

Table 5. Recommended Therapy for VGS Infections

Endocarditis due to penicillin susceptible viridans streptococci and *Streptococcus bovis* (Minimum Inhibitory Concentration ≤ 0.1 mg/mL).

Native valve infection: Use any of the following:

1. Penicillin G 12-18 million units per day in continuous drip or 6 divided dose plus gentamicin 3 mg/kg IV as single dose or 3 divided doses for 2 weeks.
2. Penicillin G 12-18 million units per day in continuous drip or 6 divided dose for 4 weeks.
3. Ceftriaxone 2 g IV or IM daily for 4 weeks.
4. Vancomycin 30 mg/kg not to exceed 2 g IV in 2 divided doses for 4 weeks.

Prosthetic valve infection.

Penicillin or vancomycin as 2 and 3 for 6 weeks plus gentamicin at the same dose as above for at least 2 weeks.

Endocarditis due to viridans streptococci and *Streptococcus bovis* relatively resistant to penicillin G (Minimum Inhibitory Concentration >0.1 $\mu\text{g/ml}$ and <0.5 $\mu\text{g/ml}$)*

1. 18 million U/24 h IV either continuously or in six equally divided doses for 4 weeks plus gentamicin 3 mg/kg IV as single dose or 3 divided doses for 2 weeks.
2. Vancomycin 30 mg/kg not to exceed 2 g IV in 2 divided doses for 4 weeks.

Endocarditis due to viridans streptococci with (MIC >0.5 $\mu\text{g/ml}$) or nutritionally variant streptococci

1. Aqueous crystalline penicillin G sodium, 18-30 million U/24 h IV either continuously or in six equally divided doses or, ampicillin sodium 12 g/24 h IV either continuously or in six divided doses plus gentamicin sulfate 1 mg/kg IM or IV every 8 h for 4-6 weeks*
2. Vancomycin** hydrochloride 30 mg/kg per 24 h IV in two equally divided doses, to exceed 2g/24 h unless serum levels are monitored plus gentamicin sulfate (similar dose as above) for 4-6 weeks*

For patients with prosthetic valve endocarditis due to *streptococcus*

Treat as resistant *streptococcus* (MIC >0.5 $\mu\text{g/ml}$) for 6-8 weeks

For patients with bacteremia without endocarditis due to viridans group of *streptococcus* and NVS.

1. Penicillin G 12-18 million units IV continuously or in 6 divided doses for 2 weeks.
2. Ceftriaxone 2 g IV or IM daily for 2 weeks
3. Clindamycin 300 mg IV or PO q8h for weeks***
4. Vancomycin 30 mg/kg not to exceed 2 g IV in 2 divided doses for 2 weeks.

For patients with meningitis due to viridans group of *streptococcus* or NVS

1. Ceftriaxone 2 g IV or IM daily or cefotaxime 2 g IV q6h for 2 weeks
2. Penicillin 18-30 million units IV in 6 divided doses for 2 weeks
3. Vancomycin 30 mg/kg not to exceed 2 g IV in 2 divided doses for 2 weeks

For patients with mixed infection where viridans group of *streptococcus* or NVS is found

1. Beta-lactam/beta-lactamase inhibitor combinations at the recommended dose
2. Imipenem 500-750 mg every 6-8 hours IV.
3. Above agents or clindamycin plus gentamicin.

*4-week therapy recommended for patients with symptoms <3 months in duration; 6-week therapy recommended for patients with symptoms greater than 3 months in duration plus

**Vancomycin therapy is recommended for patients allergic to beta-lactams; cephalosporins is not acceptable unless shown to be effective by susceptibility testing

***Clindamycin susceptibility should be checked.