

May 21, 2019

Agenda

- C.diff Guidelines
- Case Discussion
- Open Discussion



IDSA Practice Guidelines: C.diff Infection

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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



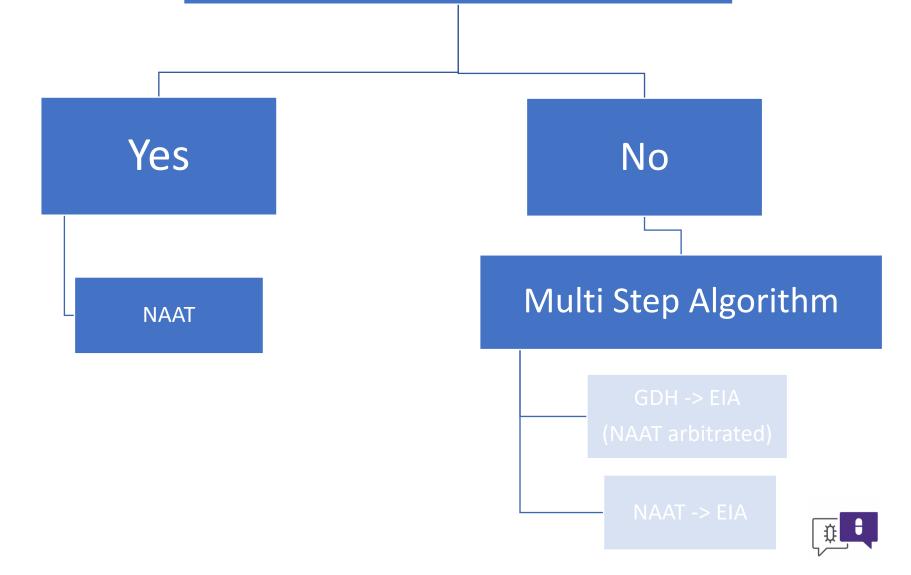
QUESTION

How is your hospital testing for C.diff?

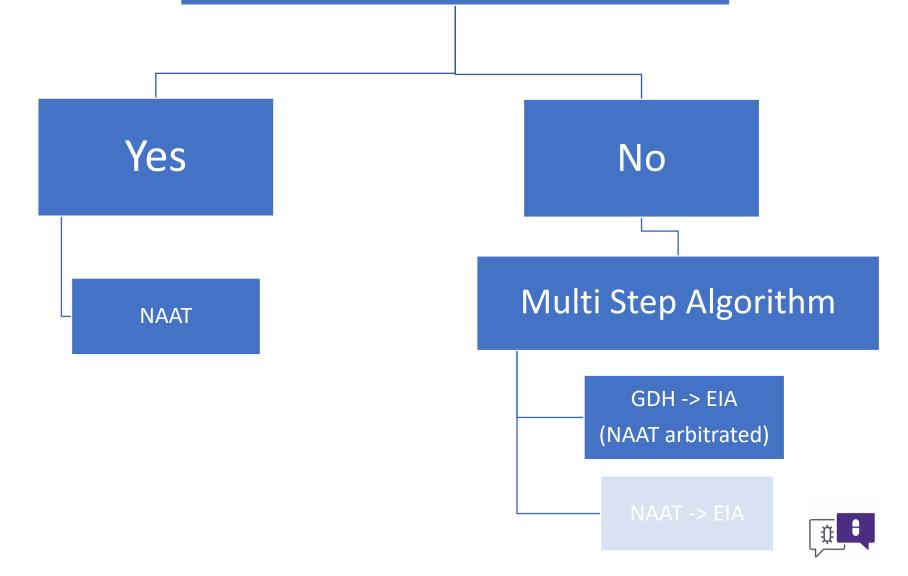
- A) NAAT/PCR
- B) Multi-step Algorithm
- C) Not sure



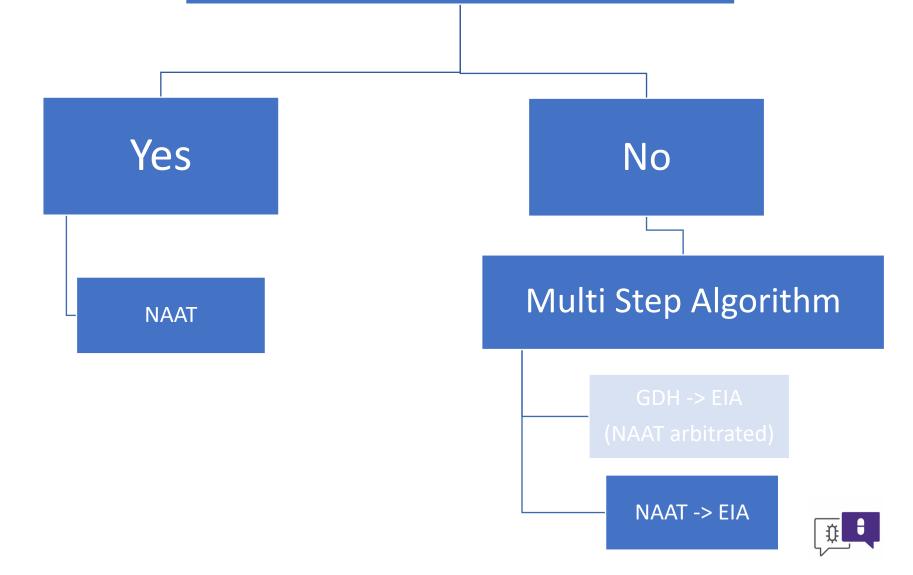
Test only if NO laxatives & 3+ unformed stools in a day



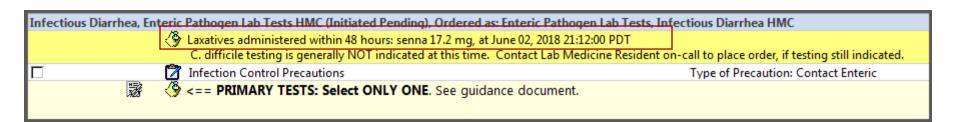
Test only if NO laxatives & 3+ unformed stools in a day

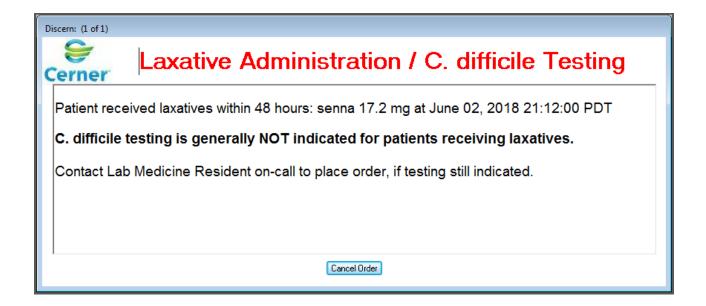


Test only if NO laxatives & 3+ unformed stools in a day



UW PowerPlan







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 ≤ 15,000 cells/mL
- & serum Cr ≤ 1.5 mg/dL

Severe

- WBC ≥ 15,000 cells/mL
- OR serum Cr ≥ 1.5 mg/dL

Fulminant

Hypotension, shock, ileus, megacolon



QUESTION

What antibiotic are you using for C.diff? Initial Episode, Non-Severe

- A) Metronidazole
- B) Vancomycin
- C) Fidaxomicin
- D) Not sure



Initial Episode

Non-Severe

Recommended Treatment^a

- 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.



1st 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



