



Public Health  
England

Protecting and improving the nation's health

***Clostridium difficile* infection:  
mandatory surveillance 2017/18**  
Summary of the Mandatory Surveillance  
Annual Epidemiological Commentary  
2017/18

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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# Summary

## Summary points on *Clostridium difficile* Infection

*C. difficile* data has been published (12 July 2018) as part of the Department of Health and Social Care's mandatory surveillance programme for healthcare-associated infection. [1]

Newly published data includes:

- annual (April 2017 to March 2018) counts and rates of CDI by acute trust and clinical commissioning group (CCG)

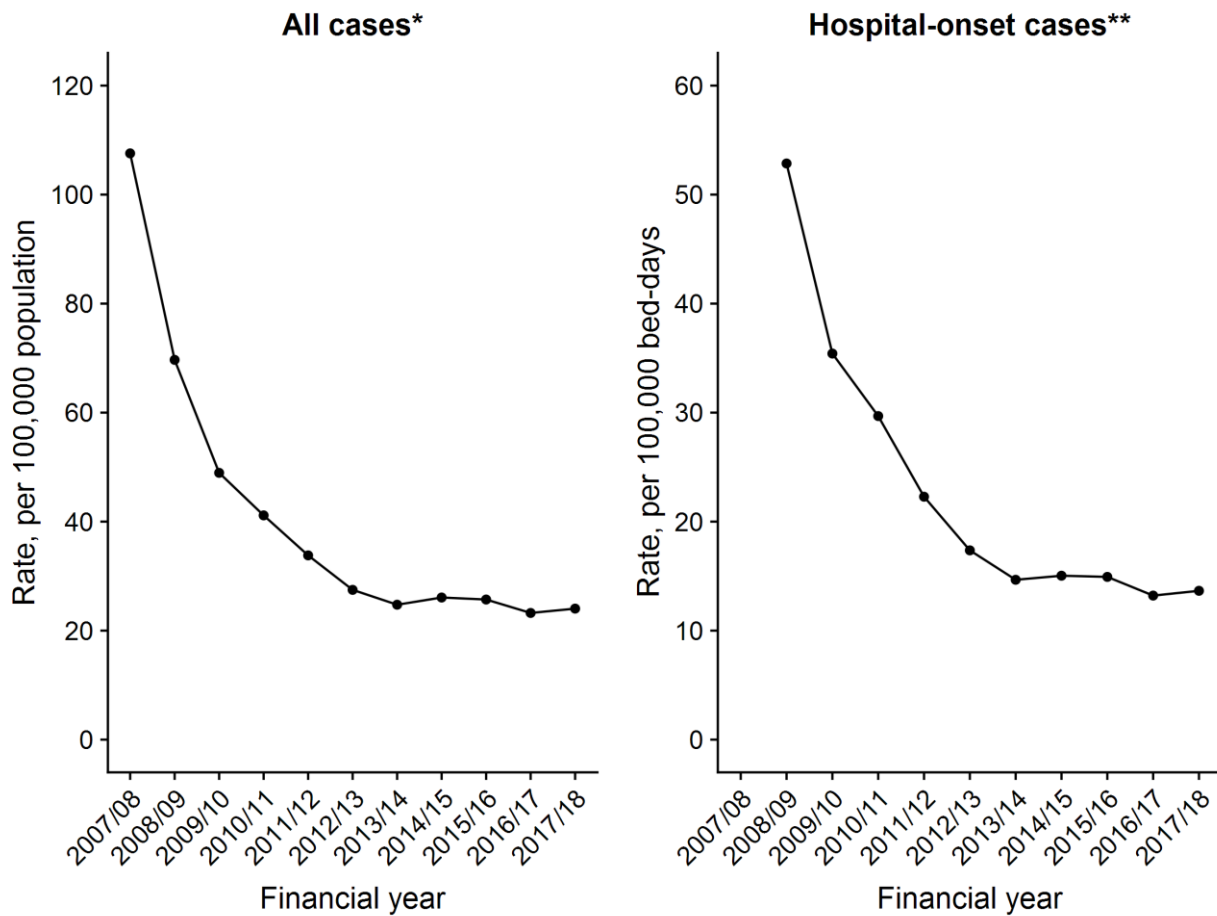
## Total reports

A total of 13,286 cases of *Clostridium difficile* infection were reported by NHS Trusts in England between 1 April 2017 and 31 March 2018. This translates to a small increase of 3.4% from 2016/17 (n = 12,845), and a decrease of 76.1% from 2007/08 (n = 55,498). Figure 1 shows the trends in rates of CDI cases for all cases and hospital-onset cases from 2007/08 to 2016/17. The rate of all CDI cases per 100,000 population, per year has fallen from 100.3 in 2007/08 to 24 in 2017/18.

## Hospital-onset reports

Of the 13,286 total cases reported in FY 2017/18, 4,739 were hospital-onset (13.7 per 100,000 bed-days). It should be noted that CDI cases are considered hospital-onset if they occur  $\geq 4$  days after admission to an acute trust, where day of admission is day 1. This is in contrast to  $\geq 3$  days for bacteraemia cases. The incidence rate for hospital-onset CDI cases mirrors the trends in incidence for all cases, with declining rates from 2007/08 to 2013/14 which then remained approximately stable to 2017/18. The rate of hospital-onset CDI cases increased slightly from 13.2 in 2016/17 to 13.7 in 2017/18, a change of 3.3%

Figure 1: Trends in the rate of *C. difficile* infection in England



\* Mid-year population estimates for 2017/18 were not available at time of publication and so population data for 2016/17 were used as a proxy.

\*\* bed day data were not available for quarter 4 of FY 2017/18 (January to March, 2018). As a result, the 2017/18 bed day data is an aggregate of quarters 1, 2 and 3 of 2017/18 and quarter 4 of 2016/17.

## Notes

This publication forms part of the range of National Statistics outputs routinely produced by PHE. Further detailed epidemiological analyses of MRSA bacteraemia, MSSA bacteraemia, Gram negative bacteraemias and CDI data can be found in both the Quarterly Epidemiological Commentaries [2] and the Annual Epidemiological Commentary, 2017/18 data. [3] The Annual Epidemiological Commentary for FY 2017/18 contains analyses equivalent to previous years, including counts and rates per financial year by age, sex and region (NHS England Local Office).

## References

- [1] Public Health England, "MRSA, MSSA and E. coli bacteraemia and CDI: annual report," July 2018. [Online]. Available: <https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-annual-epidemiological-commentary>.
- [2] Public Health England, "MRSA, MSSA, Gram-negative bacteraemia and CDI: quarterly report," Public Health England, London, 2018.
- [3] Public Health England, "Annual epidemiological commentary: MRSA, MSSA and E. coli bacteraemia and C. difficile infection data, up to and including financial year April 2017 to March 2018," Public Health England, London, 2018.