

CLOSTRIDIUM DIFFICILE (C.difficile)

INFORMATION FACTSHEET

Questions and answers

What is Clostridium difficile?

It is a spore-forming bacillus that produces a toxin (a type of poison) that can cause an inflammation of the intestinal tract. C. difficile causes approximately 10% of cases of hospital-acquired diarrhea. It can also be part of the normal flora of the large intestine and not cause any symptoms.

Who is at risk for C. difficile?

Any patient receiving antibiotics is at risk for acquiring this bacteria. The risk increases in the elderly, the debilitated and those undergoing gastrointestinal procedures.

How is it transmitted?

Direct contact (i.e. hands or gloves) is the major route of spread for C.difficile, although it may also be spread by shared items such as contaminated thermometers or commodes. If health care workers do not change gloves and wash their hands immediately following the handling of infectious material, or after touching surfaces in the patient's room, they can pass this organism or its spores onto the next patient or onto environmental surfaces.

What precautions are taken?

Isolation Use contact precautions. A private room is preferred for patients with poor hygiene or who have fecal incontinence. If a private room cannot be used, ensure Contact Precautions are practiced at the bedside.

Barrier use. Gowns or aprons and gloves are used as per the hospital policy for contact precautions. Gowns and gloves must be worn with any toileting type activity.

Hand disinfection. Use an antiseptic soap or an antiseptic hand rub for hand disinfection after removing gown and gloves, between all patients, before leaving the room and after handling used equipment. After washing hands, take care not to contaminate them before leaving the room.

Remember to wash the patient's hands after providing toileting care.

Equipment. Direct patient care equipment such as commodes, BP cuffs, stethoscopes and toys may be dedicated to the patient's use as directed by Infection Control. If equipment cannot be dedicated, it must be regularly cleaned and disinfected between patients as the organism can be transmitted from one patient to another via shared items.

Cleaning. Inform housekeeping when a patient has C. difficile. Daily room cleaning is to be performed including all horizontal, frequently touched surfaces and obviously soiled areas.

Treatment for patients with C. Difficile

Those patients with mild symptoms will usually resolve infection spontaneously once the causative antibiotic is withdrawn. For more severe cases, start oral therapy with either metronidazole (Flagyl) [first-line therapy] or vancomycin. It should be noted that the intravenous administration of vancomycin or flagyl does not work effectively - agents must be given orally. Widespread use of vancomycin is discouraged because it may select for antibiotic-resistant organisms.

How long do patients require special precautions?

These may be discontinued when the appearance and frequency of stools are normal for 72 hours or at the discretion of Infection Control.

Am I at risk of getting C. difficile?

The risk of C. difficile infection is quite small for an individual who is healthy and is not receiving antibiotics. Hand washing is the key to preventing infections.

The Canadian Journal of Infection Control SPRING 2000