



Príomhoifigeach Cliniciúil
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BY EMAIL ONLY

Deputy Colm Burke
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

18th November 2022

PQ 49845/22- Deputy Colm Burke- To ask the Minister for Health the consideration that would be given by his Department and the HSE to screening for vancomycin resistant enterococci in respect of all hospital patients on admission (details supplied); and if he will make a statement on the matter.

Dear Deputy Burke,

Thank you for your representation.

Screening for VRE detects people who are carrying VRE in their gut. Screening involves performing rectal swabs or culturing stool samples. Screening may be done on admission to hospital and may also be done at intervals while the person is in hospital. Most people with VRE colonisation in their gut do not develop infection. Some can develop serious infection that requires treatment with special antibiotics. Screening for colonisation with VRE is recommended for hospitalised patients at most risk of progressing from colonisation to infection with VRE. Which patients are in this category is based on the institutional risk assessment. Those at greatest risk may include for example patients in general ICU, haematology, oncology, or organ transplantation.

VRE is an established antibiotic resistant organism in the health care setting in Ireland and in many other countries. The HSE works to limit spread of VRE and other antibiotic resistant organisms by promoting good infection prevention and control practice and good hygiene with respect to care of all patients at all times. Testing of all patients admitted to hospital for VRE is not performed in most hospitals because the organism is already widely disseminated, the practice of universal testing is not likely to improve patient safety, the practice would be unpleasant for many patients and it would be associated with significant additional healthcare costs. The HSE will review its practice with respect to screening for VRE and other antibiotic resistant organisms when the Infection Prevention and Control Guidelines for Ireland, currently in draft and under consideration by the National Clinical Effectiveness Committee are finalised and published.



Background

Vancomycin resistant enterococcus (VRE) is acknowledged in Ireland as an important pathogen, which can cause a range of infections including urinary tract, bloodstream infection and surgical site infection. Surveillance of this antibiotic resistant organism is included in the routine activity of HPSC and numbers and rates of VRE bloodstream infections are submitted to the European surveillance network (EARS-Net); there is a high participation rate by laboratories in Ireland (2017 – 2021); the data indicates that while Ireland had been a high outlier across European countries regarding proportion of bloodstream infections caused by VRE, this is no longer the case, in part due to an increase in VRE reported from other countries, as well as an increase in bloodstream infections in Ireland caused by vancomycin susceptible enterococci. While VRE carriage/ colonisation is understood to precede invasive infection, the ratio of invasive infection to colonisation appears proportionally lower than for MRSA.

I hope this provides you with assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sharon Hayden', written in a cursive style.

Sharon Hayden
General Manager
Office of the CCO