



MYTH #1: C. DIFF IS A NUISANCE DISEASE

The Facts:

- From its identification through the 1990s, C. diff was considered a “nuisance disease” by doctors, afflicting primarily the immunosuppressed and the elderly, but treatable and rarely fatal.
- However, starting in the 2000s, several large and fatal outbreaks in North America signaled that C. diff was evolving.¹
- In 2003, outbreaks of the hyper-virulent NAP1 (ribotype 027) strain in Canada claimed more than 40 lives in a short period.²
- In 2015, the Centers for Disease Control and Prevention (CDC) cited C. diff as “one of the leading causes of infectious disease death in the United States,” causing an estimated 29,000 deaths in 2011.³
- In 2019, the CDC designated C. diff an “urgent public health threat.”⁴

MYTH #2: YOU CAN ONLY GET C. DIFF FROM A HOSPITAL

The Facts:

- While C. diff was initially considered a “hospital-acquired infection,” over the past decade the number of cases occurring in the community has soared to 53%.⁵
- Generally, community-acquired C. diff is less deadly than hospital-onset infections.⁵

MYTH #3: ONLY ELDERLY PEOPLE GET C. DIFF

The Facts:

- While the elderly are most likely to contract a CDI, people of all ages are at risk.
- 1/3 of all CDIs occur in people under 65 years old.⁶
- In fact, approximately 20,000 children are diagnosed with a CDI every year.⁷
- CDIs are also increasingly found in healthy adults and new mothers.⁸

MYTH #4: ANTIBIOTICS DON'T HAVE SIDE EFFECTS

The Facts:

- Antibiotic use is the primary risk factor for a CDI.⁹
- Antibiotics—particularly broad-spectrum ones like clindamycin—kill off all gut bacteria, many of which are important to human health.
- Other side effects include vaginal infections, nausea and vomiting. Serious allergic reactions include blistering rashes, swelling of the face and throat, and breathing problems. Some antibiotics can cause permanent nerve damage and torn tendons.
- The CDC has an excellent briefing on when you need antibiotics and when you don't.¹⁰
- Recent research suggests that indiscriminate antibiotic use, particularly in children, may lead to a range of adult ailments such as asthma and obesity.¹¹

MYTH #5: TESTING NEGATIVE FOR C. DIFF MEANS THAT YOU ARE, WITHOUT A DOUBT, FREE FROM C. DIFF

The Facts:

- Most diagnostic tests for CDI cannot be performed on solid stools.
- Rapid tests usually detect the presence of *C. diff* toxins, not the bacteria itself.
- Toxigenic stool culture is considered the gold standard but it will not distinguish between *C. diff* colonization and overgrowth (i.e. infection), so a second test is required to detect the presence of toxins.
- Since it's possible to have *C. diff* bacteria in your stool after your symptoms have stopped, retesting to prove you're cured isn't advised.

MYTH #6: WATERY DIARRHEA IS THE ONLY SYMPTOM OF C. DIFF

The Facts:

- Thought watery, urgent diarrhea is the most common symptom of a CDI, atypical presentations do happen.
- Sometimes, *C. diff* infections can be diagnosed in people who are not experiencing diarrhea but are having other symptoms, like elevated counts of white blood cells, abdominal pain or cramping, or nausea or vomiting.

MYTH #7: C. DIFF AND OTHER HEALTHCARE-ASSOCIATED INFECTIONS ARE UNAVOIDABLE

The Facts:

- While *C. diff* and other bacteria exist in the environment, eliminating them from healthcare settings is not only possible, it's necessary.
- We have the technology and knowledge to greatly reduce the number of CDIs.
- England decreased CDIs in hospitals by more than half over three years by using infection control recommendations and more judicious antibiotic use.¹²
- Rhode Island Hospital reduced its number of CDIs by 70% and annual related mortality in CDI patients by 64%.¹³

Sources:

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