

Insight into *Clostridium difficile* infection

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Aims

The aim of this study was to assess knowledge of healthcare professionals about *Clostridium difficile* infection as incidence is increasing due to liberal use of antibiotics and proton pump inhibitors.

Methods

A web search was carried out which led to questionnaire formation comprising of 18 questions about *C difficile* infection. The document was circulated in weekly medical meetings and to other healthcare staff on wards to assess their understanding of the infection. It was followed by 30 minutes of PowerPoint presentation highlighting *C difficile* properties, and ways to prevent and treat first presentation and recurrent disease. The study was carried out over a period of 1 month. The process also involved putting up posters on each ward for awareness about infection.

Results

In total, 50 people were included in the study; the bulk were registrars, senior house officers and nursing staff. Seventy-five percent knew *C difficile* is an anaerobic bacillus; 60% knew that 5% of healthy people carry this bacteria in their gut; 50% knew that the incubation period is 2 days to 8 weeks, and were well-aware of risk factors and type of antibiotics that could cause this; 10% knew about markers for severe infection; all were aware that the cytotoxin assay for detecting cytotoxin B was the gold-standard testing; 90% were aware of treatment options available; 10% knew that the chance of disease happening after first recurrence is 45–60%; and 15% of people were aware of fidoxamicin as the drug of choice for recurrent infection. Only 30% of people knew about the role of faecal microbiota transplant in the management of recurrent infection. Only 5% knew that toxins can stay positive for 21 days after appropriate treatment.

Conclusion

A significant number of people lack knowledge about the properties of *C difficile*, especially nursing staff and foundation doctors. People are aware about risk factors of *C difficile* infection and the first-line choice of medicine to treat. Use of fidoxamicin is not common. It is important to rule out non-infective causes of

diarrhoea, and to isolate suspected patients until the stool test comes back negative. Hand washing should be appreciated rather than using hand sanitiser. Teaching sessions and posters helped to convey important aspects of *C difficile* and contributed towards better management of sick patients, thus reducing length of hospital stay. ■

Conflict of interest statement

None.

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