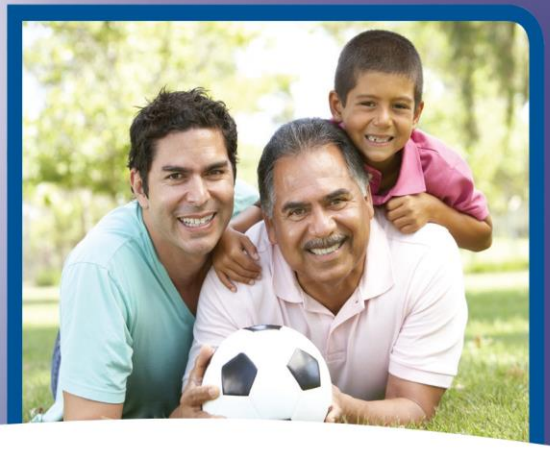
Vancomycin resistant enterococci

Surveillance protocol version 4







Department of Health and Human Services

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Vancomycin resistant enterococci (VRE) surveillance protocol V4

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Suggested reference: Wilson, F, Hughson, L, Anderson, T and Wells, A (2018), Vancomycin resistant enterococci (VRE) surveillance protocol V4, Hobart: Department of Health and Human Services.

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Background

Enterococci are Gram positive bacteria that are normally present in the human gastrointestinal and female genital tract.

Some enterococci have acquired resistance to the antibiotic vancomycin and these are called vancomycin-resistant enterococci or VRE.

Enterococci can cause a number of infections including urinary tract infection, wound infections and more rarely, bloodstream infections. VRE infections can be more difficult to treat then those caused by enterococci sensitive to vancomycin.

VRE in Tasmania is a notifiable disease pursuant to the *Public Health Act 1997* thus all VRE isolates identified in Tasmania are notified by the identifying laboratory to the Director of Public Health.

TIPCU monitors and reports on all VRE identified within Tasmania in accordance with the surveillance methods outlined in this protocol.

Definitions

VRE – vancomycin resistant enterococci**:** *E faecalis* or *E faecium* with vancomycin MIC >4 or containing van A and/or van B gene.

VRE infection – a positive culture for VRE from either a sterile site or from a non-sterile site where VRE specific antibiotic therapy is administered/prescribed by a clinician.

VRE colonisation – a positive culture for VRE associated with a non-sterile site isolate where VRE specific antibiotic therapy is NOT administered/prescribed by a clinician.

Surveillance process

- Patient episodes of VRE are notified by the identifying laboratory to Public Health Services (PHS).
- The first VRE isolate is entered into the TIPCU spreadsheet by TIPCU personnel within two working days of receipt. Subsequent isolates are only entered if the first isolate identified was a screening specimen and the subsequent isolate was a clinical specimen.
    - For new isolates identified in a hospital, the data collection spreadsheet is sent electronically monthly from TIPCU to the relevant infection control personnel for cross checking of data with the hospital VRE data.
    - For new isolates identified in the community, the data collection form is sent via mail to the relevant General Practitioner for completion of required information.
- Upon receipt of the returned data, TIPCU personnel make any changes or additions to the data.
- Data validation of all new VRE isolates is performed quarterly by TIPCU from laboratory reports and with the relevant infection control personnel.
- Electronic forms are stored in the TIPCU shared drive.
- Hard copy laboratory reports are filed and held by TIPCU for at least six months and then destroyed securely.
- Validated data reflecting the first isolate of VRE for each patient is published quarterly within eight weeks of the end of the relevant quarter.

Data validation

VRE data is validated quarterly in the following way:

- Identifying laboratories perform a data extraction of all VRE isolates identified within Tasmania in the relevant quarter and send the extracted data to TIPCU.
- TIPCU cross checks data extraction with VRE isolates notified to Public Health within the same quarter.
- Any discrepancies are investigated by TIPCU and the identifying laboratory.
- TIPCU sends cross checked data to hospital infection control personnel to cross check against VRE isolates notified to them, to reassess for any data errors.
- The validated data is returned to TIPCU.

Surveillance process responsibilities

	Notification	Data
Laboratory	• Notifies CDPU of result	• Hospital identification number • Surname • Date of birth • Sex • Specimen date • Specimen laboratory number • Name of organism • VRE genotype • Antimicrobial susceptibilities

TIPCU	• Checks VRE spreadsheet on shared drive to identify if the VRE isolate is either the first isolate identified from a patient or is a clinical isolate subsequent to an initial screening isolate.
	• First isolate:
	  • Enters minimum patient data set into VRE spreadsheet
	  • Requests any missing data from hospital infection control personnel/General Practitioner.
	  • Requests hospital infection control personnel cross check the notification with their own data.
	  • Enters returned data into VRE spreadsheet.
	• Subsequent clinical isolate
	  • Enters details of clinical isolate into the patient's details already in spreadsheet.
	• Duplicate results:
	  • Discards repeat results into confidential waste.
		• Postcode
		• Laboratory code
		• Geographical site of patient when specimen was taken
		• Clinical specimen – colonisation or infection

Infection control personnel; General Practitioner	• Cross checks new VRE isolates sent from TIPCU with data received from supporting laboratory.	

Acquisition surveillance - optional

TIPCU suggest that the following definitions be used for hospitals who wish to designate whether a new VRE isolate was acquired within a healthcare facility or the community.

Healthcare associated VRE – the VRE isolate was identified ≥48 hours after admission OR was linked to a previous hospital admission/hospital attendance where the last discharge date is within four weeks of the VRE isolate.

Community associated VRE - the VRE isolate was identified ≤48 hours after admission **AND** the event was not linked to a previous admission/hospital attendance where the last discharge date is within four weeks of the VRE isolate.

Information management

All information held by TIPCU is in accordance with the information privacy principles as set out in the *Personal Information Privacy Act 2004*.

Information shared by laboratories (public and private) pursuant to the *Public Health Act 1997* is held in accordance with the *Personal Information Privacy Act 2004*.

All data or information requests must be referred to the Director of Public Health.

Contact details

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