

# 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.

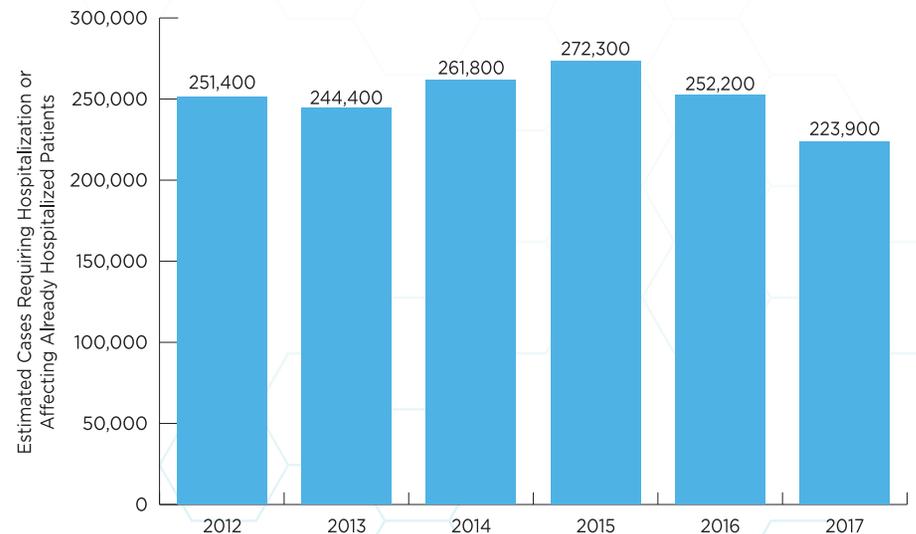
## WHAT YOU NEED TO KNOW

- 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

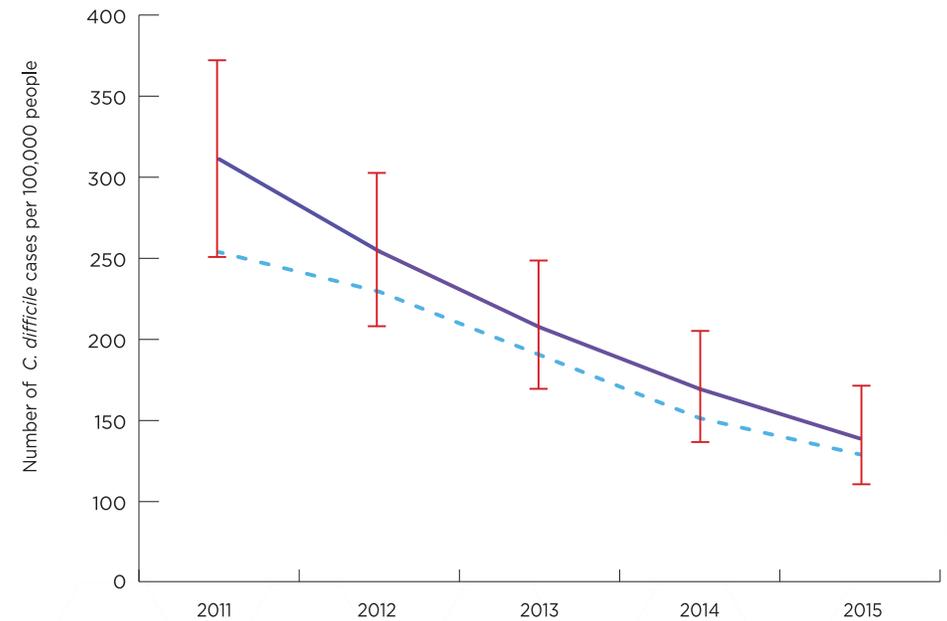
## WHERE INFECTIONS HAPPEN

*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 O27) 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 O27 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](http://www.cdc.gov/cdiff/index.html)

**Tracking *C. difficile* Infections**  
[www.cdc.gov/hai/eip/cdiff-tracking.html](http://www.cdc.gov/hai/eip/cdiff-tracking.html)