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## EFFECTIVENESS OF EARLY DIAGNOSIS, PREVENTION, AND TREATMENT OF CLOSTRIDIUM DIFFICILE INFECTION: COMPARATIVE EFFECTIVENESS REVIEW NUMBER 31



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CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 266 pages. Dimensions: 11.0in. x 8.5in. x 0.6in. Clostridium difficile infection (CDI) is a serious healthcare-associated infection and a growing health care problem. C. difficile is a Gram-positive, spore-forming, anaerobic bacterium that, when ingested, can cause CDI if it is a toxigenic strain. CDI symptoms include varying levels of diarrhea severity, as well as pseudomembranous colitis and toxic megacolon. CDI incidence is estimated at 6.5 cases per 10,000 patient days in hospital. About 250,000 hospitalizations were associated with CDI in 2005. Direct attributable mortality from CDI has been reported to be as high as 6.9 of cases. Elderly people in hospitals account for the vast majority of severe morbidity and mortality. Residents of long-term care facilities are also at higher risk. Incidence rates may increase by fourfold or fivefold during outbreaks. In addition to institutional care environments, C. difficile is also common in the community, being easily isolated from soil and water samples. Community-associated CDI rates are generally much lower, accounting for 27 of all CDI cases in a recent prevalence study, but are also on the rise. However, the source of the C. difficile organisms responsible for cases of CDI in the community is not well understood. In order for CDI to develop, a person must be infected with a strain of C. difficile capable of making toxin in the persons colon. Approximately 12 of healthy individuals are colonized with C. difficile. If these people have usual, healthy colonic flora, the risk of CDI is very low. There is a small risk of CDI if the colon flora becomes disturbed, commonly through antibiotic use, while the person is colonized with a toxigenic strain. Antibiotics that disturb colon flora enough to allow...

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