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Symposium

**S. aureus bacteraemia in focus**

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Staphylococcus aureus bloodstream infection (BSI) remains one of the most common cases of bacteraemia and has a mortality of around 40% at 1 month for methicillin-resistant S. aureus (MRSA) and 15-20% with methicillin-susceptible S. aureus (MSSA). Mortality at 6 months for MRSA BSI approaches 60%. Across the European Union, MRSA bacteraemia accounts for 5400 additional deaths due to BSI alone and over 1 million extra hospital days [1]. The impact of MSSA BSI is unquantified but is likely to be much larger. Using case-based discussion in an interactive session with the audience, this presentation will explore the common clinical conundrums associated with the management of S. aureus BSI. These conundrums include: initial empirical therapy for suspected BSI; definitive antimicrobial therapy; role of combining anti-staphylococcal; source control; value of therapeutic drug monitoring; laboratory support and susceptibility testing; ongoing management; and monitoring implications for outcomes. Finally, the role of antibiotic stewardship in the management of S. aureus BSI will be addressed. 1. ECDC/EMA Joint Technical Report. The bacterial challenge: time to react. 2009; doi 10.2900/2518