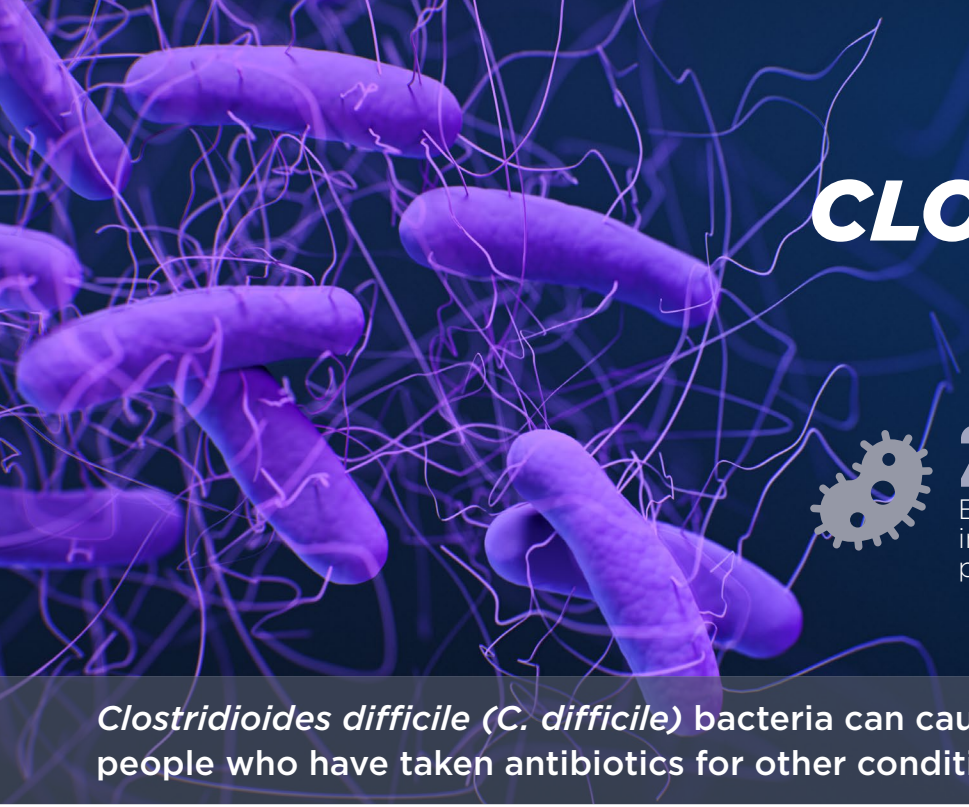


CLOSTRIDIOIDES DIFFICILE

THREAT LEVEL **URGENT**

223,900
Estimated cases in hospitalized patients in 2017

12,800
Estimated deaths in 2017

$1B
Estimated attributable healthcare costs in 2017

Clostridioides difficile (C. difficile) **bacteria can cause life-threatening diarrhea. Infections occur most often in people who have taken antibiotics for other conditions. It is the most common healthcare-associated infection.**

WHAT YOU NEED TO KNOW

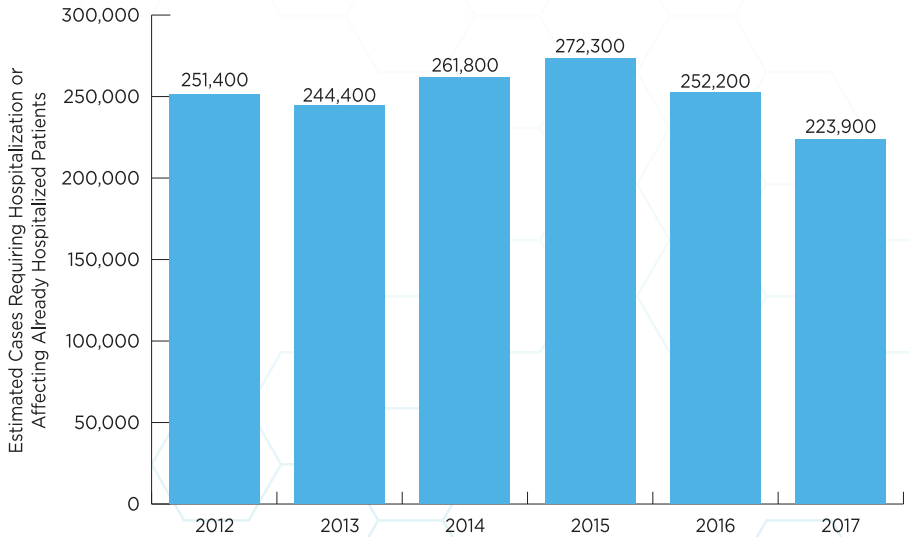
- While healthcare-associated *C. difficile* cases are decreasing, community-associated cases are not.
- Strategies to reduce *C. difficile* infections include improving antibiotic use, infection control, and healthcare facility cleaning and disinfection.
- *C. difficile* infections are more common and tend to be more severe in older patients.

Previously *Clostridium difficile.* Also called *C. diff.* Cost includes hospital-onset cases only.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CASES OVER TIME

Continued appropriate infection control, antibiotic use, and diagnostic testing are important to maintain decreases in *C. difficile* cases.



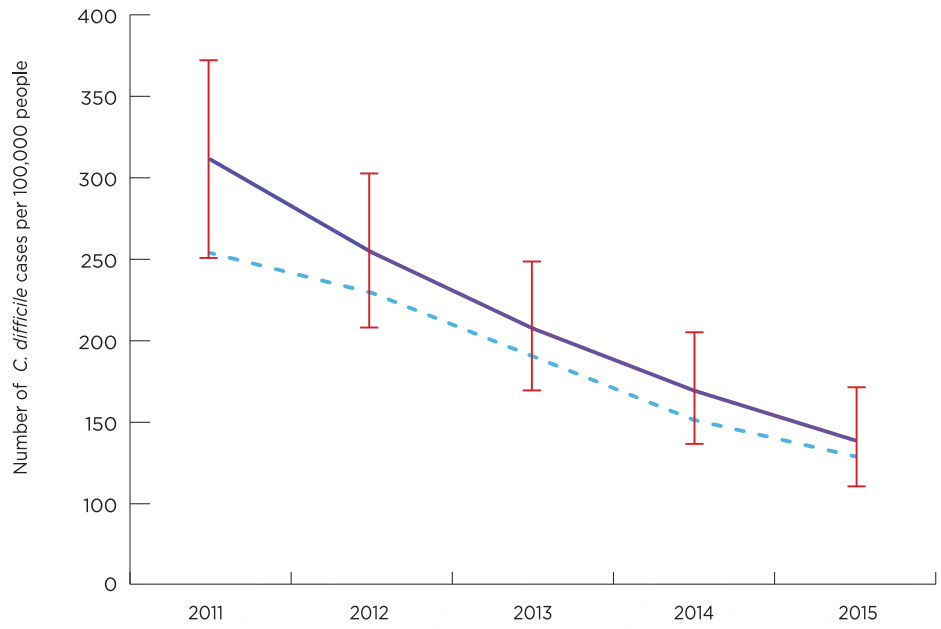
WHERE INFECTIONS HAPPEN

C. difficile infection affects thousands of people every year. It is rarely resistant to antibiotics; however, *C. difficile* usually occurs in people who have taken antibiotics. Improving antibiotic use is an important strategy to reduce these infections. Antibiotics disrupt (unbalance) our microbiome (a community of germs). A common strain of *C. difficile* (ribotype 027) that can cause more serious disease can be associated with use of certain antibiotics, such as fluoroquinolones.

More than half of *C. difficile* cases among long-term care facility residents happen in those who were recently hospitalized. However, from 2011 to 2015, sites within CDC's Emerging Infections Program saw a decrease in *C. difficile* cases in people 65 years or older in long-term care facilities. During this same time, there were declines in hospital fluoroquinolone antibiotic use and *C. difficile* ribotype 027 among people 65 years or older. Improving antibiotic use may have contributed to the decrease in *C. difficile* cases.

C. DIFFICILE CASES

Improving antibiotic use may have contributed to the decrease in long-term care facility-onset *C. difficile* cases in 10 U.S. sites.



Adjusted cases for sex, race, and the percent of cases diagnosed by nucleic acid amplification test.

ONLINE RESOURCES

About *C. difficile* Infections
www.cdc.gov/cdiff/index.html

Tracking *C. difficile* Infections
www.cdc.gov/hai/eip/cdiff-tracking.html