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**Vancomycin-resistant enterococci (VRE) in the ICU and clinical epidemiological associations between patient and environmental VRE: don't underestimate the environment outside of outbreaks**

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**Background:** Ireland has the highest rate of invasive vancomycin-resistant enterococci (VRE) in Europe at 42% (EARS-Net). Policies that include active surveillance screening and patient isolation in Beaumont Hospital, Dublin, aim to limit transmission especially in the intensive care unit (ICU). However, the contribution of the near-patient environment to transmission is poorly understood.

**Material/methods:** During seven sampling periods, VRE recovery from the near-patient environment and from patients in the ICU was investigated (irrespective of their VRE status) to identify potential reservoirs and clinical epidemiological associations between VRE recovered in space and time.

**Results:** Of 289 sampling occasions (sampling of a specific bed space on a single day) investigated involving 157 patients and their bed-space environments, VRE was recovered from the patient bed-space, the patient clinical sample, or both on 114/289 (39.4%) of sampling occasions. The patient and their bed-space was positive for VRE on 34/114 (29.8 %) of VRE-associated sampling occasions. Of

1647 environment samples studied, 107 sites (6.5%) were VRE-positive, with significantly greater VRE recovery from isolation rooms compared to the ICU open plan area (9.1% Vs 4.1 %,  $p < 0.0001$ ). Sixty nine patients (44%) occupied isolation rooms at least once over the course of the study and 24/69 (34.8%) were colonised with VRE. The specific high touch ICU sites most frequently contaminated with VRE were the drip stand, bed control panel, and chart holders, together accounting for 61% of contaminated sites. The difference in the proportional recovery of VRE from any one surface was not statistically significant.

**Conclusions:** Even outside of outbreaks, near-patient ICU environmental contamination with VRE is common. Better infection control policies that limit environment transmission of VRE in the ICU are necessary.