tetracycline (96.4%) and gentamicin (99.3%). Staphylococci included MRSA (35.7%) and MR-CoNS (68.4%); and MRSA isolates were resistant to levofloxacin (96%) and erythromycin (74%). All clindamycin-susceptible SA had inducible resistance. Dalbavancin (MIC_{90}; 0.047 mg/L) was 10-fold more potent than vancomycin (MIC_{90}; 0.5 mg/L) against BHS. Erythromycin susceptibility was 82% with a 25% inducible clindamycin resistance.

Conclusions: The DECIDE study demonstrated in UK and Ireland that dalbavancin has excellent activity and was more potent when directly compared to vancomycin. Dalbavancin was active against all MRSA, although the current susceptibility profiles for other antimicrobial classes tested were of great concern, particularly inducible clindamycin resistance (100%). Monitoring dalbavancin activity should be continued as this newer long-acting agent is introduced into EU clinical practice.

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44.010

Dalbavancin and Selected Comparison Agents Tested Against Indicated Gram-positive Isolates in European Medical Centers (Italy): Results from the DECIDE Program

E. Debbia[1], G. Nicoletti[2], G. Fadda[3], D. Biedenbach[4], R. Jones[4,*]

[1] *Osperdale S Martino, Genova, Italy*
[2] *Azienda Policlinico Universita di Catania, Catania, Italy*
[3] *Policlinico Agostino Gemelli, Rome, Italy*
[4] *JMI Laboratories, North Liberty, IA, USA*

Background: Dalbavancin activity was tested against isolates from three medical centers in Italy between October – December, 2007. Only reference quality and standardized CLSI methods were used.

Methods: Susceptibility methods for agar diffusion were applied by each investigator: Etest (ET; AB BIODISK) and CLSI disk diffusion (DD) tests performed with concurrent QC with repeated testing of strains showing unusual resistance patterns such as linezolid, teicoplanin or dalbavancin-non-susceptibility (MIC, >0.25 mg/L). 225 strains were tested against dalbavancin and teicoplanin by ET and linezolid, cefoxitin, levofloxacin, gentamicin, tetracycline, erythromycin, clindamycin (plus D-test), penicillin and ceftriaxone by DD. Dalbavancin susceptibility was defined at ≤0.25 mg/L.

Results: Dalbavancin showed high activity against the 151 *S. aureus* (SA; MIC range, ≤0.016–0.25 mg/L), CoNS (≤0.016–0.25 mg/L) and β-haemolytic streptococci (BHS; ≤0.016–0.094 mg/L). This activity was 4-, 16- and ≥4-fold greater than teicoplanin when comparing MIC_{90} values, respectively. Susceptibility rates among SA were: linezolid (97%), levofloxacin (61%), erythromycin (43%), clindamycin (51%), tetracycline (86%) and gentamicin (70%). Six linezolid-non-susceptible strains were noted among SA and BHS but all had zone diameters (19–20 mm) near the breakpoint (≥21 mm). Teicoplanin-resistant CoNS and levofloxacin-resistant BHS were detected. A distinct trend toward higher dalbavancin ET MIC results was observed, a probable technical reading error also noted for false-resistant DD linezolid results for SA and BHS (six occurrences). D-test inducible-resistant rates for clindamycin varied from 38 (BHS) to 78% (SA).

Conclusions: Dalbavancin, a new long-acting glycolipopeptide (once weekly dosing), demonstrated high activity (MIC_{50} ranges, ≤0.016–0.19 mg/L) against staphylococci and BHS from Italy. The recorded MIC_{90} was 0.125 mg/L, a confirmed finding suggesting a high MIC reading bias for ET. The most elevated MIC results were at 0.25 mg/L (breakpoint; 33 occurrences among SA). The exhibited dalbavancin potency (4-fold greater than teicoplanin; only tested in Italy DECIDE sample) covered all contemporary Gram-positive pathogens.

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44.011

Dalbavancin Comparative Activity Tested Against Gram-positive Species in German Medical Centers: Results from the DECIDE Program

G. Just-Nuebling[1], W. Falk[2], F.J. Schmitz[3], A. Rodloff[4], D. Biedenbach[5], R. Jones[5,*]

[1] *University of Frankfurt, Frankfurt, Germany*
[2] *Labor Dres Ballies, Kiel, Germany*
[3] *Klinikum Minden, Minden, Germany*
[4] *University of Leipzig School of Medicine, Leipzig, Germany*
[5] *JMI Laboratories, North Liberty, IA, USA*

Background: Dalbavancin, a long-acting glycolipopeptide, was tested against clinical isolates from four hospitals in Germany in the last quarter of 2007.

Methods: Investigators used standardized and reference-quality agar diffusion methods including Etest (ET; AB BIODISK) and CLSI disk diffusion (DD) tests with concurrent QC and repeated testing of strains showing unusual resistance patterns such as linezolid resistance and vancomycin or dalbavancin-non-susceptibility. 300 strains were tested (200 *S. aureus* [SA], 40 coagulase-negative staphylococci [CoNS], 60 β-haemolytic streptococci [BHS] with most being group A or *S. pyogenes*) against dalbavancin and vancomycin by ET; and linezolid, cefoxitin (determination of methicillin resistance), levofloxacin, gentamicin, tetracycline, erythromycin, clindamycin (plus D-test), penicillin and ceftriaxone by DD. All German sites having acceptable QC results were tabulated. Dalbavancin susceptibility was defined at ≤0.25 mg/L.

Results: Dalbavancin exhibited excellent activity against SA ($MIC_{50/90}$, 0.047/0.125 mg/L), CoNS ($MIC_{50/90}$, 0.047/0.19 mg/L) and BHS ($MIC_{50/90}$, ≤0.016/0.032 mg/L). This activity was 16- to 32-fold greater than vancomycin. MRSA rates were low (8%) but varied modestly from 4 to 12% among hospitals. S rates were: linezolid (100%), levofloxacin (55-83%), erythromycin (50–80%), and clindamycin (65–84%). D-test positive rates were 33–86% for the SA, CoNS and BHS; overall clindamycin-resistant at 16% for SA, but nil for BHS. SA was also very susceptible to gentamicin (95%) and tetracycline (93%). Methicillin susceptibility or resistance did not influence dalbavancin potency versus SA or CoNS. Highest recorded dalbavancin MIC was 0.38 mg/L, two confirmed staphylococci from Frankfurt. Some German centers read Etest results higher (0.5–1.0 $\log_2$) than other laboratories in Europe.