My Top 5 Takes on a Paper Titled:

Efficacy of Early Oral Switch (EOS) with ß-lactams for low risk *Staph. aureus* bacteremia (SAB)

Is there evidence for EOS in SAB?

YES, from observational studies as well as RCTs; OVIVA and POET study (>1/3 of the study subjects received EOS). However, EOS in SAB management remains outside of major guidelines.

Why does EOS make us "squirm"?

SAB is associated with many complications; e.g. distant metastases including endophthalmitis* and mortality (up to 50%), plus our bias against oral therapy (e.g. assumed inferiority)

*An Eleven-Year Retrospective Study of Endogenous Bacterial Endophthalmitis
*Epidemiology and outcomes of Endophthalmitis in chronic dialysis patients: a 13-year experience in a tertiary referral center in Taiwan

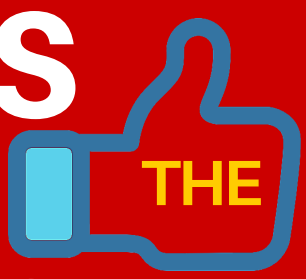
Who got included?

84 out of 100 eligible adults received EOS* (remaining 16 received IV-only Rx).

All EOS subjects had HA-SAB (CA-SAB was excluded) and cleared the SAB after 3 days of initial positivity. They must showed no evidence for deep infection nor involvement of non-removable prosthetic materials. HD and neutropenic patients were excluded.

*EOS was defined as a switch from IV therapy prior to 14 days.

EOS is safe



THE RESULTS

Line infection was the major source of SAB (79% in EOS and 88% in IV arm). MSSA predominates with both IV and PO flucloxacillin being the commonest antibiotic used. In EOS arm, 71% received PO flucloxacillin (1 g tds). EOS subjects received median durations for IV. and oral antibiotics of 5 days.

SAB recurrence was similar in both the arms (4% vs. 6%; P=0.64) as well as the 90-day mortality rates (2% vs. 6%; P =0.42).

Take home message

In selected cases of simple *Staph. aureus* bacteraemia, early switch from IV to PO beta-lactam therapy may be used instead of 14-day IV-only therapy.