

## Ten Important points to Prevent and Manage Clostridium difficile in Primary Care

- HCAI – stands for Health Care Acquired Infection.
- Risk factors for Clostridium difficile infection (CDI) include use of antibiotics in the last 8 weeks; use of Proton Pump Inhibitors; advanced age (>65); underlying co- morbidities such as cancer; abdominal surgery; inflammatory bowel disease; enteral feeding and recent prolonged hospitalisation. Reduction of risk factors in primary care (i.e. prescribing of antibiotics and PPIs) will help prevent CDI.
- If a patient has diarrhoea (Bristol Stool Chart types 5-7) that is not clearly attributable to an underlying condition (e.g. inflammatory bowel disease, overflow) or therapy (e.g. laxatives, enteral feeding) then it is necessary to determine whether this is due to Clostridium difficile infection.
- In a patient with diarrhoea, a positive result of C.difficile GDH-antigen in the absence of toxin detection denotes C.difficile carrier status. GDH antigen and toxin detection denote C. difficile infection
- A result of GDH antigen, rather than C difficile toxin in the presence of diarrhoea may require treatment as Clostridium difficile infection.
- In the absence of any positive result in a patient who is symptomatic, the diagnosis of C.difficile infection should be considered
- A patient who tests positive for Clostridium difficile antigen +/- toxin may take up to 90 days to clear the organism from the bowel or may become asymptomatic carriers, therefore re-testing is rarely useful in ongoing management. **If symptoms persist or recur, advice should be sought from a Consultant Microbiologist.**
- There is not sufficient level 3 evidence to recommend that probiotics are used either to prevent or assist in the prevention or management of Clostridium difficile infection
- The prescribing of anti-motility agents is contra-indicated in patients with confirmed or suspected Clostridium difficile infection
- If the patient lives in a shared care setting then Infection Prevention & Control advice will be required. They will need to use soap and water for hand hygiene, gloves and aprons for patient contact and ensure cleaning measures are in place.

**For advice from a medical microbiologist then please call: 01233 616760 (direct line) or extension 723-6760 if calling via switchboard. Out of hours please contact the on-call microbiologist via the main hospital switchboard.**

Reference: NICE; Diarrhoea Adults Assessment < 4 weeks & Diarrhoea antibiotic associated: 2013 accessed on 23/03/2016 <http://cks.nice.org.uk/diarrhoea-adults-assessment#!scenario>

**Provided by:** East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)

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