In the last quarter of the 19th century, London witnessed a remarkable decline of the epidemics for which the city was so infamous in the first half of that century. While typhoid and cholera would still evade elimination, no longer were they the public health dangers they once posed. Two significant advances played major roles in this transformation: the adoption of gas-powered buses and the linking of indoor toilets to public sewer systems.

By the late 1800s, 11,000 hansom cabs and several thousand horse-drawn buses generated over 500 tons of manure daily, providing an enormous breeding ground for flies capable of spreading typhoid. Petrol-based buses and delivery vehicles vanquished the threat of disease from the "street mud" overnight.

Water closets introduced in the mid-1800s were originally connected to the backyard cesspools, a practice that led to overflow due to the large volume of flushing water. Connecting the WC to a public sewer system led to the elimination of enteric epidemics in neighborhoods that could afford such improvements.

Despite these breakthroughs, pockets of disease remained, as evidenced by the warning depicted on the cover: an admonition to the patrons of a London pub frequented by German-speakers, that typhoid still lurked in the water supply.


ARTICLES AND COMMENTARIES

868 Synergy, Salary, and Satisfaction: Benefits of Training in Critical Care Medicine and Infectious Diseases Gleaned From a National Pilot Survey of Dually Trained Physicians
Sameer S. Kadri, Chanu Rhee, Gabriela Magda, Jeffrey R. Strich, Rongman Cai, Junfeng Sun, Brooke K. Decker, and Naomi P. O'Grady

A survey of physicians trained in critical care medicine (CCM) and infectious diseases (ID) suggested this combination is synergistic and satisfying. However, most respondents had to train in individual specialties at separate institutions. Avenues for CCM-ID training should be considered.

876 Editorial Commentary: Infectious Diseases/Critical Care Medicine: Time to Embrace a New Subspecialty of Infectious Disease
Wendy S. Armstrong

878 Transmission of Balamuthia mandrillaris by Organ Transplantation
Eileen C. Farnon, Kenneth E. Kokko, Philip J. Budge, Chukwuma Mbaeyi, Emily C. Lutterloh, Yvonne Qvarnstrom, Alexandre J. da Silva, Wun-Ju Shieh, Sharon L. Roy, Christopher D. Paddock, Rama Sriram, Sherif R. Zak, Govinda S. Visvesvara, and Matthew J. Kuehnert; for the Balamuthia Transplant Investigation Teams

We describe the first recognized clusters of transplant-transmitted Balamuthia mandrillaris. We describe the detection of this rare cause of encephalitis in each cluster, the clinical management and public health response, and recommendations to detect and defer potential donors with encephalitis.

889 Spread of Carbapenem-Resistant Enterobacteriaceae Among Illinois Healthcare Facilities: The Role of Patient Sharing
Michael J. Ray, Michael Y. Lin, Robert A. Weinstein, and William E. Trick

We used social network analysis to demonstrate that Illinois healthcare facilities with the greatest network centrality were more likely to report higher carbapenem-resistant Enterobacteriaceae rates and should be considered as sites for augmented infection control interventions.

894 Editorial Commentary: Network Models, Patient Transfers, and Infection Control
Philip M. Polgreen and Alberto M. Segre
A Clinical Decision Tree to Predict Whether a Bacteremic Patient Is Infected With an Extended-Spectrum β-Lactamase–Producing Organism
Katherine E. Goodman, Justin Lessler, Sara E. Cosgrove, Anthony D. Harris, Ebbing Lautenbach, Jennifer H. Han, Aaron M. Milstone, Celini J. Massey, and Pranita D. Tamma; for the Antibacterial Resistance Leadership Group

We developed a decision tree to predict the likelihood that a patient with bacteremia is infected with an extended-spectrum β-lactamase–producing organism. Evaluating 1288 bacteremic patients, our decision tree’s positive and negative predictive values were 90.8% and 91.9%, respectively.

Impact of Reported Beta-Lactam Allergy on Inpatient Outcomes: A Multicenter Prospective Cohort Study
Derek R. MacFadden, Anthony LaDelfa, Jessica Leen, Wayne L. Gold, Nick Daneman, Elizabeth Weber, Ibrahim Al-Busaidi, Dan Petrescu, Ilana Saltzman, Megan Devlin, Nisha Andany, and Jerome A. Leis

Patients who did not receive preferred beta-lactam therapy due to reported beta-lactam allergy had an increased number of adverse events compared with patients without reported history of beta-lactam allergy.

Editorial Commentary: Fortune Favors the Bold: Give a Beta-Lactam!
Kimberly G. Blumenthal and Erica S. Shenoy

Borrelial Lymphocytoma in Adult Patients
Vera Maraspin, Mirijam Nahtigal Klevišar, Eva Ružič-Sabljić, Lara Lusa, and Franc Strel

Borrelial lymphocytoma in adults is rare, predominantly located on the breast, often associated with erythema migrans, and usually caused by Borrelia afzelii. Fourteen-day antibiotic treatment, as used for erythema migrans, is effective.

Evaluation of the C6 Lyme Enzyme Immunoassay for the Diagnosis of Lyme Disease in Children and Adolescents

In children and adolescents undergoing evaluation for Lyme disease, the C6 enzyme immunoassay had similar sensitivity but lower specificity than standard 2-tiered testing. This assay could be used to guide initial management decisions, but supplemental immunoblot should still be performed.

Fábia Pereira Martins-Celini, Aparecida Yulie Yamamoto, Débora Manzione Passos, Suely Dornellas do Nascimento, Ednileia Vaciollo Lima, Célia Mara Di Giovanni, Ellen Regina Severla Quadrado, Roberta Barta, Davi Casale Aragon, Silvia Israel do Prado, Maria Fernanda Branco de Almeida, and Marisa Márcia Mussi-Flinhata

Preterm infants born to mothers with high cytomegalovirus (CMV) seroprevalence are as frequently infected as those born to mothers with lower seroprevalence. CMV infection contributes to an uneven clinical course, severe stages of retinopathy of prematurity (ROP), and even death.
INVITED ARTICLES

960 ANTIMICROBIAL RESISTANCE
Clinical Management of an Increasing Threat: Outpatient Urinary Tract Infections Due to Multidrug-Resistant Uropathogens
Emily Walker, Alessandra Lyman, Kalpana Gupta, Monica V. Mahoney, Graham M. Snyder, and Elizabeth B. Hirsch
The appropriate management of outpatient urinary tract infections is increasingly hampered by the issue of multidrug resistance. This review provides a framework for assessing the risk for resistance and for choosing an agent that is likely to be active based on existing data.

HIV/AIDS

966 Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013–2014
John Weiser, Linda Beer, Brady T. West, Christopher C. Duke, Garrett W. Gremel, and Jacek Skarbinski
Projected growth of the HIV care provider workforce by 2019 will not accommodate the increase in HIV-infected persons requiring care. Ryan White Program–funded facilities may face provider attrition. Dissatisfaction with salary/reimbursement is substantial, and black and Hispanic providers are underrepresented.

Nicole Crepaz, Tian Tang, Gary Marks, Michael J. Mugavero, Lorena Espinoza, and H. Irene Hall
Using national human immunodeficiency virus (HIV) surveillance data from 17 jurisdictions, 38% of HIV-diagnosed persons in care did not sustain viral suppression in 2012–2013, spending 60% and 30% of observation time with viral load above 200 and 10 000 copies/mL.

984 Inflammatory Biomarkers and Mortality Risk Among HIV-Suppressed Men: A Multisite Prospective Cohort Study
Serum concentrations of multiple inflammatory biomarkers strongly predict long-term mortality risk in human immunodeficiency virus–infected men receiving antiretroviral therapy with confirmed viral suppression. Results indicate several underlying inflammatory factors, 2 of which independently predict mortality risk.

CORRESPONDENCE

993 Gender Differences in Statin Prescription Rate Among Patients Living With HIV and Hepatitis C Virus
Sadeer G. Al-Kindi, David A. Zidar, Grace A. McComsey, and Chris T. Longenecker

994 Treatment of Hepatitis C Virus in HIV-Coinfected Individuals in Real-world Clinical Settings: Results From 2 Large HIV Care Clinics
Sarah E. Rowan, Maya Rogers, Joshua Bayer, Lisa Smith, Edward M. Gardner, Steven Johnson, and Jacob Langness

995 Do We Need More Than 6 Weeks of Antimicrobial Treatment for Vertebral Osteomyelitis?
Louis Bernard, Adrien Lemaigre, Idir Ghoit, Frédérique Bouchand, Marie-Charlotte Hallouin-Bernard, and Aurélien Dinh

BOOK REVIEWS

997 Adventures of a Female Medical Detective: In Pursuit of Smallpox and AIDS
Anne J. Blaschke

ELECTRONIC ARTICLES

e147 Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis

The electronic article listed above is freely available in this issue of Clinical Infectious Diseases online (http://cid.oxfordjournals.org/content/current).