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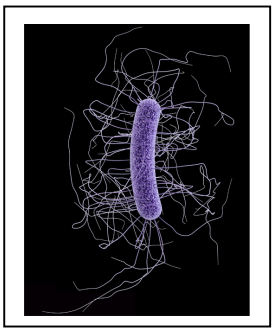
Nearly 500,000 Americans Suffer from C.difficile Yearly

The CDC study found that 82 percent of patients with community-associated* C. difficile *infections reported exposure to outpatient health care settings such as doctor's or dentist's offices in the 12 weeks before their diagnosis; The Center for Disease Control and Prevention (CDC) February 25, 2015

"***Approximately 29,000 patients died within 30 days of the initial diagnosis of C.difficile? .***"



***Clostridium difficile* (*C. difficile*)** caused almost half a million infections among patients in the United States in a single year, according to a study released today by the Centers for Disease Control and Prevention (CDC).

Approximately 29,000 patients died within 30 days of the initial diagnosis of *C. difficile*. More than 80 percent of the deaths associated with *C. difficile* occurred among Americans aged 65 years or older. *C. difficile* causes an inflammation of the colon and deadly diarrhea.

Previous studies indicate that *C. difficile* has become the most common microbial cause of healthcare-associated infections in U.S. hospitals. The new study found that 1 out of every 5 patients with a healthcare-associated *C. difficile* infection experienced a recurrence of the infection and 1 out of every 9 patients aged 65 or older with a healthcare-associated *C. difficile* infection died within 30 days of diagnosis.

"*C. difficile* infections cause immense suffering and death for thousands of Americans each year," said CDC Director Tom Frieden, M.D., M.P.H. "These infections can be prevented by improving antibiotic prescribing and by improving infection control in the health care system. CDC hopes to ramp up prevention of this deadly infection by supporting State Antibiotic Resistance Prevention Programs in all 50 states."

Patients at Highest Risk

Patients who take antibiotics are most at risk for developing *C. difficile* infections. More than half of all hospitalized patients will get an antibiotic at some point during their hospital stay, but studies have shown that 30 percent to 50 percent of antibiotics prescribed in hospitals are unnecessary or incorrect. When a person takes broad-spectrum antibiotics, beneficial bacteria that are normally present in the human gut and protect against infection can be suppressed for several weeks to months. During this time, patients can get sick from *C. difficile* picked up from contaminated surfaces or spread person to person. Unnecessary antibiotic use and poor infection control may increase the spread of *C. difficile* within a facility and from facility to facility when infected patients transfer, such as from a hospital to a nursing home.

Improving Antibiotic Use Critical for Preventing *C. difficile*

Although more than 150,000 of the half a million infections in the new study were community-associated, a separate recent CDC study found that 82 percent of patients with community-associated *C. difficile* infections reported exposure to outpatient health care settings such as doctor's or dentist's offices in the 12 weeks before their diagnosis; this finding underscores the need for improved antibiotic use and infection control in these settings as well. It is estimated that more than 50 percent of antibiotics are prescribed unnecessarily in outpatient settings for upper respiratory infections like cough and cold illness, most of which are caused by viruses.

"The Quality Innovation Networks systematically support clinicians in the sharing of best practices in antibiotic stewardship and prevention of *C. difficile*."During the next five years, CDC's efforts to combat *C. difficile* infections and antibiotic resistance under the National Strategy to Combat Antibiotic Resistant Bacteria will enhance national capabilities for antibiotic stewardship, outbreak surveillance, and antibiotic resistance prevention. These efforts hold the potential to cut the incidence of *C. difficile* infections in half.

Note: The data reported are from 2011 and represent the largest, longitudinal, U.S. population-based surveillance for *C. difficile* infection to date, including laboratory-based surveillance across diverse U.S. geographic locations.

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