ABSTRACT

**BACKGROUND**

Infection and colonization with vancomycin-resistant Enterococci (VRE) are common in HCUs. Approximately 40% of Enterococcal healthcare-associated infections (HAIs) reported to the National Healthcare Safety Network from DC are resistant to vancomycin; however, VRE colonization prevalence rates are unknown. Contact Precautions (CP) for VRE, recommended by the Centers for Disease Control and Prevention, are increasingly controversial because of relatively low pathogenicity, growing prevalence, negative effects of isolation, and conflicting evidence about isolation effectiveness.

**METHODS**

The HARP-DC study measured the prevalence of carbapenem-resistant Enterobacteriaceae in DC HCUs; samples were also evaluated for the vanA gene associated with VRE using the Acuitas® MDRO Gene Test (OPGen, Gaithersburg, MD). We assessed 2,217 patients from 16 HCFs (all acute care hospitals (AH); 1 inpatient rehabilitation hospital (IRH), and 7 long term care facilities (LTCF)). LTCFs included 5 skilled nursing facilities (SNF) and 2 long term acute care facilities (LTAC). A total of 1,036 patients met inclusion criteria and agreed to participate.

**RESULTS**

Overall VRE point prevalence was 26.4%. Prevalence rates varied significantly; range from 0.0% to 74.4%. A prevalence in inpatient rehabilitation facility significantly lower than other unit or facility types. A prevalence in LTCFs not statistically different than acute care facilities.

**CONCLUSIONS**

The Washington DC HARP-DC Study was collaborative in concept and execution. The following facilities participated: BridgePoint Capitol Hill, BridgePoint National Harbor, Childrens National Medical Center, George Washington University Hospital, Howard University Hospital, MedStar Georgetown University Hospital, MedStar National Rehabilitation Hospital, MedStar Washington Hospital Center, Providence Hospital, Sibley Memorial Hospital, Sibley Renaissance, Transitions Healthcare, and United Medical Center.