infection of intestinal epithelium needs also to be explored.

**Implications**

The spectrum of clinical illness associated with natally acquired *C. trachomatis* is presently expanding. There remain important gaps in our knowledge of the pathogenesis, clinical spectrum, and natural history of *C. trachomatis*-associated pneumonia in infants, but the disease appears to occur with significant frequency and is clinically distinctive. Since treatment with sulfisoxazole or erythromycin rapidly and in most cases permanently terminates *C. trachomatis* shedding and is followed by clinical improvement, it is important to be aware of this aspect of natally acquired chlamydial infection. The possible association of *C. trachomatis* infection with middle ear disease and poor weight gain in these infants is also of interest and requires further study.

**REFERENCES**


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**CORRECTION**

Annual Summary of Vital Statistics-1977
Myron E. Wegman
Pediatrics 1979;63;197

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