

Vancomycin-resistant enterococci (VRE)

Information for patients and visitors

This leaflet explains how we test for, treat and prevent infections with bacteria (germs) called vancomycin-resistant enterococci (VRE). If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

What is VRE?

VRE stands for vancomycin-resistant enterococci.

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Enterococci are bacteria (germs) that live in the gastrointestinal tract (bowels) of most people without causing illness. This is called colonisation.

Vancomycin is an antibiotic used to treat infections caused by enterococci. When enterococci become resistant to vancomycin (the antibiotic no longer works against the bacteria), they are called vancomycin-resistant enterococci or VRE.

This does not mean that someone who has an infection caused by VRE cannot be treated, just that they will have to be given different antibiotics to the ones usually used.

When does VRE become harmful?

Most of the time VRE do not cause any problems and people who are colonised with the bacteria do not look or feel different from anyone else.

But sometimes VRE can get into other parts of your body and cause an infection. If this happens we can use another antibiotic to treat it. VRE can also become resistant to another antibiotic, called Linezolid. If this happens, you will be asked to wear long gowns as well as the nurses and doctors caring for you. Your doctor will explain what other antibiotic you will be given.

Who is most at risk of getting VRE infection?

People whose ability to fight infections is low.

This includes people:

- With cancer.
- Having dialysis.
- Being treated in an intensive care unit.
- Who have had transplants.

How is VRE spread?

It is not spread through the air or by coughing or sneezing.

It can be spread:

- From person to person by touching the hands of someone who is infected or colonised.
- By touching room surfaces or medical equipment that have VRE on them.

What are the symptoms of a VRE infection?

You get the same symptoms as you would with any other bacterial infection.

These include:

- Fever.
- Feeling generally unwell.
- Fast pulse.
- Redness, swelling, pain or heat at a specific site.

VRE can sometimes get into your bloodstream from an existing infection, such as an abscess or a urinary tract infection, or from a medical device, such as a urinary catheter or a drip into a vein. If you are infected this way, the symptoms can be the same as for other bacteria, such as a fever, shivering and low blood pressure.

How do I know if I have a VRE infection?

It is impossible to tell if someone has VRE by looking at them because it is in their bowel or other parts of their body and there are no signs or symptoms.

If we think you might have a VRE infection, we may take samples of blood, urine or sputum (spit) and a wound swab if relevant.

How is a VRE infection treated?

If you are colonised with VRE you do not need any treatment.

If the VRE is causing infection, we will consider giving you antibiotics.

What happens if I have VRE?

If we find VRE in a sample taken from you while you are in hospital we will take some extra precautions when caring for you:

- You will be put into isolation and moved to a single room.
- Everyone must wash their hands using soap and water or use alcohol hand rub before going into or leaving your room.
- We will put a sign on your door to remind staff everyone of the precautions they need to take.

What should I do when I go home?

Good hand and personal hygiene, regularly changing bedsheets and not sharing towels will help prevent your family and friends from getting VRE.

Things to remember when in isolation:

- Do not visit the ward day room.
- Do not go to other patients' bed areas.
- Wash your hands before meals and after using the toilet.

Do I need to tell anyone I have VRE?

You should tell anyone who provides you with care, such as your GP, district nurse, hospital nurse and doctor that you have a VRE infection.

Will I always have VRE?

Once your wounds have healed or your urinary catheter has been taken out, VRE will disappear from these areas.

You may still have VRE in your bowel, along with other 'good' bacteria, but they are unlikely to cause any problems.

Who can I contact with queries and concerns?

If you or your carers have any questions about your treatment or any information in this leaflet, please do not hesitate to ask one of the members of the nursing or medical staff on your ward.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202502-04-VRE
Created: May 2021 / Revised: February 2025 /
Review date: February 2027

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