



Activity of Dalbavancin Against >6000 *S. aureus*, *S. epidermidis*, *S. pneumoniae* and *Enterococcus* spp. isolated from Canadian Hospitals: CANWARD 2007-2009

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ABSTRACT

Background: Dalbavancin (DAL) is a new teicoplanin-related lipopeptide with activity against Gram-positive organisms. The purpose of this study was to assess the activity of DAL, linezolid (LZD) and vancomycin (VAN) against Gram-positive pathogens isolated from Canadian hospitals.
Methods: CANWARD is an ongoing (2007-present) national surveillance study involving tertiary care hospitals representing 8 of 10 provinces within Canada. A total of 7956 Gram-positive pathogens were collected from all hospital ward types. Susceptibility testing was performed using CLSI broth microdilution methods.

Results: The activity (MIC50 and MIC90 µg/ml) of DAL, LZD and VAN against select pathogens is described below:

Organism (n)	DAL	LZD	VAN
SPN - PenS (1117)	≤0.03/0.03	0.5/1	≤0.25/≤0.25
SPN - PenI (200)	≤0.03/0.03	0.5/1	≤0.25/0.5
SPN - PenR (61)	≤0.03/0.03	0.5/1	≤0.25/0.5
MSSA (2697)	0.06/0.06	2/2	1/1
CA-MRSA (223)	0.06/0.06	2/2	1/1
HA-MRSA (629)	0.06/0.06	2/2	1/1
MSSE (268)	≤0.03/0.06	0.5/1	2/2
MRSE (45)	≤0.03/0.06	1/1	2/2
E. faecalis (381)	0.06/0.06	2/2	1/2
E. faecium (150)	0.06/2	2/2	1/2
Enterococcus spp.(578)	0.06/0.06	2/2	1/2
VRE (34)	8-16	2/2	>32-32

SPN=*S.pneumoniae*, PenS=penicillin-susceptible, PenI=penicillin-intermediate, PenR=penicillin-resistant, MSSA=methicillin-susceptible *S. aureus*, MR=methicillin-resistant, CA=community-associated, HA=healthcare-associated, SE=*S. epidermidis*, VRE=vancomycin-resistant enterococci.

Conclusions: Dalbavancin is more active than linezolid and vancomycin versus *S. pneumoniae*, MSSA, MRSA, MSSE, MRSE and Enterococcus spp.

MATERIALS & METHODS

Bacterial Isolates
 From 2007 to 2009, each participating Canadian hospital submitted consecutive bacterial isolates collected from four specimen sources: urine, lower respiratory tract, wounds and blood cultures. Each site submitted 730, 540 and 365 isolates per year respectively. Total isolates received each year were 7881, 5282 and 5375 respectively (overall total 18,538).

Antimicrobial Susceptibilities
 A custom microtitre plate was prepared in accordance with Clinical and Laboratory Standards Institute (CLSI) guidelines. Polysorbate 80 (0.002% final concentration) was added to both the stock solution of dalbavancin and cation-adjusted broth used for panels.
 The following interpretive breakpoints (FDA) were used for teicoplanin (µg/ml): MSSA and MRSA <=0.5 (S); Enterococcus faecalis <=0.25 (S); *Streptococcus pneumoniae* <=0.06 (S). MIC interpretive standards for the remaining antimicrobial agents were defined according to CLSI breakpoints (M100-19, 2009).

RESULTS

Table 1. Activity of dalbavancin and comparators against gram-positive cocci from CANWARD 2007-2009

Organism (n), Antibiotic	% of Isolates per Category		Range		Range	
	S*	R	MIC ₅₀	MIC ₉₀	Min	Max
S. aureus						
MSSA (2697)						
Cefazolin	99.9	0.1	0.5	1	<0.5	32
Clarithromycin	79	0.3	24.7	0.25	>16	>256
Dalbavancin	91.6	0.8	7.7	<0.25	<0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	0.25
Linezolid	100		0.12	0.25	<0.06	1
Meropenem	96.1	0.3	9.6	0.25	1	>0.06
Pip-Tazo	100		0.1	0.12	<0.12	4
Tigecycline	99.9	0.1	0.12	0.25	<0.12	4
TMP-SMX	99.3	0.7	<0.12	<0.12	<0.12	2
Vancomycin	100		1	1	<0.25	2
MRSA (629)						
Cefazolin	100	64	>128	1	>128	
Clarithromycin	11.7	0.1	88.2	>16	>0.25	>16
Dalbavancin	44	0.1	95.6	>8	>0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	0.12
Linezolid	100		2	0.25	0.06	1
Meropenem	100	85.9	>32	>32	0.12	>32
Pip-Tazo	100		2	2	>0.12	4
Tigecycline	100	8	32	0.12	>32	
Pip-Tazo	100	64	128	<1	512	
Tigecycline	99.3	0.7	0.25	0.5	0.6	4-0.5
TMP-SMX	99.3	0.7	<0.12	1	<0.12	>8
Vancomycin	99.9	0.1	3.7	1	1	>0.25
CA-MRSA (223)						
Cefazolin	99.4	0.6	16	64	1	>128
Clarithromycin	30.9	0.5	72.6	>16	>0.25	>16
Dalbavancin	86.1	1.0	93.6	>8	>0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	0.12
Linezolid	100		2	0.25	0.12	>0.25
Meropenem	100	60.1	4	8	0.12	32
Pip-Tazo	100		2	2	>0.12	4
Tigecycline	100	2	4	0.12	16	
TMP-SMX	100	16	32	2	2	64
Vancomycin	99.0	0.9	0.25	0.25	0.06	1
HA-MRSA (629)						
Cefazolin	100	1	1	0.5	2	
Clarithromycin	99.7	0.2	128	>128	1	>128
Dalbavancin	47.3	0.2	72.0	>8	>0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	0.12
Linezolid	100		0.12	0.25	0.06	1
Meropenem	100	97.1	>32	>32	0.12	>32
Pip-Tazo	100		2	2	>0.12	4
Tigecycline	100	16	>32	>32	>32	>32
Pip-Tazo	100	64	128	<1	512	
Tigecycline	99.2	0.8	0.25	0.5	0.12	1
TMP-SMX	86.3	0.7	<0.12	>8	<0.12	>8
Vancomycin	99.8	0.2	1	1	>0.25	4
S. epidermidis						
MSSE (268)						
Cefazolin	100		4	0.5	8	
Clarithromycin	34.4	2.2	63.4	>16	>32	>0.03
Dalbavancin	62.3	0.4	37.3	0.5	>8	>0.25
Doxycycline	no BP [†]		0.03	0.06	<0.03	1
Linezolid	100		0.12	0.25	<0.03	1
Meropenem	91.9	1.1	4.7	2	>32	>32
Pip-Tazo	100		1	0.12	<0.12	2
Tigecycline	54.0	10.0	6.0	1	8	>0.06
Pip-Tazo	98	1	1	0.1	<1	16
Tigecycline	no BP [†]		0.25	0.5	<0.03	>0.25
TMP-SMX	64.9	35.1	0.25	0.8	<0.12	>8
Vancomycin	100		1	1	<0.12	2
MRSE (45)						
Cefazolin	100	64	128	32	128	
Clarithromycin	11.1	0.1	88.9	>16	>0.25	>16
Dalbavancin	46.7	0.3	96.7	>8	>0.25	>8
Doxycycline	no BP [†]		0.03	0.06	<0.03	0.06
Linezolid	100		2	0.25	<0.06	0.5
Meropenem	2.2	2.2	95.6	>32	>32	>32
Pip-Tazo	100		2	2	>0.12	>32
Tigecycline	100	32	64	8	32	
Pip-Tazo	100	32	64	8	32	
Tigecycline	no BP [†]		0.25	0.25	0.6	0.5
TMP-SMX	94.4	5.6	2	2	<0.12	>8
Vancomycin	100	85.0	2	2	<0.12	>8
S. pneumoniae (1391)						
Cefazolin	99.4	0.4	0.2	<0.12	<0.12	4
Clarithromycin	81.2	4.3	94.5	>0.03	2	>0.03
Dalbavancin	93.5	0.6	5.9	<0.12	<0.12	>8
Doxycycline	no BP [†]		0.03	<0.03	<0.03	0.12
Linezolid	93.2	2.8	4	0.25	1	>0.25
Meropenem	99.0	0.2	0.8	1	1	>0.06
Pip-Tazo	100		2	0.5	1	>0.12
Tigecycline	96.4	2.5	1.1	<0.06	<0.06	2
Penicillin	81.1	14.5	4.0	<0.03	0.25	>0.12
Tigecycline	100	7	0.3	<0.03	<0.03	0.06
TMP-SMX	100	84.7	0.12	1	<0.12	>8
Vancomycin	100		>0.25	>0.25	>0.25	1
Enterococcus non-speciated (918)						
Cefazolin	39.9	21.3	39.1	2	>16	>0.06
Clarithromycin	no BP [†]		>16	>16	>0.25	>16
Dalbavancin	no BP [†]		0.8	0.8	>0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	>0.06
Linezolid	100		0.5	1	<0.06	>8
Meropenem	62.1	0.5	37.4	16	32	>0.06
Pip-Tazo	97.8	2.2	2	2	>0.12	4
Tigecycline	no BP [†]		4	16	16	>0.06
Pip-Tazo	94	4	8	1	>1	>12
Tigecycline	no BP [†]		0.12	0.25	0.25	0.25
Vancomycin	89.7	17.3	0.5	>0.25	>0.25	>32
Vancomycin-resistant Enterococcus (VRE) (34)						
Cefazolin	100	>16	>16	>16	>16	
Clarithromycin	no BP [†]		>16	>16	>16	
Dalbavancin	no BP [†]		>8	>8	>0.25	>8
Doxycycline	no BP [†]		0.06	0.06	<0.03	>0.06
Linezolid	100		2	2	>0.06	2
Meropenem	no BP [†]		>4	>4	>4	>4
Pip-Tazo	100		>32	>32	>32	>32
Tigecycline	94.1	5.9	2	2	0.5	4
Pip-Tazo	100	64	128	<1	512	
Tigecycline	no BP [†]		>512	>512	>512	>512
TMP-SMX	86.3	0.7	<0.12	0.6	<0.12	>0.6
Vancomycin	100	>32	>32	>32	>32	>32

* S, susceptible; I, Intermediate; R, resistant; † No BP, no breakpoint defined; ‡ based on oxacillin susceptibility; § FDA breakpoints; ¶ Tetracycline breakpoints used to interpret MIC values
 MIC, minimum inhibitory concentration (µg/ml); Pip-Tazo, piperacillin-tazobactam; TMP-SMX, trimethoprim-sulfamethoxazole

Table 2: MIC distribution of dalbavancin against gram-positive cocci from CANWARD

Organism	No. tested	MIC										
		≤0.03	0.06	0.12	0.25	0.5	1	2	4	8	16	>16
Methicillin-susceptible <i>S. aureus</i>	2697	755	1898	41	3	-	-	-	-	-	-	-
Methicillin-resistant <i>S. aureus</i>	889	208	659	22	-	-	-	-	-	-	-	-
Community-associated MRSA	223	36	184	3	-	-	-	-	-	-	-	-
Hospital-associated MRSA	629	164	447	15	-	-	-	-	-	-	-	-
Methicillin-susceptible <i>S. epidermidis</i>	268	178	81	8	-	-	-	-	-	-	-	-
Methicillin-resistant <i>S. epidermidis</i>	45	34	11	-	-	-	-	-	-	-	-	-
<i>S. pneumoniae</i>	1391	1371	16	4	-	-	-	-	-	-	-	-
Penicillin-resistant <i>S. pneumoniae</i>	61	61	-	-	-	-	-	-	-	-	-	-
<i>E. faecalis</i>	381	147	221	12	1	-	-	-	-	-	-	-
<i>E. faecium</i>	150	28	57	37	6	-	-	-	3	1	3	11
Enterococcus spp.	578	225	309	35	2	1	-	-	2	-	4	-
VRE	34	3	1	2	-	-	4	-	-	1	3	15

CONCLUSIONS

• Dalbavancin is more active than comparators against both methicillin-susceptible and -resistant strains of *S. aureus*, including community-associated and hospital-associated strains.

• Dalbavancin is more active than comparators against both methicillin-susceptible and -resistant strains of *S. epidermidis*.

• Dalbavancin is more active than comparators against *S. pneumoniae*, including penicillin-resistant strains.

• Dalbavancin is as or more active than comparators against *E. faecalis*, *E. faecium* and non-speciated *Enterococcus*.

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