

Infectious Disease Fact Sheet

Facts About Clostridium difficile

Clostridium difficile is an anaerobic spore-forming bacteria, normally found in the digestive tract. When a person takes an antibiotic for an infection, germs everywhere, in and on the body, are killed. This allows remaining germs to multiply out of control. When that happens, loose or watery stools, cramps and fever can result.

Groups at Risk

Persons at highest risk of becoming infected include people on long-term antibiotic therapy, people of advanced age, women, patients undergoing chemotherapy, people with inflammatory bowel disease, patients in areas with high endemic *C. diff* rates and people with renal disease.

Patient Care Infection Control Interventions

- ◆ Evaluate room placement - private room, contact precautions
- ◆ Contact physician and D/C all antidiarrheal medication
- ◆ Indicate positive *C-difficile* and contact isolation status
- ◆ Document stool frequency and consistency
- ◆ Use dedicated thermometers. Several outbreaks have been directly linked to contaminated electronic thermometers.
- ◆ Disinfect ALL equipment before it leaves the patient room. *C-difficile* spores can live for years on environmental surfaces.
- ◆ Disinfect shower chair after use
- ◆ If patient remains symptomatic, contact physician
- ◆ Patient may be taken out of isolation after s/he has received 7 complete days of therapy and is asymptomatic. Contact Infection Control before discontinuing isolation.

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Clostridium difficile **(*C. diff*)**

Transmission

C. diff is spread by the over-growth of *clostridium difficile* spores, usually due to antibiotic therapy (antibiotics kill all bacteria in the intestines, allowing this one to over-grow). It can also be spread by hands - direct or indirect contact with contaminated surfaces.

Symptoms

Diarrhea is the most common symptom. Mucous-like stool is often present. Other symptoms may include blood in stool, fever, abdominal cramps and/or leukocytosis. Symptoms may appear as early as 1-10 days after the initiation of antibiotic therapy, or as late as 2-6 weeks after discontinuation of the antibiotic.

Treatment

C. diff is treated by first discontinuing any antibiotics which may be causing the infection, then treated with Metronidazole (Flagyl), 250 mg PO QID for 10 days (98% cure rate) or Vancomycin, 500 mg PO QID for 10 days.