

# Updated guidance: Antimicrobial stewardship programs essential for preventing *C. difficile* in hospitals

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Five medical organizations say it is essential that hospitals establish antimicrobial stewardship programs to prevent *Clostridioides difficile* (*C. difficile*) infections. These infections, linked to antibiotic use, cause

difficult-to-treat diarrhea, longer hospital stays, and higher costs. *C. difficile* infections are fatal for more than 12,000 people in the United States each year.

"Strategies to Prevent *Clostridioides difficile* Infections in Acute Care Hospitals: 2022 Update" gives evidence-based, practical recommendations so that acute care hospitals can effectively identify *C. difficile* infections and prevent the spread of this dangerous bacterium. This document, published today in the journal *Infection Control & Hospital Epidemiology*, is the most recent expert guidance in the series known collectively as the Compendium.

"*C. difficile* is an urgent health threat, and hospitals need system-wide commitment to stop it," said lead author Larry K. Kociolek, MD, Vice President of System Preparedness, Prevention, and Response at Lurie's Children's Hospital of Chicago and a member of the Society for Healthcare Epidemiology of America (SHEA). "Because the use of antibiotics is strongly associated with *C. difficile* infections, antimicrobial stewardship—an approach to making sure these drugs are prescribed and used appropriately—is a strong first-line defense."

*C. difficile* causes more than 450,000 infections per year in the U.S., and CDC has identified it as a public health threat that requires urgent and aggressive action. Patients who had *C. difficile* during a [hospital](#) stay are more likely to have part or all of their colon removed and are more likely to be discharged to a nursing home.

Diagnostic stewardship for appropriate use and interpretation of *C. difficile* tests also was identified as an essential practice. While healthcare-associated cases have leveled off in recent years, community-associated *C. difficile* cases have risen, increasing the risk to hospitalized patients and enhancing the need for quick and accurate diagnosis.

The updated guidance also emphasizes assessment of the adequacy of room cleaning and addresses procedures for cleaning equipment and the environment of patients with *C. difficile*. The authors also address the need for timely alerts when patients are newly diagnosed; data reporting; education of environmental services personnel, administrators, patients and families; and additional steps hospitals can take if *C. difficile* incidence remains high after implementing essential practices.

This document updates the 2014 "Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals."

Upcoming Compendium updates will include strategies to prevent catheter-associated [urinary tract infections](#), methicillin-resistant *Staphylococcus aureus* infections, and surgical site infections. Strategies for preventing central line-associated bloodstream infections, ventilator and non-ventilator associated pneumonia and events, and strategies to prevent healthcare-associated infections through hand hygiene were recently updated as well. Each Compendium article contains [infection](#) prevention strategies, performance measures, and approaches to implementation. Compendium recommendations are derived from a synthesis of systematic literature review, evaluation of the evidence, practical and implementation-based considerations, and expert consensus.

**More information:** Strategies to Prevent Clostridioides difficile Infections in Acute Care Hospitals: 2022 Update, *Infection Control* (2023).

Provided by Society for Healthcare Epidemiology of America

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