

What are enterococci?

Enterococci are bacteria that are commonly found in people's intestines, stools or genitals. Usually, enterococci do not create infections in healthy people. They may sometimes cause urinary infections, wound infections and, more rarely, blood infections. People are infected with VRE during a stay in a health care institution; this infection can be treated with antibiotics.

MULTIDRUG-RESISTANT BACTERIA

Developed by the Direction de santé publique



Source : Mesures de contrôle et prévention des infections à entérocoques résistants à la vancomycine au Québec, MSSS, (1998).

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INFORMATION ON VANCOMYCIN-RESISTANT
ENTEROCOCCI
FOR PATIENTS AND FAMILIES

VRE



What are VRE (Vancomycin-Resistant Enterococci)?

VRE are enterococci that have developed a resistance to several types of antibiotics, including vancomycin. VRE do not cause more infections than other enterococci but they may require longer and more difficult treatment.

How are VRE detected?

Laboratory analyses of stool specimens, or rectal swabs, indicate that the bacteria is present. Patients are said to be **carriers**, or **colonized**, when bacteria are present but there is no sign of infection. They are considered **infected** when there are signs of infection, for instance, when urinary symptoms are present, or when a wound discharges pus or is red at the edges.

How are VRE transmitted?

VRE are transmitted from a colonized patient to another patient through the contaminated hands of health care workers. Hands are contaminated when people care for patients or touch objects contaminated by patients (toilet, doorknob, light switch). The best protective strategy is handwashing by staff and patients.

The risk that a carrier will transmit VRE to family members – including pregnant women and children – is very slight.

How long do VRE remain in stools?

VRE may be present in stools for several weeks and sometimes for months. Thus, people who have been colonized by VRE may still be carriers when they are readmitted to the hospital.

What precautions will be taken when a VRE-carrier goes to the hospital?

When a VRE-carrier is admitted to a hospital or a residential and extended care centre (CHSLD), or when the patient goes to one of these facilities for a consultation, it is important to warn health care workers that he or she is a VRE carrier so that appropriate measures can be taken to protect other patients.

A VRE-carrier will be given a single room with private toilet, and special precautions will be taken (staff will wear gloves and gowns, and will disinfect the environment more often). Also, a stool specimen or rectal swab will be taken to confirm that the person still carries the bacteria.

How can I prevent VRE from spreading at home?

Regular handwashing by carriers and family members is the simplest and most effective way. VRE are not more dangerous than the other bacteria normally found in people we interact with every day.

Certain objects or surfaces that are often touched by a carrier may be contaminated. Therefore, the bedroom and bathroom should be cleaned with disinfectant. Bleach may be used (1 part bleach diluted in 9 parts water). Objects and surfaces that are often contaminated include toilets, grip bars, flushing handles, doorknobs, light switches, bedside tables and telephones.

Bandages soiled with secretions must be thrown out in a closed plastic bag. No particular measures are required for dishes and utensils. Clothes belonging to a person who is a VRE-carrier can be washed in the usual way with a standard commercial detergent in hot or warm water.

If someone in the home is ill and has a weakened immune system, other measures may be necessary, and it is important to discuss this with a physician or nurse before the VRE-carrier goes home.

What if a VRE-carrier is receiving home-care?

Health care workers providing home care for patients with VRE must take special precautions to avoid transmitting the bacteria to other patients. Gloves and gowns may be called for in some situations. These measures will no longer be necessary when lab test results indicate that the patient no longer carries the bacteria.

When should hands be washed in the presence of VRE?

- After going to the bathroom;
- before and after providing care;
- after any contact with the environment of a carrier (e.g.: bed, doorknobs, bedside table, toilet), and on leaving the room.

Remember that in general, you should also wash your hands:

- before preparing, handling, serving or eating food;
- after blowing your nose, coughing or sneezing;
- after accidental contamination by blood or other biological liquids;
- when hands are visibly dirty.

For more information, call your CLSC's Info-Santé line or talk to your doctor.