In This Issue

**Discontinuation of primary Mycobacterium avium complex (MAC) prophylaxis during HAART** (Brooks et al., pp. 549–53). From 1996 through 2002, nearly 1000 patients receiving HAART became eligible to discontinue primary MAC prophylaxis after immune reconstitution, according to published guidelines. The proportion of those patients who discontinued prophylaxis increased from 17% to 85% during the 7-year time period. The risk of MAC infection after discontinuation of prophylaxis was not substantially increased among patients who maintained a CD4 cell count >100 cells/µL. Cessation of primary MAC prophylaxis after immune reconstitution decreases the cost of care, the risk of adverse drug reaction, and the risk of antimicrobial resistance and may improve compliance with antiretroviral therapy.

**Pediatric pneumococcal serotypes in elderly adults** (Feikin et al., pp. 481–7). Nearly 3000 adult pneumococcal isolates collected before introduction of the 7-valent pneumococcal conjugate vaccine were analyzed to determine serotype. The risk of infection with pediatric serotypes was significantly higher among people aged ≥65 years than among those aged 35–49 years. Among people aged ≥85 years, more than one-half of all cases of invasive pneumococcal disease were caused by the 5 pediatric serotypes. Vaccination of elderly persons against pediatric pneumococcal serotypes may be needed.

**In vivo development of fluoroquinolone resistance by Streptococcus pneumoniae** (Pérez-Trallero et al., pp. 560–4). Pneumococcal isolates of the same serotype and genotype recovered from 8 patients with chronic obstructive pulmonary disease (COPD) were analyzed. The initial isolates were susceptible to levofloxacin, but subsequent isolates had developed high-level fluoroquinolone resistance. In 6 cases, drug resistance developed after receipt of fluoroquinolone treatment by patients whose original isolates showed no resistance-causing genetic mutations.

**Infective dermatitis and human T cell lymphotropic virus type 1 (HTLV-1)–associated myelopathy/tropical spastic paraparesis (HAM/TSP)** (Primo et al., pp. 535–41). Twenty patients with infective dermatitis associated with HTLV-1 infection and their HTLV-1–seropositive mothers and siblings were evaluated for HAM/TSP. Nine cases of HAM/TSP were observed (6 in patients with dermatitis, 2 in mothers, and 1 in a sibling). More than 1 case of HAM/TSP was observed in 3 families, suggesting a genetic background. Screening for HAM/TSP is necessary for all children and adolescents with myelopathy, as well as for family members.

**International Collaborative Study data on Staphylococcus aureus native valve infective endocarditis** (Miro et al., pp. 507–14). In an international registry of patients with native valve endocarditis, 34% of patients had infection due to *S. aureus*, and 26% had infection due to other pathogens. Patients with *S. aureus* infection were younger and were more likely to die during hospitalization, to have comorbid conditions, or to engage in injection drug use, and they were less likely to undergo valvular surgery, compared with patients who were infected with other pathogens. American patients were older, had a higher frequency of comorbid conditions, and had a lower rate of injection drug use than European patients. *S. aureus* is an increasingly important cause of native valve infective endocarditis.