
Fewer than 100,000 soldiers of Napoleon’s Grande Armée of half a million survived the retreat from Moscow in 1812, with the majority succumbing to typhus and the Russian winter. In early 1813, Napoleon set out to accomplish what his first campaign failed. Success, however, continued to evade his hastily reconstituted army of 500,000 men. Infectious diseases and malnutrition plagued the soldiers. By the time Napoleon engaged his enemies at “The Battle of Nations” in October of 1813 at Leipzig, Germany, he had only 170,000 men left to face an army of over 300,000 Austrians, Prussians, Russians and Swedes. Retreating to France in the fall of 1813, the remnant of the Grande Armée carried typhus into central Germany, including to the city of Mainz, where an epidemic broke out at the French garrison and spread rapidly to the townsfolk. The infection carried away all the grave-diggers; thousands of dead bodies of citizens and soldiers lay for weeks in front of the town gate. By the end of the epidemic, over 18,000 French troops and been killed as had one-tenth of the civilian population. Epidemic typhus was a major factor in the defeat of Napoleon’s dreams of an empire.

(Mary & Michael Grizzard, Cover Art Editors)

531 Home Screening for Bacterial Vaginosis to Prevent Sexually Transmitted Diseases

In an open-label, randomized controlled trial conducted to determine whether regular screening and treatment of asymptomatic bacterial vaginosis with oral metronidazole reduced the incidence of gonorrhea and/or chlamydia, no significant difference was found between treatment and observation alone.

537 Antiphospholipid Antibody Syndrome With Valvular Vegetations in Acute Q Fever
Matthieu Million, Franck Thuny, Nathalie Bardin, Emmanouil Angelakis, Sophie Edouard, Simon Bessis, Thomas Guimard, Thierry Weitten, François Martin-Barbaz, Michèle Texereau, Khelifa Ayouz, Camelia Protopopescu, Patrizia Carrié, Gilbert Habib, and Didier Raoult

Acute Q fever endocarditis is a new clinical entity that is correlated to very high immunoglobulin G anticardiolipin antibody levels. Unexpected vegetation and acquired cardiac valve abnormalities should not be neglected in patients with acute Q fever, and need prompt treatment.

545 A Randomized Clinical Trial of Single-Dose Versus Weekly Dalbavancin for Treatment of Acute Bacterial Skin and Skin Structure Infection
Michael W. Dunne, Sailaja Puttagunta, Philip Giordano, Dainis Krievins, Michael Zelasky, and James Baldassare

Dalbavancin when delivered as a single 1500-mg infusion is noninferior to the same total dose given as a 2-dose regimen, removing the logistical constraints related to the second dose while improving compliance and patient convenience.

552 Updated US and European Dose Recommendations for Intravenous Colistin: How Do They Perform?
Roger L. Nation, Samira M. Garonzik, Jian Li, Visanu Thamlikitkul, Evangelos J. Giamarellos-Bourboulis, David L. Paterson, John D. Turnidge, Alan Forrest, and Fernanda P. Silveira

Intravenous colistin doses have recently been updated in the United States and Europe. This analysis demonstrates that the approved doses differ in their ability to achieve clinically relevant plasma colistin concentrations, especially for patients with creatinine clearance <50 mL/min.

559 Editorial Commentary: Colistin and a New Paradigm in Drug Development
Françoise Van Bambeke and Paul M. Tulkens
Clinical and Healthcare Burden of Multiple Recurrences of *Clostridium difficile* Infection
Caroline Shetloyan-Pesant, Claire Nour Abou Chakra, Jacques Pépin, Anaïs Marcil-Héguy, Vincent Nault, and Louis Valiquette

Approximately one third of initial or recurrent *Clostridium difficile* infections (CDIs) resulted in recurrence in this retrospective cohort study. Overall, 34% of patients with a recurrent episode were admitted to the hospital, 28% developed severe CDI, and 4% developed a complication.

Cryptococcal Antigen Screening in Patients Initiating ART in South Africa: A Prospective Cohort Study
Nicky Longley, Joseph Nicholas Jarvis, Graeme Meintjes, Andrew Boulle, Anna Cross, Nicola Kelly, Nelesh P. Govender, Linda-Gail Bekker, Robin Wood, and Thomas S. Harrison

Treating cryptococcal antigen (CrAg)-positive, antiretroviral therapy naive patients with preemptive fluconazole resulted in markedly fewer cases of cryptococcal meningitis compared with unscreened historic cohorts. However, the same CrAg-positive patients experienced excess mortality not directly attributable to cryptococcal disease.

Safety and Durability of RBX2660 (Microbiota Suspension) for Recurrent *Clostridium difficile* Infection: Results of the PUNCH CD Study
Robert Orenstein, Erik Dubberke, Robert Hardi, Arnab Ray, Kathleen Mullane, Darrell S. Pardi, and Mayur S. Ramesh; for the PUNCH CD Investigators

In a study of patients with 2 or more recurrences of *Clostridium difficile* infection (CDI), specifically soliciting adverse events, RBX2660, a commercially prepared microbiota suspension, was well tolerated, with 87% efficacy for preventing recurrent CDI at 60 days.

Developing Outcomes Assessments as Endpoints for Registrational Clinical Trials of Antibacterial Drugs: 2015 Update From the Biomarkers Consortium of the Foundation for the National Institutes of Health
George H. Talbott, John H. Powers, and Steven C. Hoffmann; for the Biomarkers Consortium of the Foundation for the National Institutes of Health

At the Food and Drug Administration’s request, we have been developing updated and new outcome measures for use as endpoints in the indications of community-acquired bacterial pneumonia, acute bacterial skin and skin structure infections, hospital-acquired bacterial pneumonia, and ventilator-associated bacterial pneumonia.

Cryptococcal Antigen Screening in Patients Initiating ART in South Africa: A Prospective Cohort Study
Nicky Longley, Joseph Nicholas Jarvis, Graeme Meintjes, Andrew Boulle, Anna Cross, Nicola Kelly, Nelesh P. Govender, Linda-Gail Bekker, Robin Wood, and Thomas S. Harrison

Treating cryptococcal antigen (CrAg)-positive, antiretroviral therapy naive patients with preemptive fluconazole resulted in markedly fewer cases of cryptococcal meningitis compared with unscreened historic cohorts. However, the same CrAg-positive patients experienced excess mortality not directly attributable to cryptococcal disease.
Clinical Effectiveness of Mupirocin for Preventing *Staphylococcus aureus* Infections in Nonsurgical Settings: A Meta-analysis
Rajeshwari Nair, Eli N. Perencevich, Amy E. Blevins, Michihiko Goto, Richard E. Nelson, and Marin L. Schweizer

A meta-analysis, conducted to evaluate the clinical effectiveness of decolonization in nonsurgical settings, demonstrated reduced risk for *Staphylococcus aureus* infections among nondialysis and dialysis patients treated with mupirocin. Studies were observed to be heterogeneous despite conducting subgroup and stratified analyses.

Prevention of Surgical Site Infections: Decontamination With Mupirocin Based on Preoperative Screening for *Staphylococcus aureus* Carriers or Universal Decontamination?
David J. Hetem, Martin C. J. Bootsma, and Marc J. M. Bonten

Using a mathematical model and available epidemiological data, we explore the dynamics of mupirocin resistance and identify drivers of emerging resistance, when using a universal decolonization strategy for perioperative *Staphylococcus aureus* decontamination.

Editorial Commentary: Considering Universal Mupirocin Decolonization as an Option for Preventing Surgical Site Infections
David P. Calfee

Increased Prevalence of Controlled Viremia and Decreased Rates of HIV Drug Resistance Among HIV-Positive People Who Use Illicit Drugs During a Community-wide Treatment-as-Prevention Initiative
M.-J. Milloy, Evan Wood, Thomas Kerr, Bob Hogg, Silvia Guillemi, P. Richard Harrigan, and Julio Montaner

We describe improvements in exposure to antiretroviral therapy and virologic status, including decreased rates of human immunodeficiency virus drug resistance, among 819 illicit drug users in a Canadian setting during a community-wide treatment-as-prevention campaign.

Continuous Retention and Viral Suppression Provide Further Insights Into the HIV Care Continuum Compared to the Cross-sectional HIV Care Cascade
Jonathan Colasanti, Jane Kelly, Eugene Pennisi, Yi-Juan Hu, Christin Root, Denise Hughes, Carlos del Rio, and Wendy S. Armstrong

A report of 36-month retention and viral suppression in an human immunodeficiency virus-infected cohort. The data suggest differences in continuous retention and viral suppression compared to traditional cross-sectional care continua and expose racial disparities not apparent during the initial 12 months.

Transmission of HIV Drug Resistance and the Predicted Effect on Current First-line Regimens in Europe

Transmitted human immunodeficiency virus drug resistance in Europe is stable at around 8%. The impact of baseline mutation patterns on susceptibility to antiretroviral drugs should be addressed using clinical guidelines. The impact on baseline susceptibility is largest for nonnucleoside reverse transcriptase inhibitors.

MALDI-TOF Utility in a Region With Low Antibacterial Resistance Rates
Brian A. Buss, Lucas T. Schulz, Kurt D. Reed, and Barry C. Fox

HIV Postexposure Prophylaxis Starter Packs Were Not Designed to Help or Hinder Adherence
Rudy Zimmer

Reply to Zimmer
Nathan Ford and Zara Shubber

CD4 Cell Counts at Antiretroviral Therapy Initiation in Botswana Have Been Increasing
Harriet Okatch, Scarlett L. Bellamy, Xiaoyan Han, Bakgaki Ratshaa, Andrew P. Steenhoff, Mosepele Mosepele, Gregory P. Bisson, and Robert Gross

Reply to Okatch et al
Mark J. Siedner, Ingrid V. Bassett, Ingrid T. Katz, Courtney K. Ng, David R. Bangsberg, and Alexander C. Tsai

Oral Fosfomycin and Prostatitis
Benjamin Davido and Aurélien Dinh

Reply to Davido and Dinh
M. Lindsay Grayson, Nenad Macesic, and Janine Trevillyan
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