

Department of Infection Control and Prevention
Vanderbilt Quality and Patient Safety

September 30, 2011

Re: Requests for Negative *Clostridium difficile* Testing Prior to Transfer of Vanderbilt University Medical Center (VUMC) Patients with *Clostridium difficile* infection

Your facility is an important partner in the care of our patients. We continually strive to provide better, safer care to our patients, and we take this opportunity to seek your assistance in caring for patients who may have been diagnosed with *Clostridium difficile* infection (CDI) during hospitalization. To enhance our ability to more accurately diagnose patients with CDI, effective November 1, 2011, VUMC will begin using a DNA amplification test for *C. difficile*, which has a sensitivity of greater than 95%. We have examined our current *C. difficile* testing practices and believe implementation of this new test will eliminate unnecessary or inappropriate testing.

Occasionally, facilities receiving VUMC patients request one or more negative *C. difficile* tests prior to accepting the patient in transfer. Infectivity of *C. difficile* is guided primarily by symptoms and not the presence or absence of toxin. The presence of *C. difficile* toxin may persist despite a good clinical response to treatment. In addition, a positive test at the end of treatment does not predict who will develop CDI recurrence or relapse. For these reasons, the CDC and other professional societies **do not recommend follow-up testing** for *C. difficile* in patients with resolved symptoms or as a “test of cure.”^{1, 2}

With the transition to the new, more sensitive *C. difficile* test, VUMC will adhere to national guidelines and **not perform follow-up testing of patients with confirmed CDI unless there is symptom recurrence**. Instead, the presence of diarrheal symptoms should be used as a marker for transmission risk and the need for isolation precautions. We believe that this new policy will allow us to continue to provide excellent care to our patients while avoiding unnecessary testing, antibiotic use, extended use of isolation precautions, and delayed institution of needed therapies following hospital care.

Please feel free to contact me with any questions or concerns.

Sincerely,

Thomas R. Talbot, MD MPH
Chief Hospital Epidemiologist,
Vanderbilt University Medical Center

References:

1. Cohen SH, Gerding DN, Johnson S, et al. Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol* 2010;31(5):431-55.
2. Dubberke ER, Gerding DN, Classen D, et al. Strategies to prevent clostridium difficile infections in acute care hospitals. *Infect Control Hosp Epidemiol* 2008;29 Suppl 1:S81-92.