

Clostridium difficile Infections (CDI) Update, Q3 2015/16

March 2016

Summary Table

	Q3 2015/16	Previous quarter (Q2 2015/16)	Same quarter of previous year (Q3 2014/15)
Total CDI cases identified	650	660	484
Number of new CDI cases associated with the reporting facility	311	327	240
Total inpatient days	693,331	653,030	673,303
Rate of CDI associated with the reporting facility per 10,000 inpatient days (95% CI)	4.5 (4.0-5.0)	5.0 (4.5-5.6)	3.6 (3.1-4.0)

Highlights

- In Q3 2015/16, the provincial rate of CDI associated with the reporting facility decreased compared to the previous three quarters (Q4 2014/15 to Q2 2015/16), though the change was not statistically significant.
- The rate in Q3 2015/16 was significantly higher than the same quarter of the previous year (Q3 2014/15).

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.

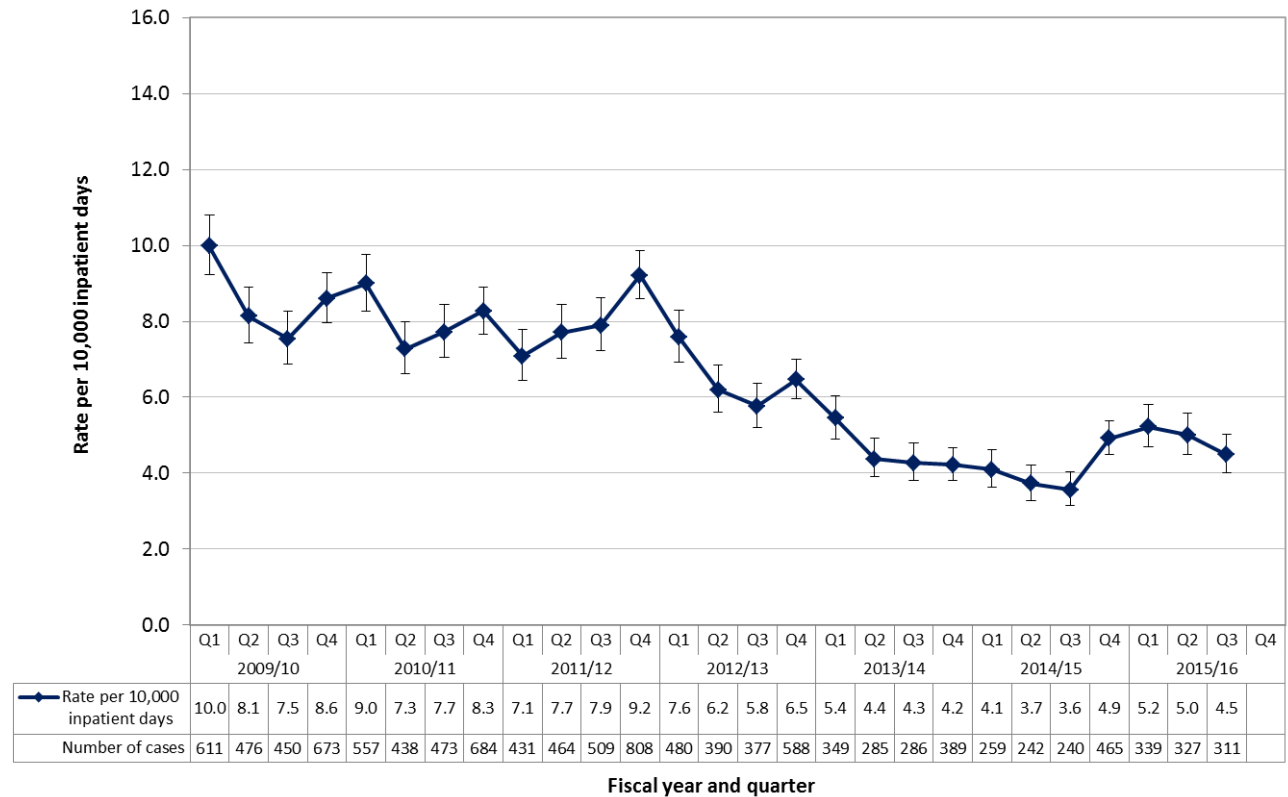
Clostridium difficile or *C. difficile* is a germ that can live in the bowel without causing harm. If, however, the normal bacteria in the gut are destroyed by taking certain antibiotics in high doses or over a prolonged period of time, *C. difficile* can grow to unusually high levels and produce toxins 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 and keeping the environment as clean as possible (especially around ill patients) can help reduce the risk of *C. difficile* spreading to patients and visitors.

The PICNet website (www.picnet.ca) has general information about CDI prevention and control, as well as the case definition, data sources, and limitations associated with this report. If you have questions or suspect that you have CDI, please contact 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 Columbia¹



Note: vertical bars on the line represent the 95% confidence interval of the rates to show an estimated range of values

¹ Data were aggregated by fiscal quarter for each health authority except PHSA, which aggregated the data by calendar quarter. 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. 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.

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

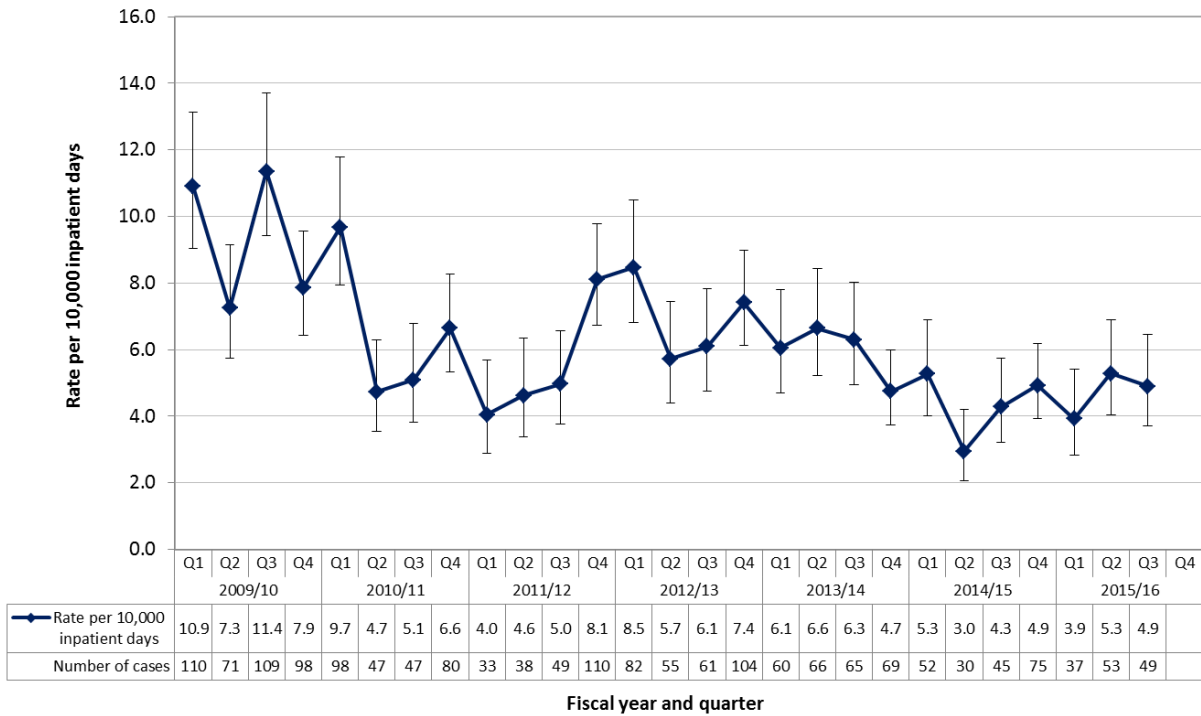
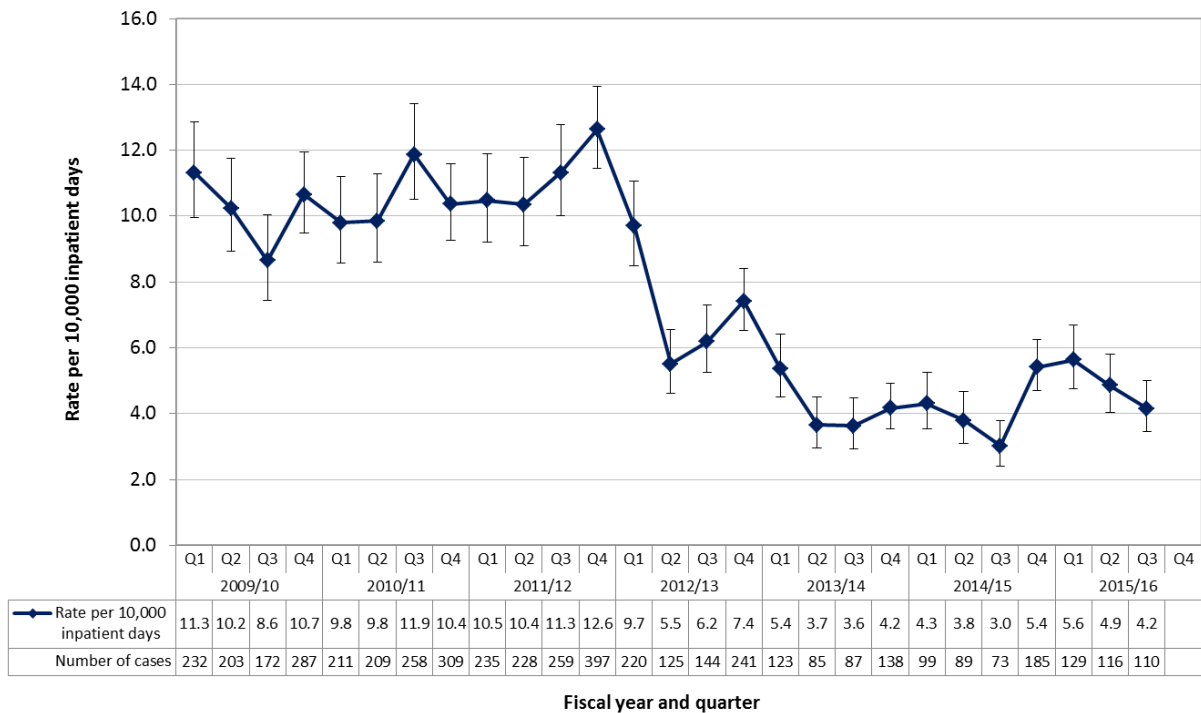


Figure 3. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Fraser Health



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

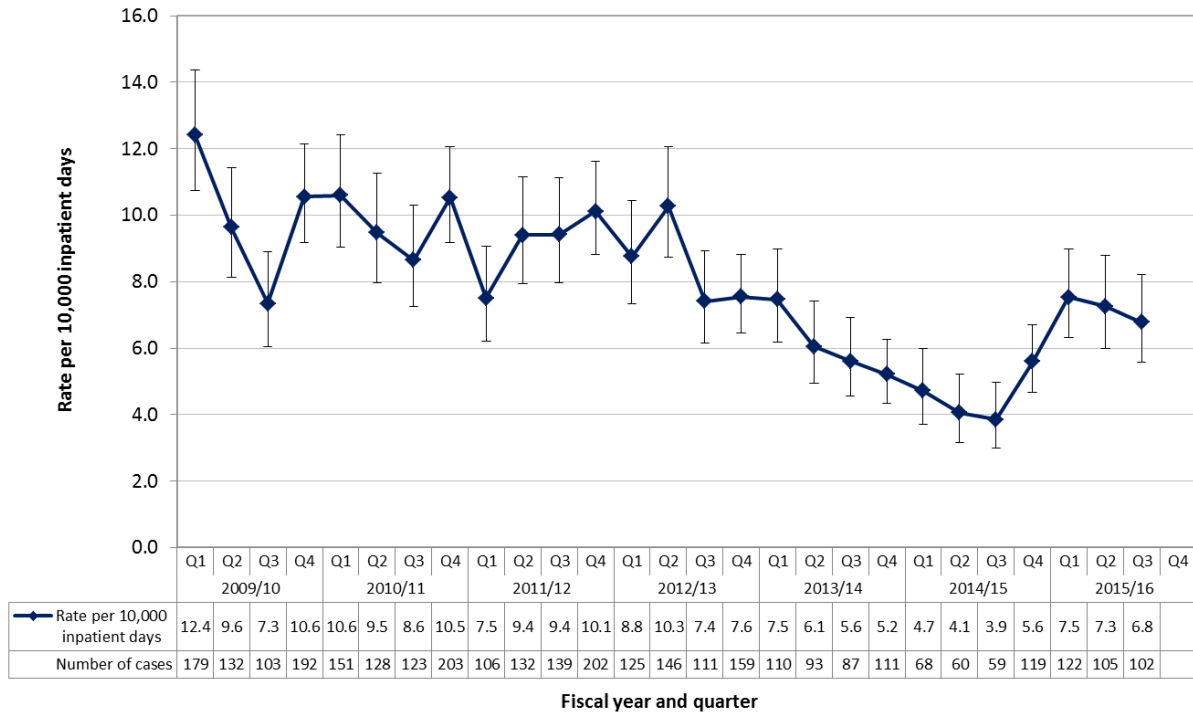
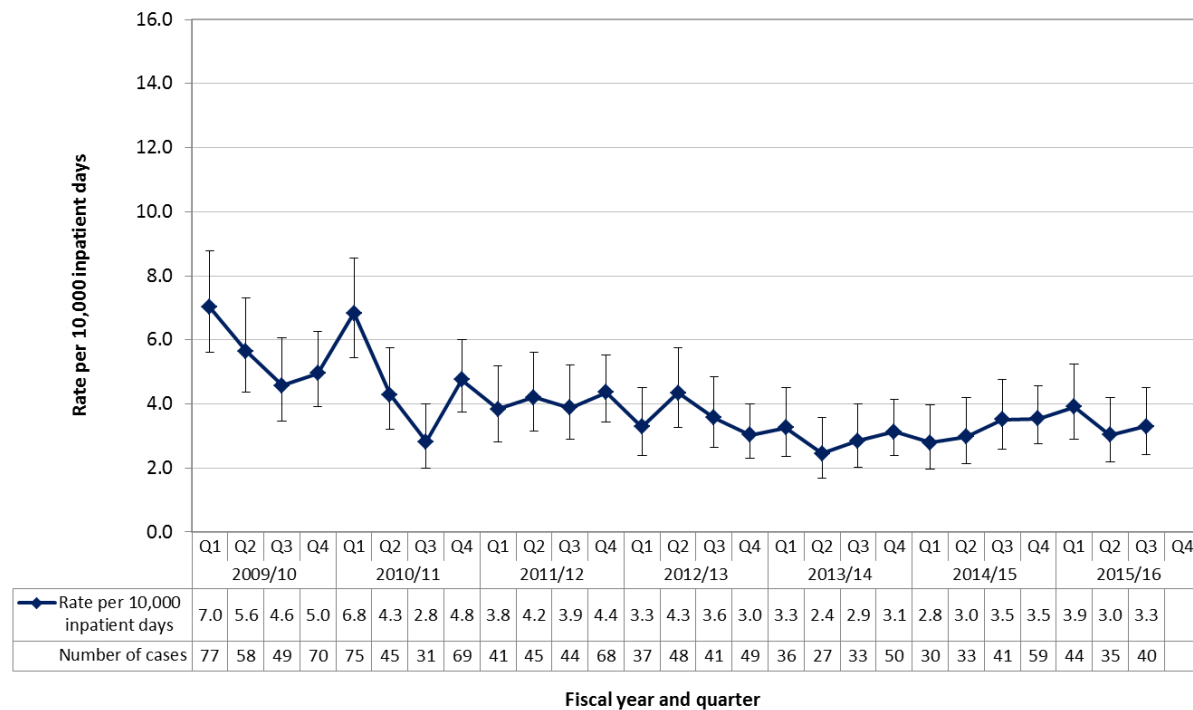


Figure 5. Number of new cases and rate of CDI associated with the reporting facility, by fiscal year and quarter for Island Health⁴



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

⁴ Formerly known as Vancouver Island Health Authority.

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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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