

Vancomycin-resistant Enterococci

National key messages for Primary Care

13 July 2023

Background

- Te Whatu Ora has been made aware of a number of cases of Vancomycin-resistant Enterococci (VRE) in hospital patients across the Te Manawa Taki region.
- Enterococci is a bacterium that can live harmlessly in the gut (colonisation).
- Generally, enterococci colonisation does not cause harm to a person. Most people do not become unwell or know they are carrying the enterococci bacteria as there are no symptoms. However, in a small number of cases enterococci bacteria is resistant to vancomycin and other antibiotics. If a person colonised with VRE develops an infection, it can then be difficult to treat because of the antibiotic resistance.
- VRE predominantly affects patients in hospital who have weakened immune systems, such as those in intensive care units, cancer or transplant wards, those requiring renal dialysis, or people who have previously been treated with antibiotics for long periods of time.
- The chance of people becoming colonised with VRE outside of a hospital setting is very low.
- VRE is not a new resistant bacteria and New Zealand has had transmission in hospital settings in the past.
- VRE can be spread to others through contact with contaminated surfaces or equipment, or person to person – often through contaminated hands. VRE can survive on surfaces and equipment for long periods of time. VRE is not spread through the air by coughing or sneezing.

Local response

- Te Manawa Taki Te Whatu Ora has advised that processes are in place to offer screening, identification of close contacts and follow up of people as required. Screening is also being offered to all patients who are being transferred or discharged to another in-patient or aged residential care (ARC) facility.
- Central Te Whatu Ora has established a national VRE Technical Advisory Group to support the development of national infection prevention and control (IPC) guidance and to support Te Whatu Ora district and regional providers, Primary

Care providers and ARC facilities nationwide. This national guidance will be distributed in due course. In the interim, please refer to the fact sheet for [Core IPC strategies for managing VRE in healthcare facilities](#).

Guidance for Primary Care providers

- Being positive for VRE should not prevent a person from receiving healthcare or being discharged back to their place of residence, including residential care settings.
- To support Primary Care providers:
 - A provider will be notified of a patient's VRE status via a discharge summary that will be sent to them by the local hospital.
 - To allow for the time it may take for the discharge summary to be reviewed by the provider, the hospital will also advise the positive VRE patient that they should notify any Primary Care clinician they see of their VRE status.
 - Staff adherence to standard precautions and good infection prevention and control (IPC) practices is required, including hand hygiene and thorough cleaning and disinfecting of multi-patient use equipment and surfaces with products confirmed as suitable for use against VRE.
 - To reduce spread, VRE patients and their whanau will be provided information from the local hospital about how VRE can be managed at home and how to protect vulnerable family members.
- Te Whatu Ora strongly recommends that Primary Care management teams ensure that staff are educated on their local facility IPC policies and the importance of following good IPC practices.