



Australian Government
National Health and
Medical Research Council

Healthcare Associated Infection

Vancomycin Resistant Enterococci

(VRE)

Consumer factsheet

What is Vancomycin Resistant Enterococci (VRE)?

Enterococci are bacterium (or germs) that live in most people's gut and urinary system and usually do not cause illness. The term used to describe this is 'colonisation'. However, like many organisms, enterococci can sometimes invade other parts of the body and cause infection.

Vancomycin is a very strong antibiotic often used to treat complicated infections when other antibiotics don't work. When enterococci are exposed to vancomycin, they sometimes develop ways to stop the antibiotic working, and this has led to the development of 'vancomycin resistant enterococci' (VRE).

Who is at risk of getting VRE?

The following people are at an increased risk of becoming infected with VRE:

- People who have been previously treated with the antibiotic vancomycin or other antibiotics for long periods of time.
- People who are hospitalized, particularly when they receive antibiotic treatment for long periods of time.
- People with weakened immune systems such as patients in Intensive Care Units, or in cancer or transplant wards.
- People who have undergone surgical procedures such as abdominal or chest surgery.
- People with medical devices that stay in for some time such as urinary catheters or central intravenous (IV) catheters.
- People who are colonized with VRE.

How does VRE spread?

VRE is often passed from person to person by the hands of healthcare workers and caregivers after they have come in contact with other people with VRE or after contact with contaminated surfaces. It can also be spread directly to people after they touch surfaces that are contaminated. VRE is not usually spread through the air by coughing or sneezing.

Why is it important to identify VRE?

VRE can cause infections of the urinary tract, bloodstream or wounds. Infections caused by VRE are uncommon but are more difficult to treat. We do not want VRE to become widespread.

How is VRE diagnosed?

VRE can be detected from wound swabs, urine and faeces samples by staff in a microbiology laboratory.

Why are you being screened or tested for VRE?

Healthcare facilities may want to test you to see if you are carrying VRE so:

- they can protect you (especially if you are going to have surgery) and provide the right treatment if you do develop VRE infection
- they can protect other patients, especially those having procedures where VRE may cause problems.

In acute hospitals, there may be a policy in place to routinely take a sample or swab from patients who are at risk of having VRE.

How is VRE treated?

If you are 'colonised' with VRE, meaning that you do not have an infection but the organism is living normally on or in your body, no treatment is needed. However it is good to be aware of this so you can advise health care workers if you are going to be treated or admitted to hospital.

Most VRE infections can be treated with antibiotics other than vancomycin. Laboratory testing of the VRE can determine which antibiotics will work

What can you do to help prevent the spread of VRE?

While you are in hospital, it is very important that you, the staff and your visitors use excellent hand hygiene practices. This means using an alcohol-based hand rub or washing with soap and water to clean your hands, this needs to be completed frequently and thoroughly to reduce risk of spread of this germ. It is particularly important that you perform hand hygiene after going to the toilet.

What other precautions are taken?

If you have VRE and are in an acute hospital, it is likely that other precautions will be used when caring for you to prevent the spread of the organism. The common term used for this is 'contact precautions'. This means that you will be cared for in a single room and staff will wear gloves and a gown or apron when providing personal care to you. Your visitors may also be instructed to wear gloves and an apron or gown while visiting you, and to clean their hands when they leave.

These precautions are taken to make sure that the VRE organism is not spread to other patients. Outside of the acute hospital setting, standard precautions or normal personal hygiene methods used to prevent the spread of any infection from patient to patient (especially hand hygiene) are sufficient.

What will happen about your VRE when you're discharged?

Good hand hygiene practices (especially after going to the toilet) will be important when you are discharged. Otherwise no extra precautions need to be taken.

Enterococci bacteria live in the bowel of most people. VRE, like normal enterococci, do not pose a risk to healthy people.

What about next time you go to hospital?

Next time you go to hospital, it is important to tell your nurse or doctor that you have previously had VRE. They will check to see if you need to be screened again, or if any extra precautions need to be taken.

Where can you find out more?

If you have any questions or concern you should speak to the Infection Control Professional or the healthcare worker looking after you or your family member.

Consumer guides are also available on healthcare associated infections, *Clostridium difficile* and MRSA from the NHMRC website. www.nhmrc.gov.au

References

NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare.
www.nhmrc.gov.au

Hand hygiene Australia (2008) Health Care Associated Infections.
www.hha.org.au/ForConsumers/FactSheets.aspx#HCAI

Centers for Disease Control and Prevention – FAQ's on VRE www.cdc.gov/ncidod/dhqp/ar_VRE_publicFAQ.html

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