

RE: Testing asymptomatic patients for *Clostridium difficile* on discharge to long-term care facility

Dear Administrator,

This letter is concerning the requirement for a negative *Clostridium difficile* test result for patients with a history of *C. difficile* infection (CDI) prior to transferring a patient to a long-term care facility.

As is consistent with the Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of American (IDSA), the Tennessee Department of Health strongly discourages the testing of stool from asymptomatic persons, including as a test of cure prior to discharge. Both the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) have released updated guidelines on the best testing strategy to diagnose CDI in the clinical laboratory.

According to Guideline 6 in the updated Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults (2010),¹ moderate evidence exists from both clinical trials and respected authorities that: *"Testing of stool from asymptomatic patients is not clinically useful, including use as a test of cure. It is not recommended, except for epidemiological studies."*

Guideline 12 from the same Clinical Practice Guidelines¹ indicates that: *"Repeat testing during the same episode of diarrhea is of limited value and should be discouraged."*

The CDC has also released a toolkit² which discourages the use of repeat testing in negative patients (slide 13 of the toolkit): *". . . Poor test ordering practices (i.e. testing formed stool or repeat testing.) may lead to many false positives."*

In addition, an update to the 2010 Clinical Practice Guidelines³ states that: *"Most patients who are clinically cured with treatment will continue to have toxigenic *C. difficile* in their stool for multiple weeks. This is not an indication of treatment failure. Therefore, test of cure should not be conducted if a patient is being transferred to another healthcare facility. It is not appropriate for the accepting facility to refuse the patient until 'clearance' has been documented with unnecessary stool testing."*

Thank you for your assistance in this matter. We hope that these recommendations based on the available literature and guidance help to resolve your concerns about the requirement for a negative *Clostridium difficile* test before the transfer a patient to a long-term care facility.

¹Cohen SH, Gerding DN, Johnson S, et al. 2010. 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 American (IDSA). <http://www.cdc.gov/HAI/pdfs/cdiff/Cohen-IDSA-SHEA-CDI-guidelines-2010.pdf>

²Gould C, McDonald C. 2012. *Clostridium difficile* (CDI) Infections Toolkit. <http://www.cdc.gov/hai/pdfs/toolkits/CDItoolkit2-29-12.pdf>

Dubberke, Erik R.; Carling, Philip; Donskey, Curtis J.; Loo, Vivian G.; McDonald, L. Clifford; Maragakis, Lisa L.; Sandora, Thomas J.; ³Weber, David J.; Yokoe, Deborah S.; and Gerding, Dale N., "Strategies to prevent *Clostridium difficile* infections in acute care hospitals: 2014 update." *Infection Control and Hospital Epidemiology*.35,6. 628-645. (2014). http://digitalcommons.wustl.edu/open_access_pubs/2926



As additional guidance and literature becomes available, the Tennessee Department of Health will continue to share information with all healthcare facilities in Tennessee. We value the work your facility continues to accomplish in the prevention of healthcare-associated *Clostridium difficile* infections.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Kainer". The signature is fluid and cursive, written in a professional style.

Marion A. Kainer, MD MPH
Director, Healthcare-Associated Infections and Antimicrobial Resistance Program