Overall, oritavancin showed similar activity (MIC50/MIC90, 0.03/0.06 mg/L) among subsets of 84 Gram-positive isolates causing bloodstream infections in US medical centers during the study period. Oritavancin MIC50 results varied from 0.03 to 0.06 mg/L and MIC90 results varied from 0.015 to 0.06 mg/L (Figure 2).

Materials and Methods

Electrolyte isolates
- A total of 4,698 S. aureus, 1,158 E. faecalis, and 725 E. faecium were reviewed from 33 US medical centers from 2011–2018.
- Subjects of S. aureus isolates causing IE and 233 E. faecalis with VSE phenotype and isolated daptomycin MIC ≥2 mg/L were evaluated.
- Deep isolates determined to be significant by local criteria, as reported previously, were included in the analysis.
- Molecular data was performed by Matrix-assisted laser desorption ionization–time of flight mass spectrometry (MALDI-TOF).

Susceptibility testing
- In vitro testing was performed by broth microdilution following guidelines in the CLSI M100 (2019) document.
- Qualitative MIC results were determined by standard CLSI MIC interpretive criteria.

Reference
- The study was approved by the institutional review boards at all study sites.

Contact
- Cecilia G. Carvalhaes, M.D., Ph.D. (ccarvalhaes@jmi.com)
- JMI Laboratories, North Liberty, Iowa, USA
- Phone: (319) 665-3371
- Fax: (319) 665-3370

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Table 1 Antimicrobial activity of oritavancin tested against S. aureus, E. faecalis, and E. faecium as a cause of BSI in US medical centers (2011–2018)

Table 2 Longitudinal activity of oritavancin against S. aureus and E. faecalis in US medical centers (2011–2018)

Conclusions
- Oritavancin showed potent activity against the US collection of isolates causing BSIs and E. faecium, including isolates with elevated daptomycin MIC values that require higher dosage regimens when treating invasive infections.
- In addition, oritavancin maintained stable potency at daptomycin susceptible Enterococcus faecium MIC values of ≥2 mg/L, in the last years of the study (2015–2018).
- Oritavancin was approved by regulatory authorities for the adult treatment of skin and skin structure infections.

References