

volume 11 issue 3

March 2010

Home Page

[Back to Home Page »](#)

Contents

HPSC nurse wins place on prestigious international infection control programme

Epidemiology of Clostridium difficile in Ireland: May 2008 - Dec 2009

Indigenous salmonellosis low in Ireland

New guidelines will make a real difference in fight against hospital infections

US experts to lead course in healthcare-associated infection

Participants sought for European study into infections at long term care facilities

Latest HPSC reports

Editorial Board

Dr D O'Flanagan, HPSC (Managing editor)
Dr L Kyne, RCPI (Paed)
Prof C Bradley, ICGP
Dr N O'Sullivan, ISCM
Mr E O'Kelly, NVRL
Dr P McKeown, HPSC
Dr L Thornton, FPHMI
Dr C Bergin, IDSI
M Kelly, HPSC (Editor)

Health Protection Surveillance Centre
25-27 Middle Gardiner St
Dublin 1

Tel: +353 (0) 1 8765300
Fax: +353 (0) 1 8561299
info@hpsc.ie

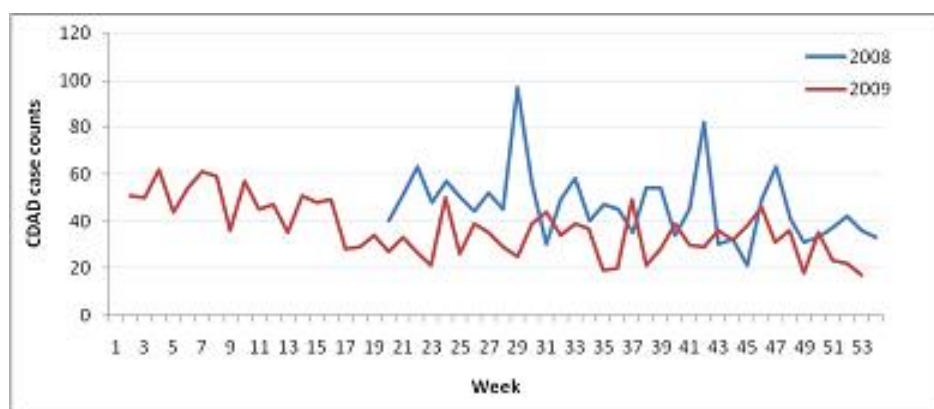
Epidemiology of Clostridium difficile in Ireland: May 2008 - Dec 2009

C. difficile is increasingly regarded worldwide as one of the commonest healthcare-associated infections. The spectrum of *C. difficile* infection ranges from asymptomatic colonisation to potentially fatal colitis. Typically, *C. difficile*-associated disease (CDAD) presents as diarrhoea, abdominal cramps, fever and leucocytosis, occurring after recent antibiotic therapy. Pseudo-membranous colitis is the most severe manifestation of disease. The prevention and control of CDAD include good antibiotic prescribing practices, active surveillance and compliance with infection prevention and control measures. Irish guidelines on the surveillance, diagnosis and management of CDAD were published in May 2008.¹ New cases of *C. difficile* infection (CDI) have been notifiable in the category of acute infectious gastroenteritis since May 2008, using the interim case definitions proposed by the European Centre for Disease Prevention and Control (ECDC) and the European Society for Clinical Microbiology and Infectious Disease (ESCMID) study group for *C. difficile*.² HPSC publishes weekly CDAD reports of new CDAD cases since notifications began.³

New cases of CDAD in Ireland – what's happened since 2008?

There were 3538 notifications of *C. difficile* associated disease (CDAD) from May 2008 – Dec 2009 giving a national crude incidence rate (CIR) of 56.9 cases per 100,000 population in 2008 (52 week estimate based on 35 weeks data) and 45.1 cases per 100,000 population in 2009. The CIR over the May to December period for which data were available for both years was 37.5 cases per 100,000 population in 2008 and 25.3 cases per 100,000 population in 2009 (Fig 1). Data suggests a decline in the number of new CDAD cases reported in 2009 compared to 2008; however, due to the large weekly variability in the data it is too soon to deem if this decline is significant.

Figure 1. New cases of CDAD in Ireland - May '08 to December '09



As in 2008, new cases of CDAD in Ireland in 2009 were more prominent in female patients (57.6%) and older age groups with a mean age of 71 years (range 2-102 years) (Fig 2). In the over 65 age category

www.hpsc.ie

Contents of Epi Insight should not be reproduced without permission.

© HPSC, 2010. All rights reserved

Subscribe

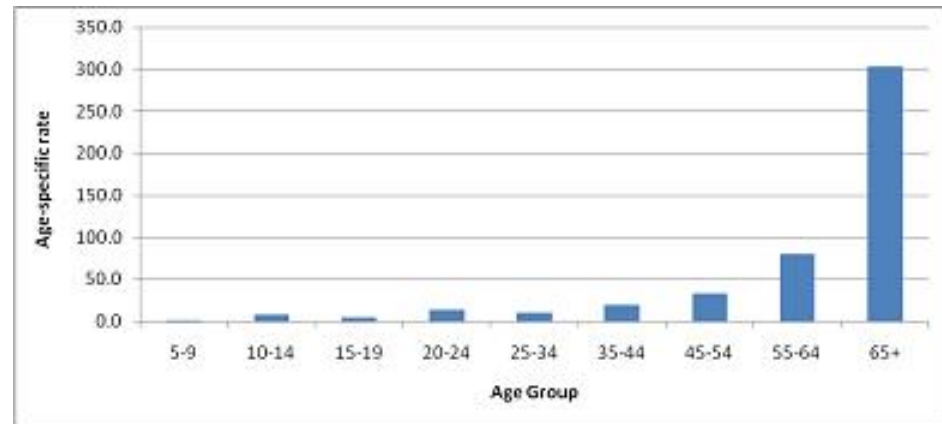
Enter your email address in the box below to receive an email each time we post a new issue of our newsletter.

Email Address:

Email Format:

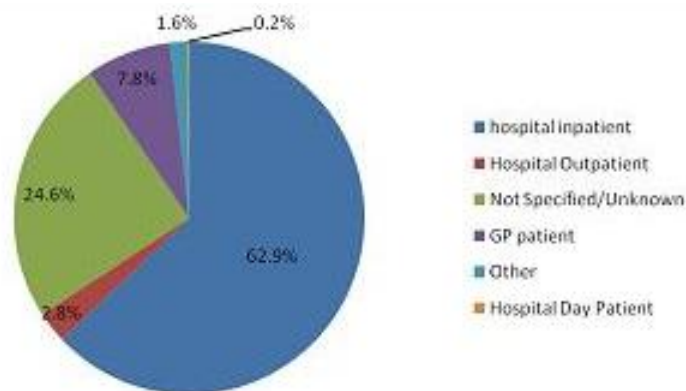
(1418 new CDAD cases), ages range from 65 (21 cases) to 102 (one case). The 75-84 year age group had the highest number of cases (615 cases, representing 43% of the 65+ age group).

Figure 2: Age-specific incidence rate of CDAD in Ireland in 2009 per 100,000 populations



The majority of CDAD cases were notified by hospitals (Fig 3). Patients classified as “hospital inpatient” had the highest occurrence of cases accounting for 62.9% of all cases notified. Of the remaining, 7.8% were classified as GP patients, 2.8% hospital outpatient, 1.6% ‘other’, 0.2% hospital day patient and 24.6% as either “not specified” or “unknown”. However, these data represents the location of the patient at CDAD diagnosis only and does not provided information on the origin or onset of disease.

Figure 3. Classification of CDAD patients based on data collected on CIDR, May 2008 to December 2009



What's new?

The current *C. difficile* surveillance system has provided important information on the national burden of CDAD in Ireland. However, CDAD surveillance at present does not capture recurrent infection (*C. difficile* recurs after treatment in 20-30% of cases) nor does it capture details regarding the origin and onset of disease. With this in mind HPSC commenced enhanced CDAD surveillance in August 2009. In addition to demographic details, details of case type (new or recurrent), severity, origin and onset of *C. difficile* are recorded. Further details of the enhanced surveillance scheme (protocol, forms and database) can be found [here](#).

If you are interested in taking part please contact Dr. Fiona Roche at fionamary.roche@hse.ie.

Fiona Roche, Paul McKeown and Fidelma Fitzpatrick, HPSC

References

- (1) *Clostridium difficile* Subcommittee. Surveillance, Diagnosis & Management of *C.difficile*-Associated Disease in Ireland. Dublin: Health Protection Surveillance Centre; 2008. ISBN 978-0-9551236-3-4. Available [here](#).
- (2) Kuijper E, Coignard B, Pull T. Emergence of *Clostridium difficile*-associated disease in North America and Europe. Clin. Microbiol. Infect. 2006;12(Suppl.6):2-18
- (3) <http://www.hpsc.ie/hpsc/NotifiableDiseases/WeeklyIDReports/File,2941,en.pdf>

TELL A FRIEND

The views expressed in Epi Insight are those of the individual contributors and not necessarily those of HPSC. All reasonable efforts have been made to ensure that all information is accurate at the time of publication. The HPSC will not be liable for any loss, injury or incidental special, indirect or consequential damage or defamation arising out of, or in connection with, Epi Insight or other material derived from, or referred to in the publication.

Created with
[Newsweaver](#)