Allied BioScience

Vancomycin-resistant *Enterococcus*

Did you know...

VRE

Vancomycin-resistant *Enterococcus* (VRE) is considered a ***serious threat*** by the CDC[1], which classifies different microbes by level of concern in regard to its antibiotic resistance and other criteria. Enterococci are bacteria that can normally be found in the body, but which may also cause infections.[2] Vancoymycin can be an antibiotic of last resort, so resistance to this drug is concerning as it leaves few or no treatment options.[1]

PUBLIC HEALTH

In hospitals, very sick patients often are those infected by *Enterococcus*. Annually, of the estimated 66,000 healthcare-associated *Enterococcus* infections, 20,000 were drug-resistant, which attributed to 1,300 deaths.[1]

FINANCIAL IMPACT

In addition to the human impact, the financial effect of these infections is significant. According to one study, blood stream infections caused by VRE cost hospitals roughly $27,000 more than vancomyocin-sensitive enterococcal infections.[3] The cost of treatment for VRE infections affecting sites other than the bloodstream range between $8,936 - $38,669.[3] Wherever the infection, these bacteria are costly in terms of human life and bottom lines.

For more information on VRE, visit www.cdc.gov/hai/organisms/vre/vre

People with increased risk[2] for VRE infections may have:

- Undergone previous treatment with vancomyocin or long term treatment with other antibiotics
- A weakened immune system
- Had surgical procedures
- Indwelling medical devices like central lines or urinary catheters
- VRE colonization

What is the CDC doing to help?[1]

- Tracking VRE illness and risk factors through two systems
  - **National Healthcare Safety Network**
  - **Emerging Infections Program**
- Providing VRE outbreak support
- Developing VRE prevention and testing methods
- Promoting improved antibiotic prescribing

What can hospitals and administrators do?[1]

- Enforce CDC guidelines for prevention, detection, tracking and reporting
- Ensure laboratories can identify VRE and quickly communicate or alert clinical staff as needed
- Learn about VRE trends within their facility and the surrounding facilities
- Require communication regarding infection status, especially VRE, during patient transfers
- Participate in or launch regional VRE prevention efforts, encourage wise antibiotic use

What can providers do?[1]

- Stay informed about drug-resistant cases in your hospital and patients
- Ask for immediate updates when your patients are identified by the lab as having a drug-resistant infection
- Protect other patients from these infections; adhere to infection control methods and precautions for each patient encounter
- During patient transfers, communicate to the receiving facility if your patient has a drug-resistant infection
- Temporary medical devices should be removed as soon as they are no longer needed
- Prescribe antibiotics wisely
  For more information, visit www.cdc.gov/antibiotic-use/healthcare

Allied BioScience

CONTACT US
For product-related questions, orders or to set up a trial or demo, contact us:
call **214.432.5580**
email **info@alliedbioscience.com**
visit **alliedbioscience.com**

1. CDC, Antibiotic Resistant Threats in the US 2013, Center for Disease Control and Prevention. Atlanta. Accessed Feb 13, 2019. < https://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf >
2. Centers for Disease Control and Prevention. Healthcare-associated Infections (HAI). Diseases and Organisms. “VRE in Healthcare Settings.” Last reviewed Nov. 24, 2010. Accessed Aug. 22, 2019. < https://www.cdc.gov/HAI/organisms/vre/vre.html >
3. Butler AM et al. “The Attributable Costs of Enterococcal Bloodstream Infections in a Non-Surgical Hospital Cohort.” Infection Control & Hospital Epidemiology, Vol. 31, No. 1, 2010, pp. 28 – 35.

REF ID: 20191202