Early Oral Therapy for *Staphylococcus aureus* Bloodstream Infection

Several previous retrospective studies have evaluated early oral switch for *Staphylococcus aureus* bloodstream infections. However, data from randomized controlled trials has been lacking. A recently published randomized controlled trial assessed the safety and efficacy of an early switch to oral therapy for patients with low-risk *S. aureus* bloodstream infections (SAB). See inclusion and exclusion criteria below.

Inclusion (Uncomplicated SAB)	Exclusion (Complicated SAB)
• Receipt of 5-7 days of appropriate IV antibiotic therapy • *S. aureus* isolated from ≥1 blood culture • Negative blood cultures within 24-96 hours of starting therapy	• Deep-seated focus of infection (endocarditis, pneumonia, infected implant, undrained abscess, empyema, osteomyelitis) • Septic shock within 4 days of randomization • Positive blood culture >72 hours after initiation of appropriate antimicrobial therapy • Temperature >38°C both days before randomization • Intravascular catheters remaining in place >4 days after first positive blood culture • History of SAB within preceding 3 months, injection drug use, severe immunodeficiency/immunosuppression, prosthetic heart valve, or deep-seated vascular graft

Study Oral Regimens

Trimethoprim/sulfamethoxazole 1 DS tablet twice daily	Clindamycin 600 mg every 8 hours	Linezolid 600 mg every 12 hours

Eligible patients were randomized 1:1 to oral (n = 108) versus continued IV therapy (n = 105) for a total treatment duration of 14 days. Oral therapy options, shown below, were selected according to susceptibilities and patient tolerance. The primary non-inferiority outcome was a composite of SAB-related complications which included relapsing SAB, deep-seated infection with S. aureus, or death attributable to SAB within 90 days. Ultimately, early oral therapy was shown to be non-inferior to IV therapy in the primary outcome and was associated with shorter length of hospital stay than IV therapy. With careful consideration of appropriate patients and antimicrobials, switching to oral therapy may be an option for the treatment of SAB.

Kaasch AJ, López-Cortés LE, Rodríguez-Baño J, et al. Efficacy and safety of an early oral switch in low-risk Staphylococcus aureus bloodstream infection (SABATO): an international, open-label, parallel-group, randomised, controlled, non-inferiority trial. Lancet Infect Dis. Published online January 17, 2024. doi:10.1016/S1473-3099(23)00756-9

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