



**UW TASP**  
tele-antimicrobial stewardship program



# April 10th, 2018

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## Agenda

- Chloe Bryson-Cahn: New C.diff Guidelines
- Case Discussions
- Open Discussion



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# IDSA Practice Guidelines: C.diff Infection

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April 10th, 2018

*This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.*

# 2017 C.diff Guidelines

- **Selective / staged testing**
- **New treatment paradigm**
- **Emphasis on:**
  - Infection Control Procedures
  - **Antibiotic Stewardship Teams**
- **Mention of FMT for rCDI**
- **CDI Treatment in Children**

# Testing

- 2010 Guideline:
  - EIA has high false negative -> use NAAT/ PCR
- 2017 Update:
  - NAAT/PCR too sensitive ?? overdiagnosis ->
    - Selective criteria to test, OR
    - Staged testing



# Terminology

- GDH – glutamate dehydrogenase test
  - Present in toxogenic and non-toxogenic C.diff
- EIA – enzyme immunoassay test (toxin test)
  - many commercially available
- NAAT/PCR – nucleic acid amplification testing

Test only if NO laxatives &  
3+ unformed stools in a day

Yes

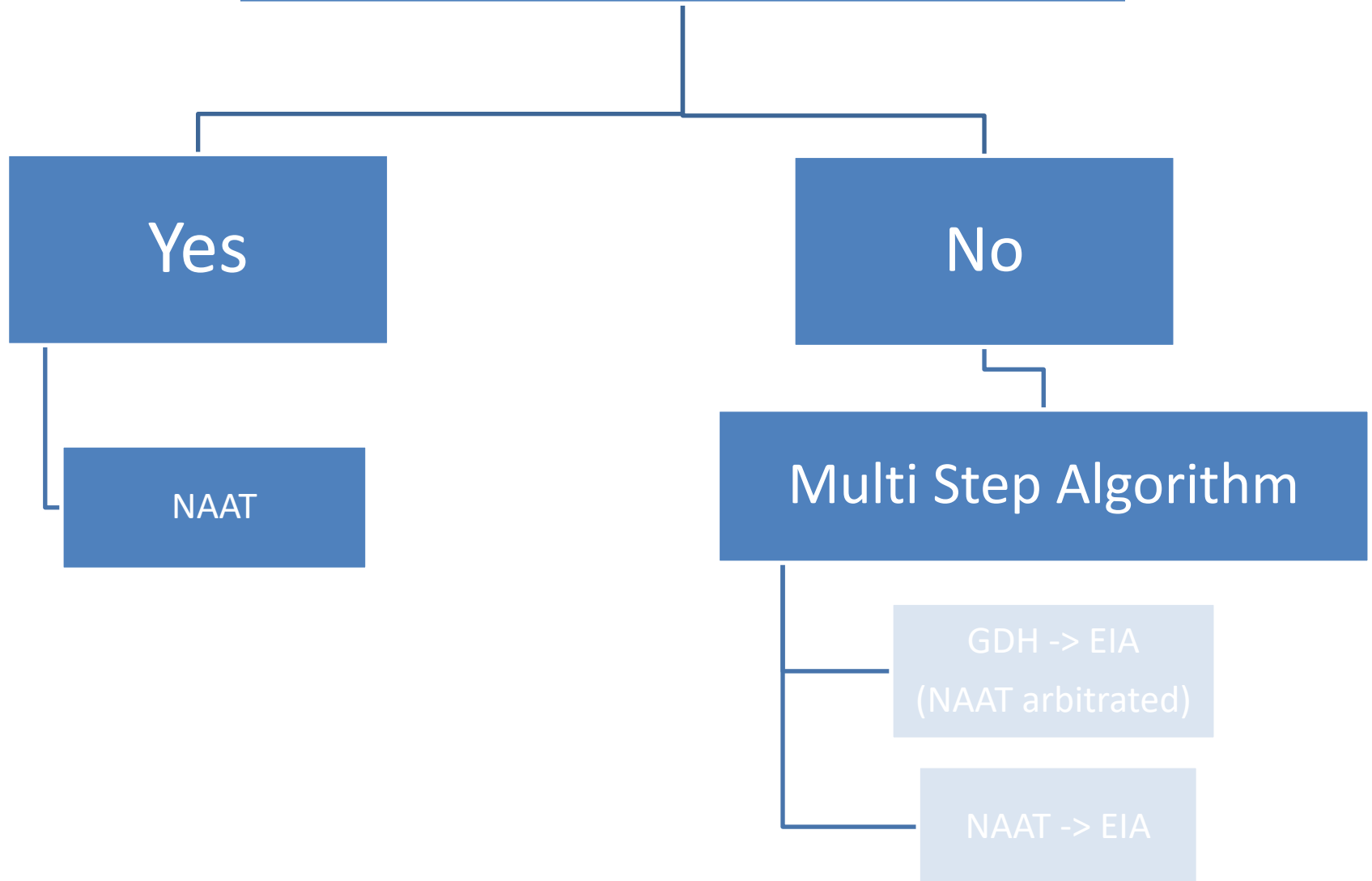
NAAT

No

Multi Step Algorithm

GDH -> EIA  
(NAAT arbitrated)

NAAT -> EIA



Test only if NO laxatives &  
3+ unformed stools in a day

Yes

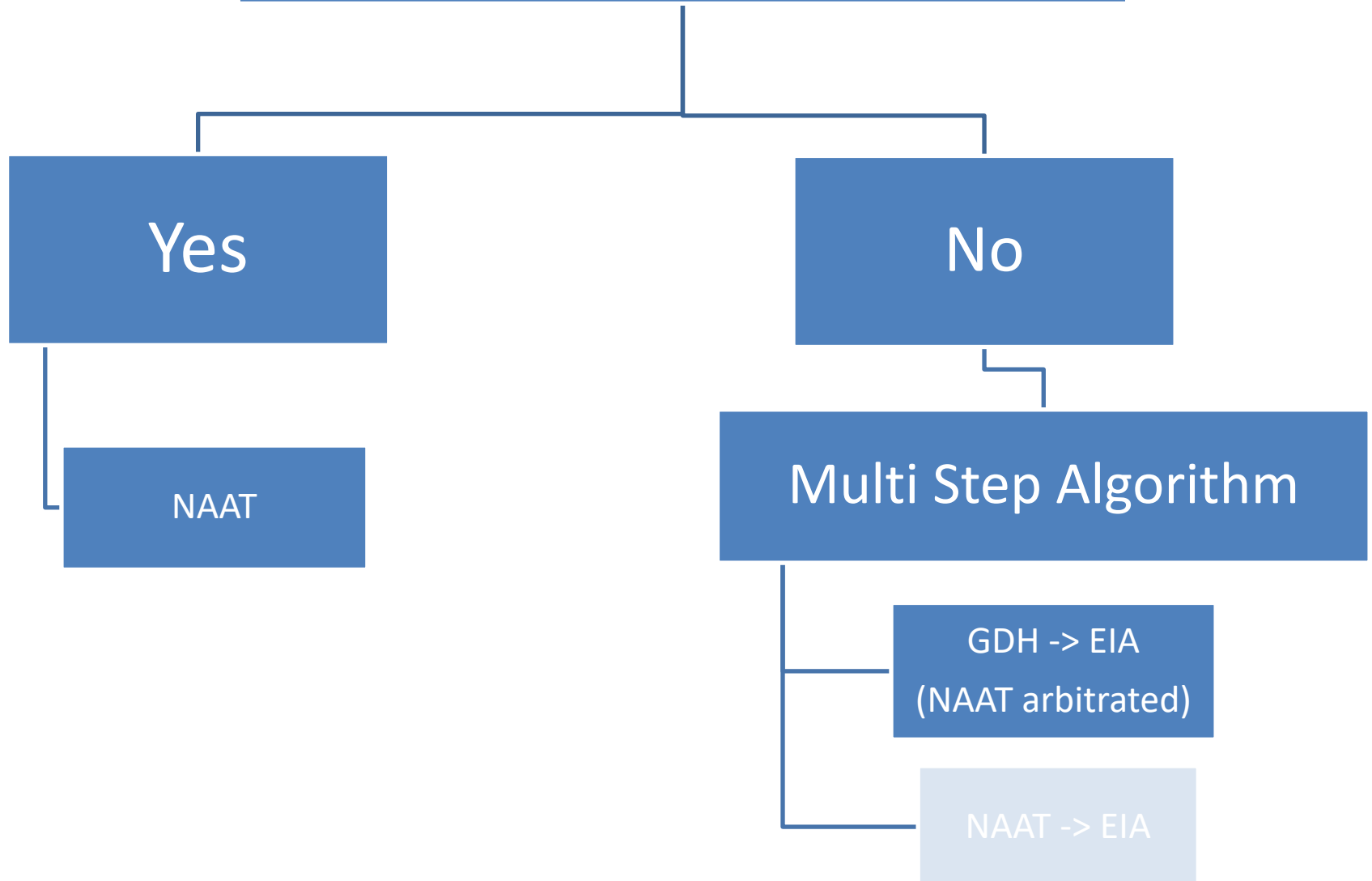
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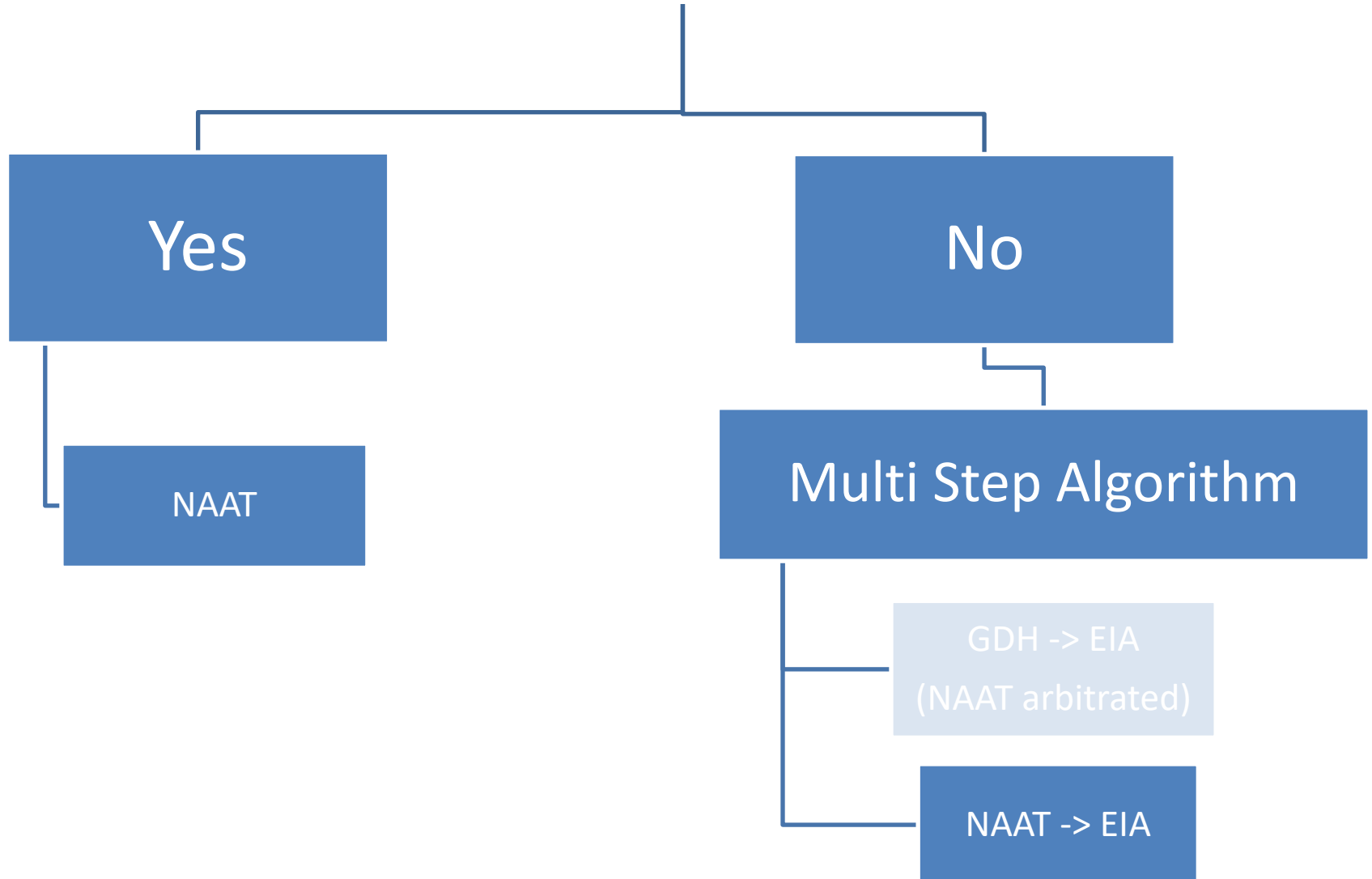
NAAT

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NAAT -> EIA



# Repeat Testing

- “Do not perform repeat testing (within 7 days) during the same episode of diarrhea & do not test stool from asymptomatic patients”

# Treatment

- **Non-severe**
  - WBC  $\leq$  15,000 cells/mL
  - & serum Cr  $\leq$  1.5 mg/dL
- **Severe**
  - WBC  $\geq$  15,000 cells/mL
  - OR serum Cr  $\geq$  1.5 mg/dL
- **Fulminant**
  - Hypotension, shock, ileus, megacolon

# What Antibiotic Are You Using For C.diff?

## Initial Episode, Non-Severe

- Metronidazole
- Vancomycin
- Fidaxomicin
- Not sure

# Initial Episode

## Non-Severe

### Recommended Treatment<sup>a</sup>

- VAN 125 mg given 4 times daily for 10 days, OR
- FDX 200 mg given twice daily for 10 days
- Alternate if above agents are unavailable: metronidazole, 500 mg 3 times per day by mouth for 10 days

## Severe

- VAN, 125 mg 4 times per day by mouth for 10 days, OR
- FDX 200 mg given twice daily for 10 days



# Initial Episode

## Fulminant

- VAN, 500 mg 4 times per day by mouth or by nasogastric tube. If ileus, consider adding rectal instillation of VAN. Intravenously administered metronidazole (500 mg every 8 hours) should be administered together with oral or rectal VAN, particularly if ileus is present.

# 1<sup>st</sup> Recurrence

- Got metro initially:
  - VAN 125 mg PO q6h x 10 days
- Got standard VAN initially:
  - VAN tapered and pulsed OR
  - FDX 200 mg PO q12h x 10 days

## 2+ Recurrence

- VAN tapered and pulsed, OR
- VAN 125 mg PO q6h x 10 days followed by rifaximin, OR
- FDX 200 mg PO q12h, OR
- Fecal microbiota transplant

# Stewardship

- Minimize frequency/ duration of high-risk abx and number of agents prescribed
- Implement an antibiotic stewardship program
- Target antibiotics to the local epi; consider restricting FQs, clinda, cephalosporins

# Areas of Insufficient Data: no recommendation

- Screening for asymptomatic carriage
- PPI restriction
- Probiotics for primary prevention or recurrence
- Anti - c.diff agent for prophylaxis
- Extended pulsed fidaxomicin
- Bezlotoxumab for rCDI

# Infection Control

- Surveillance and definitions: Pages e2-e3
- Preemptive precautions: Page e4
- Hand hygiene: Page e4
- Cleaning: Page e5





Questions?





## Question Case 2

- Is your ED giving a dose of IV antibiotics prior to discharging on orals for SSTI?
  - Yes
  - No
  - Don't know