



## New York State Partnership for Patients



## Frequently Asked Questions: *Clostridium Difficile* (Published on July 4, 2017)

### Q1. SHOULD WE TEST ALL PATIENTS ON ADMISSION FOR *C. DIFFICILE*?

There are currently no formal recommendations to test all patients on admission for asymptomatic *C. difficile*. At least one hospital has published their experience with the introduction of screening for *C. difficile* colonization using PCR-based testing at the time of hospital admission with subsequent isolation of patients identified as *C. difficile* carriers. The authors of the study reported a significant decrease in *C. difficile* cases that occurred in temporal association with the introduction of the screening and isolation program. While interesting and potentially encouraging, the general consensus thus far seems to be that further study of this strategy is needed before routine admission screening can be recommended as a standard strategy for *C. difficile* prevention. Additionally, many commercially available tests are not designed to test formed stool, and this may create potential problems for the laboratory.

### Q2. HOW DO WE HANDLE THE RESULTS IF WE DO *C. DIFFICILE* TESTING ON ADMISSION?

From the standpoint of reporting to the CDC's National Healthcare Safety Network (NHSN), cases identified by a surveillance test performed on formed stool or a perirectal swab would not be reportable because the NHSN *C. difficile* LabID Event definition includes only those cases in which a positive test was performed on an unformed stool specimen (i.e., stool that conforms to the container). If testing is subsequently repeated in the setting of diarrhea, a positive test result would be reportable to NHSN as a *C. difficile* LabID Event.

### Q3. IF WE FIND PATIENTS ARE COLONIZED WITH *C. DIFFICILE* ON ADMISSION, SHOULD WE ISOLATE THESE PATIENTS IF THEY ARE ASYMPTOMATIC?

The purpose of screening for asymptomatic *C. difficile* colonization as part of a *C. difficile* prevention program would be to reduce the potential risk of environmental contamination by and transmission of *C. difficile* from asymptomatically colonized persons. Thus, some form of infection prevention strategy (e.g., contact precautions) for persons identified as colonized with *C. difficile* would seem appropriate.

Furthermore, current recommendations from the CDC suggest that healthcare facilities remove patients from isolation when active diarrhea has stopped. For asymptomatic, colonized patients without diarrhea, it is unclear what the utility and ideal length of time would be to isolate these colonized patients.

### Q4. HOW IMPACTFUL ARE UV LIGHT MACHINES ON DISINFECTION OF A HOSPITAL ROOM AFTER A *C. DIFFICILE* PATIENT HAS BEEN DISCHARGED?

The definitive role of UV light disinfection as an adjunct to routine cleaning and disinfection has not been determined. While several observational, quasi-experimental studies have reported an association between UV light disinfection and decreased rates of *C. difficile* infection, a recently published, cluster-randomized trial found that the addition of UV light disinfection to routine cleaning and disinfection with a bleach-based detergent was not associated with a reduction in the incidence of *C. difficile* infection. Of note, use of hydrogen peroxide vapor for disinfection is also being investigated.

### REFERENCES

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- Anderson DJ, Chen LF, Weber DJ, et al. Enhanced terminal room disinfection and acquisition and infection caused by multidrug-resistant organisms and *Clostridium difficile* (the Benefits of Enhanced Terminal Room Disinfection study): a cluster-randomised, multicenter, crossover study. *Lancet* 2017;389:805-814.