the ASGE; 294 (40%) responded. Appropriate manual cleaning (suctioning detergent through the accessory channel and brushing the channel and valves) was reported by 91% of respondents; 70% then used automated reprocessors for disinfection or sterilization. Glutaraldehyde was the most widely used chemical disinfectant; 85% used glutaraldehyde as one of their primary disinfectants. The most commonly used disinfection time with 2.4% glutaraldehyde was 20 minutes (83.9%) followed by 45 minutes (11.4%). Only 24% of users of 2.4% glutaraldehyde heated their solution; 60% of centers tested disinfectant concentration daily or more frequently; 74% sterilized nondisposable forceps before use; 29% of centers reused disposable endoscopic accessories (which are more frequently disinfected rather than sterilized). Twelve respondents reported cases of endoscopic cross-infection.

The authors note that a significant minority of endoscopy centers still do not completely conform to recent ASGE, American Gastroenterological Association, and the Society of Gastroenterology Nurses and Associates guidelines on disinfection, and they may not be appropriately disinfecting GI endoscopes. Rigid adherence to recommended guidelines is strongly encouraged to ensure patient safety.

FROM: Cheung RJ, Ortiz D, DiMarino AJ Jr. GI endoscopic reprocessing practices in the United States. *Gastrointest Endosc* 1999;50:362-368.

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