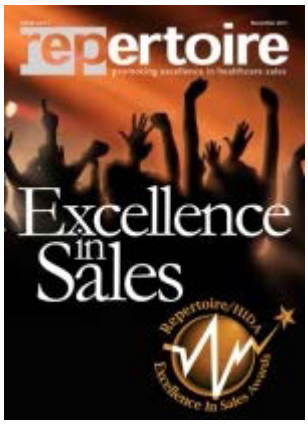
KEEPING C. DIFFICILE IN CHECK



Edition: November 2011 - Vol 19 Number 11
Article#: 3857
Author: Repertoire

Preventing the spread of Clostridium difficile (C. difficile) should be an integral part of an infection control plan for every nursing home and long-term-care facility, say experts. The spore-forming, gram-positive anaerobic bacillus is highly contagious, particularly in extended-care settings. In fact, according to the Centers for Disease Control and Prevention (CDC), the risk for disease increases in patients with:

• Antibiotic exposure.

• Long length of stay in healthcare settings.

• A serious underlying illness.

• Immunocompromising conditions.

• Advanced age.

• Gastrointestinal surgery.

Because C. difficile is shed in feces, any surface, device, or material (e.g., commodes, bathing tubs, and electronic rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the Clostridium difficile spores. The C. difficile spores are transferred to patients primarily through the hands of healthcare personnel who have touched a contaminated surface or device. In recent years, more virulent and difficult-to-treat strains have emerged, yet C. difficile appears to have less visibility compared with other healthcare-acquired infections. Distributor reps can do their customers a service by asking some important questions:

• "Do you have a surveillance/infection control program that includes C. difficile?"

• "What are you doing to screen for/test for C. difficile?"

• "What are you doing to kill C. difficile spores and prevent the spread of infection?"

• "Are you aware of the costs associated with treating C. difficile?" (Experts estimate it costs between $5,000 and $7,700 to isolate and treat one infected patient.)

The CDC recommends the following steps for preventing C. difficile in long-term-care and other healthcare settings:

• Use antibiotics judiciously.

• Use contact precautions.

• Place patients known or suspected to have C. difficile in private rooms – or in rooms with other patients known or suspected to have C. difficile.

• Use protective gloves when entering patient rooms and during patient care.

• Perform hand hygiene after removing gloves. (Because alcohol does not kill C. difficile spores, wash hands with warm water and appropriate soap.)

• Use gowns when entering patient rooms and during patient care.

• Disinfect equipment, including endoscopes and reusable devices.

• Implement an environmental cleaning and disinfectant strategy.

• Clean and disinfect all surfaces with appropriate Environmental Protection Agency-registered disinfectants with a sporicidal claim for environmental surface disinfection after cleaning in accordance with label instructions. It is especially important to disinfect frequently touched surfaces and those that have been contaminated with feces.

In about 20 percent of patients infected with C. difficile, the infection will resolve within two or three days of discontinuing the antibiotic to which the patient was previously exposed, according to the CDC. The infection can usually be treated with an appropriate course (about 10 days) of antibiotics, including metronidazole, vancomycin (administered orally), or recently approved fidaxomicin. The CDC does not recommend testing for C. difficile following antibiotic treatment if a patient's symptoms have resolved, as patients may remain colonized with the infection.

Editor's Note: For a more in-depth look at Clostridium difficile, refer to the related article in this issue.