
Introduction

- Bacterial bloodstream infections complicate the course of immunocompromised patients, significantly contributing to morbidity and mortality.
- Rising antimicrobial resistance rates may impact the efficacy of hospital empiric regimens and/or targeted therapies targeting patients undergoing hemato-oncological, oncological, or transplant treatments.
- Appropriate and resistant management in patients with suspected or confirmed BSI.
- We reviewed the in vivo activity of oritavancin and comparators against Gram-positive isolates causing BSI from patients in hematology/oncology and transplant units (HTU) in 9 US medical centers.

Results

- Oritavancin (96.7% inhibited at ≤0.12 mg/L) and linezolid (100.0%/99.1%S, respectively; Table 1 and Figure 4).

Methods

- A total of 2,075 Gram-positive resistant or susceptible bloodstream infections in HTU patients were consecutively collected during 2010–2019 as part of the SENTRY Antimicrobial Surveillance Program.
- A single isolate per patient was collected in 3,042 medical centers located in all 50 US Census Divisions.
- Only isolates determined to be susceptible by local criteria as the reported antibiotic course were included in this analysis.
- Bacterial identification was performed by MALDI-TOF (Biomark, Danvers, MA, USA) according to standard methodology.
- Antibiotic susceptibility testing was performed using CLSI broth microdilution or agar dilution methods.
- Activity against Enterococcus spp.

Conclusions

- Oritavancin inhibited >95% of isolates within resistant subsets, such as VRE in E. faecium (72.8%).
- Oritavancin (96.7% inhibited at ≤0.12 mg/L) remained active against S. aureus MRSA (99.4%/; Table 1 and Figure 4).
- Oritavancin activity was superior to that of vancomycin and daptomycin in vitro.
- Oritavancin efficacy for the treatment of infections caused by resistant Gram-positive pathogens is supported by this analysis.
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References


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