

My top 5 takes on a paper titled

Persistent MRSA Bacteremia: Resetting the Clock for Optimal Management

1



Studies showed each additional day of MRSA bacteremia increased mortality risk and was associated with poor outcomes. A number of studies proposed reduced durations (3-5 days) to define persistent bacteremia.

2

Skip phenomenon is defined as intermittently positive blood cultures over several days, and its presence should prompt clinicians to consider treatment emergent resistance (especially when using daptomycin), an occult focus of infection, or new infection.

3 Worry points

Follow up blood cultures should be performed 24-48 hours after initiation of appropriate antibiotic therapy to document clearance of bacteremia.

If any are positive, it represents a critical "worry point" and should trigger a thorough diagnostic workup to find metastatic sites of infection.



4

Initial standard of care remains monotherapy with vancomycin or daptomycin plus adequate source control.

If bacteremia persists after 3-5 days of appropriate therapy with adequate control, consider adding a second antibiotic (eg: addition of ceftaroline to vancomycin/daptomycin) or switching to a different anti-MRSA drug.



5

The duration of bacteremia is an important prognostic factor.

Patients with follow-up blood cultures positive after 1-2 days of appropriate antibiotic therapy should be carefully evaluated for metastatic sites of infection, screened for antibiotic resistance, aggressive source control, and modified antibiotics.



Take home message