

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.

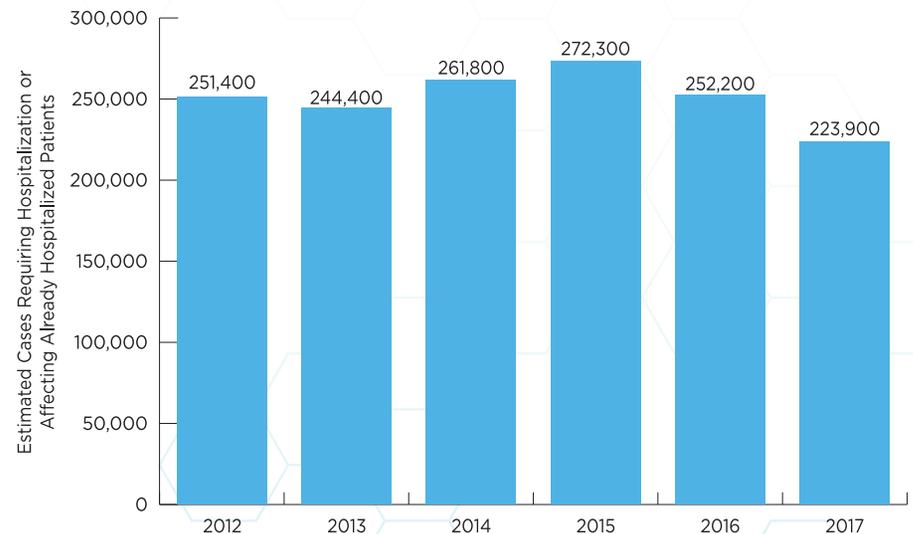
WHAT YOU NEED TO KNOW

- 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.

CASES OVER TIME

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



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

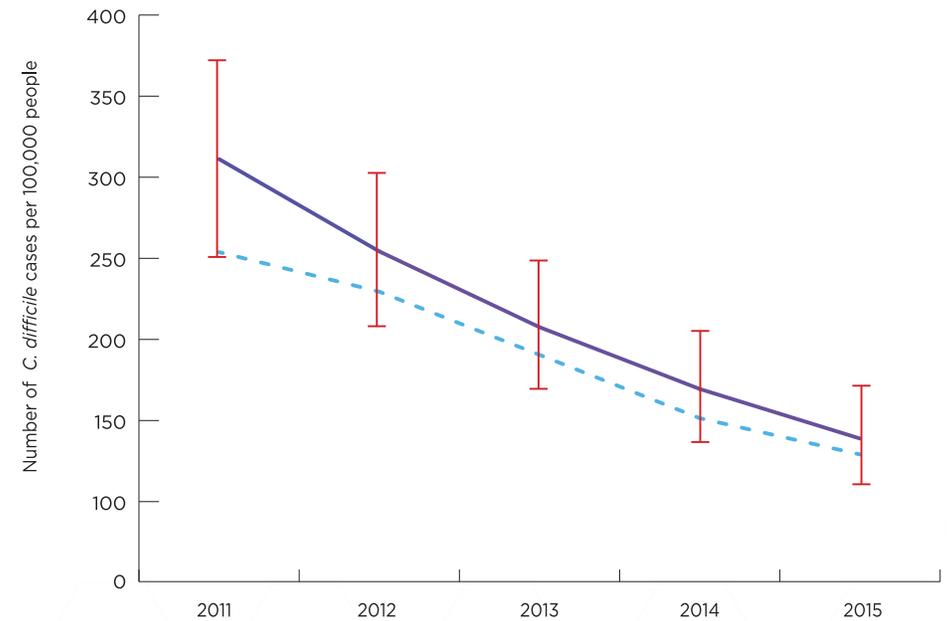
WHERE INFECTIONS HAPPEN

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