# Potency of Dalbavancin Tested Against 37,258 Gram-positive Cutaneous Pathogens from USA Medical Centers (2006-2009)

# **E-1323**

## AMENDED ABSTRACT

Background: Dalbavancin (DALB) is a highly potent investigational lipoglycopeptide undergoing Phase 3 clinical development for acute bacterial skin and skin structure infections (ABSSSI). An in vitro evaluation of contemporary (2006-2009) activity was completed against USA Gram-positive pathogens, including species that predominate in ABSSSI, using validated reference broth microdilution methods (CLSI; M07-A8, 2009).

Methods: A total of 9,064-10,006 strains/year (2006-2009) were tested by a broth microdilution test validated against the CLSI susceptibility (S) method, which includes addition of 0.002% polysorbate-80 to minimize DALB binding to panel plastic surfaces. Organisms from 75 hospitals (all 9 USA Census Regions) in 37 states and DC were sampled in five organism groups: S. aureus (SA; 22,425 strains, 55% MRSA), coagulase-negative staphylococci (CoNS; 4,637 strains, 73% MR), βhemolytic streptococci (BHS; 2,623 strains), viridans group streptococci (VGS; 1,112 strains) and enterococci (ENT; 6,461 strains).

<u>Results</u>: Among 22,425 SA, the DALB MIC<sub>50/90</sub> was 0.06/0.12  $\mu$ g/ml and was the same for the MRSA subset (Table). DALB CoNS activity was comparable to SA (MIC<sub>90</sub>, 0.12  $\mu$ g/ml), and was even more potent against BHS (MIC<sub>90</sub>,  $\leq$ 0.03 µg/ml) and VGS (MIC<sub>90</sub>, 0.06 µg/ml). All MIC values for *S. pyogenes* were  $\leq 0.12 \mu g/ml$ . Among these isolates, only a single CoNS strain had DALB MIC >0.5 µg/ml. Among ENT, activity of DALB vs. *E. faecalis* was similar to staphylococci; however, as expected, VanA isolates (more frequent in *E. faecium*) were considerably less susceptible. Based on MIC<sub>50</sub> DALB was  $\geq$ 16-fold more active than vancomycin and linezolid against all groups of Gram-positive pathogens.

#### **Abstract Table**

Pathogen group		MIC (µg/ml)							
(no. tested)	≤0.03	0.06	0.12	0.25	0.5	1	≥2	50%	90%
SA (22,425)	3,917	16,085	2,323	119	1	-	-	0.06	0.12
MSSA (10,070)	1,811	7,137	1,072	50	-	-	-	0.06	0.12
MRSA (12,355)	2,106	8,928	1,251	69	1	-	-	0.06	0.12
CoNS (4,637)	1,843	2,077	590	113	11	1	-	0.06	0.12
BHS (2,623)	2,419	153	42	9	-	-	-	≤0.03	≤0.03
VGS (1,112)	982	112	17	1	-	-	-	≤0.03	0.06
ENT (6,461)	1,529	2,438	600	106	69	81	1,638	0.06	>4

<u>Conclusions</u>: DALB MIC<sub>90</sub> values against SA, the MRSA subset and S. pyogenes were ≤0.12 µg/ml. DALB demonstrates consistently broad and potent in vitro activity against a current (2006-2009) collection of Grampositive organisms from the USA including the organisms most prevalent in ABSSSI.

Dalbavancin (also known as BI397, MDL 63,399, A-A1, VER001) is an investigational semisynthetic lipoglycopeptide with an elimination half-life allowing once weekly dosing with initial reports of high clinical success and safety in Phase 2 and 3 trials. The spectrum of dalbavancin most closely resembles that of teicoplanin, however it has greater potency against some organism groups. The compound is derived from a natural glycopeptide (A-40,926) produced by a 3,3-dimethylaminopropyl amide substitution on the peptide carboxyl group. Such modifications of existing structures of Gram-positive-active antimicrobial agents have been necessary to address emerging resistances to glycopeptides, as well as fostering the development of novel structures such as the oxazolidinones, streptogramin combinations and other classes

In vitro international resistance surveillance programs for dalbavancin were initiated as early as 2002. The 2006-2009 results for the United States (USA) are presented here. A total of 37,258 Gram-positive cocci were tested, using validated reference methods of the Clinical and Laboratory Standards Institute (CLSI). Results from other regions (Europe, Asia-Pacific, Latin America) and a worldwide collection of staphylococci numbering more than 100,000 organisms have been presented elsewhere (ECCMID, 2011).

## MATERIALS AND METHODS

Bacterial species tested: All 37,258 Gram-positive pathogens were isolated in USA medical centers over the following years: 2006 (9,352 strains), 2007 (10,006 strains), 2008 (9,064 strains), and 2009 (8,826 strains). A total of 37 states and the District of Columbia were sampled. encompassing all 9 USA Census Regions. At least 31.5% of the strains came from bacteremias with the other common sites of infection being skin and skin structure, and the lower respiratory tract (pneumonia). The distribution of organisms was: S. aureus (22,425 strains; 55.1% methicillin-resistant [MRSA]), coagulase-negative staphylococci (CoNS; 4,637 strains, 86.2% methicillin-resistant), β-hemolytic streptococci (2,623 strains; 36.4% S. pyogenes and 49.0% S. agalactiae), viridans group streptococci (1,112 strains), and enterococci (6,461 strains).

<u>Susceptibility testing</u>: The MIC results were generated by the reference CLSI method (M07-A8, 2009) with concurrent quality control (QC) guided by CLSI document M100-S21 (2011). All QC results were within range for dalbavancin (Anderegg et al., 2003) and multiple comparison agents.

The method used was a dry-form product (SensiTitre panels; TREK Diagnostic, Cleveland, Ohio, USA) validated by Jones et al., (2004) as being comparable to the CLSI M07-A8 method. The accuracy was very high having the same results in 76.2% of MIC comparisons and 98.6% ± one doubling dilution step using a collection of 429 organisms. Reproducibility was also assessed ( $\pm$  one doubling dilution) at 100.0%. Reference dalbavancin MIC values in this cited study were tested with a 0.002% polysorbate-80 surfactant supplement to minimize drug binding to panel plastics.

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### INTRODUCTION

	R	ESI	JLT	S					Table 2. Compare against USA clin				d dalbavan	cin tested
This comprehens		ofime	rtoot	Grom					Organism	Antimicrobial	MIC	(µg/ml)	% susc	eptible: <sup>a</sup>
<ul> <li>This comprehensiv (37,258 strains) fro</li> </ul>	•	-		-	•	•	•		(no. tested)	agent	50%	90%	CLSI	EUCAST
						0			S. aureus (22,425)	Dalbavancin	0.06	0.12 (0.5) <sup>b</sup>	_c	-
dalbavancin and se		mparate	ors by	refere	ence n	nethoo	is (2006-			Daptomycin	0.25	0.5	99.9 <sup>d</sup>	99.9
2009; see Tables 1	and 2)									Teicoplanin	≤2	≤2	100	99.7
<b>T</b> 1 1 4 11 4 1										Vancomycin	1	1	>99.9 <sup>d</sup>	>99.9
Table 1 illustrates t	•			•	•					Oxacillin Erythromycin	>2 >2	>2 >2	44.9 34.1	44.9 34.3
(MIC <sub>50/90,</sub> 0.06/0.12	2 µg/ml) ar	nd CoNS	S (MIC	C <sub>50/90,</sub> 0	0.06/0	.12 µg	/ml),			Clindamycin	≤0.25	>2	76.9	76.5
regardless of meth	nicillin susc	eptibilit	y patt	erns. A	All S. á	aureus	were			Levofloxacin	<u> </u>	>4	55.5	55.5
inhibited by ≤0.5 µg	g/ml of dal	bavanc	in with	h a clea	ar mo	dal MI	C at 0.06			Tetracycline	≤2	≤2	95	94.3
µg/ml. Only one sti	rain of S. a	aureus l	had a	MIC at	t 0.5 µ	ug/ml.				TMP/SMX <sup>e</sup>	≤0.5	≤0.5	98.2	98.2
					•	0				Linezolid	1	2	>99.9 <sup>d</sup>	>99.9
Dalbavancin was for	our-fold m	ore acti	ve tha	an dapt	tomyc	cin, 16-	-fold more		CoNS (4,637)	Dalbavancin	0.06	0.12(1) <sup>b</sup>	_c	-
potent than vancor	mycin and	linezoli	d whe	en teste	ed aga	ainst S	S. aureus			Daptomycin	0.25	0.5	99.7 <sup>f</sup>	99.7
, isolates (22,425 sti	•				•					Teicoplanin	2	4	97.6	90.6
centers.				_)						Vancomycin	1	2	>99.9 <sup>f</sup>	99.6
										Oxacillin	>2	>2	26.8	26.8
Dalbavancin was v	verv active	anaine	t R-ha	molytic			<u>()                                    </u>	3		Erythromycin	>2	>2	31.5	31.8
µg/ml) and viridans	-	-								Clindamycin	≤0.25 ⊿	>2	64.5 43.5	63.3
		,								Levofloxacin	4 <2	>4 >8	43.5 86.5	43.5 85
USA streptococcal	ISUIALES W		Delica	at ≥0.⊿	zo µg	/1111 (18	adies 1			Tetracycline TMP/SMX <sup>e</sup>	≤2 ≤0.5	>o >2	62.2	62.2
and 2).										Linezolid	_0.0 1	1	98.6 <sup>f</sup>	98.6
Among optorooog	i roduood	aucoor	stibility	, to do	lhovo	noin w	00		β-hemolytic	Dalbavancin	≤0.03	≤0.03 (0.25) <sup>b</sup>	_c	-
Among enterococc	•	•						_	streptococci (2,623)	Daptomycin	0.12	0.25	100	100
encountered amon	0		•					•		Teicoplanin	≤2	≤2	-	>99.9
in particular the Va	-		•		-		• •	У		Vancomycin	0.5	0.5	100	100
among <i>E. faecalis</i>	(Table 1).	The MI	$C_{90}$ of	dalbay	vancir	n for <i>E</i>	. faecalis			Penicillin	0.03	0.06	100	100
was 0.12 µg/ml.										Enythromyoin	≤0.25	>2	69	60
										Erythromycin				69
<del> </del>										Clindamycin	≤0.25	>2	85.7	86.2
	n agents t	ested b	etwee	en 2006	6 and	2009	exhibited			Clindamycin Levofloxacin	≤0.25 ≤0.5	>2 1	85.7 98.7 <sup>9</sup>	86.2 95.7
Various compariso	•									Clindamycin Levofloxacin Tetracycline	≤0.25 ≤0.5 >8	>2 1 >8	85.7 98.7 <sup>9</sup> 45.9	86.2 95.7 45.9
Various compariso evolving resistance	e patterns	(Table 2	2, see	footno	otes d	, f, g, ł	n and i),			Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup>	≤0.25 ≤0.5	>2 1	85.7 98.7 <sup>9</sup> 45.9 -	86.2 95.7 45.9 98.2
Various compariso evolving resistance	e patterns	(Table 2	2, see	footno	otes d	, f, g, ł	n and i),		Viridans gr.	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid	≤0.25 ≤0.5 >8 ≤0.5 1	>2 1 >8 ≤0.5 1	85.7 98.7 <sup>9</sup> 45.9	86.2 95.7 45.9
Various compariso evolving resistance including daptomy	e patterns cin, levoflo	(Table 2 xacin, l	2, see linezol	footno lid and	otes d vanc	, f, g, h omycir	n and i), n.		Viridans gr. streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin	≤0.25 ≤0.5 >8	>2 1 >8	85.7 98.7 <sup>9</sup> 45.9 - 100	86.2 95.7 45.9 98.2
Various compariso evolving resistance including daptomyc able 1. Dalbavancir	e patterns cin, levoflo n MIC dist	(Table 2 xacin, l ribution	2, see linezol s for 3	footno lid and 37,258	otes d vanc Gram	, f, g, ł omycir n-posit	n and i), n. ive		•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup>	85.7 98.7 <sup>9</sup> 45.9 - 100 _ <sup>c</sup>	86.2 95.7 45.9 98.2
Various compariso evolving resistance ncluding daptomyc	e patterns cin, levoflo n MIC dist	(Table 2 xacin, l ribution	2, see linezol s for 3	footno lid and 37,258	otes d vanc Gram	, f, g, ł omycir n-posit	n and i), n. ive		•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5	85.7 98.7 <sup>9</sup> 45.9 - 100 _ <sup>c</sup>	86.2 95.7 45.9 98.2 100 - -
Various compariso evolving resistance including daptomyc <b>ble 1</b> . Dalbavancir athogens isolated fi	e patterns cin, levoflo n MIC dist rom patier	(Table 2 xacin, l ribution	2, see linezol s for 3 SA ho	footno lid and 37,258 spitals	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2	n and i), n. ive	ml)	•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7	86.2 95.7 45.9 98.2 100 - - 99.6
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fr ganism/resistance	e patterns cin, levoflo n MIC dist rom patier Dalbava	(Table 2 exacin, I ribution ets in US	2, see linezol s for 3 SA ho C (µg/ml	footno lid and 37,258 spitals	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2	n and i), n. ive 2009. MIC (µg/i	ml) 0%	•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5 0.06 1	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 1 2	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup>	e patterns cin, levoflo n MIC dist rom patier Dalbava	(Table 2 exacin, 1 ribution ats in US	2, see linezol s for 3 SA ho C (µg/ml	footno lid and 37,258 spitals ) distribu	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. MIC (µg/i		•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2	86.2 95.7 45.9 98.2 100 - - 99.6 100
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> aureus	e patterns cin, levoflo n MIC dist rom patier 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12	2, see linezol s for 3 SA ho C (µg/ml 0.25	footno lid and 37,258 spitals ) distribu 0.5	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/i 50% 9</u>	0%	•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin	<ul> <li>≤0.25</li> <li>≤0.5</li> <li>&gt;8</li> <li>≤0.5</li> <li>1</li> <li>≤0.03</li> <li>0.25</li> <li>≤2</li> <li>0.5</li> <li>0.06</li> <li>1</li> <li>≤0.25</li> <li>1</li> </ul>	>2 1 >8 $\leq 0.5$ 1 0.06 (0.25) <sup>b</sup> 0.5 $\leq 2$ 1 1 1 >2 0.5 2	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425)	e patterns cin, levoflo n MIC dist rom patier 	(Table 2 exacin, l ribution ats in US ancin MIC 06 0.12	2, see linezol s for 3 SA ho C (µg/ml 0.25 0.5	footno lid and 37,258 spitals ) distribu	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/i 50% 9</u> 0.06 0	.12	•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5 0.06 1	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 1 2	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) VSSA (10,070)	e patterns cin, levoflo n MIC distr rom patier Dalbava ≤0.03 0.0 17.5 71 18.0 70	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7	2, see linezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup>	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0	0%	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1	>2 1 >8 $\leq 0.5$ 1 $0.06 (0.25)^{b}$ 0.5 $\leq 2$ 1 1 1 >2 0.5 2 >8 1	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355)	e patterns cin, levoflo n MIC dist rom patier 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7	2, see linezol s for 3 SA ho C (µg/ml 0.25 0.5	footno lid and 37,258 spitals ) distribu 0.5	otes d vanc Gram from	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0	.12	•	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin	<ul> <li>≤0.25</li> <li>≤0.5</li> <li>&gt;8</li> <li>≤0.5</li> <li>1</li> <li>≤0.03</li> <li>0.25</li> <li>≤2</li> <li>0.5</li> <li>0.06</li> <li>1</li> <li>≤0.25</li> <li>1</li> </ul>	>2 1 >8 $\leq 0.5$ 1 0.06 (0.25) <sup>b</sup> 0.5 $\leq 2$ 1 1 1 >2 0.5 2	85.7 98.7 <sup>9</sup> 45.9 - 100 - <sup>c</sup> 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 -
Various compariso evolving resistance including daptomyo able 1. Dalbavancir athogens isolated find rganism/resistance ubgroup (no. tested) <sup>a</sup> . aureus All (22,425) MSSA (10,070) MRSA (12,355) oNS	e patterns cin, levoflo n MIC distr rom patier Dalbava ≤0.03 0.0 17.5 71 18.0 70 17.1 72	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1.	2, see linezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - -	otes d vanc Gram from utions (9 1 - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0	0% .12 .12 .12	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1	>2 1 >8 $\leq 0.5$ 1 $0.06 (0.25)^{b}$ 0.5 $\leq 2$ 1 1 1 >2 0.5 2 >8 1	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 _c	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MS All (4,637)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1. .8 12.7	2, see linezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - 0.2	otes d vanc Gram from utions (% 1 - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1	$     \begin{array}{r} >2 \\     1 \\     >8 \\     \leq 0.5 \\     1 \\     0.06 (0.25)^{b} \\     0.5 \\     \leq 2 \\     1 \\     1 \\     >2 \\     0.5 \\     2 \\     >8 \\     1 \\     >4 (>4)^{b} \\     2 \\     \end{array} $	85.7 98.7 <sup>9</sup> 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 _c 99.9 <sup>i</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - - - - - - - - - - - - - - - -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated find ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MSSA (12,355) MSSA (12,355) MSSA (12,242)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1. .8 12.7 .3 10.1	2, see inezol s for 3 SA ho C (µg/ml 0.25 0.5 0.5 0.6 2.4 1.0	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12 .12	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX° Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1	$\begin{array}{c} >2 \\ 1 \\ >8 \\ \leq 0.5 \\ 1 \\ 0.06 \ (0.25)^{b} \\ 0.5 \\ \leq 2 \\ 1 \\ 1 \\ 2 \\ 0.5 \\ 2 \\ >8 \\ 1 \\ >4 \ (>4)^{b} \\ 2 \\ >16 \end{array}$	85.7 98.7 <sup>9</sup> 45.9 - 100 - <sup>c</sup> 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 - <sup>c</sup> 99.9 <sup>i</sup> 71.6	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - - 71.2
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) VSSA (10,070) VRSA (12,355) NS All (4,637) VS (1,242) VR (3,395)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1. .8 12.7 .3 10.1	2, see linezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - 0.2	otes d vanc Gram from utions (% 1 - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX° Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Ampicillin Q/Dd	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 2 $\leq 2$ 1 $\leq 2$ 2 $\leq 2$ 1 $\leq 2$ 2 $\leq 1$ 2 $\leq 2$ 2 $\leq 2$ 2 = 2 2 = 2 2	$\begin{array}{c} >2 \\ 1 \\ >8 \\ \leq 0.5 \\ 1 \\ 0.06 \ (0.25)^{b} \\ 0.5 \\ \leq 2 \\ 1 \\ 1 \\ 2 \\ 0.5 \\ 2 \\ 0.5 \\ 2 \\ >8 \\ 1 \\ >4 \ (>4)^{b} \\ 2 \\ >16 \\ >16 \end{array}$	85.7 98.79 45.9 - 100 $_c$ $99.7^h$ - $99.9^h$ 73.7 45.1 89.2 $91.4^h$ 61.2 100 $_c$ $99.9^i$ 71.6 70.1 67 32.6	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - 71.2 70.1
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MS All (4,637) MS (1,242) MR (3,395) nemolytic streptococci	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ats in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1. .8 12.7 .3 10.1 .1 13.7	2, see inezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4 1.0 3.0	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12 .12 .12 .12	streptococci (1,112)	Clindamycin Levofloxacin Tetracycline TMP/SMX° Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin	$\leq 0.25$ $\leq 0.5$ >8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1 $\leq 2$ 1	$\begin{array}{c} >2 \\ 1 \\ >8 \\ \leq 0.5 \\ 1 \\ 0.06 \ (0.25)^{b} \\ 0.5 \\ \leq 2 \\ 1 \\ 1 \\ >2 \\ 0.5 \\ 2 \\ >8 \\ 1 \\ >4 \ (>4)^{b} \\ 2 \\ >16 \\ >16 \\ >16 \\ >16 \end{array}$	85.7 $98.7^9$ 45.9 - 100 $_c$ $99.7^h$ - $99.9^h$ 73.7 45.1 89.2 $91.4^h$ 61.2 100 $_c$ $99.9^i$ 71.6 70.1 67 32.6 45.3	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - 71.2 70.1 66.6 37.6 -
Various compariso evolving resistance ncluding daptomyc ble 1. Dalbavancir thogens isolated fi ganism/resistance ogroup (no. tested) <sup>a</sup> aureus All (22,425) ASSA (10,070) ARSA (12,355) NS All (4,637) AS (1,242) AR (3,395) emolytic streptococci All (2,623)	e patterns cin, levoflo n MIC dist rom patien albava $\leq 0.03  0.0$ 17.5  71.0 17.5  71.0 17.1  72.0 39.8  44.0 47.3  41.0 37.0  46.0 92.2  5.3	(Table 2 exacin, 1 ribution ancin MIC ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .8 1.6	2, see inezol s for 3 SA ho C (µg/ml 0.25 0.5 0.5 0.6 2.4 1.0	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461)	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 2$ 1 $\leq 2$ 2 2 2 2 4 1 2 2 2 2 2 4 1 2 2 2 2 2 2 2 3 4 1 2 2 2 2 2 2 3 4 1 2 2 2 2 2 2 2 2	$\begin{array}{c} >2 \\ 1 \\ >8 \\ \leq 0.5 \\ 1 \\ 0.06 \ (0.25)^{b} \\ 0.5 \\ \leq 2 \\ 1 \\ 1 \\ >2 \\ 0.5 \\ 2 \\ >8 \\ 1 \\ >4 \ (>4)^{b} \\ 2 \\ >8 \\ 1 \\ >4 \ (>4)^{b} \\ 2 \\ >16 \\ >16 \\ >16 \\ >16 \\ >2 \\ >4 \\ 2 \\ \end{array}$	85.7 98.79 45.9 - 100 $_c$ $99.7^h$ - $99.9^h$ 73.7 45.1 89.2 $91.4^h$ 61.2 100 $_c$ $99.9^i$ 71.6 70.1 67 32.6	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - 90.5 - - - 71.2 70.1 66.6 37.6
arious compariso /olving resistance cluding daptomyc le 1. Dalbavancir nogens isolated fi nism/resistance roup (no. tested) <sup>a</sup> <i>Ireus</i> (22,425) SSA (10,070) RSA (12,355) SSA (12,355) S (4,637) S (1,242) R (3,395) molytic streptococci (2,623) <i>pyogenes</i> (956)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .8 1.6 .8 0.1	2, see inezol s for 3 SA ho 0.25 0.5 0.5 0.6 2.4 1.0 3.0 0.3 -	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. MIC ( $\mu g/n$ 50% 9 0.06 0 0.06	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461) a. Susceptibility criteria	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 > 2 > 4 1 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1	>2 1 38 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 1 2 0.5 2 8 1 2 8 1 2 8 1 2 >8 1 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 2 >8 1 2 >8 2 3 8 1 2 >8 2 3 8 1 2 >8 2 3 8 1 2 2 3 8 1 1 2 2 3 8 1 2 2 3 8 1 2 2 3 8 1 1 2 2 3 8 1 1 2 3 8 1 2 3 8 1 2 3 8 1 1 2 3 8 1 2 3 8 1 1 2 3 8 1 1 2 3 8 1 2 3 8 1 2 3 2 3 8 1 2 3 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 2 3 16 3 2 3 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 8 12 3 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 3 5	85.7 $98.7^9$ 45.9 - 100 $_c$ $99.7^h$ - $99.9^h$ 73.7 45.1 89.2 $91.4^h$ 61.2 100 $_c$ $99.9^i$ 71.6 70.1 67 32.6 45.3	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - 71.2 70.1 66.6 37.6 -
/arious compariso evolving resistance including daptomyc ble 1. Dalbavancir thogens isolated fi anism/resistance group (no. tested) <sup>a</sup> aureus II (22,425) ISSA (10,070) IRSA (12,355) ISSA (10,070) IRSA (12,355) ISS II (4,637) IS (1,242) IR (3,395) emolytic streptococci II (2,623) : pyogenes (956) : agalactiae (1,284)	e patterns cin, levoflo n MIC dist rom patien and bava≤0.03 0.017.5 7118.0 7017.1 7239.8 4447.3 4137.0 4692.2 5.398.1 1.386.6 9.3	(Table 2 exacin, 1 ribution ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .8 1.6 .8 0.1	2, see inezol s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4 1.0 3.0	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. <u>MIC (µg/r</u> 50% 9 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0 0.06 0	0% .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461) a. Susceptibility criteria b. Highest dalbavancir	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 > 2 > 4 1 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 > 2 > 2 > 4 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1	>2 1 38 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 1 2 0.5 2 8 1 2 8 1 2 8 1 2 >8 1 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 5 2 >8 1 2 >8 1 2 >8 2 3 8 1 2 >8 2 3 8 1 2 >8 2 3 8 1 2 2 3 8 1 1 2 2 3 8 1 2 2 3 8 1 2 2 3 8 1 1 2 2 3 8 1 1 2 3 8 1 2 3 8 1 2 3 8 1 1 2 3 8 1 2 3 8 1 1 2 3 8 1 1 2 3 8 1 2 3 8 1 2 3 2 3 8 1 2 3 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 1 2 3 5 2 3 8 2 3 16 3 2 3 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 8 12 3 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 2 3 5 3 5	85.7 $98.7^9$ 45.9 - 100 $_c$ $99.7^h$ - $99.9^h$ 73.7 45.1 89.2 $91.4^h$ 61.2 100 $_c$ $99.9^i$ 71.6 70.1 67 32.6 45.3	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - 71.2 70.1 66.6 37.6 -
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MS All (4,637) MS (1,242) MR (3,395) nemolytic streptococci All (2,623) S. <i>pyogenes</i> (956) S. <i>agalactiae</i> (1,284) idans group streptococci	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .8 1.6 .8 0.1 .7 3.0	2, see inezol s for 3 SA ho 0.25 0.5 0.5 0.6 2.4 1.0 3.0 0.3 - 0.7	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. MIC ( $\mu g/n$ 50% 9 0.06 0 0.06	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461) a. Susceptibility criteria b. Highest dalbavancin c = no published crit d. S. aureus had 25 str	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 $\leq 2$ 34 1 $\leq 2$ >4 1 $\leq 3$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ >4 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 1$ $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 2$ $\Rightarrow 4$ 1 $\Rightarrow 3$ $\Rightarrow 4$ 1 $\Rightarrow 3$ $\Rightarrow 4$ 1 $\Rightarrow 4$ 1 $\Rightarrow 4$ 1 1 1 2 3 3 1 2 3 3 3 3 3 3 3 3	>2 1 >8 $\leq 0.5$ 1 $0.06 (0.25)^{b}$ $0.5 \leq 2$ 1 1 1 >2 0.5 2 >8 1 >2 >8 1 >4 (>4)^{b} 2 >16 >16 >16 >16 >16 >2 >4 2 >4 2 2 CAST. e for S. aureus).	$\begin{array}{c} 85.7\\ 98.7^9\\ 45.9\\ -\\ 100\\ -^c\\ 99.7^h\\ -\\ 99.9^h\\ 73.7\\ 45.1\\ 89.2\\ 91.4^h\\ 61.2\\ 100\\ -^c\\ 99.9^i\\ 71.6\\ 70.1\\ 67\\ 32.6\\ 45.3\\ 99.1^i\\ \end{array}$	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - - 71.2 70.1 66.6 37.6 - 99.3
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MS All (4,637) MS (1,242) MR (3,395) nemolytic streptococci All (2,623) S. <i>pyogenes</i> (956) S. <i>agalactiae</i> (1,284) idans group streptococci All (1,112)	e patterns cin, levoflo n MIC dist rom patien and bava≤0.03 0.017.5 7118.0 7017.1 7239.8 4447.3 4137.0 4692.2 5.398.1 1.386.6 9.3	(Table 2 exacin, 1 ribution ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .8 1.6 .8 0.1 .7 3.0	2, see inezol s for 3 SA ho 0.25 0.5 0.5 0.6 2.4 1.0 3.0 0.3 -	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - - - 0.2 0.2	otes d vanc Gram from utions (% 1 - - - - - - - - - - - - - - - - - -	, f, g, ł omycir n-posit 2006-2 %)	n and i), n. ive 2009. MIC ( $\mu g/n$ 50% 9 0.06 0 0.06	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461) a. Susceptibility criteria b. Highest dalbavancin c = no published crit d. <i>S. aureus</i> had 25 str 4 strains with vanco	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 > 2 > 4 1 > 1 > 2 > 4 1 > 2 > 4 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1	>2 1 >8 ≤0.5 1 $0.06 (0.25)^{b}$ 0.5 ≤2 1 1 >2 0.5 2 >8 1 >4 (>4)^{b} 2 >16 >16 >16 >16 >16 >16 >2 >4 2 XST. e for <i>S. aureus</i> ). µg/ml; 7 strains with	85.7 98.79 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 _c 99.9 <sup>i</sup> 71.6 70.1 67 32.6 45.3 99.1 <sup>i</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - 90.5 - - 71.2 70.1 66.6 37.6 - 99.3
Various compariso evolving resistance including daptomyo able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> aureus All (22,425) MSSA (10,070) MRSA (12,355) MS All (4,637) MS (1,242) MR (3,395) nemolytic streptococci All (2,623) S. pyogenes (956) S. agalactiae (1,284) idans group streptococci All (1,112) aterococcus spp.	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ancin MIC ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .8 1.6 .8 0.1 .7 3.0 .1 1.5	2, see inezo s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4 1.0 3.0 0.3 - 0.7 <0.1	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - 0.2 0.2 0.3 - - - - - - - - - - -	otes d         Gram         from         utions (%         1         -	, f, g, h omycir 1-posit 2006-2 %) ≥2 - - - - - - - - - - - - - - - - - -	n and i), n. ive 2009. MIC ( $\mu g/n$ 50% 9 0.06 0 0.06	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	streptococci (1,112) Enterococci (6,461) a. Susceptibility criteria b. Highest dalbavancin c = no published crit d. S. aureus had 25 str	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid	$\leq 0.25$ $\leq 0.5$ > 8 $\leq 0.5$ 1 $\leq 0.03$ 0.25 $\leq 2$ 0.5 0.06 1 $\leq 0.25$ 1 $\leq 0.25$ 1 $\leq 2$ 1 $\leq 2$ 1 0.06 1 $\leq 2$ 1 > 2 > 4 1 > 1 > 2 > 4 1 > 2 > 4 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1 = 1 > 2 > 2 > 4 1 = 1 = 1	>2 1 >8 ≤0.5 1 $0.06 (0.25)^{b}$ 0.5 ≤2 1 1 >2 0.5 2 >8 1 >4 (>4)^{b} 2 >16 >16 >16 >16 >16 >16 >2 >4 2 XST. e for <i>S. aureus</i> ). µg/ml; 7 strains with	85.7 98.79 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 _c 99.9 <sup>i</sup> 71.6 70.1 67 32.6 45.3 99.1 <sup>i</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - 90.5 - - 71.2 70.1 66.6 37.6 - 99.3
Various compariso evolving resistance including daptomyd able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355) MSSA (10,070) MRSA (12,355) MS (1,242) MR (3,395) hemolytic streptococci All (2,623) S. <i>pyogenes</i> (956) S. <i>agalactiae</i> (1,284) ridans group streptococco All (1,112) <i>nterococcus</i> spp. All (6,461)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ancin MIC ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .3 3.0 .1 1.5 .7 9.3	2, see inezo s for 3 SA ho 0.25 0.5 0.6 2.4 1.0 3.0 0.3 - 0.7 <0.1 1.6	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - 0.2 0.2 0.3 - - - - - - - - - - - - - - - - - - -	tes d         Gram         from         utions (%         1         -         1.3	, f, g, h omycir 1-posit 2006-2 %) ≥2 - - - - - - - - - - - - - - - - - -	n and i), n. ive 2009. $\frac{MIC (\mu g/m)}{50\% 9}$ $\frac{0.06 0}{0.06 0}$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	<ul> <li>streptococci (1,112)</li> <li>Enterococci (6,461)</li> <li>a. Susceptibility criteria</li> <li>b. Highest dalbavancin</li> <li>c = no published crit</li> <li>d. S. aureus had 25 str 4 strains with vanco</li> <li>e. TMP/SMX = trimeth quinupristin/dalfopris</li> <li>f. CoNS had 12 strains</li> </ul>	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid published in 2011 b MIC in parentheses eria.	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5 0.06 1 ≤0.25 1 ≤2 2 >4 1 >2 >4 1 2 or $412$ or $4$ $102$ or $4$ $10$	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 >2 0.5 2 >8 1 >4 (>4) <sup>b</sup> 2 >8 1 >4 (>4) <sup>b</sup> 2 >16 >16 >16 >16 >16 >2 >4 2 >4 2 CAST. e for <i>S. aureus</i> ). µg/ml; 7 strains with entration of a 1:19 rat	85.7 98.79 45.9 - 100 _c 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 _c 99.9 <sup>i</sup> 71.6 70.1 67 32.6 45.3 99.1 <sup>i</sup>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - - - 90.5 - - - 71.2 70.1 66.6 37.6 - 99.3
Various compariso evolving resistance including daptomyc able 1. Dalbavancir athogens isolated fi ganism/resistance bgroup (no. tested) <sup>a</sup> <i>aureus</i> All (22,425) MSSA (10,070) MRSA (12,355)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution ancin MIC ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .3 10.1 .1 13.7 .3 3.0 .1 1.5 .7 9.3	2, see inezo s for 3 SA ho C (μg/ml 0.25 0.5 0.5 0.6 2.4 1.0 3.0 0.3 - 0.7 <0.1	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - - 0.2 0.2 0.3 - - - - - - - - - - -	tes d         Gram         from         utions (%         1         -	, f, g, h omycir 1-posit 2006-2 %) ≥2 - - - - - - - - - - - - - - - - - -	n and i), n. ive 2009. $\frac{MIC (\mu g/m)}{50\% 9}$ $\frac{0.06 0}{0.06 0}$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$ $0.06 0$	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	<ul> <li>streptococci (1,112)</li> <li>Enterococci (6,461)</li> <li>a. Susceptibility criteria</li> <li>b. Highest dalbavancir</li> <li>c = no published crit</li> <li>d. S. aureus had 25 str 4 strains with vanco</li> <li>e. TMP/SMX = trimeth quinupristin/dalfopris</li> <li>f. CoNS had 12 strains 18 strains with vanco</li> </ul>	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid published in 2011 b MIC in parentheses eria. ains with daptomycin MICs at 4 µg/r	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5 0.06 1 ≤0.25 1 ≤2 1 ≤2 1 0.06 1 ≤2 2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 ≤3 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 >4 1 2 2 >4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 4 1 2 3 4 1 4 1 3 4 1 4 1 3 4 1 3 4 1 3 4 1 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 3 4 1 4 1 3 4 1 3 4 1 3 4 1 4 1 3 4 1 3 4 1 4 1 3 1 3 1 3 1 3 1 1 3 1 3 1 3 1 3 3 1 3 1 3 1 3 1 3 1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 1 3 1 3 1 3 1 3 1 3 3 1 3 1 3 1 3 3 1	>2 1 >8 $\leq 0.5$ 1 0.06 (0.25) <sup>b</sup> 0.5 $\leq 2$ 1 1 1 >2 0.5 2 >8 1 >2 >8 1 >4 (>4) <sup>b</sup> 2 >16 >16 >16 >16 >16 >16 >2 >4 2 SAST. e for <i>S. aureus</i> ). µg/ml; 7 strains with line ml; 67 strains with line	85.7 98.7 <sup>9</sup> 45.9 - 100 - <sup>c</sup> 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 - <sup>c</sup> 99.9 <sup>i</sup> 71.6 70.1 67 32.6 45.3 99.1 <sup>i</sup> Inezolid MICs at ≥	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - 90.5 - - 71.2 70.1 66.6 37.6 - 99.3 ±≥8 μg/ml; and
Various compariso evolving resistance ncluding daptomyo ble 1. Dalbavancir thogens isolated fi ganism/resistance ogroup (no. tested) <sup>a</sup> aureus All (22,425) ASSA (10,070) ARSA (12,355) NS All (4,637) AS (1,242) AR (3,395) emolytic streptococci All (2,623) 5. <i>pyogenes</i> (956) 5. <i>agalactiae</i> (1,284) dans group streptococco All (1,112) terococcus spp. All (6,461)	e patterns cin, levoflo n MIC dist rom patien 	(Table 2 exacin, 1 ribution its in US ancin MIC 06 0.12 .6 10.4 .9 10.7 .3 10.1 .1 10.1 .1 13.7 .3 10.1 .1 13.7 .3 10.1 .1 1.5 .7 9.3 .4 7.2	2, see inezo s for 3 SA ho 0.25 0.5 0.6 2.4 1.0 3.0 0.3 - 0.7 <0.1 1.6	footno lid and 37,258 spitals ) distribu 0.5 <0.1 <sup>b</sup> - - - 0.2 0.2 0.3 - - - - - - - - - - - - - - - - - - -	tes d         Gram         from         utions (%         1         -         1.3	, f, g, h omycir 1-posit 2006-2 %) ≥2 - - - - - - - - - - - - - - - - - -	n and i), n. ive 2009. MIC ( $\mu g/n$ 50% 9 0.06 0 0.06	0% .12 .12 .12 .12 .12 .12 .12 .12 .12 .12	<ul> <li>streptococci (1,112)</li> <li>Enterococci (6,461)</li> <li>a. Susceptibility criteria</li> <li>b. Highest dalbavancin</li> <li>c = no published critt</li> <li>d. S. aureus had 25 str 4 strains with vanco</li> <li>e. TMP/SMX = trimeth quinupristin/dalfopris</li> <li>f. CoNS had 12 strains 18 strains with vanco</li> <li>g. β-hemolytic streptod</li> </ul>	Clindamycin Levofloxacin Tetracycline TMP/SMX <sup>e</sup> Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Penicillin Erythromycin Clindamycin Levofloxacin Tetracycline Linezolid Dalbavancin Daptomycin Teicoplanin Vancomycin Teicoplanin Vancomycin Ampicillin Q/D <sup>d</sup> Levofloxacin Linezolid n published in 2011 b MIC in parentheses eria.	≤0.25 ≤0.5 >8 ≤0.5 1 ≤0.03 0.25 ≤2 0.5 0.06 1 ≤0.25 1 ≤2 1 0.06 1 ≤2 1 0.06 1 ≤2 1 0.06 1 ≤2 1 0.06 1 ≤2 1 0.06 1 ≤2 1 ≤2 1 0.06 1 ≤2 2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 ≤2 >2 >4 1 >2 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 >2 >4 1 2 or 4 $µg/8µg/ml.with levofloxacin$	>2 1 >8 ≤0.5 1 0.06 (0.25) <sup>b</sup> 0.5 ≤2 1 1 >2 0.5 2 >8 1 >4 (>4) <sup>b</sup> 2 >16 >16 >16 >16 >16 >16 >16 >2 >4 2 XST. e for S. aureus). µg/ml; 7 strains with intration of a 1:19 rat ml; 67 strains with lin MICs at ≥4 µg/ml (o	85.7 98.7 <sup>9</sup> 45.9 - 100 - <sup>c</sup> 99.7 <sup>h</sup> - 99.9 <sup>h</sup> 73.7 45.1 89.2 91.4 <sup>h</sup> 61.2 100 - <sup>c</sup> 99.9 <sup>i</sup> 71.6 70.1 67 32.6 45.3 99.1 <sup>i</sup> linezolid MICs at ≥ nly 5 were <i>S. py</i>	86.2 95.7 45.9 98.2 100 - - 99.6 100 81.2 - 90.5 - 90.5 - - 71.2 70.1 66.6 37.6 - 99.3 $^{-}$
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### CONCLUSIONS

m-positive pathogen collection (2006-2009) of 37,258 s showed remarkable susceptibility of Gram-positive skin s to dalbavancin with MIC<sub>90</sub> results of 0.12  $\mu$ g/ml for S. aureus  $\mu$ g/ml for  $\beta$ -hemolytic streptococci. MIC<sub>90</sub>s for other occal species, CoNS, and *E. faecalis* ranged from ≤0.03 to I. Only the *E. faecium* isolates, which included a large of vancomycin-non-susceptible (mainly VanA) strains, had susceptibility to dalbavancin ( $\underline{MIC}_{90}$  >4 µg/ml).

taphylococci, dalbavancin MIC values above 0.25 µg/ml were % for *S. aureus* and 0.3% for CoNS). No dalbavancin MIC ove 0.25 µg/ml were observed for streptococci.

cin MIC values for USA Gram-positive organisms have l stable in surveillance programs over the last seven years 09) of monitoring (see references and Tables 1 and 2). As in continues in Phase 3 clinical trials for severe cutaneous resistance surveillance should be extended to monitor activity.

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