**Introduction**

Streptococcal isolates are important human pathogens that cause a variety of clinical manifestations. Oritavancin is a novel drug intended for the treatment of acute bacterial skin and skin structure infections (ABSSSI). In this study, we evaluated the in vitro potency of oritavancin against a current collection of 

**Methods**

**Bacterial strains**

A total of 2,689 erythromycin-S (MIC ≤ 0.06 mg/L) and 1,759 erythromycin-R (MIC ≥ 0.12 mg/L) isolates were included. Oritavancin was compared to linezolid (MIC50/90, 0.5-1/1 mg/L) and tigecycline (0.03-0.12 mg/L) for susceptible isolates. Erythromycin-R, tigecycline-R and linezolid-R were defined as erythromycin-R (MIC ≥ 0.12 mg/L), tigecycline-R (MIC ≥ 0.06 mg/L), and linezolid-R (MIC ≥ 0.5 mg/L), respectively.

**Antimicrobial susceptibility test methods**

Isolates were tested using CLSI methodology. The Kirby-Bauer disc diffusion method was used for the evaluation of the MIC endpoints. The CLSI breakpoints were used for determining susceptibility.

**Results**

**MIC values**

Oritavancin (MIC50, 0.03 mg/L) was found to be more active than the comparators against susceptible isolates of *S. pyogenes*, *S. agalactiae*, and *S. dysgalactiae*. However, it was less active against *S. pyogenes* isolates, with a MIC of 0.12 mg/L. Linezolid (MIC50, 0.5 mg/L) was less active than oritavancin against these isolates.

**Conclusion**

Oritavancin demonstrated superior in vitro activity against susceptible and drug-resistant subsets of *S. pyogenes*, *S. agalactiae*, and *S. dysgalactiae*, suggesting its potential as an alternative to linezolid and tigecycline in the treatment of infections caused by these organisms.

**References**

2. EUCAST. Breakpoint tables for interpretation of MICs and zone diameters. Version 5.0, European Committee on Antimicrobial Susceptibility Testing (EUCAST), 2012.