



VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE) Fact Sheet for Healthcare Professionals

What is VRE?

Enterococci are bacteria that live in the gastrointestinal tract of most individuals and generally do not cause harm (“colonization”). Vancomycin-resistant enterococci (VRE) are strains of Enterococci that are resistant to the antibiotic vancomycin. If a person has an infection caused by VRE, such as a urinary tract infection or blood infection, it may be more difficult to treat.

How is the VRE Spread?

VRE is spread from one person to another by contact, usually on the hands of caregivers. VRE can be present on the caregiver’s hands either from touching contaminated material excreted by the infected person or by touching contaminated environmental surfaces. VRE can survive on inanimate objects such as toilet seats, door handles, bedrails, furniture, stethoscopes, rectal thermometers and bedpans.

Risk Factors for VRE

People at risk for colonization or infection with VRE are usually hospitalized and have an underlying medical condition which makes them susceptible to infection. These conditions include clients/patients/residents with:

- Previous hospitalization or transfer between health care facilities (in Canada or outside Canada)
- Critical illness (es) in intensive care units
- Severe underlying disease or weekend immune systems
- Urinary catheters
- Exposure to (or contact with) a client/patient/resident with VRE
- Antibiotic use, particular vancomycin

Good Hand Hygiene Practices

Remind all staff and visitors to practice good hand hygiene before and after client/patient/resident contact/care. Health care staff should review the correct method of hand hygiene, as well as demonstrate the proper donning/removal of personal protective equipment (PPE) for clients/patients/residents, families and visitors.

Good hand hygiene practices refer to the use of alcohol-based hand rub or soap and running water for at least 15 seconds.

Hand hygiene should occur:

- Before client/patient/resident or environment contact
- Before performing aseptic procedures
- After care involving body fluids
- After client/patient/resident or environment contact

Prevention and Control of VRE

- If the client/patient/resident is known to have had VRE in the past, Contact Precautions should be initiated:
 - Hand hygiene as described in Routine Practices
 - Appropriate client/patient/resident placement
 - Gloves for all activities in the patient's room or bed space in acute care, or for direct care of clients/residents in long-term care and ambulatory/clinic settings
 - Long-sleeved gown for activities where skin or clothing will come in contact with the patient or their environment in acute care, or for direct care of client's/residents in long term care and ambulatory/clinic settings
 - Dedicated equipment or adequate cleaning and disinfecting of shared equipment, including transport equipment
 - Notify the Infection Prevention and Control Practitioner or delegate to discuss the infection control management or client/patient/resident activities
 - Additional surveillance specimens for colonization of client/patient/resident contact(s) may be required, as directed by Infection Prevention and Control

Family and Visitors

All families/visitors should practice good hand hygiene before and after leaving the client/patient/resident room.

Families/visitors who provide direct care are to wear the same PPE as staff. "Direct care" is defined as providing hands-on care such as bathing, washing, turning the client/patient/resident, changing clothes/incontinent pads, dressing changes, care of open wounds/lesions and toileting. Feeding and pushing a wheelchair are not classified as direct care.

Written information should be available for clients/patients/residents that explains the precautions required.

Source: Provincial Infection Control (PIC-NL)

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