regardless of the PL and SS of the tested isolates. Continued surveillance is warranted both to support the further clinical development of TIG and to detect any emerging resistance among target pathogens for indications which TIG is currently approved (cSSSI and cIAI).

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Dalbavancin Tested Against *Staphylococcus* spp. and Streptococcus spp. Isolates collected from Five European Counties: Comprehensive DECIDE Program Results (2007)

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Background: Dalbavancin is a novel lipoglycopeptide with an extended half-life and intended for treating complicated skin and skin structure infections caused by *S. aureus* (SA) and β-haemolytic streptococci (BHS). The DECIDE Program was initiated to assess the activity of dalbavancin compared to vancomycin or teicoplanin (Italy only) against recent (2007) clinical isolates from across Europe (EU).

Methods: Eighteen sites in France, Germany, Spain, Italy and UK utilized standardized, reference-quality agar diffusion methods including Etest and CLSI (M2-A9) disk diffusion (DD) tests with concurrent QC (CLSI M100-S18, 2008). 1,127 strains were tested against dalbavancin and comparison glycopeptides by Etest. DD was used for linezolid, cefoxitin, levofloxacin, gentamicin, tetracycline, erythromycin, clindamycin (plus *D*-test), penicillin and ceftriaxone. Dalbavancin susceptibility was defined at ≤0.25 mg/L.

Results: Dalbavancin exhibited potent activity against the SA and coagulase-negative staphylococci (CoNS; $MIC_{50/90}$, 0.064/0.19 mg/L), and BHS ($MIC_{50/90}$, ≤0.016/0.047 mg/L). Overall, vancomycin and teicoplanin were ≥eight-fold less potent. Italy had higher dalbavancin MIC values (two-fold) for SA and the highest MRSA rate (44%) compared to other nations (8–36%). Dalbavancin MIC_{90} values were slightly higher for group B (0.047 mg/L) compared to group A (0.032 mg/L) streptococci. Nearly 4% of BHS isolates were levofloxacin-non-susceptible. Among SA, resistance rates were: erythromycin (29%), clindamycin (13%), gentamicin (10%), and levofloxacin (29%) with higher resistance rates among MRSA. Inducible clindamycin resistance was high among SA (72%) and CoNS (48%) and less among BHS (25%). Rare strains had non-susceptible MIC values for linezolid (0.3%) and vancomycin (0.1%)

Conclusions: Dalbavancin demonstrated pronounced activity (MIC, ≤0.25 mg/L) against staphylococci and BHS from European countries. Due to dalbavancin's high molecular weight, like other peptides, care must be taken when interpreting Etest-generated MICs (false resistance). Dalbavancin provides coverage of contemporary Gram-positive pathogens, including resistant isolates recovered from patients in Europe, confirming earlier USA reports.

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In-Vitro Activity of Ertapenem against Bloodstream Isolates of Bacteria at the National University Hospital, Singapore

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Background: Ertapenem is a relatively new carbapenem with broad activity. There are however limited studies regarding its efficacy in bacteremic patients. We evaluated the in-vitro activity of Ertapenem against blood culture isolates (community onset and nosocomial) at a tertiary hospital.

Methods: Bacteria isolated from blood cultures from hospitalized patients admitted to the National University Hospital, Singapore (Dec 2003–May 2004) were identified using the Vitek instrument (bioMerieux, NC) and Microbact 12A and 12B (Oxoid Australia). Gram-stain, catalase, coagulase (Pastorex Staph Plus, Bio-Rad, CA) and PYR disk testing were done for *Staphylococcus*and *Streptococcus spp*. Ertapenem susceptibilities were determined using the Kirby-Bauer disk method on cation-adjusted Mueller-Hinton plates according to the CLSI performance standards. *Burkholderia pseudomallei* (*B. pseudomallei*) isolates were further tested using the E-test (AB Biodisk, Sweden).

Results: 333 blood stream isolates were studied, including 157 Enterobacteraciae (73 Extended spectrum beta-lactamase (ESBL) positive) and 29 isolates of *B. pseudomallei*. All 157 Enterobacteraciae isolates were Ertapenem susceptible. 26 *B. pseudomallei* strains were susceptible and 3 strains intermediate to Ertapenem by disk testing, but the *E*-test showed that only 5 of the 29 strains were susceptible (MIC≤2 mcg/ml). Of the non-fermenting gram-negatives, 26 of 64 isolates were susceptible (including 4/6 *B. cepacia*, 8/26 *A. baumanii* and 3/10 *P. aeruginosa* isolates). All isolates of *S. maltophila* (9/9) were resistant. Of the gram-positives, 2/2 *L. monocytogenes* and all *S. viridans* (5/5), beta-hemolytic *Streptococci* (11/11), *S. pneumoniae* (6/6), methicillin susceptible *S. aureus* (32/32) were susceptible. All 12 strains of penicillin susceptible *E. faecalis* were non-susceptible to Ertapenem, whilst 9 of the 10 *B. fragilis* strains tested were

Conclusions: Ertapenem demonstrates excellent activity against enterobacteraciae including ESBL producing strains at our institution but is lacking against *A. baumannii*, *P. aeruginosa*, *S. maltophilia* and *E. faecalis*. It also has poor activity against *B. pseudomallei* and cannot be recommended as therapy for melioidosis.

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