

Distinct Effectiveness of Oritavancin Against Tolerance-Induced Staphylococcus au

WAYNE STATE Eugene Applebaum College of Pharmacy and Health Sciences

Strain Name

29213

BSN10

BSN11

BSN12

BSN13

CFU/mL

во 3

¹Dept of Pharmacy Practice, WSU College of Pharmacy, ²Dept of Industrial & Systems Engineering, WSU College of Engineering, ³Dept of Biochemistry and Molecular Biology, WSU College of Medicine

BACKGROUND

- Within a sufficiently large bacterial population, some of the members will naturally adopt an alternate, metabolically-active state favoring small molecule synthesis over cell division.
- In *Staphylococcus aureus* this process can be sharply accelerated by multiple factors present during infection including nutrient limitation, host cationic peptide exposure and polymorphonuclear neutrophil internalization.
- These isogenic "tolerant" subpopulations have variable responses during antibiotic exposure and can remain viable in the presence of typically bactericidal concentrations. Survivors of the antibiotic exposure can restart cell division upon cessation of antibiotics and cause relapse or recurrent infection.
- In this study we determine the ability of typical and atypical antistaphylococcal therapies to reduce the viability of tolerant Staphylococcus aureus bacteria.

METHODS

S. aureus strain ATCC29213 as well as four clinical isolates (three MSSA, one MRSA) were selected for analysis. Overnight cultures were diluted in pre-warmed broth (MHB50) to approximately 1×10^{6} cfu/mL. Tolerance was induced by exposure to mupirocin (low [0.032 µg/mL] or high [3.2 µg/mL]) for 30 min. Tolerant cultures were exposed to vancomycin (35 µg/mL), ceftaroline (19 μg/mL), daptomycin (7 μg/mL), telavancin (10 μg/mL), dalbavancin (6 µg/mL) or oritavancin (14 µg/mL) and viability was assessed by dilution plating at pre-defined time points (0, 2, 6, 24, 48 h). The minimum duration for 3-log viability reduction from baseline (MDK_{99,9}) and culture viability at 48h were calculated independently for each of three biological replicates.

Harven LT¹, Bingley V¹, Kulkarni PS^{1,2}, Khaire SM^{1,2}, Dey S¹, Smolenski PD¹, Berti AD^{1,3}



*Average \pm Standard Deviation from 5 distinct strains, each assessed in triplicate

- This work was supported by funding from the Society of Infectious Diseases Pharmacists to A.D.B.

	eking Care						
Poster #910225							
CTIVE AGAINST TOLERANT							
Talay							
<u>Ielavancin</u> <u>Vancomyci</u>							
8 7 6 5 4 9 2 1 0 8 16 24 3 2 1 0 8 16 24 32 40 48 Time (hrs)				⁸ 7 6 5 4 9 1 0 8 16 24 32 40 48 Time (hrs)			
	= (1113)						
AINST TO	LERA	NT S	БТАР	HYL	000	CCI	
	СРТ	DAL	DAP	ORI	TLV	VAN	
	NA	24 ± 0	47 ± 2	2 ± 0	48 ± 0	21 ± 1	
ALLP	NA	NA	13 ± 1	1±0	44 ± 6	NA	
XINIC	36 ± 11	46 ± 3	1 ± 0	1±0	44 ± 6	37 ± 10	
V	NA	40 ± 5	2 ± 0	1±0	13 ± 3	36 ± 3	
	47 ± 1	18 ± 1	1 ± 0	1±0	22 ± 6	26 ± 8	
	CPT	DAL	DAP	ORI	TLV	VAN	
+MI.	_	_	_	5±0	_	-	

40 27 ± 7 40 ± 2 1 ± 0 41 ± 10 2 ± 1

Oritavancin should be considered in cases of recurrent or relapse