



Symposium 2.3

Control of Vancomycin Resistant Enterococci

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Vancomycin resistant Enterococci (VRE) are important important nosocomial organisms, and increasing in frequency in many hospitals worldwide. Much work has been done and continues to be done to address the problem of VRE, to varying degrees of success.

Do we need to control VRE?

There has been continuing debate as to whether we need to focus efforts on VRE, when Enterococci are not regarded as being very pathogenic. Those who favour more stringent measures argue that infections with VRE have greater morbidity and mortality than with sensitive Enterococci. Moreover, there are few effective alternative drugs to treat VRE. In addition, there is the fear of spread of vancomycin resistance to *S aureus*.

How do we control VRE?

Any attempts to handle or control VRE has to start with an understanding of risk factors for acquisition and transmission dynamics. Risk factors for VRE are well known , ranging from ICU, haematology/oncology patients, antibiotic use, length of hospitalization and poor compliance to infection control practices.

Different strategies have been proposed to control VRE. Most agree on the need for stringent infection control practices such as isolation and contact precautions for VRE cases. Certain authorities advocate active surveillance cultures on the basis that relying on clinical isolates alone will miss many asymptomatic carriers thus contributing to ongoing transmission.

Because certain antibiotic classes have been associated with increase in VRE, changes in antibiotic usage either via modifying hospital antibiotic formularies and/or restriction policies have also been advocated as adjunct measures.

Do these measures work and are they cost-effective and sustainable?

Guidelines for managing VRE patients include strict isolation, contact precautions with use of gowns and gloves. Some centers have been unsuccessful in control of VRE and have questioned the efficacy of such measures, arguing that it may not be cost-effective to do so. On the other hand, there are also success stories where isolation measures are combined with active surveillance, and where they have felt that such actions were cost-effective. Nor are individual hospitals likely to succeed if they are very aggressive about VRE containment, but continue to accept patients who also receive care at other institutions without similar stringent approaches. Co-ordination, perhaps at county or state level will be crucial to the control of VRE.