fAUC may be useful. However, data are lacking on the marginal usefulness of the fAUC for predicting outcomes beyond that of the biomarkers that can already be captured during standard treatment monitoring, including MIC measurements, in patients with tuberculosis. Ultimately, the *Mycobacterium tuberculosis* genome sequence may be found to adequately predict both MICs below the breakpoint and outcomes of treatment for tuberculosis and may provide a rapid and simple predictive tool.[3,4]

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Persistence of Zika Virus in Body Fluids — Final Report

TO THE EDITOR: Paz-Bailey and colleagues (Sept. 27 issue)[1] describe the dynamics of Zika virus (ZIKV) in body fluids in a cohort of participants who lived in an area where the virus was endemic and in whom ZIKV infection was detected on reverse-transcriptase–polymerase-chain-reaction assay. We are concerned about the external validity of these results. First, the participants were enrolled in at least three hospital emergency departments. Participants with arboviral infections who seek medical attention in an emergency department may have a more severe manifestation of the disease[2] that may indicate a higher ZIKV RNA load in body fluids and a longer time until clearance than those who do not present to an emergency department.

Second, Puerto Rico continues to be an area where transmission of ZIKV and dengue virus occurs and where there is a high risk of ZIKV rechallenge through mosquito bites or sexual contact. The response to such a rechallenge in humans is unknown and should be considered to be a potential cause of persistence of detectable ZIKV RNA. In addition, previous dengue virus infection increases ZIKV replication or the viral load through antibody-dependent enhancement mechanisms.[3] Although the contribution of sexual transmission of ZIKV to the total number of cases of transmission is small,[4] the dynamics of ZIKV may differ in vectorborne and sexually transmitted infections.[5] All the aspects mentioned above limit the applicability of the results of this study to endemic areas where the rate of previous exposure to flaviviruses is similar to the rate in this study.

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No potential conflict of interest relevant to this letter was reported.

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THE AUTHORS REPLY: In reply to Sánchez-Montalvá and colleagues: in contrast to dengue, which has a well-defined spectrum of severe disease, most

cases of noncongenital ZIKV disease are mild, except for rare complications such as Guillain–Barré syndrome.[1] In the participants in our study, the signs and symptoms were consistent with uncomplicated ZIKV disease. Furthermore, with respect to the duration of detectable ZIKV RNA, we saw no difference between the 35% of participants who were enrolled at outpatient clinics and those who were enrolled at emergency departments (P=0.22). We agree that it is not known whether humans can be reinfected with ZIKV; however, studies in mice have shown protection from reinfection, including an absence of detectable viremia.[2] In vitro evidence of antibody-dependent enhancement can occur in flaviviruses in the absence of in vivo evidence.[3] A study from Colombia showed no evidence of in vivo enhancement of ZIKV in patients with previous dengue virus infection.[4] Moreover, findings in men from the continental United States, where dengue virus rarely circulates, were similar to those of our study.[5] Finally, sexual transmission contributes to a small percentage of ZIKV infections and would not affect our findings.

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Acne Vulgaris

TO THE EDITOR: Zaenglein (Oct. 4 issue)[1] notes that "in the United States, minocycline is the most commonly used antibiotic for acne, followed closely by doxycycline." However, there is no evidence that minocycline is superior to other antibiotics, including doxycycline, in the treatment of acne.[2] Minocycline is associated with a broader range of adverse events and a higher incidence of serious adverse events than doxycycline, and it may induce the potentially life-threatening drug reaction with eosinophilia and systemic symptoms syndrome.[2-4] Because of its increased risk and the lack of evidence of greater benefit, minocycline should not be prescribed before doxycycline for acne treatment. In fact, the French Acne Guidelines Working Group does not recommend minocycline for acne treatment.[5]

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No potential conflict of interest relevant to this letter was reported.

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THE AUTHOR REPLIES: In the United States, the use of antibiotics for the treatment of acne is influenced by many factors, including regional prescribing differences and insurance coverage.[1] In the past, a shortage of doxycycline hyclate and subsequent cost increases influenced by competitive and noncompetitive market forces affected the prescribing of tetracyclines.[2] Overall, as I noted in my article, minocycline in all its forms continues to be prescribed more often than doxycycline in the United States.[2] My comment on trends in antibiotic usage for acne treatment in the United