ABSTRACT

INTRODUCTION

Dalbavancin was approved in the United States (2014) and Europe (2014) for the treatment of skin and skin structure infections (SSSI) caused by susceptible strains of Staphylococcus aureus (S. aureus), including methicillin-resistant S. aureus (MRSA), and Streptococcus pyogenes, Streptococcus agalactiae and Streptococcus anginosus group. The current investigation was performed to identify the susceptibility of S. aureus, S. agalactiae and S. anginosus group to dalbavancin, vancomycin, daptomycin and linezolid.

RESULTS

The proportion of MDR phenotype observed in the MRSA population was elevated (i.e. 42.4%), while relative rates of MDR (≥8 mg/L) were less frequent in other regions. The proportion of MDR phenotype collected from hospitalized patients in Europe and adjacent areas. Dalbavancin was approved (2014) (DISCOVER 1 and DISCOVER 2) comparing dalbavancin safety and efficacy to a control regimen of vancomycin/linezolid. Results showed that dalbavancin was non-inferior to comparators, and 79.7% (525/659) and 79.8% (521/653) of patients achieved clinical cure after 10 and 14 days.

REFERENCES


