FACT SHEET Vancomycin-Resistant *Enterococci*

Information for Health Professionals (VRE)

What is VRE?
VRE stands for vancomycin-resistant *Enterococci* and refers to bacteria of the *Enterococcus* genus that have developed resistance to vancomycin, normally used to treat serious *Enterococcus* infection. In addition to vancomycin, most strains of VRE are also resistant to other standard antibiotics including ampicillin and aminoglycosides.

How does VRE affect people?
People become carriers of VRE or have infections due to the bacteria. When colonized the organism is carried in the gastrointestinal tract or female genital tract without signs of illness. When infection occurs VRE can have clinical manifestations, ranging from skin lesions to deeper infections such as bacteremia and pneumonia.

Who is at risk for VRE infections?
Healthy people are not usually at risk for invasive VRE infections. Risk factors include critical illness, underlying disease or immunosuppression, intra-abdominal or cardio-thoracic surgical procedure, indwelling urinary or central venous catheter, prolonged hospital stay, or receipt of broad-spectrum antibiotics or vancomycin therapy.

How is the VRE spread?
Contact transmission of VRE may be direct (person-to-person) or indirect via contaminated equipment or environmental surfaces.

What is the most important measure to prevent the spread of VRE?
Hand hygiene using antimicrobial soap and warm running water for at least 15 seconds, or an alcohol based hand rub is the single most important measure to control the spread of VRE. Proper hand hygiene should be performed after the care of each patient, after handling soiled dressings and clothing, and after wearing gloves. Ensure frequent and proper cleaning of patient-care equipment and the environment.

What else can be done to prevent the spread of VRE?
Other measures to prevent becoming infected or transmitting infection to others are avoiding cross-contamination between clean and dirty linen, daily environmental cleaning, wearing gloves for all dressing changes, proper handling of infectious waste, and observing isolation procedures. Hand hygiene before and after each patient contact is the most important control measure.

How is VRE treated?
Persons carrying VRE but not exhibiting symptoms (colonized) usually do not need to be treated. Persons with active infections currently have limited treatment options, but may include multiple antibiotics for a prolonged period of time.

National VRE guidelines are available at.
The Hospital Infection Control Practices Advisory Committee (HICPAC) published in the September 22, 1995/Vol.44/No. RR-12 Morbidity and Mortality Weekly Report (MMWR), "Recommendations for Preventing the Spread of Vancomycin Resistance".

Refer to the Iowa Antibiotic Resistance Task Force Report:
www.idph.state.ia.us/adper/common/pdf/cade/antibioticreport.pdf