

## Clostridium difficile Infection: How to Deal with the Problem

### CDI in the Community

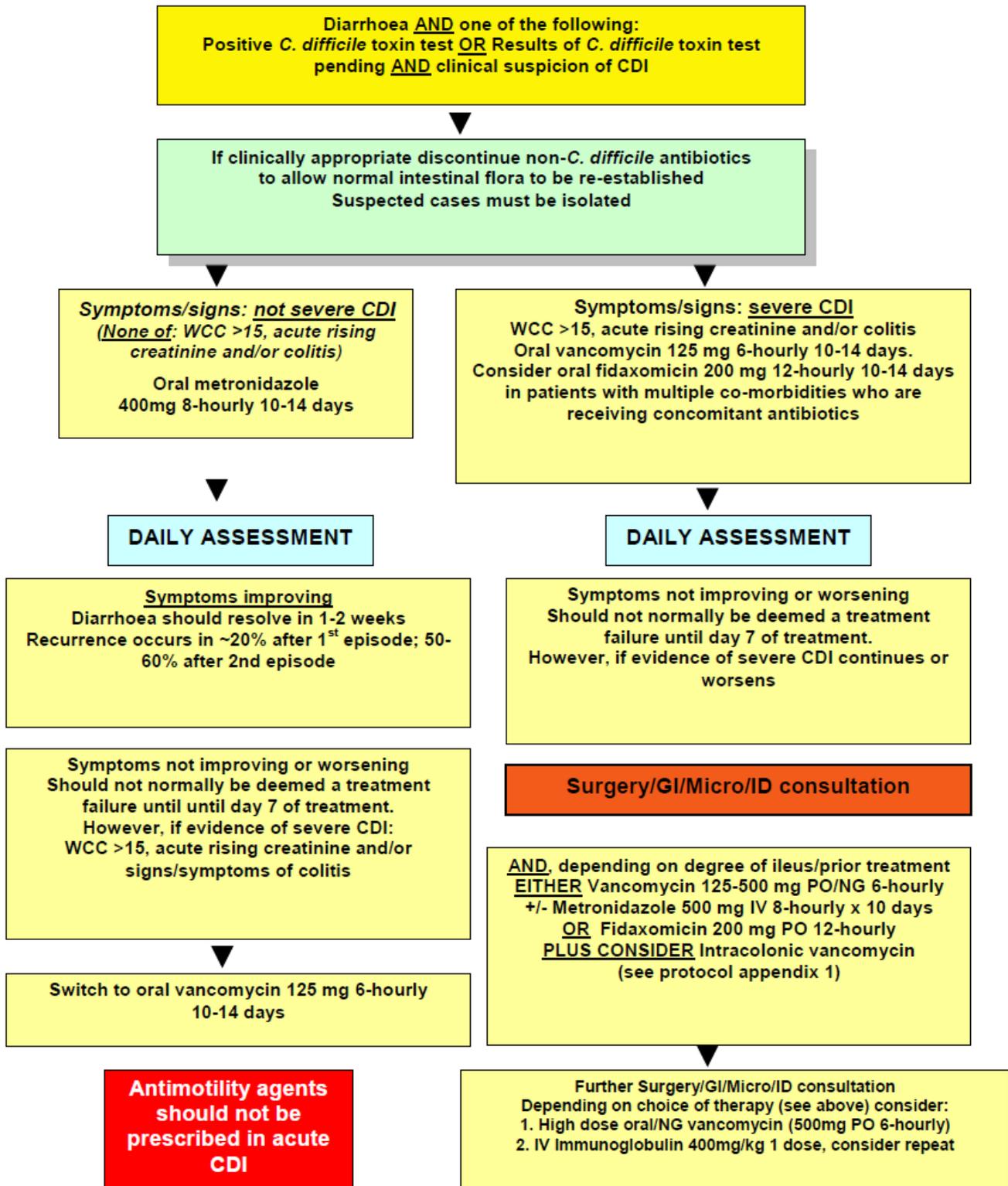
- All cases of diarrhoea (Type 5-7 Bristol Stool Chart / liquid stool that takes the shape of the container) among people in the community aged 2 years and above should be investigated for CDI unless there are good clinical or epidemiological reasons not to.
- Clinicians (doctors and nurses) should apply the following mnemonic protocol (**SIGHT**) when managing suspected potentially infectious diarrhoea:

<b>S</b>	<b>S</b> uspect that a case may be infective where there is no clear alternative cause for diarrhoea
<b>I</b>	<b>I</b> solate the patient if resident in Nursing/Residential Home and consult with the infection Prevention Nurse/Public Health England or your HCAI lead if further support is required
<b>G</b>	<b>G</b> loves and aprons must be used for all contacts with the patient and their environment
<b>H</b>	<b>H</b> and washing with soap and water should be carried out before and after each contact with the patient and the patient's environment
<b>T</b>	<b>T</b> est the stool for toxin, by sending a specimen immediately

- If patient is in a care home advise the home to use the Bristol Stool Chart.
- All antibiotics that are clearly not required should be stopped, as should other drugs that cause diarrhoea.
- **When CDI is identified follow Algorithm** – page 17 Public Health England (May 2013) updated guidance on the management and treatment of Clostridium difficile Infection
- Inform the patients to come back to GP should their symptoms not resolve or get worse. They may need further treatment or hospital admission.
- The use of anti-motility agents is contra indicated in suspected infective diarrhoea. For further guidance see updated guidance on the management and treatment of Clostridium difficile infection (PHE May 3013)
- Following treatment for CDI a negative stool specimen is not required. A patient may carry the toxin in their gut for several months after recovery.
- Relapse occurs in up to 50% of cases.
- Issue patient with the Green CDI card. For more info contact HCAI lead CCG.

#### 4. Treatment algorithms

### Algorithm 1. 1<sup>st</sup> episode of *Clostridium difficile* infection (CDI)



## Algorithm 2 Recurrent *Clostridium difficile* infection (CDI)

Recurrent CDI occurs in ~15-30% of patients treated with metronidazole or vancomycin

Recurrence of diarrhoea (at least 3 consecutive type 5-7 stools) within ~30 days of a previous CDI episode AND positive *C. difficile* toxin test

Must discontinue non- *C. difficile* antibiotics if at all possible to allow normal intestinal flora to be re-established  
Review all drugs with gastrointestinal activity or side effects (stop PPIs unless required acutely)  
Suspected cases must be isolated

Symptoms/signs: not life-threatening CDI  
Oral fidaxomicin 200 mg 12-hourly for 10-14 days  
(efficacy of fidaxomicin in patients with multiple recurrences is unclear)  
Depending on local cost-effectiveness decision making,  
Oral vancomycin 125 mg 6-hourly 10-14 days is an alternative

Daily Assessment  
(include review of severity markers, fluid/electrolytes)

Symptoms improving  
Diarrhoea should resolve in 1-2 weeks

**IF MULTIPLE RECURRENCES ESPECIALLY IF EVIDENCE OF MALNUTRITION, WASTING, etc.**

1. Review ALL antibiotic and other drug therapy (consider stopping PPIs and/or other GI active drugs)
2. Consider supervised trial of anti-motility agents alone (no abdominal symptoms or signs of severe CDI)  
*Also consider on discussion with microbiology:*
3. Fidaxomicin (if not received previously) 200 mg 12-hourly for 10-14 days
4. Vancomycin tapering/pulse therapy (4-6 week regimen)  
(*Am J Gastroenterol 2002;97:1769-75*)
5. IV immunoglobulin, especially if worsening albumin status (*J Antimicrob Chemother 2004;53:882-4*)
6. Donor stool transplant (*Clin Infect Dis 2011;53:994-1002. Van Nood et al., NEJM 2013*)

## References

1. Public Health England (May 2013) updated guidance on the management and treatment of *Clostridium difficile* Infection  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317138914904](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138914904)
2. Department of Health (2009) *Clostridium difficile* infection: How to deal with the problem. London: Department of Health  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093220](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093220)