# IC – 825.6 APPENDIX F:

# VRE Questions and Answers for Staff

**What is VRE?**

VRE is the name given to certain members of a family of bacteria called enterococci. Enterococci naturally inhabit the intestine of people and animals. Although they do not normally cause disease, they are opportunistic bacteria and may cause infection by entering a part of the body where they do not belong, such as the urinary bladder or the blood stream.

VRE stands for Vancomycin-Resistant Enterococcus: an enterococcus that has acquired, (by mutation or by transfer of genetic material), the ability to resist antibiotics, including vancomycin, the most effective drug we have against enterococci.

**Who gets VRE?**

Patients at increased risk for vancomycin-resistant enterococcus colonization or infection include those who:

* Are critically ill, newborn, or elderly
* Have severe underlying disease or are immunosuppressed (such as transplant or oncology patients)
* Have had an indwelling urinary catheter or central venous catheter
* Have abdominal or cardiothoracic surgery
* Have had a prolonged hospital stay or received therapy with multiple antimicrobial medications or vancomycin

**How does a patient acquire VRE?**

There are two ways VRE may be acquired.

* One is by spontaneous mutation (change) of a non-resistant enterococcus that has been exposed to certain antibiotics, including vancomycin.
* The other way is by acquiring it from another patient who is *colonized*, or from an object or a surface that the *colonized* child has touched.

VRE transmission occurs easily through the fecal-oral route. VRE is spread by direct contact (i.e., dirty diapers, toilets) or indirect contact (doorknobs, bedside tables) with contaminated surfaces and equipment in the patients’ environment.

For example, A HEALTH CARE GIVER, A PARENT OR A VISITOR who touches the child or the child’s environment contaminated with feces and does not wash their hands effectively before leaving the room. The child acquires VRE by touching contaminated surfaces or toys then putting fingers in the mouth or eating without having thoroughly washed hands.

Despite good cleaning techniques and an effective germicide VRE may survive on environmental surfaces for weeks. **Special** **care must be taken not to contaminate the environment with soiled gloves.**

**What are the symptoms and when do they appear?**

Unless the patient develops an *infection*from VRE, there are usually no symptoms.

**How long is a person able to spread VRE?**

A person is able to spread VRE from the moment the organism is excreted and for as long as the VRE is present in the feces.

**How is VRE diagnosed?**

The presence of the organism is usually detected during a routine culture of feces or urine.

**What is the treatment?**

Oral bacitracin is being tried at this time to eliminate colonization, but there is no evidence as yet that it is effective*. Synercid*, an antibiotic developed in France, has been found to be effective only 70% of the time against severe VRE infections. Linezolid (Zyvox) is the drug of choice for VRE infections

**Can a person get VRE again?**

Yes.

**Should colonized children be excluded from school?**

No. Unless the child suffers from diarrhea, if he/she is feeling well enough to go to school and has been taught careful hand washing technique after using the toilet, there is no reason for exclusion.

**Can a VRE colonized patient go to the playroom?**

No.

**What can be brought into and out of the room?**

Use of designated patient care items which stay in room is best (i.e., blood pressure cuffs). If the item is not single patient use, the item must be disinfected according to the manufacturers’ recommendations after the patient is discharged.

Medications like inhalers that need to be refrigerated, must be kept in a clean “zip lock “ bag outside of the child’s room. The nurse will bring the medication to the patient’s bedside for use, then take it out and return it to the bag. When such medications are administered, special care must be taken to limit the possibility of contamination. The child must wash his/her hands carefully before touching the medication unit.

Food trays are handled in the usual manner. Food brought from home will be kept in the patient refrigerator and the child will be given small portions. Leftovers from the patient will not be returned to the refrigerator.

**What can be done to prevent VRE spread?**

* As soon as the presence of VRE is identified, the child must be placed on strict **CONTACT** precautions. Contact isolation/cohorting of colonized and infected patients and/or caregivers is required.
* **Every health care worker** who enters the room must wear a yellow isolation GOWN and disposable GLOVES. Masks are NOT necessary since VRE is transmitted by contact only. Parents/visitors are NOT required to wear gowns but must wear gloves when changing diapers or helping a child with toileting.
* PRIOR to leaving the room, gloves must be removed and discarded in the trash. Remove gown and place in linen hamper.
* Wash hands THOROUGHLY, with antimicrobial soap and water FOR 60 SECONDS. USE A PAPER TOWEL TO TURN OFF THE WATER FAUCET AND TO HANDLE THE DOORKNOB when exiting. This procedure must be repeated at each entry and each exit.
* **THIS IS MANDATORY, THERE ARE NO EXCEPTIONS. Parents/visitors are STRONGLY encouraged to adhere to these recommendations in order to protect the other patients.**
* Be sure housekeeping personnel are following proper procedures for the routine care, cleaning and disinfecting of environmental surfaces, there be no evidence that VRE is resistant to current disinfectants.