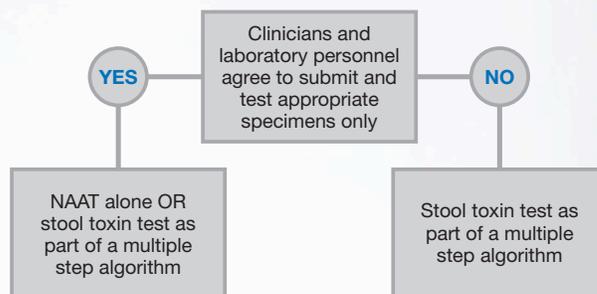




Trending Topics in *C. difficile* Diagnosis and Reporting

2017 IDSA/SHEA Guidelines

- The Guidelines support the use of stand-alone nucleic acid amplification tests (NAATs) like PCR for detecting *C. difficile* infection (CDI) when there are **pre-agreed institutional criteria** for appropriate specimen testing¹
- The guidelines identify preferred patients as having:
 - Unexplained and new-onset diarrhea
 - ≥3 unformed stools in 24 hours
 - Not received laxatives in last 48 hours



To support clinical staff education on *C. difficile*, Cepheid has developed Clinician Education Tools. Visit KnowYourPoo.com or contact your local Cepheid representative to receive a complimentary packet.

CDI LabID Reporting

Data from the National Healthcare Safety Network (NHSN) demonstrates that changing ***C. difficile* test method alone will not decrease a facility's standardized infection ratio (SIR)**.

Test method is reflected in both the numerator and denominator of the equation used to calculate SIR, effectively compensating for differences in sensitivity between common test methods.

$$\text{SIR} = \frac{\text{observed hospital-onset (HO) CDI LabID Events}}{\text{predicted HO CDI LabID events}}$$

Impact of Changing Test Methodology on SIR

Switching from PCR to a less sensitive test

- Lowers the number of observed CDI events (numerator of SIR) but also decreases the predicted number of CDI events (denominator of SIR) proportionately
 - NHSN applies a negative adjustment factor to compensate for decreased test sensitivity
- May result in true cases of CDI being missed due to reduced sensitivity
 - Disease may spread

In summary, changing test type alone does not significantly impact SIR. Note that facilities are not penalized for using a highly sensitive NAAT, such as PCR, which also enhances infection prevention by not missing cases.

	← Less Sensitive Test Method	More Sensitive Test Method →
Observed Events	Lower	Higher
Predicted Events	Lower	Higher
Adjustment Factor	Negative	Positive
Net Impact on SIR		Neutral
Impact on # of CDI cases	Potentially higher	Likely lower

¹ McDonald LC, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). Clin Infect Dis. 2018 Mar 19;66(7):e1-e48. <https://doi.org/10.1093/cid/cix1085>

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