

Vancomycin Resistant Enterococci (VRE)

Infection Prevention & Control Patient Information Leaflet

What are Enterococci?

Enterococci are bacteria that usually live harmlessly in your gut (normal colonising flora). Occasionally enterococci can move to a normally sterile part of the body, such as the bloodstream, where they can cause an infection. These infections do not always require treatment but, if treatment is required, antibiotics can be used to treat the infection.

What is VRE?

VRE stands for Vancomycin Resistant Enterococci. VRE are enterococci that have developed resistance to Vancomycin, an antibiotic commonly used in hospitals for treatment of a variety of infections. There are a number of other antibiotics that can be used to treat VRE.

If a person has VRE, they are known as a VRE carrier.

How would I know if I am a carrier of VRE?

VRE can be carried by patients, healthcare staff or visitors. Sometimes we need to screen patients for VRE carriage. We do this by taking a small sample from your rectum (back passage) using a cotton bud, or from a faecal (poo) sample. You will normally be informed of the result within two to three days. If you are a carrier of VRE, but have not developed an infection, you will not need to be treated.

However, if you are a carrier, various infection control precautions will need to be taken whilst you are in hospital in order to reduce the chance of the VRE spreading to anyone else (see below section on “How can the spread of VRE be prevented”)

How is a VRE infection treated?

Not all infections due to VRE need to be treated with antibiotics. If you develop an infection that does need treatment, the antibiotics that are used to treat VRE may need to be given in hospital and you may require special monitoring.

How did I pick up VRE?

As mentioned above, these bacteria can be found, living harmlessly, in the gut of humans and so it can be difficult to say when or where you picked it up. However, there is an increased chance of picking up these bacteria if you have:

- had a prolonged hospital stay
- been nursed in an intensive care unit
- a weakened immune system
- had a previous prolonged course of antibiotic treatment
- been in contact with a person carrying VRE

How can the spread of VRE be prevented?

VRE is spread by direct person to person contact and by contact with contaminated surfaces. It is spread more easily in patients with diarrhoea. It is not spread by coughing or sneezing. In a hospital, where there are many vulnerable patients, the spread of resistant bacteria can cause problems.

You will be assessed by healthcare staff as to whether you need to be nursed in a single room or in a bay with others. Healthcare workers must wear aprons and gloves when caring for you. Staff must wash their hands with soap and water following glove removal. The most important measure for you to take is to wash your hands thoroughly with soap and water, especially after going to the toilet. Inform staff immediately if you develop diarrhoea.

You should avoid touching medical devices such as your intravenous drip, particularly at the point where they are inserted into your body or skin.

Visitors must wash their hands on entering and leaving the room and will be asked to wear an apron and gloves if they are helping you with personal care.

What happens when I go home?

Being a carrier of VRE should not delay your discharge. Good personal hygiene is extremely important. Continue good hand hygiene practice at home. You should wash your hands thoroughly before preparing food or eating, and directly after using the toilet. No special measures are required with household cleaning and laundry practices.

If you are re-admitted to hospital, visit a GP surgery or attend an outpatient clinic, please tell the staff that you have had VRE before your visit. If you have personal care at home, please contact your community infection prevention team for further advice.

Is there a risk to my household members?

Provided you take the above precautions, the risk of your household contacts acquiring VRE are minimal. Even if they do become a carrier, this rarely leads to any problems. If they are admitted to hospital, it is worth making their doctors and nurses aware that they are a contact of a patient with VRE. That way a decision can be made about whether additional infection control precautions are required and, if they develop an infection, the doctors can make an informed decision about the need for additional antibiotics to cover VRE. Remember that not all infections due to VRE require treatment with antibiotics.

Where can I find more information?

If you would like any further information, please speak to a member of staff, who can contact the infection prevention and control team for you.

Further information can be found on the Public Health England website:

<https://www.gov.uk/enterococcus-species-and-glycopeptide-resistant-enterococci-gre>

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656 / 826319.