



Clostridium difficile Infection (CDI) Testing Recommendations



Recommendations for stool collection and submission

DO's	DON'Ts
Submit fresh stool samples for CDI testing from patient with suspected CDI: ≥3 unformed stools per 24 hours patients.	Test asymptomatic patients for CDI.
Avoid repeat testing; submit one specimen per patient.	Perform tests-of-cure on any patients post-treatment.
Retest for CDI only if CDI symptoms continue or recur after 10 days of treatment.	Conduct repeat testing during the same episode of diarrhea for confirmed CDI patient.
Refrigerate (store at 2 - 8 C) until tested stool specimen until testing can be done.	Transport specimen in media, this may increase false positive test results.
Collect specimen in clean, watertight container.	Wait to transport specimens, transport specimens as soon as possible after collection.
Consider diagnoses other than CDI first for patients 1 - 2 years; if no recent antimicrobial exposure, use more than one diagnostic test (include culture).	Routinely test for CDI in patients <1 year of age.

* No single best laboratory testing scheme for the diagnosis of CDI has been established. The Society for Healthcare Epidemiology Association have recommended combining tissue culture cytotoxin testing with stool culture for optimal diagnostic sensitivity (culture) and specificity (cytotoxin assay).

Resources

Cohen SH, Gerding DN, Johnson S, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). Infect Control Hosp Epidemiol. 2010 May;31(5):431-55.

APIC. Guide to the Elimination of *Clostridium difficile* in Healthcare Settings. 2008. Available at: http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APICEliminationGuides/C.diff_Elimination_guide_logo.pdf

Gerding DN, Johnson S, Peterson LR, Mulligan ME, Silva J Jr. Clostridium difficile-associated diarrhea and colitis. Infect Control Hosp Epidemiol. 1995;16(8):459-477.

Norovirus infection is not a reason to exclude CDI as diagnosis, as coinfection with norovirus and *C. difficile* is possible [19, 20]. Norovirus infection may predispose the patient for developing CDI as the normal gut flora is disturbed by the norovirus infection. When a patient has tested positive for both *C. difficile* toxin and norovirus a clinical assessment is required to determine the most likely diagnosis.

