

CDC Vital Signs
Making Healthcare Safer: Stopping *C. difficile*
Key Messages
March 6, 2012

- ***C. difficile* is causing many Americans to suffer or die**
 - Other healthcare-associated infections declined in recent years, but *C. difficile* climbed to historic highs and remains at these unacceptable levels
 - Linked to 14,000 deaths
 - Deaths related to *C. difficile* increased 400% between 2000 and 2007
 - More than 335,000 hospitalizations per year
 - Hospital stays caused by *C. difficile* tripled in the 2000s
 - People most at risk are those who take antibiotics and also receive medical care in any setting. This could include a nursing home, hospital, doctor's office, outpatient surgery center, etc.
 - Risk generally increases with age; children are at lower risk and older adults are at higher risk
 - Almost half of infections occur in people younger than 65, but more than 90% of deaths occur in people 65 and older

- ***C. difficile* is not just a hospital problem – these infections are a patient safety concern everywhere medical care is given**
 - Almost all (94%) of *C. difficile* infections occur in people who recently received medical care in or out of hospitals
 - 75% of *C. difficile* infections have their onset in nursing homes or occur in people recently cared for in an outpatient setting
 - Hospitals still play a central role
 - 25% of all *C. difficile* infections have onset in hospitals
 - In hospitals:
 - 50% of cases are present on admission in patients who transfer from another healthcare setting or patients recently discharged from another facility
 - 50% of cases are a result of care in that specific facility
 - An infection problem in one facility or practice can easily become a problem for another facility or practice

- ***C. difficile* infections can be prevented**
 - Small groups of U.S. hospitals are showing success in preventing *C. difficile* – this type of focus and success can happen in (and should be expanded to) medical facilities across the country

- Early prevention projects in Illinois, Massachusetts, and New York are showing 20% declines in hospital *C. difficile* rates
 - Some key factors to success:
 - Multi-disciplinary team approach
 - Support from administration
 - Focus on strict adherence to infection control
 - England has shown 50% reductions in hospitals nationwide – we should aim for these types of reductions in the United States
 - Focus on infection control and careful antibiotic prescribing
- Doctors, nurses, and other healthcare staff can prevent *C. difficile* or stop its spread with these 6 steps:
 1. Prescribe and use antibiotics carefully. About 50% of all antibiotics given are not needed, unnecessarily raising the risk of *C. difficile* infections.
 2. Test for *C. difficile* when patients have diarrhea while on antibiotics or within several months of taking them.
 3. Isolate patients with *C. difficile* immediately.
 4. Wear gloves and gowns when treating patients with *C. difficile*, even during short visits. Hand sanitizer does not kill *C. difficile*, and hand washing may not be sufficient. It is important to note that once *C. difficile* germs are on a health care provider's hands, they are hard to get off. It is much better to avoid getting them on your hands in the first place.
 5. Clean room surfaces with bleach or another EPA-approved, spore-killing disinfectant after a patient with *C. difficile* has been treated there.
 6. When patients transfer, notify the new facility of *C. difficile* infections.
- Patients can:
 - Antibiotics can be lifesaving medicines. Take them only as prescribed by your doctor.
 - Tell your doctor if you have been on antibiotics and get diarrhea within a few months.
 - Wash your hands after using the bathroom.
 - Try to use a separate bathroom if you have diarrhea, or be sure the bathroom is cleaned well if someone with diarrhea has used it.