clinical infections with Acinetobacter seem to be higher in the summer months compared with other seasons.and S. maltophilia in hospitals frequently results in colonization of the skin and respiratory tract of patients.In addition to inanimate objects, species of Acinetobacter have been re- ported to colonize the skin in 0.5% to 3% of the general population and have been identified from a number of human sources, including sputum, urine, feces, and vaginal secretions.These organisms are capable of survival on inanimate objects for extended pe- riods (weeks to months), and this makes them problematic in health care settings, where they frequently colonize the patient environment and health care equipment.The prevalence of these organisms is evidenced by the fact that, excluding the Enterobacteriaceae and Pseudomonas aeruginosa.and S. maltophilia are the third and fourth most common gram-negative bacilli, respectively, encountered in clinical specimens.Stenotrophomonas maltophilia is ubiquitous in nature and is closely related to the genus Pseudomonas.Although none of these organisms are considered normal human microbiota, the relatively high prevalence of Acinetobacter spp.It was first isolated from a human in 1943 and has under- gone several taxonomic updates throughout the years before finally being given its own genus in 1993.and S. maltophilia can contaminate potable or chlorinated water.Acineto- bacter spp.Both Acinetobacter spp.It is likely that the humid conditions are more favor- able for growth.

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