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Clostridioides (Clostridium) difficile Infection Testing

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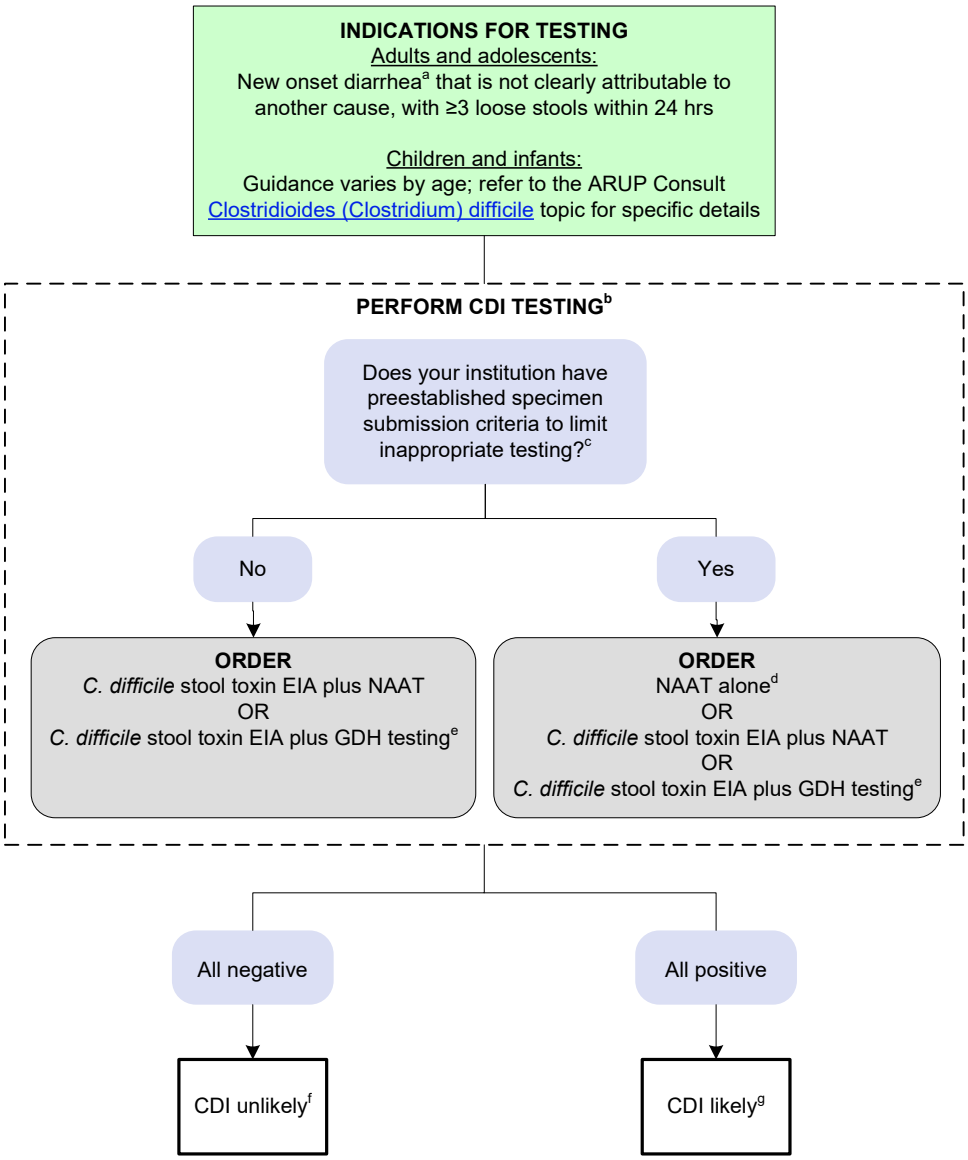

Abbreviations

CDI	*C. difficile* infection
EIA	Enzyme immunoassay
GDH	Glutamate dehydrogenase
NAAT	Nucleic acid amplification testing

[a]Testing should be performed only on diarrheal stool specimens. An exception can be made for patients with suspected ileus due to *C. difficile*; in such circumstances, contact the performing laboratory for guidance before submitting a nonstandard specimen.
[b]Initial testing is best performed close to the point of care to enable quick turnaround times.
[c]Inappropriate testing may include testing of nondiarrheal stool specimens, specimens collected from asymptomatic individuals, or specimens from patients whose symptoms are likely due to another cause (eg, laxative use with the last 48 hrs).
[d]Because positive NAAT results may occur in asymptomatic carriers, potentially leading to over diagnosis and inappropriate treatment, use of NAAT alone should only be considered when institutional criteria for specimen submission are in place.
[e]NAAT can be used to confirm equivocal or discrepant stool toxin and GDH test results.
[f]Following a negative CDI result, do not perform repeat testing (ie, within 7 days) for a single episode of diarrhea. Repeat testing may be considered when a high clinical suspicion for CDI remains, especially in the presence of worsening symptoms. It may also be considered in the context of an institutional epidemic.
[g]Following treatment for CDI, tests of cure should not be performed; testing is not recommended in asymptomatic individuals. If recurrence is suspected or symptoms persist after treatment, repeat testing may be considered.

References

- McDonald LC, Gerding DN, Johnson S, et al. Clinical practice guidelines for Clostridium difficile infection in adults and children: 2017 update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clin Infect Dis*. 2018;66(7):e1-e48.
- Surawicz CM, Brandt LJ, Binion DG, et al. Guidelines for diagnosis, treatment, and prevention of Clostridium difficile infections. *Am J Gastroenterol*. 2013;108(4):478-499.

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