

WHAT IS THE RISK TO HEALTH CARE WORKERS AND PATIENT RELATIVES?

Because most people with this condition have recently received antibiotics, hospital staff and patient's relatives are at little risk of catching the illness themselves. After visiting someone in hospital you should always wash your hands to avoid passing the infection on to others.

This leaflet gives general advice. For further information please ask either the nursing or medical staff who are providing your care and treatment or contact the Infection Prevention and Control Team on 01386 502552.

If you would like this leaflet in a different language, larger print size, in audio, Braille or any other format please contact the

PALS team by phone on

☎ 01905 760020;

by letter ✉ Communications,
Worcestershire Health and Care Trust,
2 Kings Court, Charles Hasting Way,
Worcester. WR5 1JR.

or by email 📧:

WHCNHS.communications@nhs.net



**Worcestershire
Health and Care**
NHS Trust



CLOSTRIDIUM DIFFICILE

What is it?

Your questions answered

**An Information Leaflet for
Patients and Staff**

WHAT IS IT?

Clostridium difficile (*C.difficile*) is an infection that may cause diarrhoea. It does this by replacing some of the normal bacteria that are found in the gut.

WHAT ARE THE SYMPTOMS?

Symptoms are generally caused by the production of toxins in the large bowels. The main symptom is diarrhoea, but abdominal pain, fever and vomiting might also be present. Symptoms range from mild diarrhoea (which may resolve once antibiotic treatment is stopped) to severe colitis.

HOW IT IS DIAGNOSED?

C. difficile infection should be considered in anyone who develops diarrhoea and who is taking an antibiotic, or who has received a course of antibiotics in the past few weeks. Diagnosis can only be confirmed by testing a sample of your faeces. Such tests are not routinely performed on all faeces specimens but are recommended for specimens from people who are at an increased risk of *C. difficile* infection, such as those on antibiotics and elderly patients, usually those in hospital. Once a diagnosis has been confirmed, repeat specimens need not be taken unless there is a relapse following treatment.

WHAT CAUSES IT?

C.difficile is nearly always associated with, and triggered by, the use of certain antibiotics that have been prescribed to treat other conditions.

HOW LONG WILL THE SYMPTOMS CONTINUE?

Seven to ten days is the most common time. However, this varies from person to person. With some people, the symptoms will settle down within a couple of days, yet with others it may take longer.

IS IT INFECTIOUS?

People with diarrhoea may unintentionally spread the infection to others and large outbreaks of *C.difficile* infection have been described in hospitals. Person to person contact is the main risk although the bacteria forms spores which enables it to survive for long periods in the environment, e.g. on floors, in dust, on surfaces and around toilets.

CAN IT BE PREVENTED?

In healthcare settings, infected patients should be segregated from non-affected patients, preferably in a single room. Disposable gloves and aprons should be worn by staff when caring for infected patients. Rigorous cleaning with warm water and detergent is probably the most effective means of removing spores from the contaminated environment.

The sensible use of antibiotics is the key to the prevention and control of *C. difficile* infection. Finally when a patient is identified as having *C. difficile* diarrhoea the infection control measures described above will minimise the risk of spread to others. The most efficient control measure in preventing person-to-person spread of this infection is the thorough washing of hands.

CAN *C.difficile* BE TREATED?

YES—Depending on the symptoms, the antibiotic thought to have caused the problem will be stopped or an alternative one prescribed. Two antibiotics are known to be effective in the treatment of *C.difficile*; metronidazole or vancomycin.