Understanding Dalbavancin Use Among Infectious Diseases Clinicians: A Single-Center, Mixed-Methods Survey

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Background: Dalbavancin is approved by the U.S. Food and Drug Administration for gram-positive acute bacterial skin and skin structure infections. Its long half-life supports specific off-label use, with recent trial data for complicated Staphylococcus aureus bacteremia. Identifying influences of off-label use may guide future recommendations. We assessed clinician perspectives on dalbavancin at a major Midwest academic medical center.

Methods: An anonymous 17-question online survey (with three case vignettes) was emailed to all infectious diseases clinicians. Quantitative questions were analyzed descriptively. Open-ended text was coded into categories. Subsequent optional 20-minute Zoom interviews were recorded, transcribed, and coded using a hierarchical codebook with iterative refinement of thematic domains. Interviews were analyzed in MAXQDA with AI-assisted initial coding with manual validation and sub-coding.

Results: Of 53 eligible individuals, 24 (45.3%) responded (Table 1). Most (95%) preferred twice weekly dalbavancin dosing. Use (Figure 1A) was driven by improved adherence/logistics (41.7% ranked first) and avoiding central lines (20.8% ranked second). Key Likert-scaled barriers were insurance coverage (50% “to a great extent”) and cost (62.5% “somewhat”) (Figure 1C). In the vignettes, dalbavancin ranked highly when adherence barriers existed, but not in cases with feasible standard intravenous (IV)/oral (PO) options (Figure 2). Interviews (n=7) identified PO inability/oral antibiotic failure, treatment duration, and patient preference as primary selection factors, emphasized in all interviews (Figure 3A). Decision-making was also shaped by adherence advantages and cost (Figure 3B). The Outpatient Parenteral Antimicrobial Therapy team was a key resource for dalbavancin decisions (mean 8.1 coded mentions/interview).

Discussion & Conclusion: Clinicians were most comfortable using dalbavancin for S. aureus, though some endorsed vancomycin-resistant enterococci (VRE) despite no activity, indicating knowledge gaps. While use is guided by a core set of selection criteria and decision-making factors, context-dependent variability remains. Targeted stewardship and standardized guidance may improve appropriate dalbavancin use across patient populations.

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