Vancomycin Resistant *Enterococci* (VRE) Fact Sheet for Healthcare Workers in the Community

What are *Enterococci*?
*Enterococci* are bacteria found in the bowel of healthy people and usually do not cause illness. This is called colonization. *Enterococci* are capable of causing wound and skin infections, and less often, more serious infections of the blood or other body sites.

What is Vancomycin Resistant *Enterococci* (VRE)?
The antibiotic Vancomycin is sometimes the only antibiotic that is effective in treating serious infections caused by *enterococci*. VRE is a type of *enterococcus* that has become resistant to the antibiotics normally used to kill it, including vancomycin. When vancomycin can no longer kill *enterococci* this means they have become resistant. VRE does not cause more severe infections than other *enterococci*.

What to look for? (signs and symptoms of VRE):
For most people, VRE causes no harm. Infections rarely develop; usually only seriously ill individuals get infections and will depend on the part of the body involved. Symptoms will depend on the site of infection. For example, VRE can cause an infection in the bladder, a wound or in the blood stream.

How is VRE transmitted (spread)?
*Enterococci*, including VRE, are found in the human bowel and are passed from the body through feces. *Enterococci* can be found on people’s hands, or on things that are touched such as toilet seats, or client care equipment. VRE is passed from one person to another by direct contact with feces, or indirectly through equipment or items that have become contaminated.

How is VRE detected?
The laboratory can identify VRE either by a screening swab of the rectum/ostomy or by a clinical specimen obtained from an infected individual.

Who is at risk?
Patients in hospital are at higher risk for acquiring VRE. Some risk factors are:
- Prolonged hospital stay in a healthcare facility where VRE cases have been reported.
- Treatment with frequent doses of vancomycin in the past.
- Hospitalization in an intensive care unit.
- Treatment in a dialysis unit.
- Has an indwelling device, e.g. foley catheter.
- Open wounds.
- Major surgery.
- Exposure to clients with VRE or VRE contaminated equipment.

Clients in the home are not at risk of acquiring VRE if Routine Practices are followed.
**Healthcare worker/staff**: Healthcare workers are not usually at risk for VRE colonization/infection. Therefore not routinely screened. The chances of colonization/infection with VRE do not increase even if you have been in contact with an individual with VRE, e.g. at work. Healthcare workers/staff including pregnant healthcare workers are at minimal risk of acquiring VRE colonization/infection provided they adhere to Routine Practices and Additional Precautions for the specific situation. If you are immunocompromised the risk is also very small. Please contact Occupational & Environmental Safety & Health if you have concerns about working with clients who are colonized/infected with VRE.

**How is VRE treated?**
Healthy people, who are carriers (colonized) with no symptoms of infection do not need treatment. Consultation with an Infectious Disease Specialist is recommended for treatment of individuals who have infection with VRE.

**What are the Infection Prevention and Control considerations?**
Routine Practices are required for all care activities on positive VRE clients in the community to limit the spread of microorganisms. Key points include:
- Hand hygiene with soap and water or alcohol based hand rub before and after contact with every client.
- Good environmental cleaning, including reusable client care equipment
- When gloves are used, they must be changed and hand hygiene performed between procedures and clients.

Refer to WRHA Community IP & C Manual for more detailed protocols.

**Hand washing or using alcohol-based hand rub is the best way to prevent the spread of these organisms.**