Is my family at risk if I have become colonized with VRE?

- VRE is no more dangerous than other normal bacteria that people carry on their skin and are exposed to every day.
- You can carry on with your usual activities and remind everyone to wash their hands often. You should wash your hands after you go to the bathroom or touch any wounds as a matter of routine, not just for VRE.

If a family member assists in patient care, nursing staff will inform the persons involved of any extra precautions necessary.

Persons visiting should be aware of their own health status so as to avoid either putting the patient at increased risk or themselves at risk.

It is not recommended to visit any patient if you are feeling unwell, for example, if you have vomiting/diarrhoea or flu like symptoms.

Can a patient go home with VRE?

Having VRE is not a reason for remaining in hospital, once a patient is otherwise fit for discharge. Any necessary follow up will be arranged with the patient’s GP or public health nurse.

What will happen in the future if the patient needs to go to hospital?

If a patient attends any hospital in the future they should inform medical and nursing staff there that they have had VRE. Swabs and other specimens will be taken for laboratory analysis.

For further information please contact the infection control team in Blackrock Clinic.

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What are enterococci?

- Enterococci are most commonly found in the bowels of most animals, including humans, where they make up part of the normal bacterial flora. They can also be found in the human genital tract.
- They are hardy microorganisms that can survive the harshest environments and can be found in soil, water and on vegetation.
- Most people who carry enterococci don’t suffer any ill effects. Carrying enterococci harmlessly like this is called “colonisation”.
- Sometimes enterococci cause infections if they enter the body. This is more likely to happen to people who are already unwell, particularly those who are in hospital with a serious illness.
- There are many different species of enterococci, but only a few have the potential to cause infections in humans. More than 95% of infections due to enterococci are caused by just two species, Enterococcus faecium and Enterococcus faecalis.

What type of infections do enterococci cause?

- Most people who carry enterococci don’t suffer any ill effects.
- Enterococci can cause a range of different infections including:
  - Wound infections
  - Urinary tract infections
  - Infections of the abdomen and pelvis
  - Infections in the bile duct (cholangitis)
  - Heart valve infection (endocarditis)
  - Bacteraemia (infection of the blood)

What are vancomycin-resistant enterococci (VRE)?

Vancomycin-Resistant Enterococci (VRE) are enterococci that have become resistant to vancomycin.

Are some people more at risk than others?

- Most people who carry VRE don’t suffer any ill effects.
- VRE colonisation and infections mainly occur in hospital patients.
- Certain people are at increased risk of VRE colonisation. These include patients:
  - That are currently on or have recently taken vancomycin or other antibiotics (including cephalosporins, ciprofloxacin, aminoglycosides, clindamycin and metronidazole) for an extended period.
  - With conditions that compromise the immune system (e.g. cancer chemotherapy).
  - Who have spent a long time in hospital or other healthcare setting.
  - Who have undergone surgical procedures, especially abdominal or chest surgery.
  - Who have a long-term indwelling catheter (e.g. intravenous or urinary catheters).
  - In specialist units such as intensive care or renal units.
- However, VRE are sometimes found in the faeces of people who have never been in hospital or have not recently been given antibiotics.

How is VRE spread?

- VRE is most commonly spread by direct HAND contact with a person colonised or infected with VRE or indirectly via the hands of healthcare workers.
- VRE is also spread by touching contaminated surfaces (e.g. railings, door handles) that have been contaminated by someone who has not washed their hands.
- Some infections originate from VRE that may be patient’s own normal bacterial flora.

VRE is NOT passed through the air or by coughing.

Hand washing is critical to prevent the spread of VRE.

Is VRE treatable?

- Healthy people who carry VRE in their bodies (colonization) do not need treatment.
- Patients with indwelling catheters who have developed infections due to enterococci / VRE may need to have the catheter removed. Antibiotic therapy may be needed for serious infections.
- Those with VRE infections (e.g. bacteraemia) will be treated with other antibiotics.

How can VRE spread be controlled?

- VRE is most commonly spread via hands, equipment, and sometimes the environment.
- Good hygiene measures (frequent hand-washing and cleaning of the environment) should be practiced at all times to prevent the spread of VRE (and other microorganisms) from person to person. Gloves and gowns should be worn if someone is in contact with body fluids that may contain VRE (e.g. faeces).
- Hand washing is the best way to prevent the spread of VRE.
- A patient found to be colonised with VRE will be isolated and cared for using barrier precautions, such as aprons and gloves.

The most important ways to prevent and control VRE are:

1. Handwashing
   - It is important that healthcare workers and visitors wash their hands before and after visiting a patient.
   - Provided hands are not soiled (when they should be washed with soap and water), alcohol gels can be used.
2. Sensible antibiotic prescribing
   - Only prescribe certain antibiotics including vancomycin, to those patients who really need them.
3. Good environmental cleaning and decontamination practices.
4. Staff education on how to recognise and control VRE.