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Dissemination of VRE From Interfacility Transfer of Colonized Patients

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During early 1997, the Siouxland District Health Department ([SDHD] Sioux City, IA) reported an increased incidence of vancomycin-resistant enterococcal (VRE) isolates at area healthcare facilities. Trick and co-investigators from the CDC's Hospital Infections Program conducted a prevalence survey and case-control study to determine the prevalence and risk factors for colonization with

VRE strains at 32 healthcare facilities in the SDHD region. Of 2,266 patients and residents, 1,934 (85%) participated, and 40 (2.1%) were positive for (gastrointestinal) VRE colonization. The prevalence of VRE isolates was significantly higher in acute-care facilities (ACFs) than in long-term-care facilities (LTCFs; 10/152 [6.6%] vs 30/1,782 [1.7%]). LTCF case patients were significantly more likely than controls to have been inpatients at any ACF (19/30 vs 12/66). Of 40 VRE isolates, 34 (85%) were a related strain. The predominant strain was

present in all 12 LTCFs that had at least 1 case-patient in each facility.

Soon after the introduction of VRE isolates into this region, dissemination to multiple LTCFs resulted from resident transfer from ACFs to LTCFs.

FROM: Trick WE, Kuehnert MJ, Quirk SB, Arduino MJ, Aguerro SM, Carson LA, et al. Regional dissemination of vancomycin-resistant enterococci resulting from interfacility transfer of colonized patients. *J Infect Dis* 1999;180:391-396.