How can *Clostridium difficile* infection be prevented?

The most important thing you can do to protect yourself from *Clostridium difficile* infection (and many other infectious diseases) is to wash your hands well and often with soap and water.

Always wash your hands before touching your face, eating or handling food, and after going to the toilet.

It's also important to take your antibiotics as prescribed by your doctor.

Hospitals and health care facilities play an important role in preventing *Clostridium difficile* infections by:

- using antibiotics appropriately
- having excellent standards of hand hygiene
- identifying and isolating patients who have Clostridium difficile infection
- using personal protective equipment (e.g. gloves and gowns) when providing personal care for patients with Clostridium difficile infection
- thorough cleaning procedures
- surveillance to monitor the number of cases.

How can you stop it spreading?

Clostridium difficile spreads from person to person through spores that can survive on surfaces for a long time.

If you are in hospital you might be provided a single room while you have symptoms, to help stop the infection spreading.

Healthcare workers may wear gloves and an apron/gown when caring for you to help avoid spreading spores to other patients.

It is very important to wash your hands thoroughly with soap and water after going to the toilet.

Do you need to do anything different when you go home?

People who have had *Clostridium difficile* infection in hospital do not need special care when they return home, but should continue good hand hygiene.

You may be discharged before your course of antibiotics is finished. It is important to finish the whole course.

You should stay home from work and limit your contact with other people until you have had 48 hours free of diarrhoea.

Where can you find out more?

Please speak to the infection control professional or the healthcare worker looking after you or your family.

Consumer guides on healthcare associated infections, MRSA and VRE are available from the NHMRC website.

www.nhmrc.gov.au

References

NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare.

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Acknowledgements

Tasmanian Infection Prevention & Control unit, Department of Health and Human Service

Australian Commission on Safety and Quality in Healthcare.



Healthcare Associated Infection

Clostridium difficile

Consumer factsheet



AUSTRALIANCOMMISSIONON SAFETYANDQUALITYINHEALTHCARE

What is Clostridium difficile

Clostridium difficile is a bacteria that normally can be found in people's intestines ("digestive tract" or "gut"). It does not cause infection or disease by its presence alone and it can be found in healthy people.

How does *Clostridium difficile* cause infection?

When the normal balance of bacteria in the gut is disturbed *Clostridium difficile* can multiply to levels where the toxins it produces causes illness such as diarrhoea and severe inflammation of the bowel. This is when you are said to have a *Clostridium difficile* infection.

How do you get Clostridium difficile?

You may acquire *Clostridium difficile* infection by ingesting the bacteria through contacting a contaminated environment or patient. *Clostridium difficile* bacteria produce spores (these are a form of cell that is resistant to chemicals), which leave the body in an infected person's diarrhoea. The spores are resistant to the conditions outside the body and can survive and contaminate the surroundings, such as toilets, bedclothes, skin and clothing. They are able to survive for a long time outside the body unless they are destroyed by very thorough cleaning.

Clostridium difficile can be spread from person to person via the hands of anyone—including health care workers. This can occur by failing to wash hands properly after going to the toilet, or touching a contaminated surface or item.

In most healthy people *Clostridium difficile* will not be able to excessively multiply in the gut and they will not develop disease. In cases where people are more vulnerable, ie those whose normal gut bacteria have been disrupted by antibiotic treatment or by other medications, *Clostridium difficile* may be able to multiply in the gut and go on to cause disease.

The risk of cross-infection increases when bathrooms and toilets are shared with patients who are infected with *Clostridium difficile*.

What are the main symptoms of Clostridium difficile?

Clinical symptoms include:

- Watery diarrhoea
- Fever
- Loss of appetite
- Nausea
- Abdominal pain or tenderness

It is important to note that not all patients who have *Clostridium difficile* have symptoms.

Who is at risk of getting it?

Infection can occur in anyone who has:

- been treated with antibiotics
- undergone gastrointestinal surgery/manipulation
- · had a long stay in a hospital or nursing home
- an immune system that is not working properly.

What is the treatment?

Your doctor will consider what treatment is required for you. If you develop diarrhoea whilst taking antibiotics tell your doctor.

If you developed *Clostridium difficile* infection while taking antibiotics, and only have mild diarrhoea, then you may be advised to stop the antibiotics. This may be enough to relieve the symptoms.

More severe cases are usually treated with special antibiotics. It is important that the whole course of antibiotic treatment is completed, even if the symptoms disappear quickly. Occasionally *Clostridium difficile* infection may recur. If your symptoms recur after the treatment, tell your GP or family doctor.

How is *Clostridium difficile* infection diagnosed?

Clostridium difficile infection is diagnosed from stool (faeces) samples. A stool sample is sent to the microbiology laboratory, where staff can test it for the organism and its toxins.

You might also have a test to determine whether your infection has resolved, but this is usually not necessary.

Are you infectious?

If you have a *Clostridium difficile* infection, you are infectious; which means you can spread the illness to others.

You will be considered 'non-infectious' when you have not had diarrhoea for at least 48 hours.