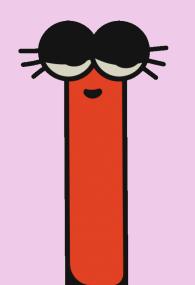
ORAL SWITCH ANTIBIOTIC THERAPY IN UNCOMPLICATED ENTEROCOCCUS FAECALIS BSI

Sarah Al Mansi et al. JAC Antimicrobial Resistance. 23rd January 2025.



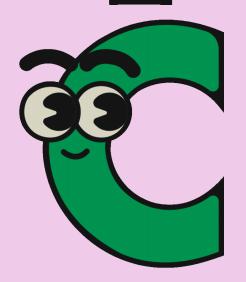
Adults with first episode of uncomplicated monomicrobial E. faecalis bloodstream infection.





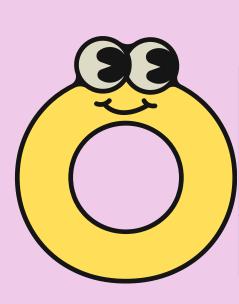
Oral switch antibiotic therapy

(transition from intravenous to oral antibiotics within 3-9 days of index E.Faecalis BSI for minimum of 4 days of oral antibiotic therapy)



Standard intravenous antibiotic therapy

(receiving only intravenous antibiotics for the entire of the treatment course with a minimum of 7 days of therapy)



- Primary Outcome:
 - Treatment failure, defined as all-cause mortality or
 E.Faecalis BSI recurrence within 90 days of the index BSI.
- Secondary Outcome:
 - Hospital length of stay (HLOS)

Key Findings:

- No increased risk of treatment failure with oral switch therapy compared with standard intravenous therapy. (HR 0.77,95% CI 0.23-2.57, P=0.67)
- Hospital length of stay was shorter in the oral switch group (7 days) compared to standard intravenous group (11 days) (P<0.001)

Conclusion:

• Transitioning patients with uncomplicated E. Faecalis BSI from IVOS antibiotic therapy appears to be a promising strategy with shorter HLOS and no significant increase in the risk of treatment failure