

Researchers find *Clostridium difficile* is more common than MRSA in southeast community hospitals

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Researchers studying epidemiology of healthcare-associated infections (HAIs) in community hospitals in the southeast U.S. found that rates of *Clostridium difficile* infections (CDI) surpassed infection rates for methicillin-resistant *Staphylococcus aureus* (MRSA). Scientists also discovered that healthcare-associated CDI, which is a bacterium that causes diarrhea and more serious intestinal conditions such as colitis, occurs more often (21 percent) than healthcare-associated infections due to MRSA. In addition, healthcare-associated CDI occurs approximately as often as healthcare-associated bloodstream infections and combined device-related infections.

"Despite the amount of attention given to [MRSA](#), our study shows that CDI has emerged as the leading healthcare-associated infection in our network of hospitals," said Becky Miller, MD, Duke Infection Control Outreach Network, Duke University. "In addition, our study likely underestimates the true scope of the problem since we did not include cases of community-onset healthcare-associated CDI."

This is the first large study to use patient level surveillance data (i.e. numerators and denominators) to compare the rates of healthcare-associated CDI and MRSA. The study was presented today at the Fifth Decennial International Conference on Healthcare-Associated Infections. Previous studies were based on estimates using hospital ICD-9-CM discharge diagnosis codes.

Dr. Miller and her colleagues studied 30 [community hospitals](#) in the Southeastern United States which are members of the Duke Infection Control Outreach Network (DICON). Over the 18-month period, which included more than 2 million patient days, researchers compared 607 cases of CDI and 508 cases of infections due to MRSA.

To better understand and identify infection trends, researchers also examined 949 other cases of HAIs. They found bloodstream infections occurred in 481 patients on general hospital wards and device-related infections occurred in 468 patients in intensive care units (ICU). ICU device-related infections included 197 catheter-associated urinary tract infections, 102 ventilator-associated pneumonias and 182 catheter-associated bloodstream infections.

"These findings are a reminder that prevention priorities must include the prevention of CDI", said Dr. Denise Cardo, director of CDC's Division of Healthcare Quality and Promotion. "CDI is an important cause of healthcare-associated infections and deserves attention."

Dr. Miller noted that additional epidemiologic studies are needed to determine whether prescribing practices, geographic differences, hospital characteristics, or other factors affected infection rates found in this study.

Provided by Society for Healthcare Epidemiology of America

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