

# Dalbavancin vs standard of care as directed therapy for *Staphylococcus aureus* bacteremia in patients unable to receive OPAT

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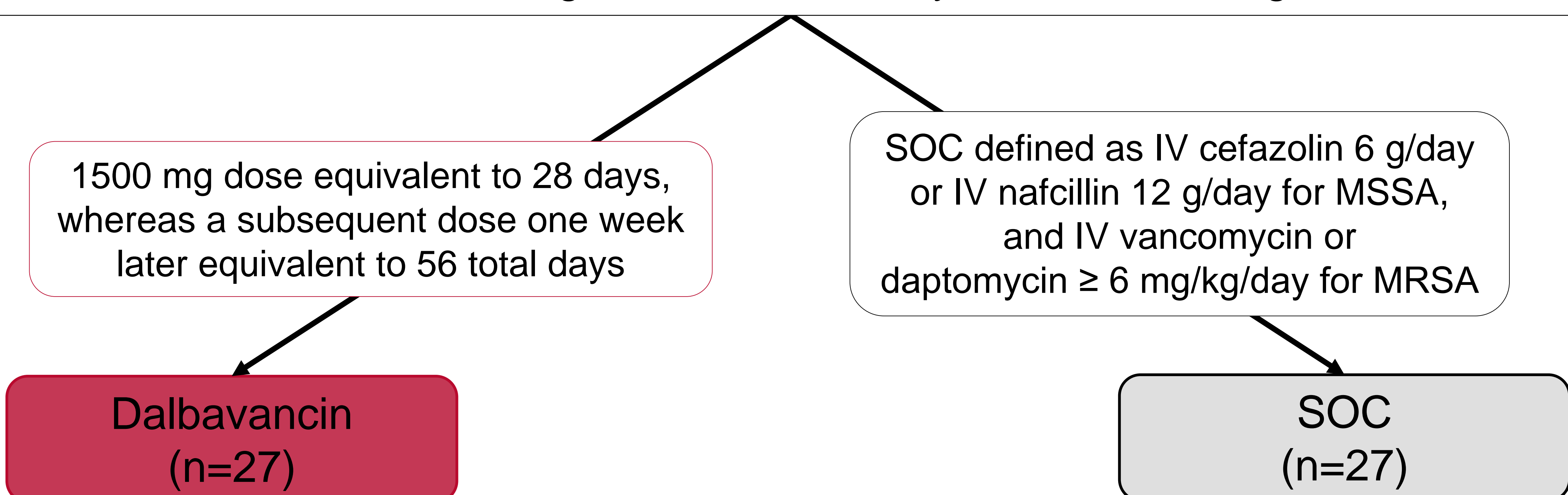
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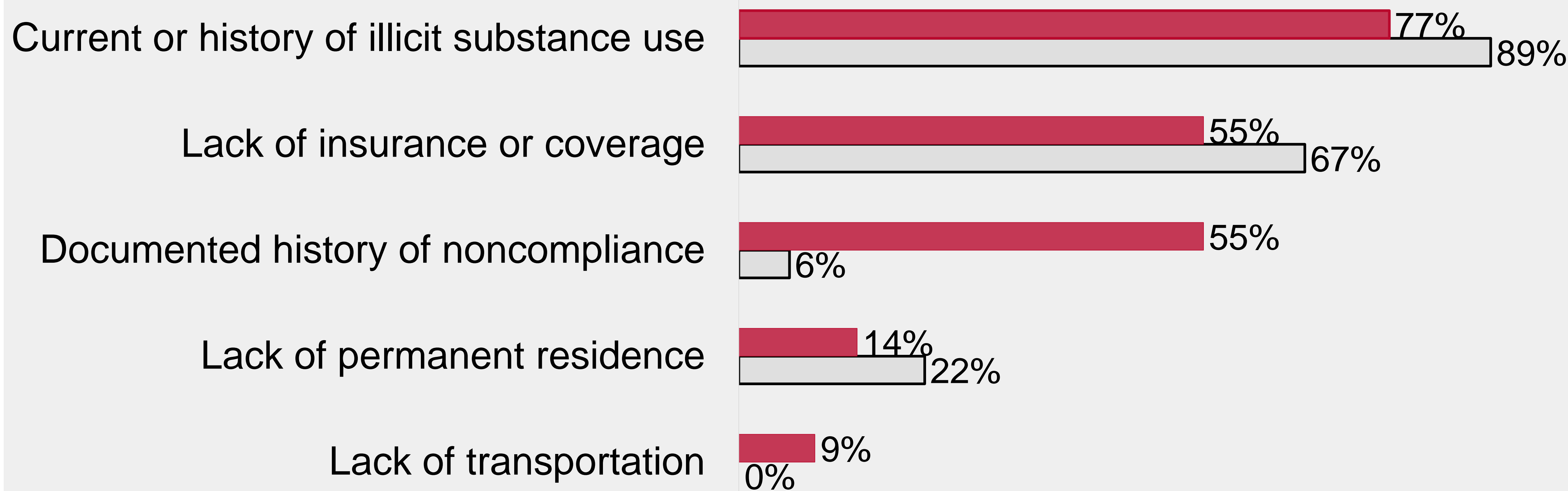
Authors of this presentation have nothing to disclose.

## Study population

Patients ≥ 18 years with *S. aureus* bacteremia (SAB) unable to receive OPAT who received ≥ 1 dose of dalbavancin or ≥ 1 week of SOC as directed therapy per ID consult for SAB at discharge between January 1, 2016 and August 31, 2021



## Barriers to care present in 81% of dalbavancin group vs 67% of SOC group



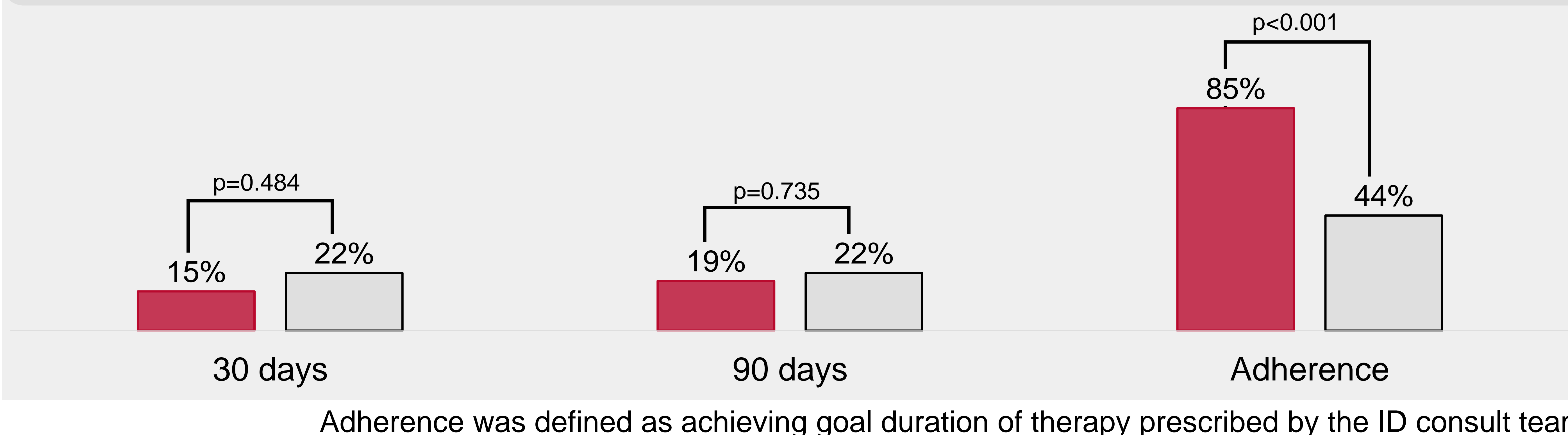
56% in the dalbavancin group and 59% in the SOC group had MSSA bacteremia

Source control attempted in 53% (9/17) and 86% (19/22) of patients in the dalbavancin and SOC groups, respectively

## Baseline characteristics

	Dalbavancin (n=27)	SOC (n=27)
Age (years), median (IQR)	42 (29.0-53.5)	52 (36.0-66.0)
Male sex	60%	63%
Race		
• White	67%	70%
• Black or African American	26%	22%
Hispanic or Latino Ethnicity	7%	4%
Charlson Comorbidity Index, median (IQR)	2 (1.0-2.5)	1 (0.5-4.0)
BMI (kg/m <sup>2</sup> ), median (IQR)	23.5 (20.5-25.9)	26.9 (22.7-31.2)
CrCl > 60 mL/min	93%	85%
Indwelling prostheses or hardware	4%	22%
SAB source		
• Primary due to IDU or unknown source	63%	55%
• Osteoarticular	15%	30%
• Skin and soft tissue	7%	15%
• Respiratory tract	15%	0%
Metastatic foci	52%	70%

## Readmission rates were similar between groups, but adherence was significantly higher in the dalbavancin group



**Dalbavancin offers similar clinical outcomes to SOC for patients with SAB who are unable to receive OPAT and would otherwise remain hospitalized or require placement into post-acute care facilities**