

# VANCOMYCIN-RESISTANT **ENTEROCOCCI** (VRE)

THREAT LEVEL **SERIOUS**



**54,500**  
Estimated cases  
in hospitalized  
patients in 2017



**5,400**  
Estimated  
deaths in 2017



**\$539M**  
Estimated attributable  
healthcare costs in 2017

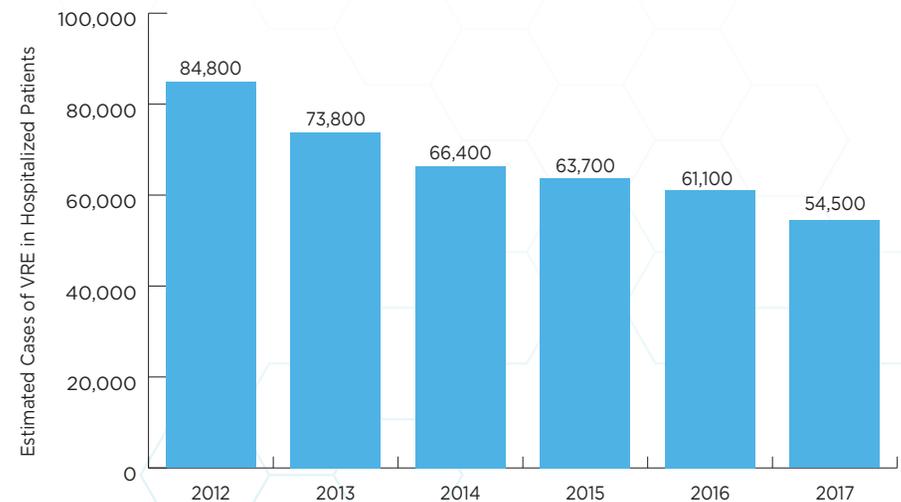
Enterococci, a type of bacteria, can cause serious infections for patients in healthcare settings, including bloodstream, surgical site, and urinary tract infections.

## WHAT YOU NEED TO KNOW

- About 30% of all healthcare-associated enterococcal infections are resistant to vancomycin, reducing treatment options.
- Nearly all VRE infections happen in patients with healthcare exposures. Risk factors for VRE infection include stays in long-term care hospitals or intensive care units (ICUs), undergoing organ transplant, or receiving treatment for certain types of cancer.
- VRE is increasingly resistant to additional antibiotics, raising concern that the remaining drugs to treat VRE may become less effective.

## CASES OVER TIME

Continued infection control and appropriate antibiotic use are important to maintain decreases in VRE infections.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## PATIENTS AT RISK

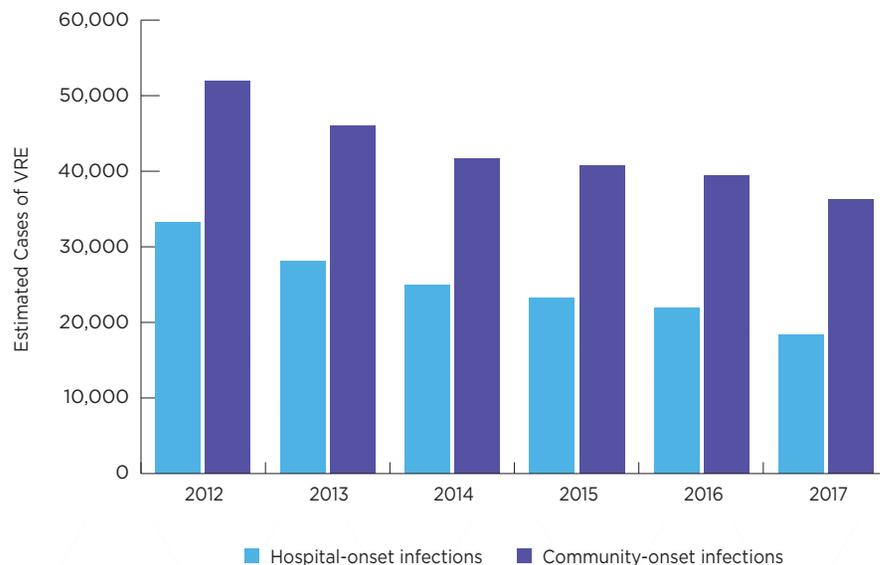
Patients at high risk for VRE infections include those who are undergoing complex or prolonged healthcare (such as patients in long-term acute care hospitals or ICUs) or patients with weakened immune systems (such as patients undergoing cancer treatment or with organ transplants).

In solid organ transplant units, one type of VRE—*Enterococcus faecium* (*E. faecium*)—is the most common cause of central line-associated bloodstream infections (CLABSIs), according to CDC’s National Healthcare Safety Network. More than 70% of these *E. faecium* are resistant to vancomycin, a mainstay for treating these infections. This makes healthcare providers reliant on other antibiotics.

Maintaining and improving infection prevention and control interventions, such as hand hygiene and surface disinfection, is critical to further reduce the number of VRE infections and protect vulnerable patient populations.

## COMMUNITY AND HOSPITAL CASES

There were significant decreases in hospital- and community-onset VRE cases—around 30,400 fewer cases in 2017 compared to 2012.



Community-onset infections include infections in patients with recent healthcare exposure and infections in people without prior healthcare exposure.



## ONLINE RESOURCES

### About VRE in Healthcare Settings

[www.cdc.gov/hai/organisms/vre/vre.html](http://www.cdc.gov/hai/organisms/vre/vre.html)