Introduction
The first VRE case in HK was detected in 1997, since after then VRE cases were occasionally reported and remained low at < 0.3%. Not until in 2013, there is an upsurge in VRE, with documented spread among patients through hospital contacts. The situation did not damp down despite enhanced multidisciplinary control efforts were initiated.

Objectives
The VRE screening on admission aims at unraveling occult asymptomatic VRE carriers to prevent the occurrence of inter-cluster and inter-hospital spread of VRE, and collate epidemiological information to direct long term control strategy.

Methodology
The screening was conducted from 13 November 2013 to 17 January 2014. All hospitals screened patients 1) who had hospitalization history to other hospitals in recent 3 months; 2) who readmitted to Kowloon Central Cluster (KCC), 3) who required hemodialysis support.

Result
Overall VRE carriage in target group is not high There were 19,351 specimens from 14,516 patients who fulfilled the screening criteria were screened. Among them, 205 new VRE cases were identified. The overall positive rate was 1.4% (205/14,516), ranged from 0.2% to 1.7% across clusters. The elderly is vulnerable to VRE acquisition The median age was 79 years old. The positive rate in patients aged over 70 years old was 1.9% -2.3%, whereas the rate for patients <70 years old is < 1%. VRE prevalence in patients required hemodialysis (HD) is the less than the
A total of 829 patients on HD were screened, the positive arte was 0.7% (6/829). Risk of VRE spread between clusters is low. Potential inter-cluster spread of VRE was analyzed by reviewing the hospitalization history of 159 cases in the past 3 months. We found that majority (>73.0%) had hospital stay restricted to the same cluster. Way forward In addition to this surveillance program for “finding” the occult cases, “confining” strategy, such as patient segregation, enhanced environmental and hand hygiene have been adopted in successfully controlling VRE spread. The percentage of VRE has decreased from 1.3% in 2013 to 0.7% in 2014. This multipronged control approach is still actively in place in our hospitals for other MDRO control.