

Table 2. Antimicrobial Therapy for Vancomycin Resistant Enterococci (VRE)

Antibiotic(s) primary	Dose, Duration	Comments
Ampicillin	12g/d IV	For rare ampicillin-susceptible isolates of <i>Enterococcus faecium</i> ; vancomycin resistant <i>E. faecalis</i> are usually susceptible
Gentamicin or streptomycin	1 mg/kg q 8 hrs to achieve serum peaks of 3-4 µg/ml and trough <1 µg/ml for endocarditis, treat for at least 4-6 weeks	To be used in combination with ampicillin for the treatment of enterococcal endocarditis caused by organisms susceptible in vitro to either agent; streptomycin is used when gentamicin cannot be used because of resistance
Linezolid	600 mg PO or IV q 12 hr	For linezolid-susceptible isolates of <i>E faecium</i> and <i>E faecalis</i> . An agent of choice for serious enterococcal VREF infections
Daptomycin	Use dose of 6 mg/kg/24 hrs for serious enterococcal infection; 6-8 weeks for endocarditis.	Not approved for treatment of VRE infection. Not approved for treatment of endocarditis. Limited clinical information for VREF, but bactericidal activity makes therapy with this agent a consideration for serious infections
Antibiotic(s) alternative	Dose, Duration	Comments
Doxycycline	100 mg PO or IV q 12 hr	Not a first line therapy. For susceptible isolates, not bacteremia or endocarditis
Nitrofurantoin	100 mg PO Q 6 hr	For urinary tract infections (cystitis) with isolates susceptible to nitrofurantoin, not indicated in renal failure
Fosfomycin	3 g X1	For urinary tract infections (cystitis) with isolates susceptible to fosfomycin
Chloramphenicol	50 mg/kg/d IV (in q 6hr divided doses)	For chloramphenicol-susceptible isolates of <i>E faecium</i> and <i>E. faecalis</i> . Not a first-line therapy
Tigecycline	100 mg IV then 50 mg IV q 12 hrs	Not indicated for VRE, approved in US for skin soft tissue infection, excellent in-vitro activity vs VRE
Quinupristin/dalfopristin	7.5 mg/kg Q8hr IV	For-susceptible isolates of <i>E faecium</i> only