Enterococcus/VRE in urine cultures

- For all bacteria recovered from urine culture it is important to distinguish between symptomatic UTI and asymptomatic bacteriuria (ASB).
- A patient with ASB should NOT be given antibiotics per IDSA guidelines, except in the setting of pregnancy or planned urologic manipulation.
- Enterococci are normal flora of the GI tract, and often colonize the urinary tract and indwelling urinary catheters.\(^1,2\)
  - In patients with urinary catheters, pyuria (+WBC on UA) is reflective of inflammation and should not be used to differentiate between UTI and ASB per IDSA guidelines
- If Enterococci are isolated from urine culture and patient is asymptomatic/stable consider the following:
  - Hold antibiotics and observe for development of symptoms (dysuria, increased urinary urgency/frequency, suprapubic pain, fever)
  - Foley catheter removal
  - Repeat UA and/or urine culture (though persistent recovery of organism from urine culture may occur in the setting of colonization/ASB)
- Tx options for symptomatic VRE UTI include:
  - nitrofurantoin
  - doxycycline (tetracycline susceptible predicts doxycycline susceptible. For tetracycline resistant isolates, call lab to check doxycycline susceptibilities)
  - linezolid (not tedizolid)
  - daptomycin

References: