

Introduction

Enterococci bacteria are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is used to treat some drug-resistant infections caused by enterococci. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE). Most VRE infections occur in hospitals. At least 25 percent of antibiotic prescriptions in nursing homes do not meet clinical guidelines for prescribing. This use and overuse of antibiotics results in side effects and drug-resistant bacteria. The Communication and Decision making for Four Infections toolkit aims to reduce inappropriate prescribing for the four infections for which antibiotics are most frequently prescribed in nursing homes:

(1) Urinary tract infections (UTIs)

(2) Lower respiratory tract infections

(3) Skin and soft tissue infections

(4) Gastrointestinal infections

Source: <https://www.ahrq.gov/nhgguide/toolkits/determine-whether-to-treat/toolkit2-communications-and-decisionmaking.html>

When to Culture:

☐ When enterococcus is cultured, check sensitivities or ask lab if it is vancomycin resistant.

When to treat

☐ Symptomatic infection, not colonization.

How to Isolate Culture-positive Residents

- ☐ Do not use contact precautions in the absence of a draining wound, profuse respiratory secretions, or evidence implicating the specific patient in ongoing transmission of the MDRO within the facility.
- ☐ Use appropriate hand hygiene before and after all resident contacts (soap and water, or waterless alcohol product).
- ☐ Avoid placing resident in same room with person with indwelling medical device or open wound.
- ☐ Use sterile bandages to contain secretions from VRE-infected wound.
- ☐ Clean contaminated surfaces with EPA-registered hospital disinfectant.

When to Decolonize a Resident

☐ Do not attempt; no proven successful regimen exists

VRE Infection Risk Factors

Risk factors for VRE infection

- Severe illness
- Treatment with multiple antibiotics
- Abdominal or cardiac surgery
- Devices used in invasive procedures
- Age
- ICU
- Prolonged or repeated hospital stays

People at risk of getting VRE

The following persons are at increased risk becoming infected with VRE:

- ☒ People who have been previously treated with the antibiotic vancomycin or other antibiotics for long periods of time.
- ☒ People who are hospitalized, particularly when they receive antibiotic treatment for long periods of time.
- ☒ People with weakened immune systems such as patients in intensive care units, or in cancer or transplant wards.
- ☒ People who have undergone surgical procedures such as abdominal or chest surgery.
- ☒ People with medical devices that stay in for some time such as urinary catheters or central intravenous (IV) catheters.
- ☒ People who are colonized with VRE

How VRE is spread

VRE is often passed from person to person by the contaminated hands of caregivers. VRE can get onto a caregiver's hands after they have contact with other people with VRE or after contact with contaminated surfaces. VRE can also be spread directly to people after they touch surfaces that are contaminated with VRE. VRE is not spread through the air by coughing or sneezing.