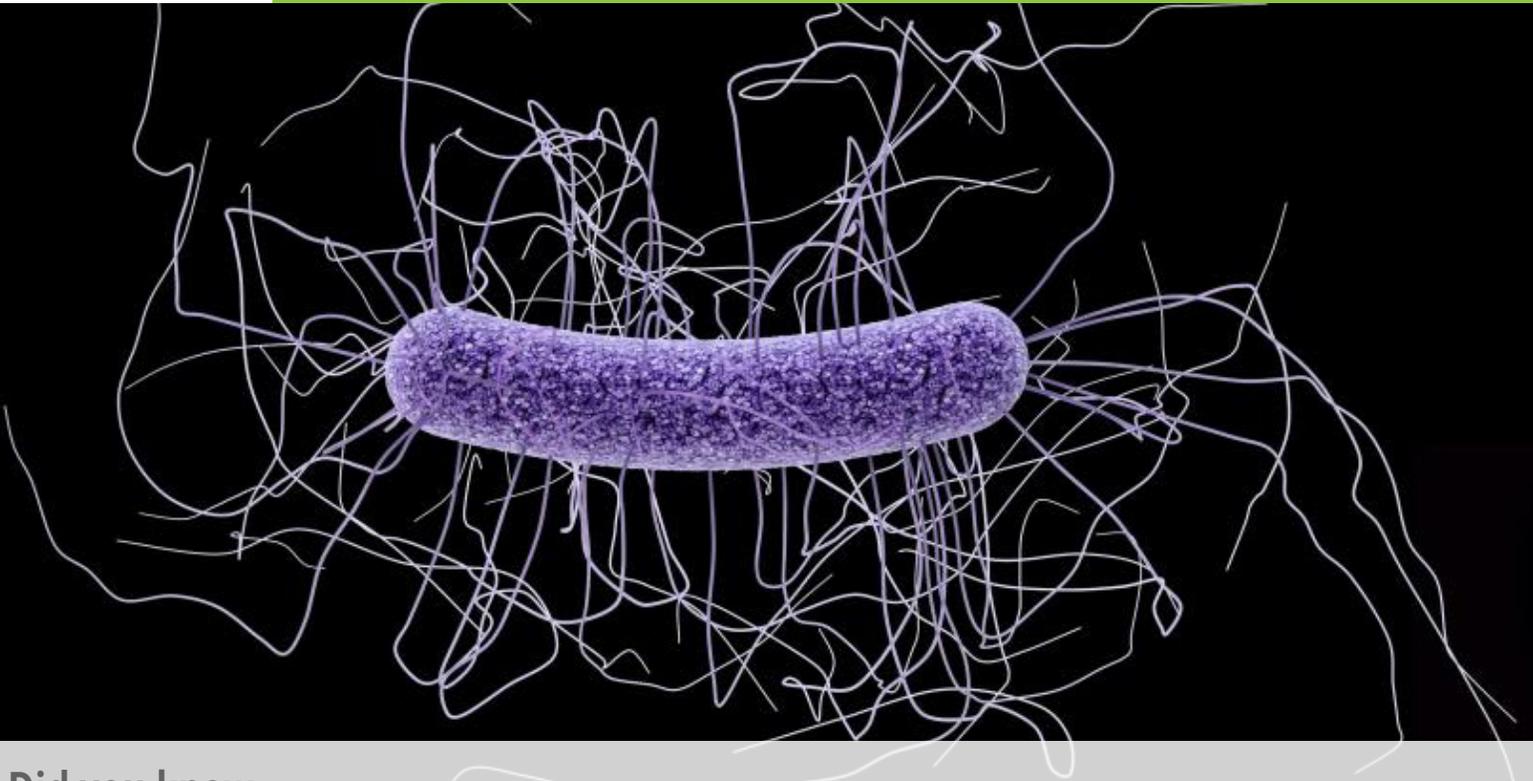


# *Clostridioides difficile*



## Did you know...

### C. DIFFICILE

*Clostridioides difficile* (*C. difficile*) is a bacterium that can cause life-threatening diarrhea and most often affects individuals who have recently received antibiotics and medical care. It is considered an **urgent threat** by the CDC.<sup>1</sup>

### FINANCIAL IMPACT

Despite being treatable, the impact of *C. difficile* on human life is significant. It is estimated that it causes 250,000 infections and 14,000 deaths yearly.<sup>1</sup> The Agency for Healthcare Research and Quality (AHRQ) estimates that each *C. difficile* infection costs an additional \$17,260.<sup>2</sup> Overall, that means approximately \$1 billion dollars in excess medical care per year.<sup>1</sup>

For more information on *C. difficile*, visit [www.cdc.gov/hai/organisms/cdiff/Cdiff\\_infect](http://www.cdc.gov/hai/organisms/cdiff/Cdiff_infect)

### PUBLIC HEALTH

*C. difficile* most commonly infects people who are older (65+) who take antibiotics and receive medical care, those who stay in hospitals or nursing homes for a long time, or those with weak immune systems or have been previously diagnosed with a *C. diff* infection. The infection can spread readily from person to person, and some symptoms may present as diarrhea, fever, abdominal pain, etc.

Presently, *C. difficile* is susceptible to the antibiotics which treat it, and widespread resistance is not yet a problem. However, a new strain of the bacteria was found in 2000 that *is* resistant to an antibiotic class called fluoroquinolones – a broad-spectrum antibiotic used to treat different types of infections caused by a variety of organisms.<sup>1</sup>

## What is the CDC doing to help?<sup>1</sup>

- Tracking prevention efforts and national progress
- Defining gold-standard recommendations for patient safety in regard to *C. difficile*
- Providing *C. difficile* outbreak, laboratory, and prevention assistance

## What can hospitals and administrators do?<sup>1</sup>

- Promote nucleic acid amplification testing as well as better tracking and reporting
- Ensure rapid testing and isolation of cases through policies
- Use an EPA-approved sporicidal to disinfect rooms with *C. difficile* cases
- Communicate infection status when conducting patient transfers
- Join in regional prevention efforts

## What can providers do?<sup>1</sup>

- Screen through nucleic acid amplification tests if 3 or more unformed stools are experienced by a patient within 24 hours
- Prescribe wisely
- Stay informed of infection rates in hospitals
- Adhere to infection control methods for every patient contact (contact precautions should be used for *C. difficile* cases)



### CONTACT US

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1. CDC, Antibiotic Resistant Threats in the US 2013, Center for Disease Control and Prevention. Atlanta. Accessed Feb 13, 2019. < <https://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf> >

2. Agency for Healthcare Research and Quality. Programs. Quality & Patient Safety. Reducing Hospital-Acquired Conditions. "Results". Last reviewed Nov 2017. Accessed Aug 29, 2019. < <https://www.ahrq.gov/professionals/quality-patient-safety/pfp/haccost2017-results.html> >