

Vancomycin Resistant Enterococcus (VRE)

Questions and Answers for Staff

What is VRE?

VRE is a type of *enterococcus* that has become resistant to many of the antibiotics normally used to kill it.

How is it transmitted?

The organism usually lives in people's bowels; however, it can live on skin or in the environment for long periods (days or months). It can be spread by the unwashed hands or gloves of personnel after direct contact with patients or the contaminated environment. If the worker does not wash their hands or if they fail to remove gloves between patients and then wash, they can pass this organism on to the next patient or (rarely) to a staff member.

What is the difference between colonization and infection?

Colonization is when the organism lives on one or more body sites with no signs and symptoms of illness.

Infection is when the organism gets past the person's normal defenses and becomes a pathogen, examples include bloodstream infections, pneumonia, urinary tract infections and wound infections.

What special precautions are taken?

A) Isolation

Infection Control staff will decide whether a special VRE Precautions sign is required. This provides an alert to staff. Staff and visitors should be reminded of any special isolation requirements.

Occasionally, patients with VRE may be roomed together.

Some areas may not have a private room. The space/area around the client is to be considered the isolation area.

B) Barrier use

Gowns are required for all direct hands-on contact with the client especially when lifting/turning or bathing the patient and with dressing changes.

A mask for general care is not normally required, as VRE is not known to be transmitted by the airborne route.

Gloves are needed for direct contact with the client and body excretions/secretions. In certain circumstances, such as an outbreak, glove requirements may be increased.

C) Hand disinfection

Hand disinfection, either with an antiseptic soap or an antiseptic hand rub, must be practiced between all patients and after handling used equipment.

D) Equipment

Direct patient care equipment such as stethoscopes, BP cuffs, and commodes may be dedicated to patient rooms as directed by Infection Control. If not dedicated, equipment must be cleaned and disinfected between patients as the organism can be transmitted from one patient to another via shared items.

Take the least amount of supplies into the room e.g. packages of gauze.

When isolation is discontinued, disinfect equipment and discard all unused supplies.

E) Cleaning

All touch surfaces in client rooms are cleaned daily and as needed.

At the end of isolation, or following patient discharge or transfer, a special terminal clean is required.

Treatment for patients with VRE.

Treatment depends partly on whether the patient is colonized or infected with the organism. Patients may be bathed with the special antibacterial soap in order to decrease the number of VRE on the skin.

Treatment of infections will be directed by the patient's doctor usually in consultation with Infection Control or Infectious Diseases.

How long do patients require isolation?

Following treatment, Infection Control will request cultures from specific body sites at designated intervals.

Following a series of negative cultures, Infection Control will determine the isolation status of the patient and the level of barrier precautions required.

Will I become a carrier?

The risk of becoming a carrier is felt to be very small. Hand washing is the key to any type of prevention.

Do I need to be cultured to see if I am a carrier?

This is not commonly done as it is difficult to prove cause and effect, i.e. a positive health care-giver does not necessarily mean that the individual is transmitting the organism to others. In addition, cultures are not 100% reliable in detecting carriage of VRE. Prevention of transient carriage, particularly on your hands remains the key. Swabs will be done only under the direction of Infection Control.

If I am immunocompromised or pregnant, am I at increased risk of acquiring VRE?

No, the risk (which is very low) is the same for all health care-givers.

Additional questions?

Contact Infection Control.

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