



Title: Dalbavancin for the Treatment of Endocarditis

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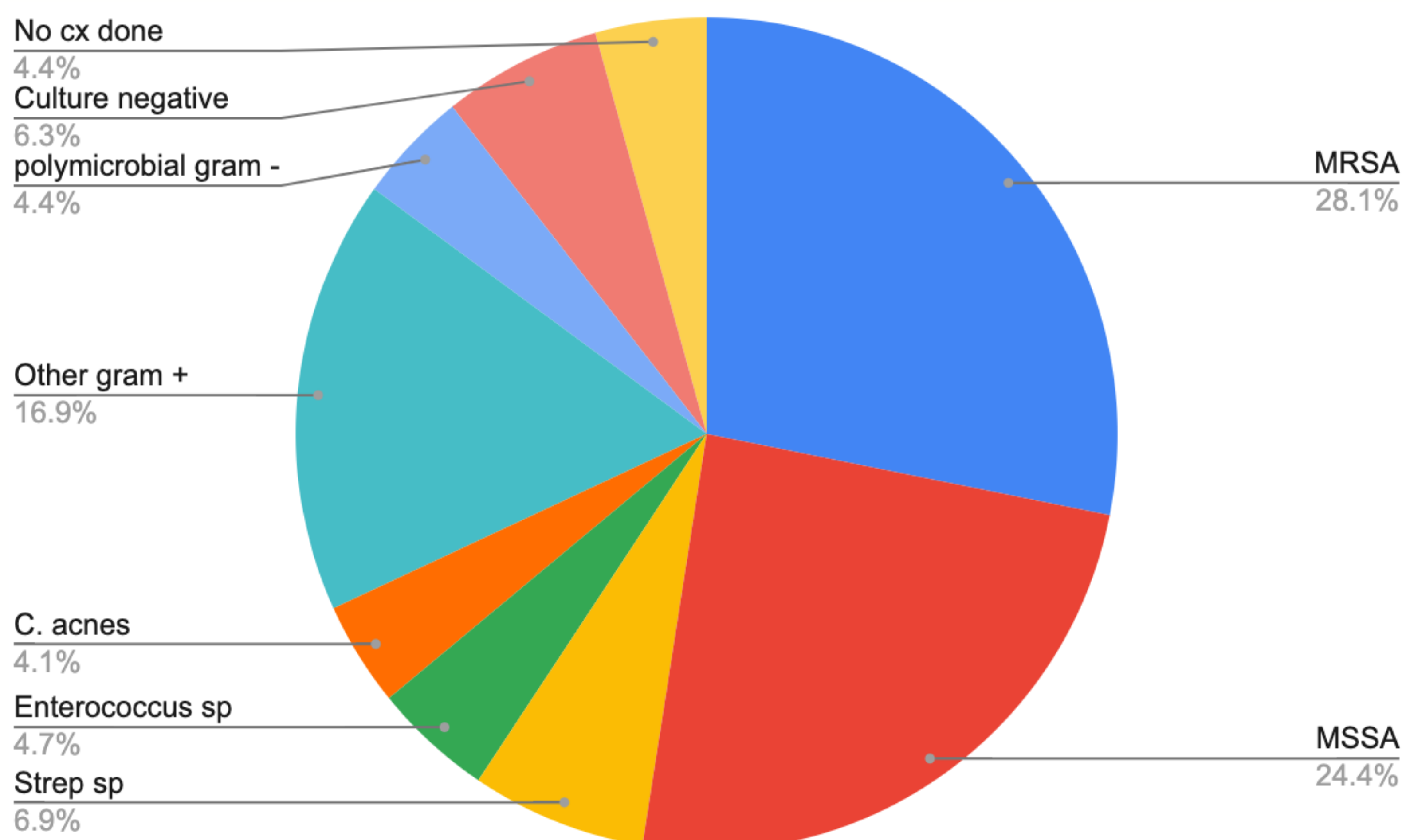
Background

- Dalbavancin allows for a once weekly dosing.
- It is approved for acute bacterial skin infections with a growing body of evidence for long-term therapy in osteomyelitis.
- The weekly dosing eliminates the need for a central line, which makes dalbavancin a novel option for long-term therapy in endocarditis.
- However, data addressing the treatment of endocarditis with dalbavancin are limited.

Methods

- We conducted a retrospective chart review on a single cohort of patients who were treated with dalbavancin for a variety of infectious diagnoses.
- Data are reported on treatment outcomes: readmission, mortality, and evidence of relapse or recurrence of infection within 90 post-dalbavancin.

Results



Results

Dalbavancin Regimen n=24	1500 mg x 1 n=12	1500 mg x 2 n=8	1 g x1 n=4
Age (years); mean (SD)	35	39	39
Gender (female)	6 (50%)	3 (37.5%)	2 (50%)
Dose administered inpatient	9 (75%)	6 (75%)	1 (25%)
Dose administered outpatient	3 (25%)	2 (25%)	3 (75%)
History of substance use	10 (83%)	7 (87.5%)	3 (75%)
Substance use (IV)	9 (75%)	6 (75%)	2 (50%)
Bacteremic patients	11 (92%)	8 (100%)	2 (50%)
Cardiac valve surgery	3 (25%)	1 (12.5%)	1 (25%)
Antibiotics prior to dalbavancin	12 (100%)	8 (100%)	4 (100%)

Treatment Outcomes	1500 mg x 1		1500 mg x 2		1 g x 1	
	n	%	n	%	n	%
Readmission within 30 days	2	16	2	25	0	-
Readmission within 90 days	0	-	0	-	0	-
Recurrence of infection at 30 days post-dalba course	0	-	0	-	0	-
Recurrence of infection at 90 days post-dalba course	0	-	0	-	0	-
30-day mortality	0	-	0	-	0	-
90-day mortality	0	-	0	-	0	-

Results

Documented Reason for Dalbavancin Selection	n	%
History of IVDU	17	71
Substance use, not IV	0	-
Adverse reaction to initial outpatient antibiotics	0	-
Clinical contraindications to alternative antibiotics	2	8.3
Prior history of contaminated/manipulated PICC	2	8.3
Prior non-adherence to outpatient antibiotics	2	8.3
Lack of outpatient options due to insurance issues	1	4.1
Inability of patient to physically manage PICC	0	-
Patient refused PICC or daily IV antibiotics	1	4.1
Lack of safe home environment in which to receive daily IV antibiotics	6	25
Prior treatment failure	1	4.1
Discharging to a setting that cannot accommodate daily IV antibiotics	2	8.3

Conclusion

Dalbavancin may be a safe and effective option for the treatment of endocarditis, although data addressing the treatment of endocarditis due to *Staphylococcus aureus* are limited. Therefore, more research is needed before dalbavancin can be recommended as standard of care.

References

1. Fazili T, Bansal E, Garner D, Gomez M, Stornelli N. Dalbavancin as sequential therapy for infective endocarditis due to Gram-positive organisms: a review. *Int J Antimicrob Agents*. 2023;61(4):106749. doi:10.1016/j.ijantimicag.2023.106749
2. Guleri A, More R, Sharma R, Wong M, Abdelrahman A. Use of dalbavancin in infective endocarditis: a case series. *JAC Antimicrob Resist*. 2021;3(3):dlab099. Published 2021 Aug 12. doi:10.1093/jacamr/dlab099

