

Clostridium difficile-Associated Disease: Results of an International Web-Based Surveillance Project

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- As a result of reports of outbreaks of *Clostridium difficile*-associated disease (CDAD), the Infectious Diseases Society of America's (IDSA) Emerging Infections Network (EIN) conducted two surveys of clinicians' perceptions of CDAD in 2004.
- Given that the epidemic strain of *C. difficile* has been identified in a growing number of locations, continued surveillance of clinicians' perceptions about the epidemiology and spectrum of disease caused by *C. difficile* was conducted.

METHODS

The *Clostridium difficile* Surveillance Project (CDSP) was launched in October 2005. Healthcare practitioners responsible for the diagnosis and/or treatment of patients with CDAD were invited to participate via advertisements at national scientific meetings and through various medical society web pages. Clinicians were asked questions about the diagnosis, presence of the epidemic strain, caseload, disease characteristics, treatment practices, and outcomes of patients with CDAD over the preceding 12-month period.

Mailer

Take a few moments to participate and get real-time reporting on CDAD from your colleagues nationwide!

By participating in the CDAD National Surveillance Project, you will contribute valuable insight about *C. difficile* infection that may lead to advancement in the prevention and management of CDAD. You will also learn immediately what is happening nationwide from your colleagues.

As healthcare professionals, it is imperative that we better understand *Clostridium difficile*-associated disease (CDAD).
 • CDAD is a leading cause of hospital-acquired infection.
 • CDAD incidence increased by ~20% per year in 2005 and 2006 in the US.
 • The epidemic strain of *C. difficile* with the ability to produce significantly more toxin has been identified.
 • Multiple and recently associated with CDAD in the US.
 • A growing number of cases are being reported in non-US countries.
 • Continued surveillance is important to the management of patients with CDAD.

To participate, please visit www.rmhca.com/CDADproject

Survey Homepage

www.rmhca.com/cdadproject/

CDAD NATIONAL SURVEILLANCE PROJECT

National Clostridium difficile-Associated Disease (CDAD) Surveillance Project

PURPOSE: This survey has been designed to learn more about Clostridium difficile-associated disease (CDAD) by soliciting a response from healthcare practitioners responsible for the diagnosis and treatment of patients, as well as the development and implementation of procedures related to management of CDAD. It is hoped that data from respondents will provide additional information regarding demographics of colonization and disease. Furthermore, their data may provide important insights leading to advancements in preventive techniques and management of future outbreaks of *C. difficile* infection.

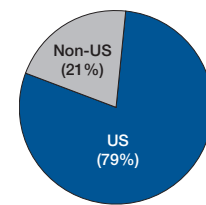
You must be a healthcare provider to participate in this survey.

Please complete the survey to its entirety being as thorough as possible in your responses. At the end of the survey, you may also wish to register for a complimentary copy of the "CDAD Case" and a "CDAD Risk Chart" - materials available at www.rmhca.com/cdadproject. The materials are available at the ViroPharma Incorporated Booth 1007 during ICAAC. *Survey reports are sent out per person.

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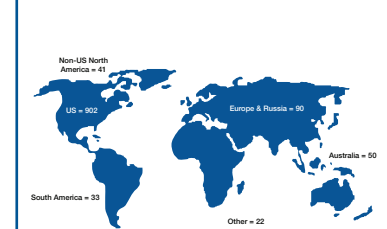
RESULTS

Respondent Demographics



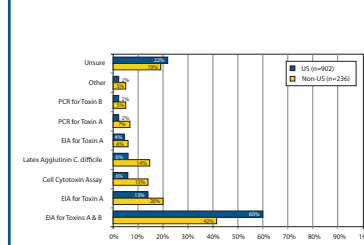
N = 1,138 as of September 16, 2006
 US Respondents = 902 (79.3%)
 Non-US Respondents = 236 (20.7%)

Geographic Distribution of Participants

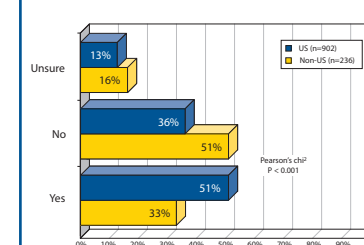


N = 1,138

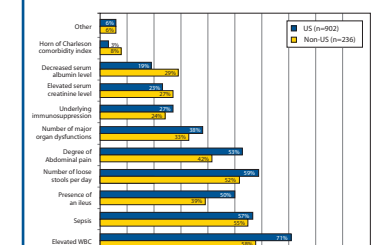
Diagnostic Method Used to Detect CDAD



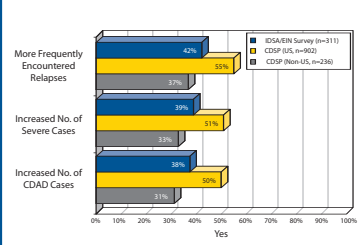
Increased Severity of CDAD



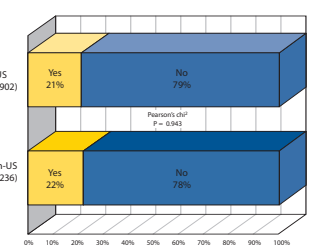
Markers Used to Identify Severe CDAD



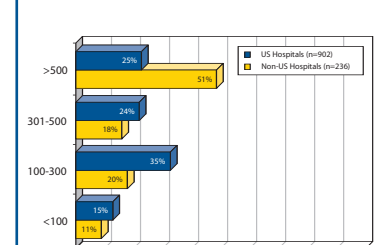
CDSP versus IDSA/EIN



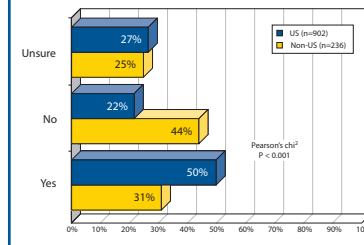
Hospital Epidemiologists



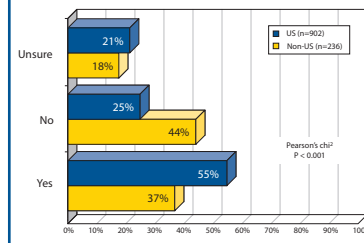
Number of Beds at Primary Practice Setting



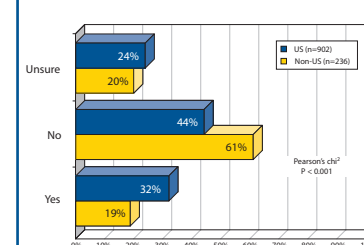
Increased Cases of CDAD



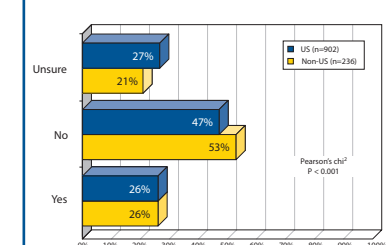
Increased Treatment Relapse



Attributable Colectomy



Attributable Death



CONCLUSIONS

- The epidemiology of CDAD continues to evolve.
- US-based clinicians report using an EIA for toxins A and B as the diagnostic method more commonly than those from the rest of the world.
- A lack of uniformity of markers used to classify patients as having severe CDAD exists.
- Based on clinicians' perceptions, US centers are experiencing larger increases in CDAD patient caseload, patients with severe CDAD, treatment relapses, and attributable colectomies.
- Based on the IDSA/EIN surveys from 2004 and current data, it appears that clinicians from the rest of the world perceive CDAD similarly to how it was perceived in the United States in 2004.
- Continued CDAD surveillance and education should be encouraged to further elaborate the epidemiology of this re-emerging disease.

ACKNOWLEDGMENTS

- IDSA/EIN CDAD Survey Team
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