



VRE: Frequently Asked Questions for Staff

Colonization: *refers to bacteria present on or in a person's body without causing illness. Everybody is colonized with many different kinds of bacteria and usually do not become ill from them*

Infection: *is when a person becomes ill from specific bacteria*

Surveillance/Tracking: *close watch kept over something*

VRE: *Vancomycin Resistant Enterococci*

What is VRE?

Our bodies are colonized by many different types of bacteria at all times, only some of which can be harmful to us. VRE is one such bacterium that can be present in the gut of a small number of people and is most often not harmful. Occasionally people colonized with VRE become ill with an infection; however, the risk of infection is very low. Although VRE is quite resistant to certain antibiotics, there are now antibiotics available to treat these infections.

How have we been approaching VRE up until now?

In the past, the WRHA screened some patients when they are admitted to see if they carried VRE bacteria in their gut. If it was present, patients were placed on Contact Precautions for the duration of their stay. People providing direct care (visitors or staff) had to wear gowns and gloves in the room. Patients who had been in contact with patients who have VRE were also screened to see if they carried the VRE bacteria. In some facilities these precautions were modified.

Why is the WRHA changing these procedures?

National evidence gathered over almost 20 years shows the presence of VRE (i.e., colonization) the vast majority of VRE colonization does not result in infection or critical illness. VRE infections can also now be treated with antibiotics, which was not the case when VRE first appeared. VRE bacteria cause a very small percentage of all the infections we see in healthcare facilities, mostly because they are not very good at causing infections when compared to other bacteria.

When VRE was first discovered, there was a fear it might pass on its antibiotic resistance abilities to other more aggressive bacteria. Fortunately, we now know this almost never happens.



We also know patients in isolation are more likely to get depressed, are visited less often by healthcare providers, and are more likely to experience medical errors.

When we balance all of these factors together, we feel it is better for our patients that we change our current practices and treat VRE like other bacteria. This will allow us to focus our efforts on more dangerous bacteria.

Will this change put patients at risk?

No. We will continue to work on excellent infection prevention and control standards for all patients. We will continue to track VRE bloodstream infections and treat them quickly and appropriately. If we see a concerning trend of increased infections then we will take quick and appropriate action.

How will I know if someone is VRE positive?

Because we are going to stop screening for VRE, you will usually not know who is carrying the organism. Patients that we know are carrying VRE will no longer require Contact Precautions. We will continue to carry out surveillance for VRE bloodstream infections, but infected patients will not require isolation.

You may know the VRE status of patients who are already/currently flagged in the EPR system. Disregard the VRE flags. Though they are present, these patients no longer require Contact Precautions within the WRHA.

In terms of staff safety, VRE causes very few infections in patients and is not an organism that generally affects health-care providers. It is no longer important to know who may or may not be colonized with VRE.

How will I be able to protect myself from VRE?

By following Routine Practices, including excellent hand hygiene (following the 4 Moments) you will be able to protect yourself if a patient is carrying **ANY** organism. We will also maintain focus on appropriate environmental cleaning standards to protect patients and health-care providers from being exposed to organisms. As per our usual practice, all patients (whether VRE positive or not) with uncontrolled diarrhea will continue to be cared for with Contact Precautions. This is to protect against soiling of the environment from possible infectious agents causing diarrhea.



Are we concerned about the spread of VRE and potentially causing further outbreaks?

Despite aggressive control measures for more than a decade, VRE colonization has increased across Canada; however, we have not seen a significant increase in serious infections causing harm to patients. Stopping VRE control measures will allow us to focus more resources on other hospital-associated infections that have proven to cause much more harm to patients.

How do I know if I get VRE?

As a healthy individual living in the community, your risk of having VRE is very low. Even if you do carry VRE, your chances of getting ill from it are extremely low. For these reasons, the WRHA has never screened health-care providers for VRE. We do not plan to start testing health-care providers now.

Now that VRE patients are being placed in semi and quad rooms – will that increase transmission of VRE and lead to more infections?

Following Routine Practices, including cleaning equipment between patient uses and performing the Four Moments of Hand Hygiene, should result in the reduction of all organism transmission. Organisms are transmitted between patients all the time, but most are relatively benign: VRE is now known to be in this category. We only try to control certain organisms we know can cause serious illness (e.g., MRSA, influenza, etc.).

Should we be placing known VRE patients in the same room rather than putting them in shared rooms with non-VRE patients?

No. We will not be doing anything special for patients we know to be VRE positive from previous screening. They will be treated like any other patient and will not be cohorted in the same room.

What should we do with patients transferred to us on isolation for VRE?

Patients who arrive isolated from other facilities/RHAs will not be isolated in the WRHA. VRE positive patients may find this confusing so it will be important to provide them with information about this. If you require more information please contact your site Infection Control Professional (ICP).



Do we have enough evidence to suggest VRE is not causing harm in critically ill patients?

We have enough evidence to show the vast majority of VRE cases do not result in critical illness or serious infection. For those patients who get a VRE infection, we now have antibiotics to treat it. This was not the case almost 20 years ago when VRE first appeared.

How do we handle other health-care facilities that require screening for VRE before the patient can be transferred?

Facilities concerned about VRE will have an admission screening program and will therefore capture VRE cases that way.

If VRE is found on a clinical culture report, do we isolate?

No. We treat it like any other clinical specimen.

Do we restrict visitors for known VRE patients?

No. These patients will no longer be on isolation, therefore there is no need for visitor restrictions. Please see VRE Patient & Family Q&A.