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Increase in Vancomycin-Resistant Enterococci

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The New Jersey State Department of Health (NJSDOH) recently reported the findings from the statewide hospital laboratory isolate-based surveillance system for antimicrobial-resistant bacteria. The surveillance system, initiated in 1991 and described in the July 1995 *Infection Control and Hospital Epidemiology* includes the 95 acute-care hospitals that are licensed by the state of New Jersey. Organisms targeted for surveillance include gram-positive cocci resistant to vancomycin, including vancomycin-resistant enterococci (VRE); methicillin-resistant *Staphylococcus aureus*; gram-negative rod-shaped bacteria (GNRs) resistant

to imipenem; GNRs resistant to amikacin; and pneumococcal and other streptococcal isolates resistant to penicillin. A recently revised state administrative code requires hospitals to submit a monthly surveillance report form to NJSDOH.

From 1992 through 1994, the number of hospitals reporting VRE blood isolates and the number of VRE isolates increased steadily: in 1992, 33 hospitals reported 99 isolates, whereas in 1994, 54 hospitals reported 278 isolates. In addition, in 1992, hospitals in 13 of the 21 counties reported VRE isolates, compared with 20 of 21 counties in 1994.

This system uses data that are routinely collected and collated by hospital laboratories and requires few additional resources. Because this sur-

veillance system is isolate-based, it does not directly measure change in the rate of infection in persons, but is used for sentinel purposes to guide further investigation. For example, early detection and geographic tracking of VRE in New Jersey through this system have facilitated collaborative efforts involving public and private sector and academic organizations to evaluate risk factors for VRE, treatment options, VRE in vitro susceptibility before clinical trials, and the effectiveness of infection control practices.

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