

From the Chief Medical Officer and Chief Nursing Officer

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Gateway No. 5954

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To NHS Trust Chief Executives – please ensure that the Director of Infection Prevention and Control actions this letter

Dear colleague

INFECTION CAUSED BY *CLOSTRIDIUM DIFFICILE*

The media coverage of outbreaks of infection caused by *C. difficile* in several hospitals earlier this year, and the publication of the national figures for the first year of mandatory surveillance, have highlighted the importance of this healthcare infection in NHS Acute Trusts in England. This letter reminds NHS Trusts of (1) the requirements of the mandatory surveillance scheme operated on behalf of the Department of Health by the Health Protection Agency (HPA), (2) recommendations for microbiological investigation of outbreaks, and (3) the need for policies and procedures to be in place to minimise the risk of infection caused by *C. difficile* and to implement control policies when cases occur.

1. Mandatory surveillance programme

- The surveillance programme requires all NHS Trusts to report to the HPA the number of cases of infection caused by *C. difficile* diagnosed in patients 65 years of age and older in their Trust. Most of these diagnoses will be on the basis of tests for *C. difficile* toxins A and B on diarrhoeal stool samples. Positive results on the same patient within one month should be regarded as a single episode. Positive results on the same patient more than one month apart should be reported as separate episodes.
- All NHS Trusts microbiology laboratories are asked to submit samples of *C. difficile* toxin-positive diarrhoeal stools to their regional HPA laboratory for one week each year up to a maximum of 10 samples in the week. The sequence for this national sampling programme is planned by the HPA. The regional HPA laboratory will culture the stool samples to isolate the *C. difficile* and send the isolates to the Anaerobe Reference Laboratory of the National Public Health Service, Wales, in Cardiff for molecular typing and antibiotic susceptibility testing. Results are reported via the submitting regional HPA laboratory.
- Outbreaks of infection caused by *C. difficile* should be reported as serious untoward incidents associated with infection.

2. *Microbiological investigation of outbreaks*

If a NHS Trust has clinical and/or epidemiological evidence that it may have an outbreak problem with infection caused by *C. difficile* because of

- increased numbers of cases
- clustering of cases in time and place
- an increase in the proportion of cases with more severe clinical disease, e.g. requiring colon surgery
- more deaths related to infection caused by *C. difficile*

further laboratory testing of *C. difficile* isolates for typing purposes may be appropriate. This will enable the identification of potentially hyper-virulent strains such as the type 027. Arrangements should be made through the regional HPA offices and the Anaerobe Reference Laboratory for an agreed testing programme in these circumstances.

3. *Need for policies and procedures*

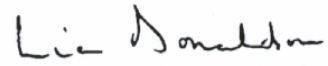
All NHS Trusts should review their policies and procedures for handling *C. difficile* cases in both outbreak and non-outbreak situations. The policies should cover

- antibiotic prescribing policies to minimise the use of broad spectrum antibiotics
- clinical protocols for the prompt diagnosis of infection caused by *C. difficile* in patients with diarrhoea
- isolation or cohorting of cases of infection caused by *C. difficile* and control of the movement of infected patients between wards or departments
- enhanced infection control procedures for the nursing care of patients with infection caused by *C. difficile*, including emphasis on the need for hand washing after patient contact or handling bed pans etc
- cleaning protocols that include increased environmental cleaning and the use of disinfectants, e.g. chlorine based, in areas where there are *C. difficile*-infected patients

In parallel with this letter, 'Management, prevention and surveillance of *Clostridium difficile*: Interim findings from a national survey of all NHS acute trusts in England', is being published jointly by the Healthcare Commission and the HPA. The above advice is consistent with their findings.

Current guidance on the clinical management of infection caused by *C. difficile* is in *Clostridium difficile* infection: Prevention and Management. A Report by a Department of Health/PHLS joint working group. BAPS Health Publications Unit, Heywood Manchester 1994, and on the laboratory investigation, in Brazier JS and Duerden BI. Guidelines for optimal surveillance of *Clostridium difficile* infection in hospitals. Comm.Dis.Pub.Health. 1998;1;(4) 229-230. The definition of an outbreak used by the Standard Group is the occurrence of two or more related cases over a defined period agreed locally taking account of the background rate.

Yours sincerely

A handwritten signature in black ink that reads "Liam Donaldson". The signature is written in a cursive style with a clear, legible font.

Sir Liam Donaldson
Chief Medical Officer

A handwritten signature in black ink that reads "Beasley". The signature is written in a cursive style with a clear, legible font.

Professor Christine Beasley
Chief Nursing Officer