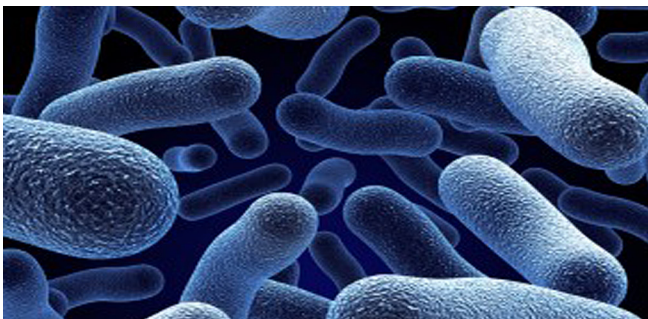


IPC NEWS

September 2017

Edition 3: C.diff

Clostridium difficile



What is C.diff?

Clostridium difficile (also known as C.difficile, C.diff) is a bacterium that can infect the bowel and cause diarrhoea. It most commonly affects people who have recently been treated with antibiotics.

C.diff infections can be unpleasant and can sometimes cause serious bowel problems, but can usually be treated with another course of antibiotics.

Signs and symptoms - may include one or all of the following:

- sometimes people say that C.diff has a distinctive smell... well not always. (People may just have diarrhoea that has not resolved). **C.diff doesn't always whiff!**
- signs of dehydration, such as a dry mouth, headaches and peeing less often than normal
- diarrhoea
- feeling sick
- painful tummy cramps
- a high temperature
- loss of appetite and weight loss
- abnormal blood results ie raised WCC CRP

What is diarrhoea?

Sounds a silly question doesn't it! But is it? It's important to remember the lab will only process a stool for C.diff testing if it takes the shape of the sample pot, ie **watery diarrhoea that is a type 5 - 7 on the Bristol Stool Chart that is not attributable to any other cause.**

Bristol Stool Chart

1		Separate hard lumps, like nuts (hard to pass)
2		Sausage shaped but lumpy
3		Like a sausage but with cracks on the surface
4		Like a sausage or snake, smooth & soft
5		Soft blobs with clear-cut edges (passed easily)
6		Fluffy pieces with ragged edges, a mushy stool
7		Watery, no solid pieces ENTIRELY LIQUID

So what causes C.diff?

When people have had antibiotics

This is because antibiotics may affect the normal balance of bacteria in the bowel allowing C.diff bacteria to grow in large numbers which causes diarrhoea.

Cross infection

This is because the bacteria produce germs (spores) which leave the body in an infected person's diarrhoea. When people do not wash their hands properly after visiting the toilet or touching contaminated surfaces, they can spread C.diff to other people. C.diff can survive on surfaces for a very long time.

Did you know?

Loperamide (Imodium) treatment should not be used in symptomatic C. diff infections, as it increases the risk of toxin retention, this is because it is thought that loperamide may slow down the rate at which the toxins produced by the bacteria are cleared from the gut.

PPIs ie **omeprazole** and **lanzoprazole** neutralise the gastric juices proven to kill C.diff.

Care home staff

- if you suspect your resident may have a C.diff infection, contact the resident's GP
- send a stool sample, for any person that has risk factors for C.diff
- be aware of risk factors for C.diff and past medical history
- always wash your hands thoroughly with liquid soap and warm water, especially after assisting people with going to the toilet and before preparing or eating food
- after anyone has had diarrhoea, close the toilet seat lid before flushing to reduce the possibility of bacteria spreading
- if caring for a resident with diarrhoea, do not use alcohol hand gels as they do not kill C.diff bacteria

- clean and disinfect all hard surfaces e.g. taps, toilet flush, door handles, soap dispenser, as often as possible using cleaning with a general detergent and hypochlorite based products or compatible disinfectant
- wash any soiled clothing and bedding as soon as possible. These should be washed separately from other laundry at the highest temperature recommended on the label.
- ensure residents with C.diff have an alert placed on their health records
- implement stool chart immediately
- isolate resident in their own room ideally with en-suite facilities
- continue to isolate until the resident has been free of symptoms and loose stools for a least 48 hours and has passed a stool that is normal for them
- when the resident has recovered and isolation has ceased, the resident's room must be deep-cleaned
- administer treatment as directed by the GP
- monitor the resident's condition carefully as this infection can cause rapid dehydration and rapid deterioration. If your resident deteriorates or does not seem to be getting better, contact their GP or GP Out Of Hours

Who is more at risk of C.diff?

- people over the age of 65 years
- anyone whose immune system is weakened
- anyone who has recently been in hospital or who lives in a care home
- those who have had recent antibiotic treatment



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