# TRANSMISSION OF VANCOMYCIN-RESISTANT ENTEROCOCCI IN A NEONATAL INTENSIVE CARE UNIT

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**5 Moments for** 

Paediatric and neonatal setting

# Results

## Intervention Strategies

### Microbiology

#### VRE Prevalence Screen

- 9 VRE prevalence screens completed: 2 unitwide and 7 in the affected pod
- 4 negative prevalence screens completed to declare outbreak over: 3 in affected pod, and 1 unit-wide after last positive infant discharged

#### Maternal Swabbing

- Mothers of infant #1 and #2 tested VRE negative
- Mother of infant #3 was not screened
- VRE was not detected in any additional mothers tested during the outbreak period

#### Whole Genome Sequencing (WGS)

- WGS confirmed that all 3 NICU isolates were ST-80
- Identical strain was identified in contemporaneous outbreaks in three adult inpatient units at the same time

### **Other Services**

#### Environmental Services (EVS)

- Additional EVS resources implemented on the unit and affected pod
- 2 step cleaning implemented for high touch surface area in affected pod
- All equipment disinfected twice in affected pod at the start of shift and after each use
- Pharmacy carts cleaned and disinfected

### Medical Imaging Services

- Portable x-ray machines are shared across multiple services within the facility
- Disinfection wipes used to clean machines were switched from quaternary wipes to hydrogen peroxide wipes



## Outbreak Declared Over

# Conclusion

• Definitive source for the NICU VRE outbreak was not identified • Investigation including use of WGS suggests that VRE was introduced into the NICU from another area of the facility, followed

• Timely infection prevention and control interventions prevented further transmission and led to a quick resolution of the

