



Clostridioides difficile (C. diff) Infection

PREVENTION AND TREATMENT

For Clinicians and Health Care Professionals

What are the steps to prevent the spread of C. diff?

If a resident has more than three stools in 24 hours:

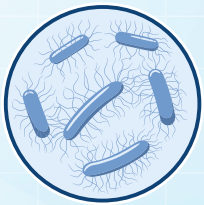
- Immediately initiate contact precautions and separate residents, even if a C. diff infection is only suspected.
- Even for brief visits, always use gloves and a gown when attending to residents with suspected C. diff infections.
- Request a C. diff test when other potential causes of diarrhea, such as stool softeners or laxatives, are unlikely.
- Discontinue laxatives and wait for at least 48 hours before testing if the resident is still symptomatic.
- When evaluating a resident for C. diff, consider whether the antibiotics used to treat the resident are appropriate.

If the resident is positive for C. diff:

- Continue standard and contact precautions.
- Perform hand washing with soap and water.
- Use antibiotics appropriately.
- Ensure daily comprehensive cleaning of room surfaces with an EPA-approved sporicidal disinfectant when treating a resident with C. diff and when the resident is discharged or transferred.
- When the resident transfers, notify the new facility if the resident has or had a C. diff infection.



What are the treatment options for C. difficile infections?



For initial C. diff infection episode (IDSA and SHEA 2021):

- Preferred: Fidaxomicin 200 mg given twice daily for 10 days
- Alternative: Vancomycin 125 mg given four times daily by mouth for 10 days
- Alternative for non-severe C. diff infection, if above agents are unavailable: Metronidazole, 500 mg three times daily by mouth for 10–14 days

For the first C. diff infection recurrence (IDSA and SHEA 2021):

- Preferred: Fidaxomicin 200 mg given twice daily for 10 days, OR twice daily for five days followed by once every other day for 20 days
- Alternative: Vancomycin by mouth in a tapered and pulsed regimen
- Alternative: Vancomycin 125 mg given four times daily by mouth for 10 days
- Adjunctive treatment: Bezlotoxumab 10 mg/kg given intravenously once during administration of standard-of-care antibiotics

* For second, subsequent, and fulminant C. diff infections, it is recommended to refer to an Infectious Disease physician.

Resource: [The Centers for Disease Control and Prevention](#)