Vancomycin-Resistant Enterococcus (VRE)  
An organism requiring contact precautions

What is a vancomycin-resistant enterococcus (VRE)?

Enterococci are bacteria found in the bowel. These organisms usually do not cause any problems, but they can cause serious illnesses such as infections in the blood, the surgical wound, and the urinary tract. Some enterococci are resistant to the usual antibiotic, vancomycin, that is given to treat these infections. A resistant enterococcus is called vancomycin-resistant enterococcus or VRE.

How is VRE spread?

VRE is spread by having contact with people who carry VRE. These people may have symptoms (infected) or they may not (colonized). VRE can also be spread through contaminated shared objects such as personal hygiene items (towels, soap, wound dressings, bandages, etc.), soiled sheets, and clothing.

In the hospital, the hands of health care workers may also spread VRE. **Please tell your health care provider if you know that you are colonized or infected with VRE.**

Who is at risk for a VRE infection?

You may be at risk of developing a VRE infection if you:

- Have a severe illness.
- Are a senior citizen.
- Have had previous exposure to antibiotics.
- Have underlying diseases or conditions such as chronic renal disease, insulin-dependent diabetes, peripheral vascular disease, and dermatitis or skin lesions.
- Have had invasive procedures, such as dialysis, invasive devices, or a urinary catheter.
- Have repeated contact with the health care system.
- Have had other drug-resistant infections.

To learn more, visit this Web site:  
www.cdc.gov/ncidod/dhqp/ar_VRE_publicFAQ.html
Questions?

Call 206-598-6122

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff is also available to help at any time.

Healthcare Epidemiology and Infection Control:
206-598-6122

How is VRE diagnosed?

A sample from the infected or colonized site is sent to the laboratory for identification. Laboratory tests determine which antibiotics are active for treating the infection.

How are others protected from VRE?

Follow these safety precautions:

- Wash hands with soap and water or use an alcohol hand gel often, especially after using the bathroom and before eating. Caregivers should wear gloves and wash their hands after changing bandages or touching the infected site. Towels used for drying hands after contact should be used only once.

- Change and wash sheets and towels often with hot water. Dry clothes in a hot dryer to kill bacteria.

- Clean bathroom surfaces, kitchens and other areas on a regular basis. Use a solution of 1 tablespoon household bleach mixed in 1 quart of water, which must be prepared fresh each day. Or, use a phenol-containing store-bought cleaning product such as Lysol® or Pine-Sol® to kill VRE.

What does it mean to be in contact precautions?

At University of Washington Medical Center, we place a “Contact Precautions” sign near the doorway of your room to alert health care workers and your visitors to observe enhanced precautions when caring for you to protect other patients from getting VRE.

Health care workers and caregivers wear gowns and gloves when providing care. Handwashing for 15 seconds, using alcohol hand gels, and environmental cleanliness are emphasized.

You will be asked to stay in your room unless you need to go to other departments in the hospital for treatment. If you leave your room, you will be asked to wash your hands and to wear a yellow gown and gloves.

Please do not use the nutrition rooms while you are “in isolation.” When you want a snack or water, ask your patient care provider to bring it to you.

When can contact precautions be stopped?

Contact precautions can be stopped when you are no longer taking antibiotics and 2 follow-up cultures taken on 2 separate days reveal that you no longer have VRE. These follow-up cultures may be obtained from the previously infected site, or in some cases, they may be obtained from stool samples.