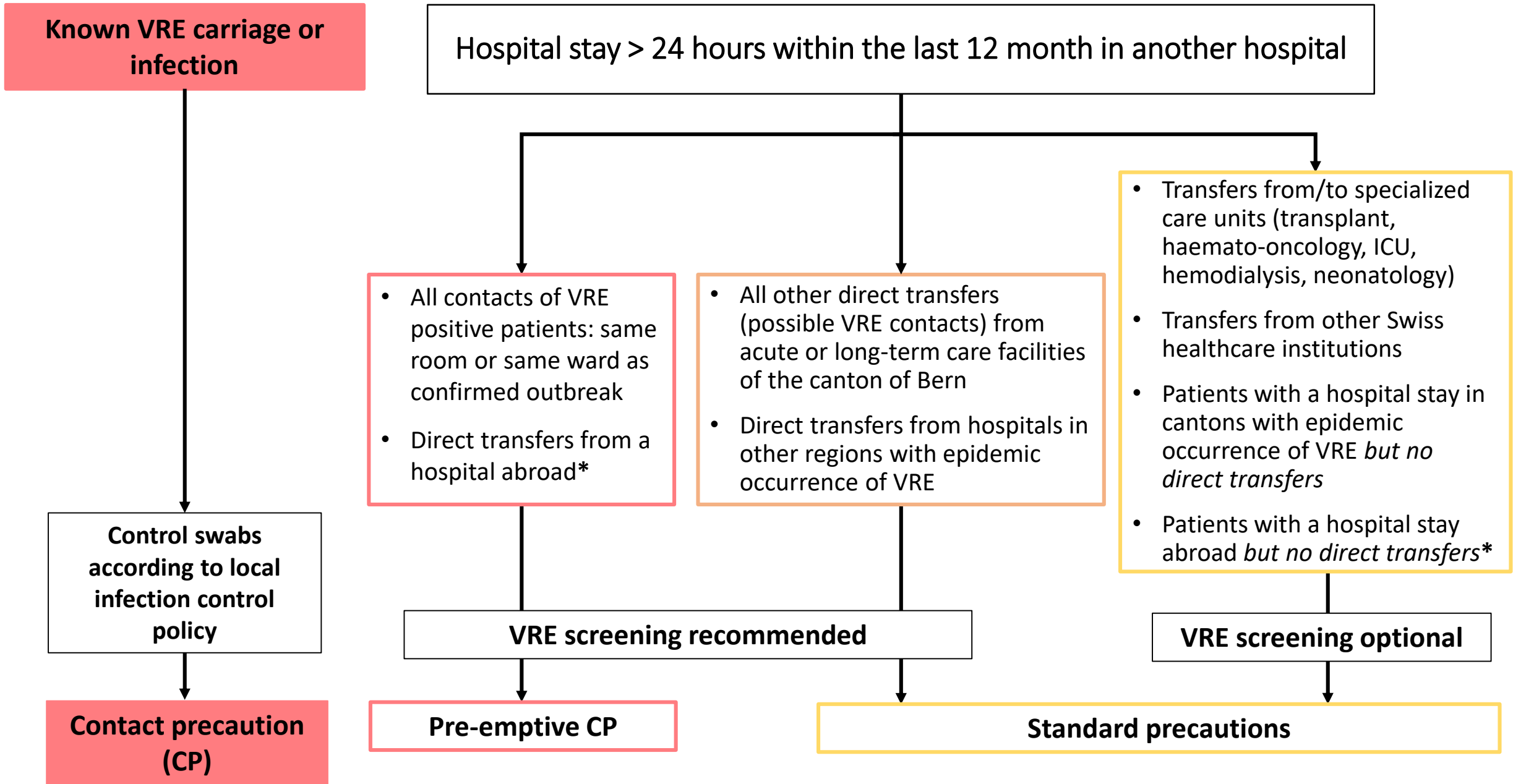


Containing the spread of vancomycin-resistant enterococci (VRE) in Switzerland: update of the national recommendations

Version 2.0 (September 2019) D. Vuichard-Gysin, S. Harbarth *et al.* for the VRE task force, on behalf of Swissnoso

	OLD	NEW
VRE contact patients	<ul style="list-style-type: none"> • Patient is/has been hospitalized in the same room with a VRE patient <p>OR</p> <ul style="list-style-type: none"> • Patient on a ward with documented VRE outbreak 	<ul style="list-style-type: none"> • Patient is/has been hospitalized in the same room with a VRE patient <p>OR</p> <ul style="list-style-type: none"> • Patient on a ward with documented VRE outbreak <p>OR</p> <ul style="list-style-type: none"> • Patient <i>directly transferred</i> from a hospital outside Switzerland with a hospital stay of > 24 hours
Possible VRE contacts	<ul style="list-style-type: none"> • Patient from a Swiss hospital with a known VRE outbreak that does not meet the above criteria • Patient transferred from a hospital outside Switzerland with a hospital stay of > 24 hours 	<ul style="list-style-type: none"> • All other direct transfers (but not fulfilling the criteria above) from acute or long-term care facilities of the canton of Bern • Direct transfers from hospitals in other regions in Switzerland with epidemic occurrence of VRE



*additional screening for other multidrug resistant organisms highly recommended

Update of the national VRE recommendations (continued)

	OLD	NEW
VRE screening by means of PCR	<ul style="list-style-type: none"> Not addressed 	<ul style="list-style-type: none"> For now, evidence is insufficient to routinely replace standard culture methods by PCR-based methods In particular for hospitals with low VRE prevalence this method is unlikely to be cost beneficial
Pre-emptive contact precautions	<ul style="list-style-type: none"> all VRE contact patients (<i>if practicable, strongly recommended, otherwise standard hygiene measures should be consistently implemented</i>) 	<ul style="list-style-type: none"> all VRE contacts (in particular roommates of a VRE case) direct transfers from hospitals abroad
Regrouping patients together (cohorting)	<ul style="list-style-type: none"> alternative to (pre-emptive) CP in case of increasing number of VRE cases 	<ul style="list-style-type: none"> alternative to (pre-emptive) CP in case of increasing number of VRE cases/contacts <ul style="list-style-type: none"> ✓ all VRE cases (same sequence type if known) ✓ all VRE contacts under investigation if contact to same VRE case or same outbreak ward, otherwise standard precautions as for possible VRE contacts

Update of the national VRE recommendations (continued)

	OLD	NEW
Mandatory notification	<ul style="list-style-type: none"> Notify the cantonal physician by reporting "<i>Häufung von klinischen oder laboranalytischen Befunden</i>" 	<ul style="list-style-type: none"> Notify the cantonal physician by reporting "<i>Häufung von klinischen oder laboranalytischen Befunden</i>" Mandatory notification specific for VRE outbreaks as per 01.01.2020
Discontinuation of <i>pre-emptive CP</i>	<ul style="list-style-type: none"> Earliest possible cancellation of pre-emptive CP after 3 successive negative Screenings (days 0, 7 and 14 after the last exposure) 	<p>Same recommendation, BUT room for adaption at the discretion of the local infection prevention & control team:</p> <ul style="list-style-type: none"> Earlier discontinuation if compliance with standard precautions is high, screening continues and the rate of newly identified VRE cases remains low Extension of pre-emptive CP if rates of VRE cases are increasing
Termination of VRE outbreak situation	<ul style="list-style-type: none"> Not defined 	<ul style="list-style-type: none"> no new case has been detected on clinical or screening specimen over a three-week period following the identification of the last confirmed case <p>AND</p> <ul style="list-style-type: none"> at least three unit-wide point prevalence studies are negative