

Clostridium difficile Infections (CDI) Update, Q2 2014/2015

December 2014

Summary Table

	Q2 2014/2015	Previous quarter	Last 4 quarters
Total CDI cases identified	461	467	2,275
Number of new CDI associated with the reporting facility	236	254	1,214
Total inpatient days	652,348	649,100	2,891,427
Provincial rate (95% CI) per 10,000 inpatient days	3.6 (3.2-4.1)	3.9 (3.5-4.4)	4.2 (4.0-4.4)

Highlights

- The provincial rate of new cases of CDI associated with the reporting facility in Q2 of 2014/2015 was the lowest since the provincial CDI surveillance program began in 2009/2010. The rate in Q2 was not significantly lower than in the previous quarter (Q1 of 2014/2015) or the last four quarters (Q2 of 2013/2014 – Q1 of 2014/2015).
- The downward trend of the provincial quarterly CDI rate continued in Q2 of 2014/2015 and was statistically significant from Q1 of 2009/2010 to Q2 of FY 2014/2015 (trend $\chi^2 = 568.05$, $p < 0.0001$).

The provincial CDI surveillance program was established to monitor the incidence and trends of healthcare-associated CDI among patients who have been hospitalized in the acute care facilities.

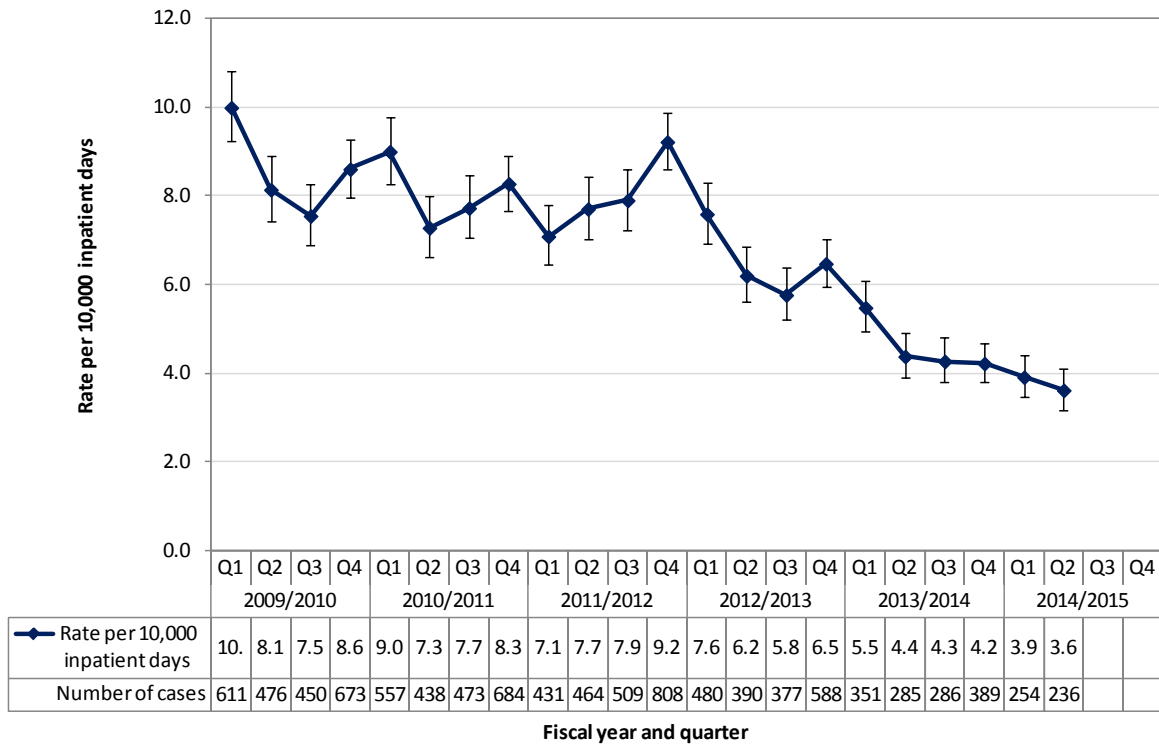
Clostridium difficile or *C. difficile* is a germ that can live in the bowel without causing harm. However, if the normal bacteria in the gut are destroyed by taking certain antibiotics in high doses or over a prolonged period of time, *C. difficile* can grow to unusually high levels and produce toxins that can damage the bowel and cause diarrhea, fever, abdominal cramping, dehydration, and even death.

C. difficile bacteria and their spores are shed in feces. People can get the bacteria if they touch surfaces (e.g., toilets, commodes, bathing tubs, and electronic rectal thermometers) contaminated with feces, and then touch their mouth. For healthy people, *C. difficile* does not often pose a health risk. The elderly and those with other illnesses or who are taking antibiotics are at a greater risk of developing infections.

Regular hand hygiene by healthcare providers and patients is the most effective way of preventing transmission of *C. difficile* in the healthcare setting. Using antibiotics wisely, keeping the environment as clean as possible (especially around ill patients), and good hand hygiene can help reduce the risk of *C. difficile* spreading to you and your family.

The PICNet website (www.picnet.ca) has general information about CDI prevention and control, as well as the case definition, data sources, and limitations used to generate this report. If you have questions or suspect that you have CDI, please contact with your doctor.

Figure 1. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter, British Columbia¹



Bars in the line chart represent 95% confidence interval of the rates. There were changes and variations in the laboratory testing for confirmation of CDI diagnosis and application of case definition over time and by health authority. The time frame of each fiscal quarter varied by fiscal year and there were more days in Q4 than in Q1, Q2, and Q3 each fiscal year. The same hereinafter.

¹ Excluded from this report were certain acute care facilities in Interior Health from Q3 of FY 2011/2012 to Q2 of FY 2012/2013. Data were aggregated by fiscal quarter for each health authority except PHSA, which aggregated the data by calendar quarter.

Figure 2. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Interior Health²

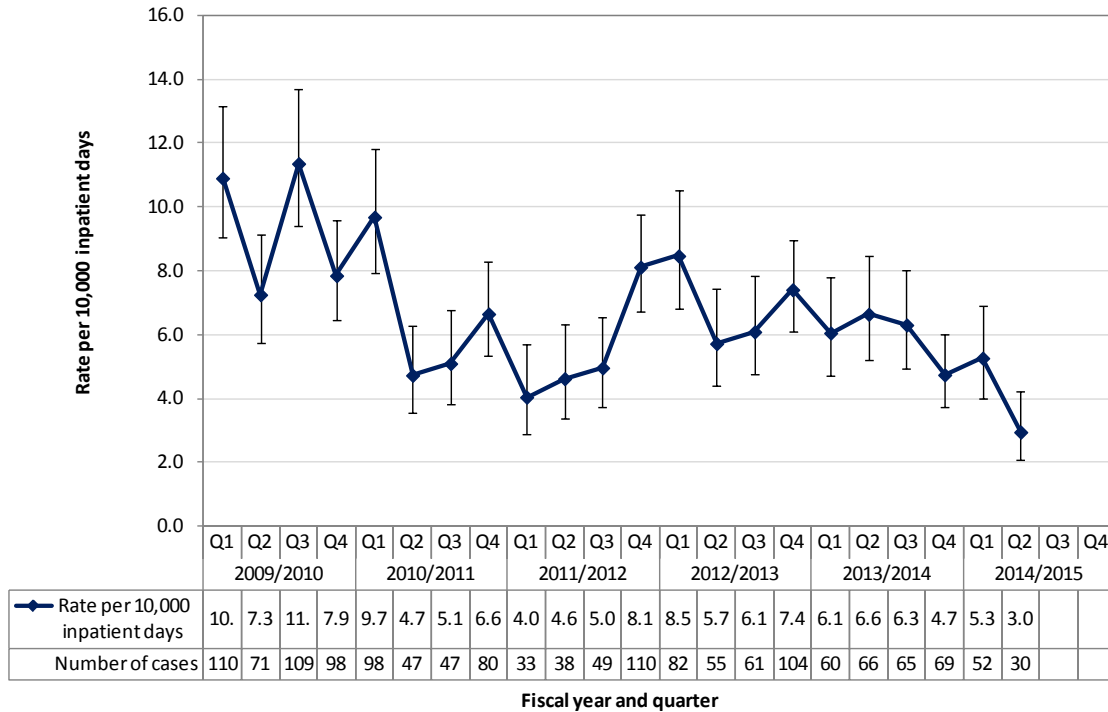
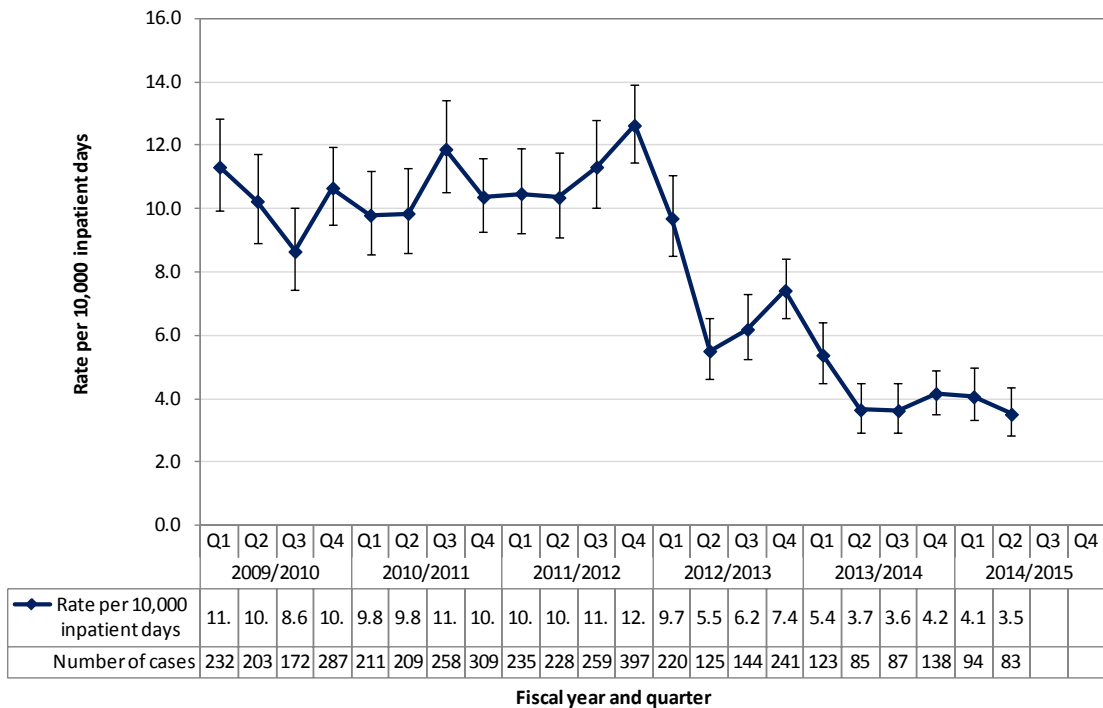


Figure 3. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Fraser Health



² Excluded certain acute care facilities from Q3 of FY 2011/2012 to Q2 of FY 2012/2013

Figure 4. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Vancouver Coastal Health³

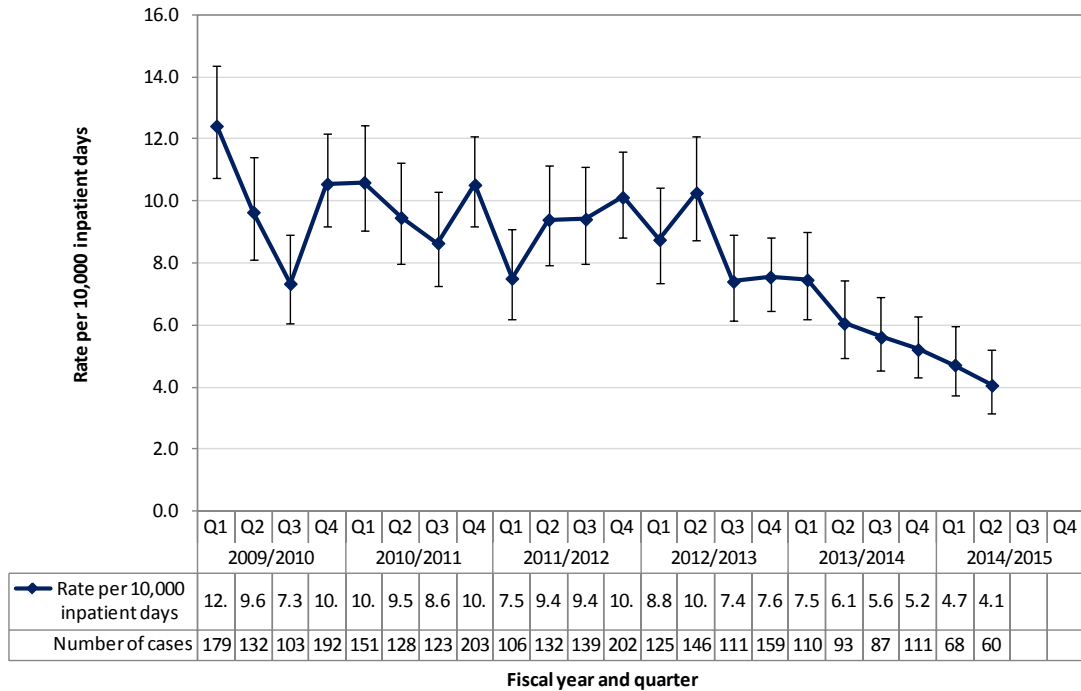
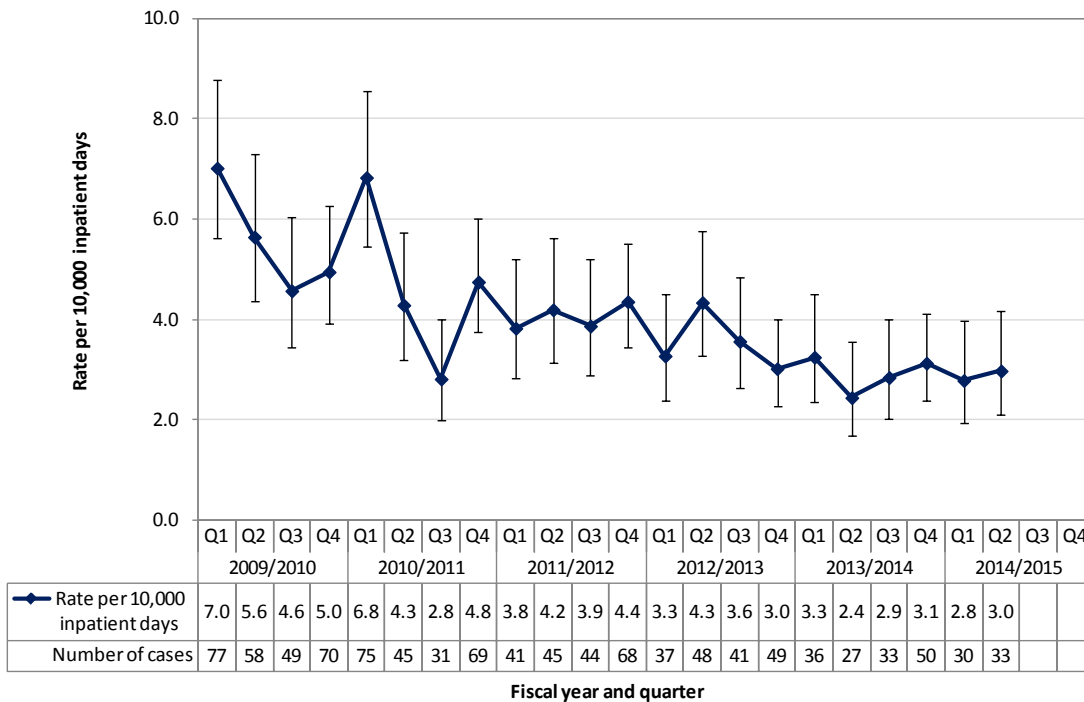


Figure 5. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Island Health⁴



³ Includes acute care facilities of Providence Health Care (PHC)

⁴ Formerly known as Vancouver Island Health Authority.

Figure 6. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Northern Health

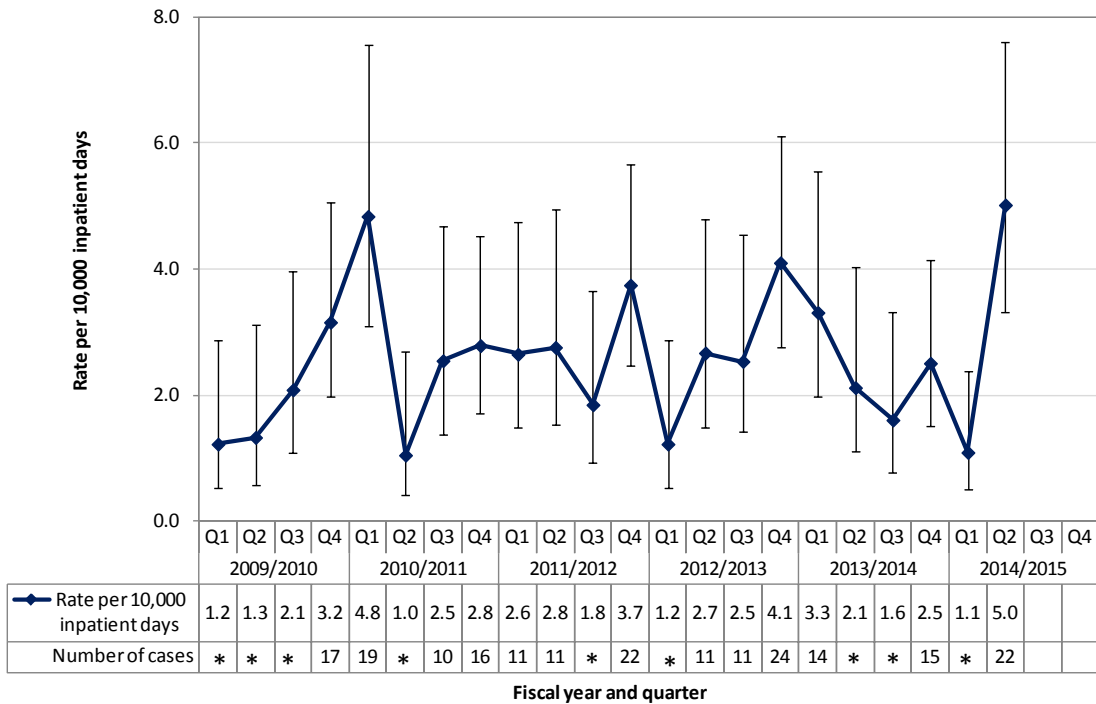
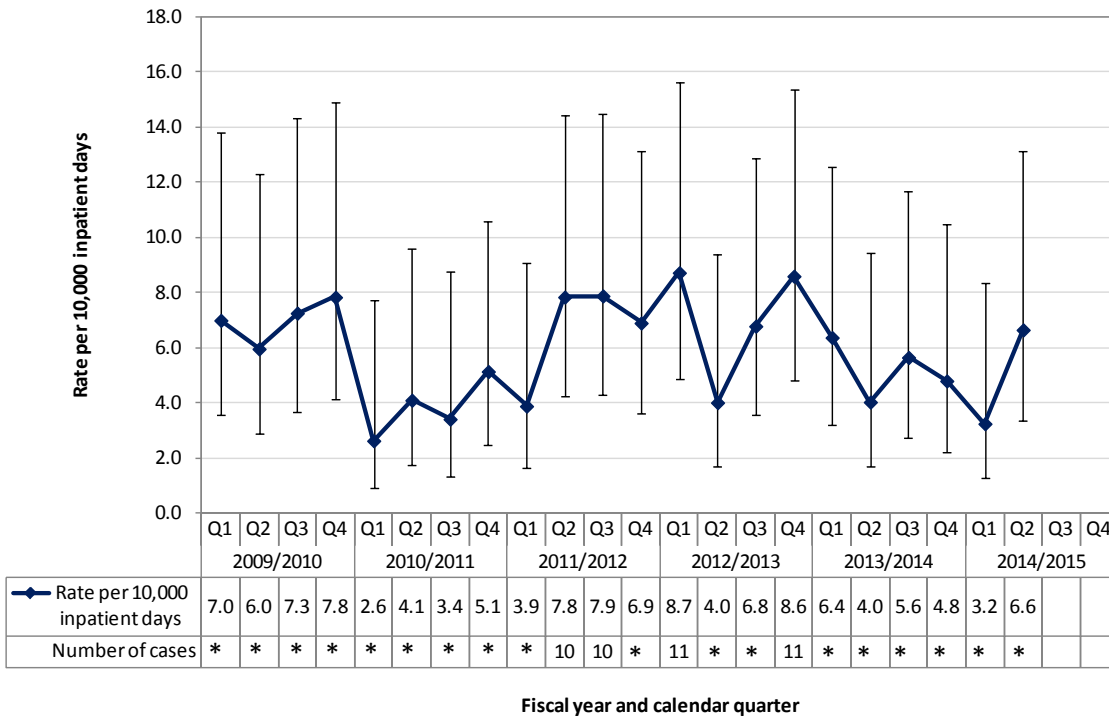


Figure 7. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and calendar quarter for Provincial Health Services Authority



* represents that the number of cases is <10 to ensure patient confidentiality

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Disclaimer

The purpose of this report is to provide information on healthcare-associated infections identified among the patients admitted to the acute care facilities to healthcare providers, decision-makers, patients, and the public. This report may be used, in whole or in part, as the basis for infection prevention and control practices to improve the quality of healthcare services. PICNet does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information in the report; neither does it intend to provide specific medical advice. Commercial uses are prohibited without express written permission.

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