

## Clostridium difficile Infections (CDI) Update, Q4 2014/2015

August 2015

### Summary Table

	Q4 2014/2015	Previous quarter	Last 4 quarters
Total CDI cases identified	831	482	2,186
Number of new CDI associated with the reporting facility	465	240	1,130
Total inpatient days	946,826	673,303	2,878,240
<b>Provincial rate per 10,000 inpatient days (95% CI)</b>	<b>4.9 (4.5-5.4)</b>	<b>3.6 (3.1-4.0)</b>	<b>3.9 (3.7-4.2)</b>

### Highlights

- The provincial rate of new cases of CDI associated with the reporting facility increased significantly in Q4 of 2014/2015, compared to the previous quarter (Q3 of 2014/2015) and the last four quarters (Q4 of 2013/2014 – Q3 of 2014/2015).
- The higher provincial rate in Q4 reflects an increase in the CDI rate for certain health authorities. These health authorities have been monitoring and addressing the increase of CDI in their facilities.
- The overall downtrend in the provincial CDI rates from Q1 of 2009/2010 to Q4 of FY 2014/2015 was still statistically significant (trend  $\chi^2 = 699.97$ ,  $p < 0.0001$ ).

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

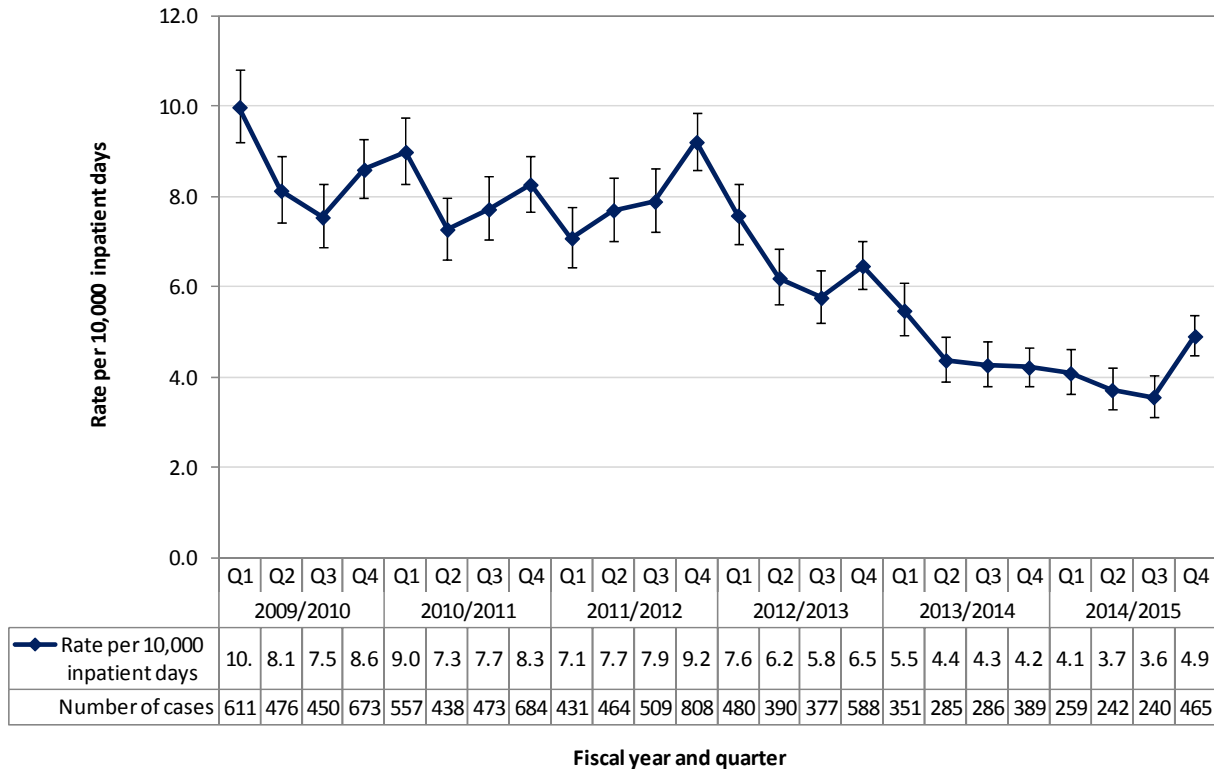
*Clostridium difficile* or *C. difficile* is a germ that can live in the bowel without causing harm. However, if the normal bacteria in the gut are destroyed by taking certain antibiotics in high doses or over a prolonged period of time, *C. difficile* can grow to unusually high levels and produce toxins 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 acquire 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 the 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 patients and visitors.

The PICNet website ([www.picnet.ca](http://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 or healthcare provider.

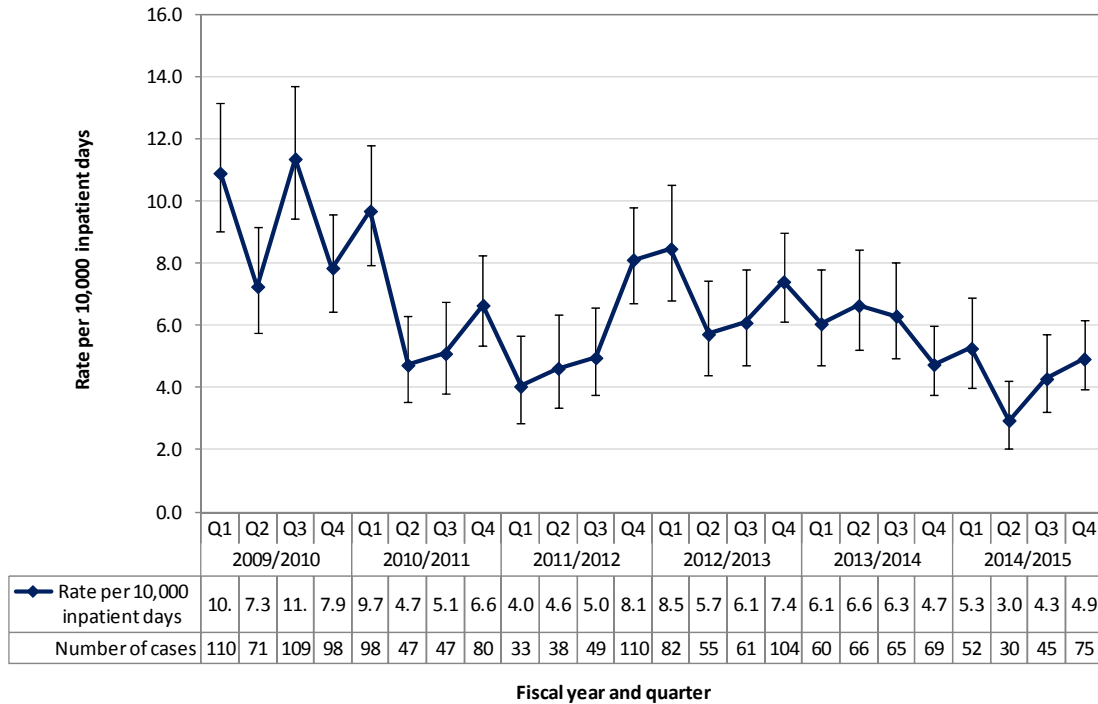
**Figure 1. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter, British Columbia<sup>1</sup>**



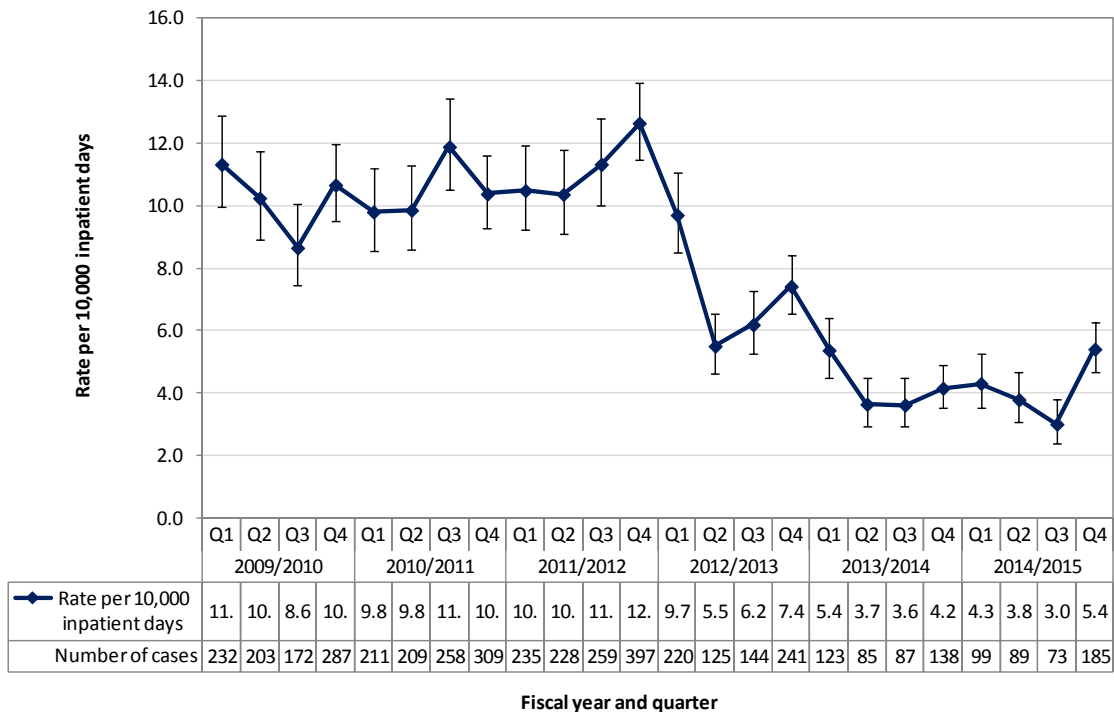
Bars in the line chart represent 95% confidence interval of the rates. There were changes and variations in the laboratory testing for confirmation of CDI diagnosis and application of case definition over time and by health authority. The time frame of each fiscal quarter varied by fiscal year and there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

<sup>1</sup> 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 Health<sup>2</sup>**

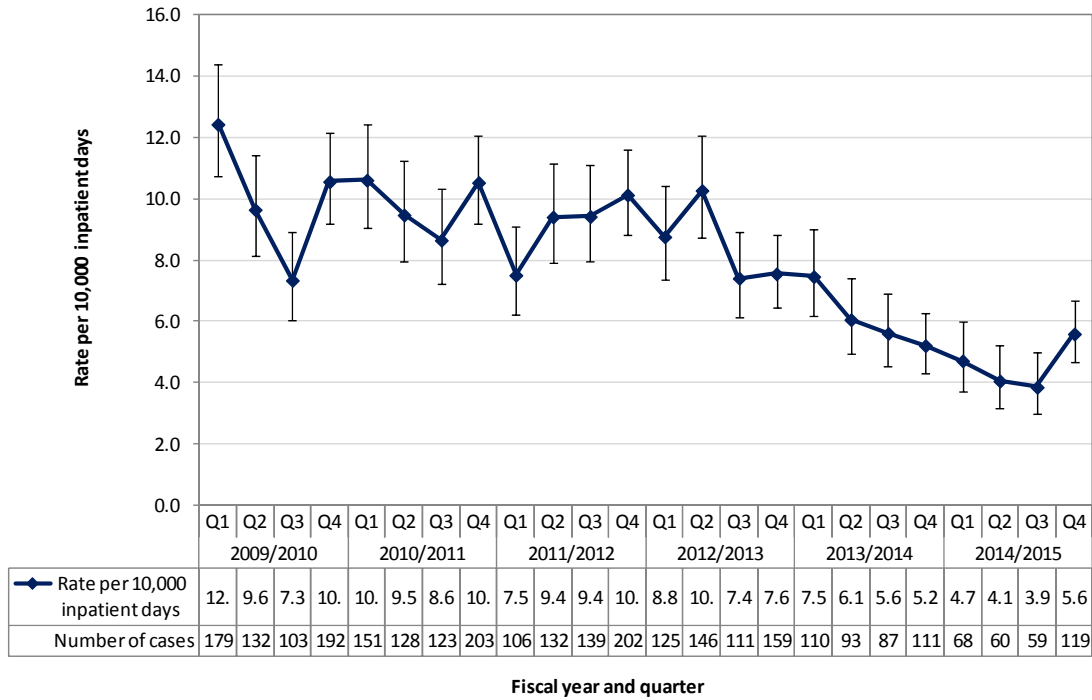


**Figure 3. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Fraser Health**

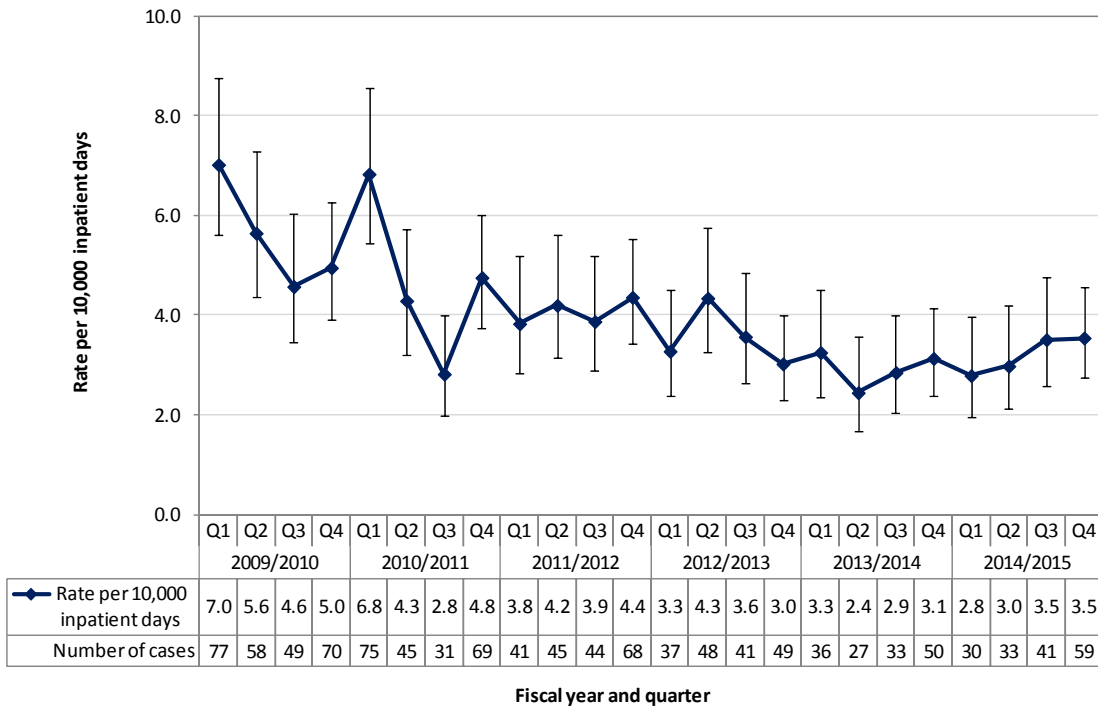


<sup>2</sup> Excluded certain acute care facilities from Q3 of FY 2011/2012 to Q2 of FY 2012/2013

**Figure 4. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Vancouver Coastal Health<sup>3</sup>**



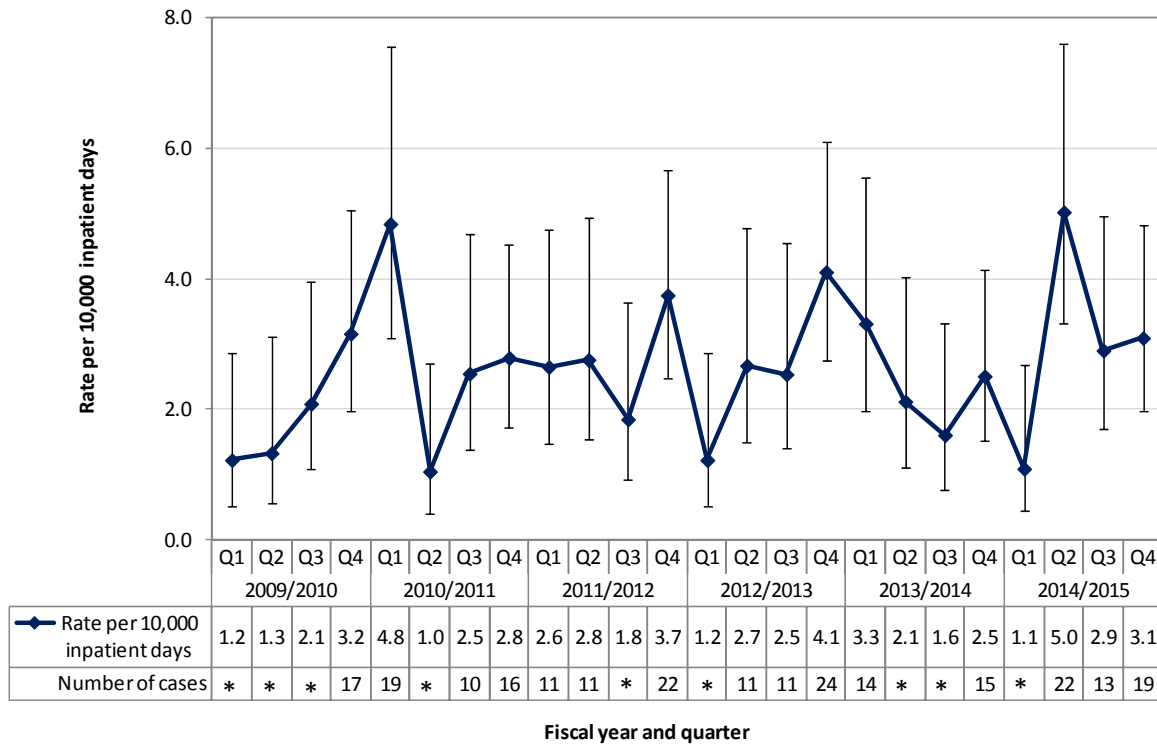
**Figure 5. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Island Health<sup>4</sup>**



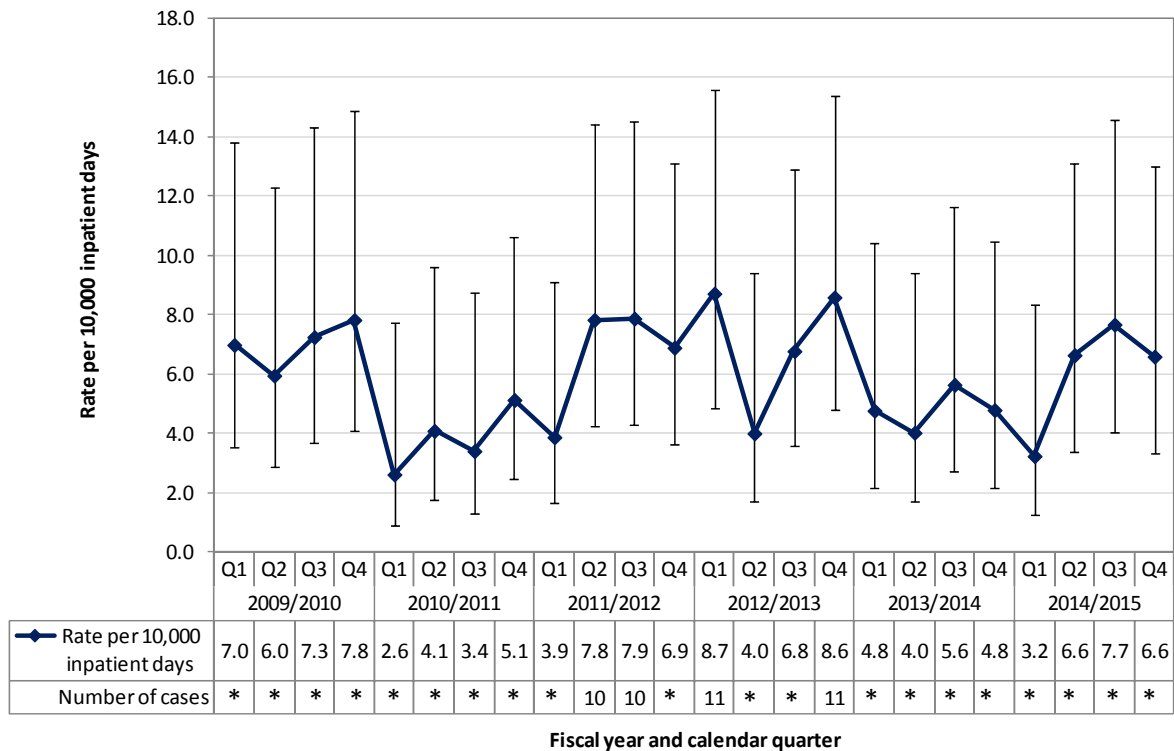
<sup>3</sup> Includes acute care facilities of Providence Health Care (PHC)

<sup>4</sup> 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**

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