

Prophylaxis

- **Primary prophylaxis**
 - Prevention to prevent first episode of CDI
- **Secondary prophylaxis**
 - Prevention of recurrence after an initial episode of CDI



Probiotics

- **Studies are inconsistent**
 - Probiotic formulation
 - Duration of administration
- **ACG Guidelines**
 - Recommends against probiotics for both primary and secondary prophylaxis
 - Safety consideration



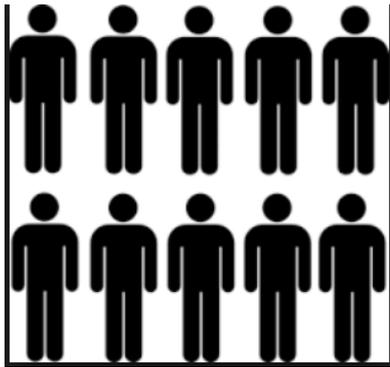
Primary Prophylaxis - HSCT

- *C. difficile* incidence in hematopoietic stem cell transplant (HSCT) recipients are 5 to 9 fold higher than general hospitalized population
- Contributing factors:
 - Cytotoxic chemotherapy
 - Prolonged neutropenia
 - **Broad spectrum antibiotics**
- Data supports primary prophylaxis with either fidaxomicin or vancomycin in HSCT transplant recipients

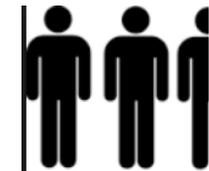


Primary Prophylaxis – high risk hospitalized patients

Age \geq 60
Rc'vd abx within 30d of previous hospitalization
Rc'ving abx current admission



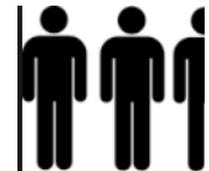
No prophylaxis
(N = 50)



12%



Vancomycin
125mg QD
(N = 50)



0%
P=0.03

**Healthcare facility
onset-CDI**

Limitations: single center study, small sample size



Secondary Prophylaxis

- Observational studies
- ACG Guidelines
 - Conditional recommendation – low quality evidence
 - Oral vancomycin may be considered during subsequent systemic antibiotic use in patients with a history of CDI
- UW Medicine
 - Do not routinely recommend primary prophylaxis
 - Secondary prophylaxis with lowest effective dose (125mg qdaily) in selected patients when prolonged concomitant systemic antibiotics are indicated

