Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

The Federal Department of Home Affairs (FDHA)
Federal Office of Public Health (FOPH)
Public Health Directorate

Schweizerische Gesellschaft für Infektiologie
Swiss Society for Infectious Diseases
Société Suisse d'Infectiologie

Schweizerische Gesellschaft für Spitalhygiene

swissnoso
National Center for Infection Control

Information on upward trend of vancomycin-resistant enterococci (VRE) in Switzerland

From the Swiss Society for Infectious Diseases (SSI), the Swiss Society for Hospital Hygiene (SSHH), Swissnoso, and the Federal Office of Public Health (FOPH)

To all Swiss Cantonal Health Ministers, members of Swiss Society for Infectious Disease and members of Swiss Society for Hospital Hygiene

Dear colleagues,

In the first days of 2018, a cluster of vancomycin-resistant enterococci (VRE) was detected at Bern University Hospital and has since affected two other hospitals in the Insel Gruppe and even spilled over to other hospitals in the Canton of Bern and beyond (e.g., the Valais). We now know that this particular VRE is sequence type 796 (ST796), which is practically identical to a VRE strain causing hospital outbreaks in Australia and New Zealand over the past 5-6 years. We assume that it was imported to Switzerland by means of a returning traveler, repatriated patient or some other inter-hospital transfer. So far, more than 90% of the roughly 150 identified VRE were in patients considered asymptomatic carriers; clinical infection was diagnosed only in a small number of cases which, for the most part, received daptomycin for treatment.

Swissnoso, the national center of infection control, conducted a national survey to better understand the current VRE epidemiology in the spring of 2018. The results suggest that VRE identifications are increasingly common across the nation and not limited to the above-mentioned hospitals. Moreover, a recent query of ANRESIS, the national antibiotic resistance surveillance system, confirms an upward trend of VRE detections that started in 2018.

In this situation, Swissnoso and the FOPH are currently working on a coordinated response with the objective of controlling the spread of VRE within and between Swiss hospitals. We will keep you updated as this endeavor takes shape over the next weeks.

For the time being, we suggest that patients exposed to a VRE case and now being transferred to another hospital be screened for VRE carriage. If the screening has not been completed by the time of the transfer, the risk information has to be communicated to the receiving hospital. The standard approach is a screening culture of a rectal swab. Other diagnostic modalities such as rapid molecular tests have been or are being tested, respectively, but are not yet officially endorsed. VRE carriers should be placed under contact precautions, and contact patients should undergo screening to rule out VRE transmission (and, if space permits, be isolated preemptively). Ruling out VRE carriage requires three negative swab cultures in weekly intervals. We recommend testing VRE isolates for

secondary antibiotics such as daptomycin and linezolid. These isolates should be set aside for potential genotyping. Crucial infection prevention measures include enforcing standard precautions in clinical personnel, enhancing environmental disinfection, and informing key players inside your hospital.

Please ensure that this information is made available to your local infection prevention team. Further guidance will follow soon. In the meantime, please, direct any questions to the local head of infection prevention.

Sincerely yours,

Daniel Koch
Head Communicable Diseases Division FOPH

Prof. Nicolas Müller
President Swiss Society
for Infectious Disease

Dr. med. Matthias Schlegel
President Swiss Society
for Hospital Hygiene

Prof. Nicolas Troillet
Vice-president Swissnoso