C. difficile Infection Reporting: Frequently Asked Questions

Q. How long is an episode?
A. An episode of CDI is 28 days, with day 1 being the date of specimen collection.

Q. What stools should be tested for *CDI*?
A. If a patient has diarrhoea (Bristol Stool Chart types 5-7) that is not clearly attributable to an underlying condition (e.g. inflammatory colitis, overflow) or therapy (e.g. laxatives, enteral feeding) then it is necessary to determine if this is due to C. difficile. The stool sample must take on the shape of the container and ideally be at least ¼ filled (to indicate the patient has diarrhoea) before it is sent to the laboratory for testing. If in doubt please seek advice for example from your microbiologist, Director of Infection Prevention and Control or your Infection Prevention and Control Team. All diarrhoeal samples from hospital patients aged ≥2 years and, as a minimum, all diarrhoeal samples from those aged ≥65 years in the community where clinically indicated, in particular for those aged <=65 years, should be tested for C. difficile.

In suspected cases of 'silent CDI' such as ileus, toxic megacolon or pseudomembranous colitis without diarrhoea, other diagnostic procedures, such as colonoscopy, white cell count (WCC), serum creatinine and abdominal computerised tomography (CT) scanning, may be required, potentially with referral to a gastroenterologist or gastrointestinal surgeon.

Q. Do I need to report cases in patients aged under 2 years?
A. Cases in patients aged under 2 years need not be reported; however Trusts may use the system to record these cases if they so wish. These will be excluded from data for publication.

Q. Do I need to report positive specimens from deceased patients?
A. Yes, positive specimens from deceased patients should be reported

Q. The current primary care HPA advice on definition of diarrhoea is: 3 or more episodes a day, <14 days apart (NB this should not be confused with the definition of an episode of CDI for the purposes of mandatory reporting to the HPA which is 28 days) and the sample takes the shape of the container (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1203582652789). Can you have a 'diarrhoeal illness' after just one episode?
A. The frequency of diarrhoea varies in definitions of CDI. Usually, definitions cite the need for at least 3 episodes of diarrhoea, for at least 2 consecutive days. Such a stringent definition is appropriate for clinical trials, but less so in a setting where transmission of infection is a concern. In primary care (excluding institutions such as nursing homes), it is reasonable to use the more stringent definition of CDI; in practice, patients would very rarely consult their GP for diarrhoea comprising 1-2 episodes per day, unless perhaps this continued for several days. Conversely, in the healthcare setting, using a single episode of unexplained diarrhoea as the threshold to instigate testing and pre-emptive patient isolation is reasonable. Whichever the scenario, some flexibility is required to ensure that unexplained diarrhoea is appropriately investigated and managed, especially in high risk individuals.

Q. Should all patients with diarrhoea in the community setting be tested?
A. The current HPA guidance adequately covers when to investigate patients in the community with unexplained diarrhoea (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1203582652789). Whenever a diarrhoeal sample is submitted, relevant clinical details should be supplied, e.g. antibiotic, travel, diarrhoea contact histories. Without such information it cannot be assumed that laboratories will test a faecal sample from a person in the community for evidence of CDI.

Q. Is it acceptable to use a cytotoxin test instead of a sensitive toxin EIA.
A. Yes it is acceptable to use a cytotoxin test instead of a sensitive toxin EIA as part of the recommended two-stage algorithm. In DH/HPA evaluations, the cytotoxin test was more sensitive than the toxin EIAs. Clearly, the cytotoxin assay yields slower results than the toxin EIA, and this

needs to be accounted for when making management and infection prevention decisions regarding suspected CDI cases.

Q. Do I need to report positive specimens that come from patients not located within a hospital at the time of testing, or taken on admission?
A. Yes, all cases of CDI that conform to the case definition must be reported, regardless of where or when the specimen was collected.

Q. Do I need to report positive specimens from Welsh patients diagnosed in English laboratories?
A. Yes, all cases of CDI that conform to the case definition must be reported even if they are from Welsh patients tested/diagnosed in an English laboratory

Q. Do I need to report positive specimens sent from the Independent Sector (private hospital)?
A. Yes, all cases of CDI that conform to the case definition must be reported, regardless of where the specimen originated from.

Q. Should positive specimens from the same patient and the same episode be reported?
A. No, only report a second positive from the same patient if it is defined as a new episode.