



# Infection Prevention & Control Newsletter – November 2017

## Clostridium difficile infection (CDI)

NHS England publishes Clostridium difficile infection objectives for acute trusts and clinical commissioning groups for each financial year.

**CDI case objective for 2016/17**

**Blackburn with Darwen CCG is no more than 40 cases**

**East Lancashire CCG is no more than 58 cases**

<https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/>

*Clostridium difficile* infection (CDI) remains an unpleasant and potentially severe or fatal infection.

The NHS has made great strides in reducing the numbers of CDIs; however, the rate of improvement for CDI has slowed over recent years.

Further improvement requires a greater understanding of the individual causes of CDI, in order to understand if there were any lessons to be learnt around the quality of care provided in each case.

**We need your help with the Post Infection Reviews for each case of CDI in your practice!**



## Themes & Trends

During first six months of 2016/17 ELCCG had 29 CDI cases, BWD has 14 CDI cases

Majority of these cases were deemed unavoidable following a joint post infection review involving all providers. Lessons identified:

- Send stool samples when the patient had several risk factors
- Follow antimicrobial guidance
- Multiple courses of antibiotics without escalation of investigations
- Antimicrobial prescribing in dental practices
- Send swabs or specimens when first course of antibiotic failed
- Seek advice from Consultant Microbiologist
- Engage with the review process
- Relapse following sub therapeutic treatment for a previous CDI
- Anti-motility agents should not be prescribed in acute CDI

## In this month's issue...

**Reminder of the Clostridium difficile infection objectives 2016/17**

**Clostridium difficile infection Post Infection Review (PIR) themes & trends**

**Information on GDH positive result for patients. Significance on results that are GDH Positive but CDI Toxin negative**

## Specimen Testing

All cases of diarrhoea aged 2 years and above should be investigated for CDI unless good clinical or epidemiological reasons not to.

CDI test is two step process—GDH test & Toxin Test.

Anti-motility agents should not be prescribed in acute CDI await results of the specimen.

Do not send a specimen to test for a negative. Recovery is determined by the patient returning to 'normal' bowel pattern for them.

## Further information

Updated guidance on the management and treatment of *C. difficile* infection, June 2013

<https://www.gov.uk/government/publications/clostridium-difficile-infection-guidance-on-management-and-treatment>

Clostridium difficile: updated guidance on diagnosis and reporting, March 2012

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215135/dh\\_133016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215135/dh_133016.pdf)

## Patient Information

### Clostridium difficile GDH positive – (toxin negative)

#### What is Clostridium difficile?

Clostridium *difficile* (C.diff) is a bacteria present in the bowel of approximately 3% of healthy adults which can cause illness in vulnerable patients.

#### What is the test for C.diff?

The test for C. diff is a two-step test (GDH test and Toxin test) GDH is a chemical found in C.diff.

**A positive GDH test shows you have C.diff in your bowel (colonisation)**

**A positive Toxin test shows it is causing you an infection**

If the second stage of the testing shows that you do not have the toxins present, this means you do not have a C.diff infection, but that you carry the C.diff bacteria in your bowel (colonisation). The diarrhoea you are experiencing is probably due to other causes e.g. Antibiotics. However, if the diarrhoea continues, further samples may need to be tested.

#### What happens next?

When GDH has been identified, your doctor will review your medication and make any necessary changes, especially to antibiotics as they may cause the C.diff bacteria to start producing toxins. The majority of patients do not require treatment due to a GDH positive result. However, if your symptoms are very severe your doctor may decide to give you treatment. It is important to drink plenty whilst you have diarrhoea to stop yourself becoming dehydrated.

#### Infection control precautions

Although you have not got a C.diff infection it is still possible for the bacteria present in your bowel to spread from person to person. This is because the bacteria from the bowel can spread in the environment, contaminating surfaces, equipment, bathrooms, toilets and shower facilities, etc.

It is important you tell your GP or healthcare provider of the GDH positive result when you see them in the future, especially if you receive antibiotic treatment.

#### General good hygiene precautions

The following precautions should be followed whilst you have diarrhoea and until you have passed a stool that is normal for you for 3 consecutive days.

Bathrooms, showers and toilets should be cleaned using a bleach based cleaner.

Disposable paper towels/wipes should ideally be used.

If possible do not leave toothbrushes, toothpaste, flannels, soap etc near to the toilet.

There is no need to restrict family and friends visiting whilst you recover.

Encouraging them to follow good hygiene practices, including washing hands with soap and water, will reduce risks to them.