

# *C. difficile* surveillance

## Quarterly report

### January - March 2013 (Q1 2013)

#### Key points

- CDI reports for hospital inpatients aged 65 years and over decreased by 26% (from 104 to 77 episodes) during quarter one 2013 compared to quarter four 2012. CDI rates decreased by 27% during quarter one 2013.
- CDI reports for community patients aged 65 years and over decreased by 4% (from 50 to 48 episodes) during quarter one 2013 compared to quarter four 2012.
- Total CDI reports, for hospital inpatients and community patients combined, aged two years and over, decreased by 20% this quarter (from 180 to 144 episodes).
- CDI reports for hospital inpatients aged 65 years and over rose by 3% between the 2011/12 and 2012/13 financial years.

# Surveillance of *C. difficile* infection (CDI)

## **C. difficile reporting**

- Reports of *C. difficile* are obtained directly from each diagnostic laboratory through the routine laboratory surveillance programme and cross-referenced with the Northern Ireland healthcare associated infections (HCAI) web-based surveillance system.
- Line listings of *C. difficile* cases are returned to the diagnostic laboratories, who confirm the totals and the breakdown of patients by source (hospital inpatient/community) according to the information provided on laboratory request forms.
- The data in this report therefore represent CDI episodes that have been validated by the diagnostic laboratories. It is possible that these numbers may change and any updates will be reflected in the next quarterly surveillance report.
- The total number of *C. difficile* episodes for hospital inpatients aged 65 years and over is included for each Health and Social Care Trust (HSCT), by financial year, in Table 6.

## **All CDI episodes for patients aged 65 years and over (inpatient and community)**

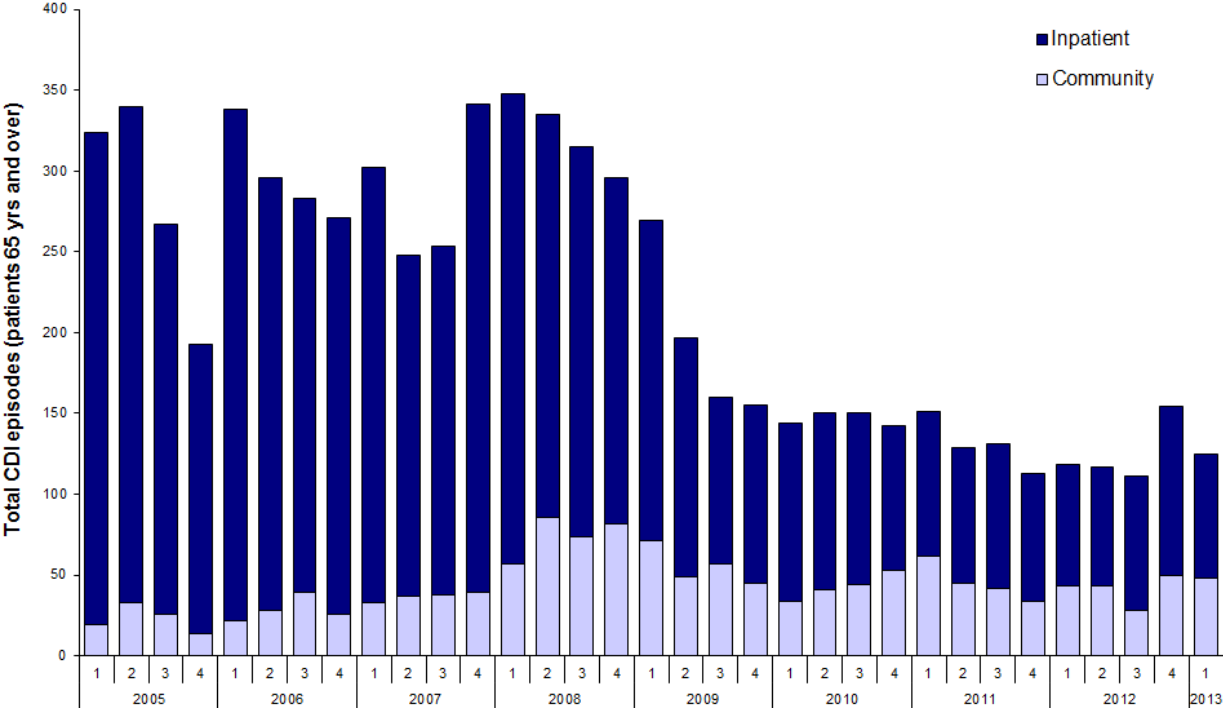
- During quarter one 2013, 125 episodes of CDI were reported in persons aged 65 years and over compared to 154 in the previous quarter (19% decrease, 29 reports; Figure 1).
- This quarter's CDI figures are higher than those reported during the same period in 2012 but are lower than those reported during the same period in previous years from 2005-2011 (Figure 1).
- Of these 125 episodes reported in quarter one 2013, 77 (62%) were known to have been a hospital inpatient in one of the listed hospitals (Table 3) at the time their sample was taken.
- The remaining 48 isolates were from community samples, which may include those from GPs, nursing homes and other non-acute settings. Currently, community isolates are identified by the location of the patient at the time the specimen was taken. Therefore, this number may include patients who have had a recent healthcare interaction. This figure represents an increase in the proportion of CDI reports from the community – 38% (48/125) reported this quarter compared to 32% (50/154) in quarter four 2012.

## **Inpatient episodes for patients aged 65 years and over**

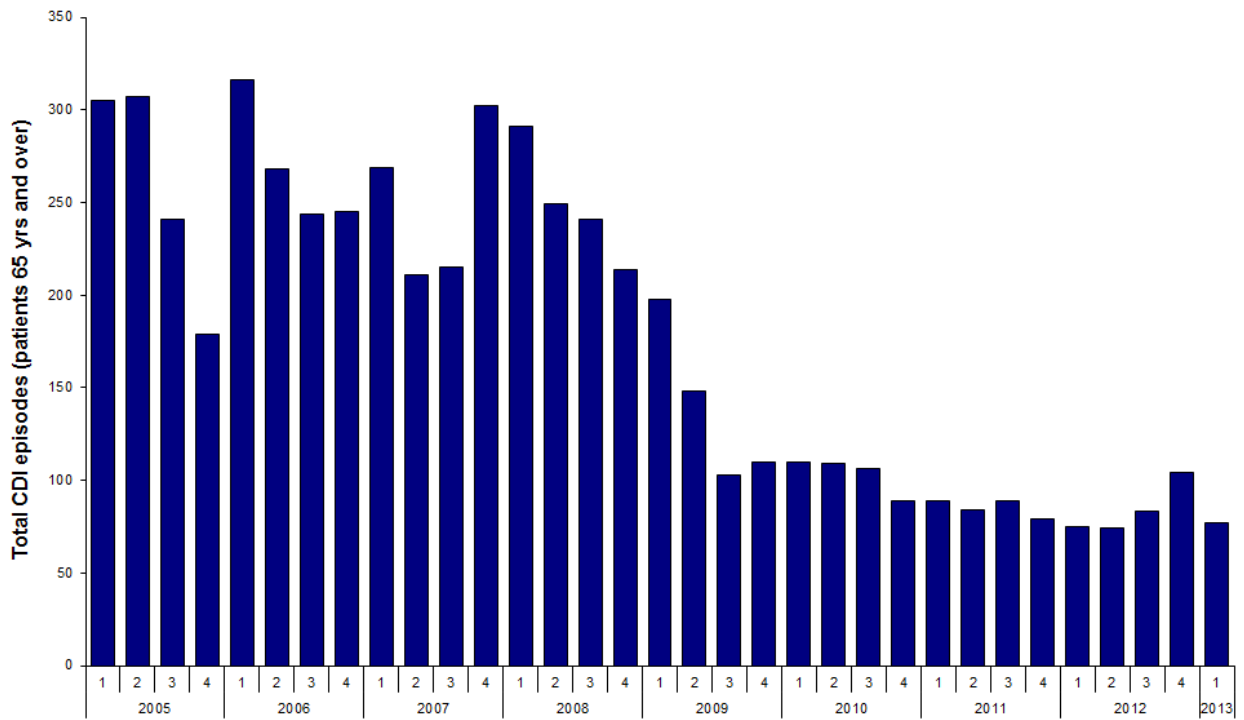
- This quarter has seen inpatient CDI cases decrease by 26%, from 104 in quarter four 2012 to 77 this quarter (Figure 2a).
- This quarter's CDI inpatient figures are higher than those reported during the same period last year but lower than those reported in quarter one in 2005 to 2011 (Figure 2b).
- For a breakdown of CDI rates by HSCT/individual hospital see Figures 4 and 5.

**Community episodes for patients aged 65 years and over**

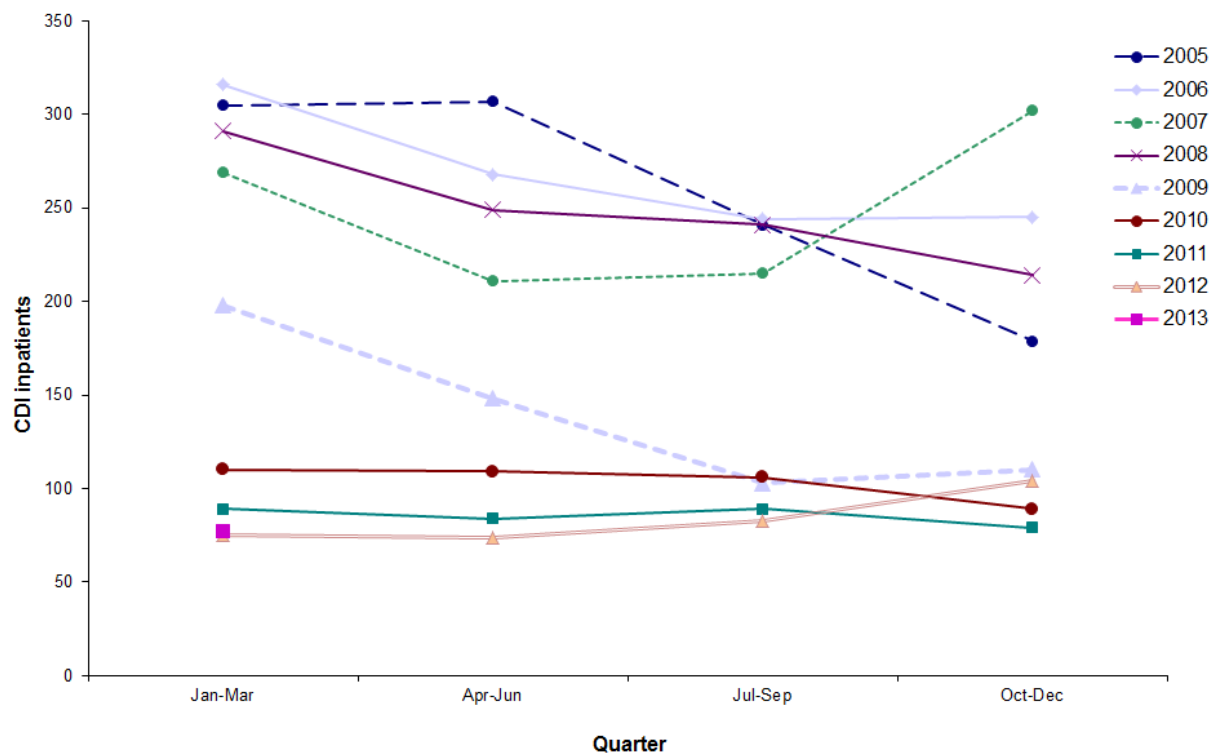
- Community episodes of CDI this quarter (48 reports) have decreased by 4% compared to quarter four 2012 (50 reports) (Figure 1 and Table 4).
- The number of community episodes this quarter (48 reports) is lower than the number reported for the same quarter in 2008, 2009 and 2011 but higher than those reported in previous years (2005-2007, 2010 & 2012; Figure 1). This number may include patients who have had a recent healthcare interaction.



**Figure 1: Total CDI reports, inpatient and community, in Northern Ireland, by quarter (patients ≥ 65 years), between 2005 and 2013**



**Figure 2a: Total CDI inpatient reports in Northern Ireland, by quarter (patients ≥ 65 years), between 2005 and 2013**



**Figure 2b: Total CDI inpatient reports in Northern Ireland, by quarter (patients ≥ 65 years), between 2005 and 2013**

### **All CDI episodes for patients aged two years and over (inpatient and community)**

- During quarter one 2013, 144 episodes of *C. difficile* infection were reported in persons aged two years and over (Table 5). This represents a 20% decrease on the previous quarter (180 episodes). Of the 144 episodes reported, 87% were reported among patients aged 65 years and over (includes inpatient and community).
- In all, 91 patients were known to have been a hospital inpatient in one of the listed hospitals in Table 5 at the time their sample was taken (Figure 6). Of these 91, 85% were patients aged 65 years and over.
- The remaining 53 isolates reported in patients aged two years and over were from community samples, which may include those from GPs, nursing homes and other such non-acute settings. Of these 53, 91% occurred in patients aged 65 years and over. Currently, community isolates are identified by the location of the patient at the time the specimen was taken. Therefore, this number may include patients who have had a recent healthcare interaction.

### **Rates of *C. difficile* in hospital inpatients**

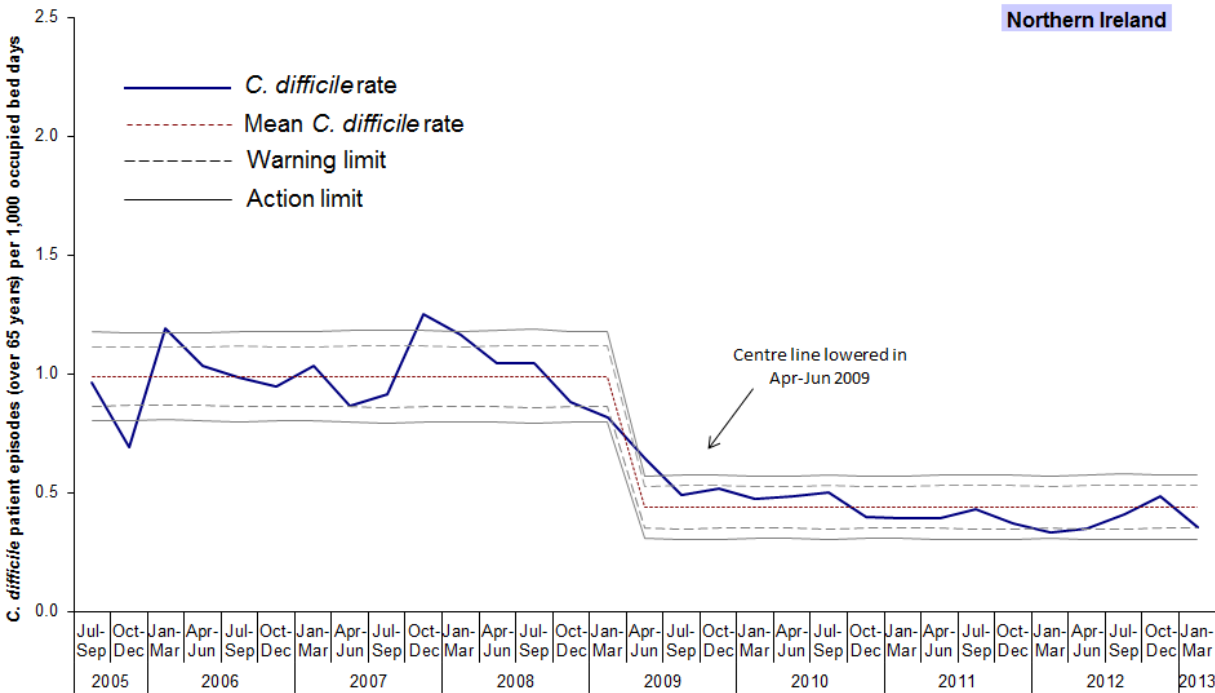
- All HSCTs provide appropriate denominator data (bed occupancy for patients  $\geq 65$  years) on a regular basis, making the calculation of *C. difficile* rates possible for their constituent hospitals (Figure 5). Notes on this denominator are included in appendix C.
- To determine the rate of *C. difficile* infection in individuals aged two years and over (Figure 6), the most appropriate denominator is all-age bed occupancy, determined using the KH03a return (number of occupied beds) obtained from the DHSSPS on a quarterly basis.

### **Clarification of episode definitions**

- Due to ongoing queries regarding the assignment of CDI episodes to particular HSCTs, supplementary information on situations that may arise, and the resulting actions applied, is provided in appendix E.

**Statistical process control (SPC) charts**

- SPC charts allow a distinction to be made between natural variation and ‘special cause variation’, where something unusual may be occurring. Further details on SPC charts can be found in appendix D. Trends in CDI rates since July 2005 are shown for each HSCT in appendix B.
- For some of the SPC charts the mean rates have been re-set following a run of 8 consecutive points below the mean. The likelihood of this occurring randomly is very low and therefore the occurrence of 8 consecutive points below the mean is treated as special cause variation. As the run occurs below the mean this is evidence of a significant downward shift in the mean rate. New control limits are established using the data from the first point of the downward trend, that is, the first point in the run of 8 that occurs below the mean. This gives a better estimate of the true rate and therefore a better estimate of the variation which is due to common causes only.
- In Northern Ireland this quarter, the rate of *C. difficile* patient episodes remains within expected parameters on the SPC chart (Figure 3).



**Figure 3: Statistical process control chart for quarterly *C. difficile* rates among inpatients in Northern Ireland aged 65 years and over (for HSCT level, see appendix B)**

## NI Ribotype Surveillance Programme

- On 1 April 2009, a *C. difficile* ribotyping service was established in Northern Ireland. The NI Ribotyping Service saw the integration of the Belfast HSCT laboratory service into the *Clostridium difficile* Ribotyping Network for England (CDRN).
- HSCTs are now requested to send all CDI positive isolates to the Royal Victoria laboratory, where they are recorded, cultured and ribotyped. The samples sent for ribotyping are matched against validated CDI episodes from CoSurv on a quarterly basis.
- Tables 1 and 2 present validated ribotype data for Northern Ireland stratified by patient location at time of sampling for quarter two, quarter three and quarter four 2012. Provisional ribotype data for this quarter (quarter one 2013) are also presented.
- This quarter, the most prevalent ribotypes for CDI inpatients are 078 (29.7%), 014 (8.8%) and 015 (7.7%) (Table 1) and in the community are 078 (32.1%) and 001 (9.4%) (Table 2).
- Descriptive data for January - March 2013, summarising the age, gender, HSCT and source description of the four most prevalent ribotypes from all sources, are presented in Table 3.

**Table 1: A summary of *C. difficile* ribotypes in Hospital Inpatients aged 2 years and over, and the percentage of each against the overall total, in Northern Ireland during routine surveillance, April 2012 – March 2013**

Ribotype	Apr - Jun 2012		Jul - Sep 2012		Oct - Dec 2012		Jan - Mar 2013*	
	Number	%	Number	%	Number	%	Number	%
001	4	4.4	1	1.0	2	1.6	2	2.2
002	7	7.7	9	8.7	10	7.9	4	4.4
005	3	3.3	3	2.9	8	6.3	5	5.5
014	7	7.7	9	8.7	6	4.8	8	8.8
015	3	3.3	6	5.8	5	4.0	7	7.7
020	4	4.4	3	2.9	6	4.8	0	0.0
023	0	0.0	4	3.9	4	3.2	2	2.2
027	0	0.0	0	0.0	1	0.8	0	0.0
078	29	31.9	25	24.3	35	27.8	27	29.7
106	0	0.0	4	3.9	0	0.0	0	0.0
193	3	3.3	4	3.9	5	4.0	6	6.6
Other	12	13.2	12	11.7	19	15.1	16	17.6
Not groupable**	7	7.7	7	6.8	11	8.7	6	6.6
Not on ribotype list	5	5.5	9	8.7	8	6.3	6	6.6
Not isolated***	7	7.7	7	6.8	6	4.8	2	2.2
<b>Total</b>	<b>91</b>		<b>103</b>		<b>126</b>		<b>91</b>	

**Table 2: A summary of *C. difficile* ribotypes in Community Patients aged 2 years and over, and the percentage of each against the overall total, in Northern Ireland during routine surveillance, April 2012 – March 2013**

Ribotype	Apr - Jun 2012		Jul - Sep 2012		Oct - Dec 2012		Jan - Mar 2013*	
	Number	%	Number	%	Number	%	Number	%
001	4	8.7	3	8.6	1	1.9	5	9.4
002	0	0.0	3	8.6	5	9.3	2	3.8
005	3	6.5	5	14.3	3	5.6	1	1.9
014	2	4.3	1	2.9	0	0.0	4	7.5
015	3	6.5	1	2.9	3	5.6	3	5.7
020	1	2.2	0	0.0	3	5.6	4	7.5
023	2	4.3	1	2.9	3	5.6	0	0.0
027	0	0.0	0	0.0	1	1.9	0	0.0
078	16	34.8	9	25.7	14	25.9	17	32.1
106	0	0.0	1	2.9	1	1.9	0	0.0
193	1	2.2	1	2.9	4	7.4	4	7.5
Other	7	15.2	5	14.3	6	11.1	3	5.7
Not groupable**	1	2.2	3	8.6	5	9.3	3	5.7
Not on ribotype list	4	8.7	0	0.0	2	3.7	2	3.8
Not isolated***	2	4.3	2	5.7	3	5.6	5	9.4
<b>Total</b>	<b>46</b>		<b>35</b>		<b>54</b>		<b>53</b>	

\* Figures are provisional

\*\* 'Not groupable' ribotypes do not match existing profiles

\*\*\* 'Not isolated' indicates isolates that have no ribotype information supplied, with at least six weeks since the date of the specimen

**Table 3: Descriptive data for *C. difficile* ribotypes 078, 014, 193 and 015 in Northern Ireland, January – March 2013**

	078 (n=44)		014 (n=12)		193 (n=10)		015 (n=10)	
<b>Age</b>	range	15-95	57-91	48-87	74-94			
	median	79	82	78	87			
<b>Sex</b>	n	%	n	%	n	%	n	%
Female	31	70.5	5	41.7	6	60.0	8	80.0
Male	13	29.5	7	58.3	4	40.0	2	20.0
<b>Trust</b>								
Belfast	15	34.1	4	33.3	3	30.0	2	20.0
Northern	9	20.5	2	16.7	3	30.0	6	60.0
South Eastern	4	9.1	2	16.7	1	10.0	1	10.0
Southern	10	22.7	1	8.3	1	10.0	0	0.0
Western	6	13.6	3	25.0	2	20.0	1	10.0
<b>Source</b>								
Inpatient	27	61.4	8	66.7	6	60.0	7	70.0
Community*	17	38.6	4	33.3	4	40.0	3	30.0

\* Community specimens include those taken from accident and emergency, outpatients, GPs and psychiatric facilities



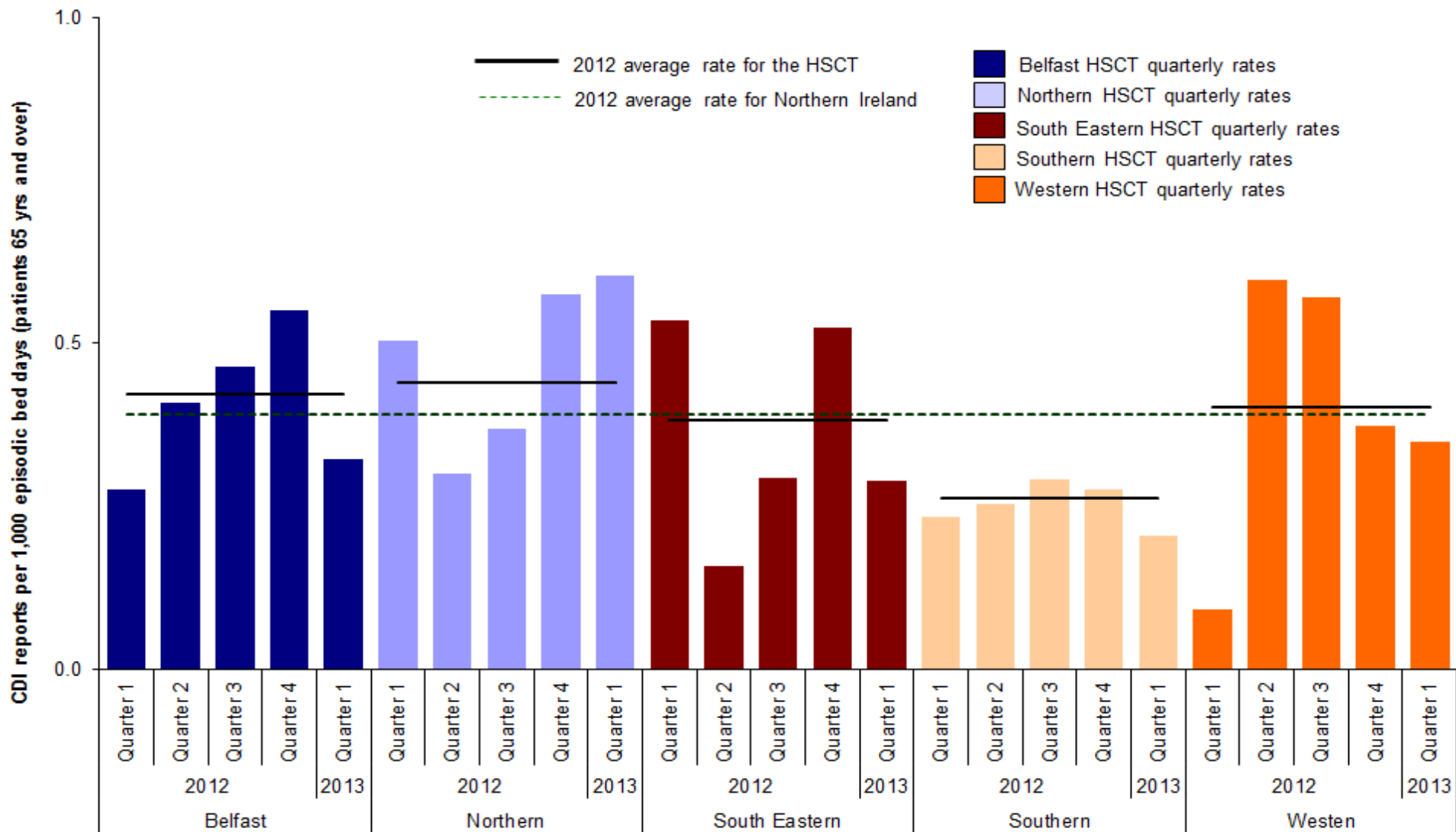


Figure 4: Quarterly rates of *C. difficile* among inpatients aged 65 years and over, by HSCT, 1 January 2012 – 31 March 2013, compared with annual Northern Ireland and HSCT rates for 2012

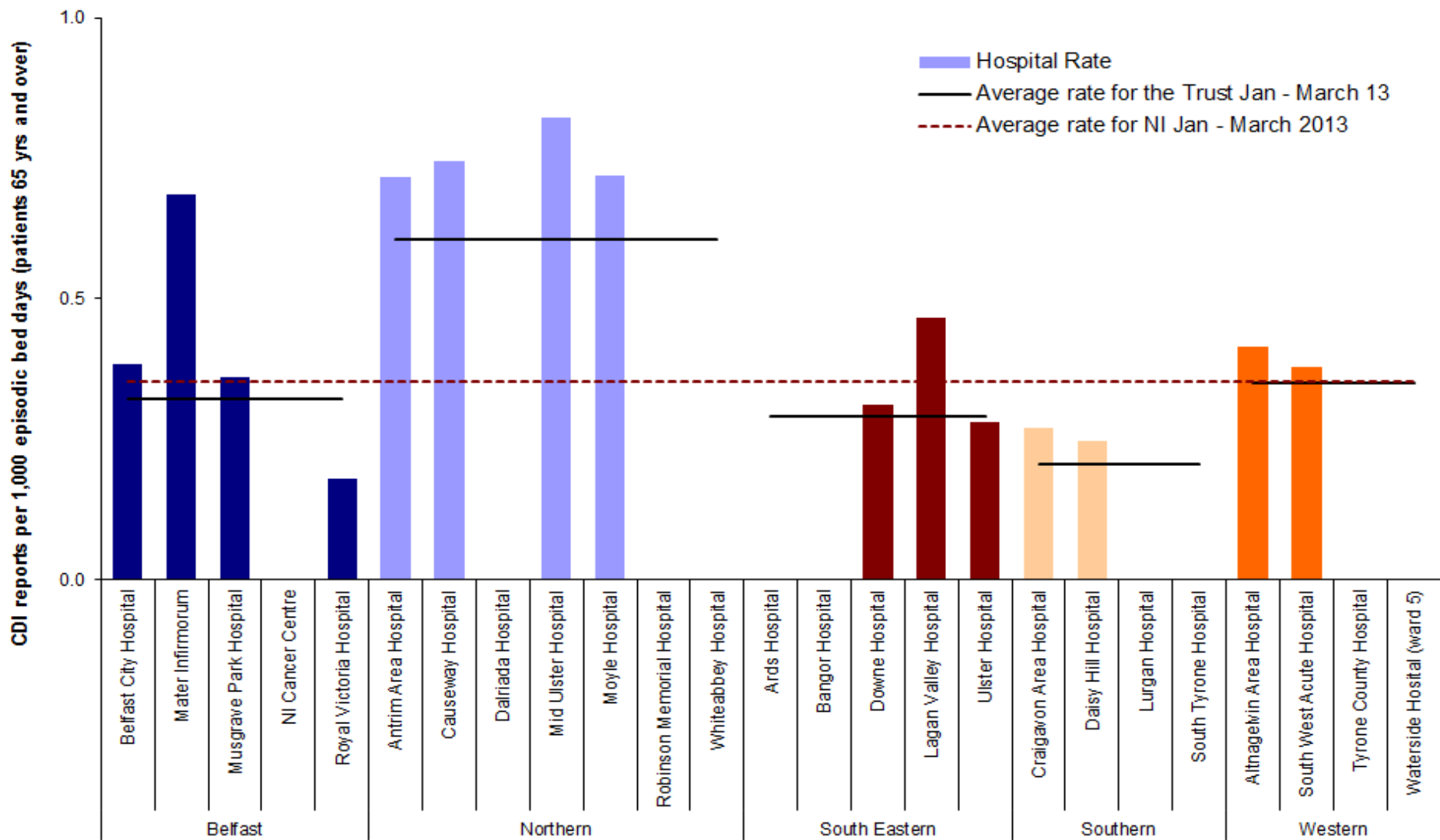


Figure 5: Rates of *C. difficile* in quarter one 2013 among inpatients aged 65 years and over, by hospital, including the quarterly HSCT rates and an average rate for Northern Ireland (see appendix A, Table 3)

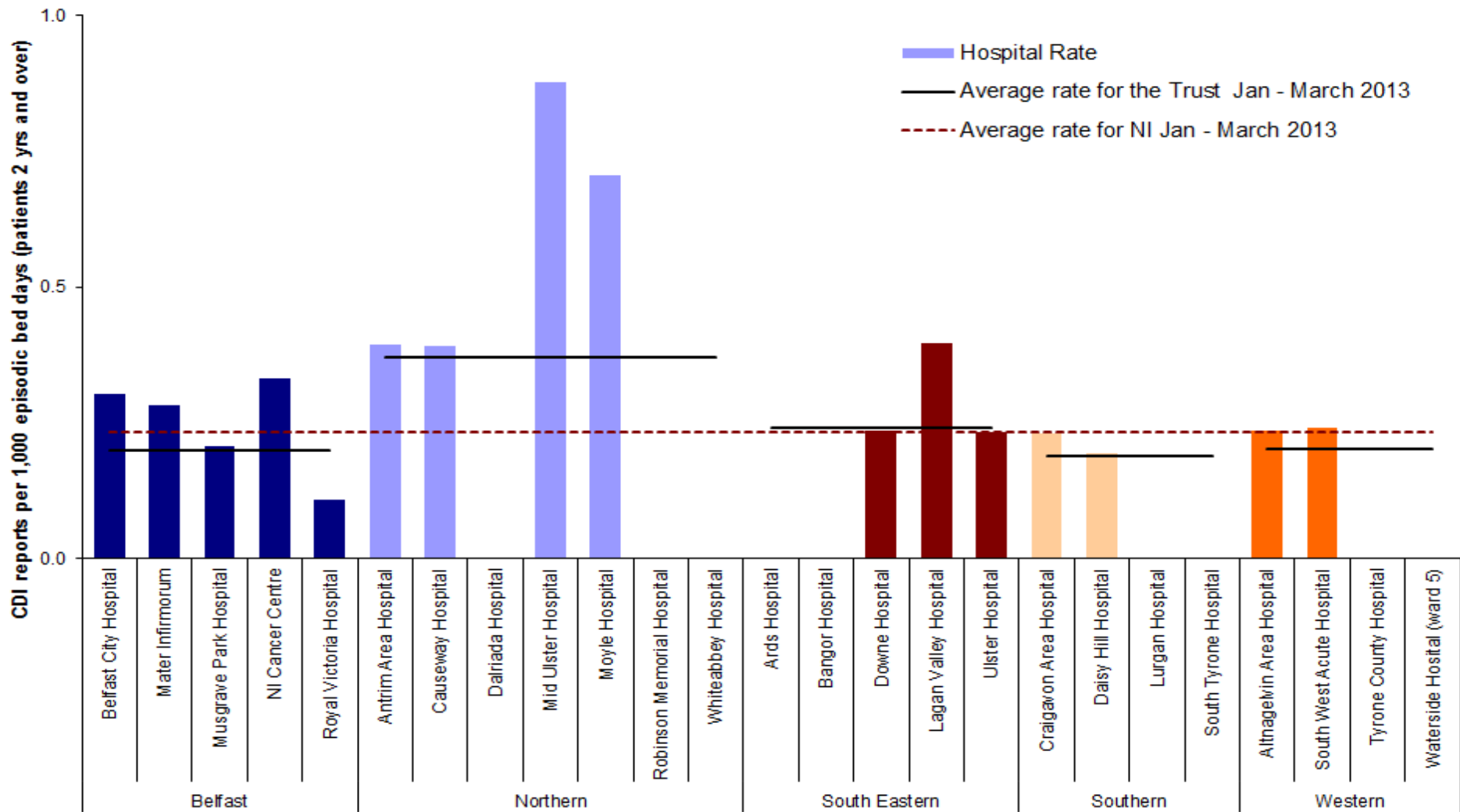


Figure 6: Rates of *C. difficile* in quarter one 2013 among inpatients aged two years and over, by hospital, including the quarterly HSCT rates and an average rate for Northern Ireland (see appendix A, Table 4)

## Appendix A

**Table 4: Quarterly number and rate of *C. difficile* episodes in patients aged 65 years and over, by hospital, April 2012 - March 2013**

Hospital	Apr - Jun 2012		Jul - Sept 2012		Oct - Dec 2012		Jan - March 2013	
	Episodes	Rate	Episodes	Rate	Episodes	Rate	Episodes	Rate
Belfast City Hospital	11	0.549	8	0.399	12	0.602	8	0.385
Mater Infirmorum	4	0.333	8	0.732	4	0.348	6	0.687
Musgrave Park Hospital	1	0.093	3	0.301	1	0.093	4	0.361
NICCO (formerly at Belvoir Park)	2	0.715	4	1.371	3	0.951	0	0.000
Royal Victoria Hospital	12	0.434	9	0.359	19	0.748	5	0.180
<b>Belfast Health &amp; Social Care Trust</b>	<b>30</b>	<b>0.410</b>	<b>32</b>	<b>0.464</b>	<b>39</b>	<b>0.552</b>	<b>23</b>	<b>0.323</b>
Antrim Area Hospital	6	0.306	8	0.445	14	0.730	14	0.715
Causeway Hospital	4	0.424	4	0.410	6	0.628	7	0.745
Dalriada Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mid Ulster Hospital	0	0.000	0	0.000	1	0.446	2	0.821
Moyle Hospital	0	0.000	0	0.000	0	0.000	1	0.720
Robinson Memorial Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Whiteabbey Hospital	2	0.530	2	0.624	2	0.564	0	0.000
<b>Northern Health &amp; Social Care Trust</b>	<b>12</b>	<b>0.300</b>	<b>14</b>	<b>0.369</b>	<b>23</b>	<b>0.567</b>	<b>24</b>	<b>0.604</b>
Ards Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Bangor Hospital	1	0.660	1	0.675	1	0.639	0	0.000
Downe Hospital	0	0.000	1	0.335	1	0.303	1	0.311
Lagan Valley Hospital	0	0.000	2	0.378	4	0.664	3	0.466
Ulster Hospital	5	0.195	7	0.268	15	0.544	8	0.280
<b>South Eastern Health &amp; Social Care Trust</b>	<b>6</b>	<b>0.159</b>	<b>11</b>	<b>0.294</b>	<b>21</b>	<b>0.524</b>	<b>12</b>	<b>0.290</b>
Craigavon Area Hospital	6	0.370	5	0.314	6	0.340	5	0.271
Daisy Hill Hospital	0	0.000	4	0.530	2	0.267	2	0.247
Lurgan Hospital	1	0.242	0	0.000	1	0.250	0	0.000
South Tyrone Hospital	1	0.298	0	0.000	0	0.000	0	0.000
<b>Southern Health &amp; Social Care Trust</b>	<b>8</b>	<b>0.255</b>	<b>9</b>	<b>0.292</b>	<b>9</b>	<b>0.275</b>	<b>7</b>	<b>0.204</b>
Altnagelvin Area Hospital	13	0.739	12	0.704	6	0.332	7	0.414
Erne / South West Acute Hospital*	4	0.471	2	0.221	4	0.411	4	0.377
Tyrone County Hospital	1	0.385	3	1.223	2	0.741	0	0.000
Waterside Hospital (Wards 1, 2, 3, 5)	0	0.000	0	0.000	0	0.000	0	0.000
<b>Western Health &amp; Social Care Trust</b>	<b>18</b>	<b>0.597</b>	<b>17</b>	<b>0.570</b>	<b>12</b>	<b>0.374</b>	<b>11</b>	<b>0.350</b>
<b>NI TOTAL</b>	<b>74</b>	<b>0.348</b>	<b>83</b>	<b>0.405</b>	<b>104</b>	<b>0.483</b>	<b>77</b>	<b>0.353</b>
<b>NI community TOTAL</b>	<b>43</b>	<b>-</b>	<b>28</b>	<b>-</b>	<b>50</b>	<b>-</b>	<b>48</b>	<b>-</b>

\* South West Acute Hospital opened 21st June 2012.

## Appendix A

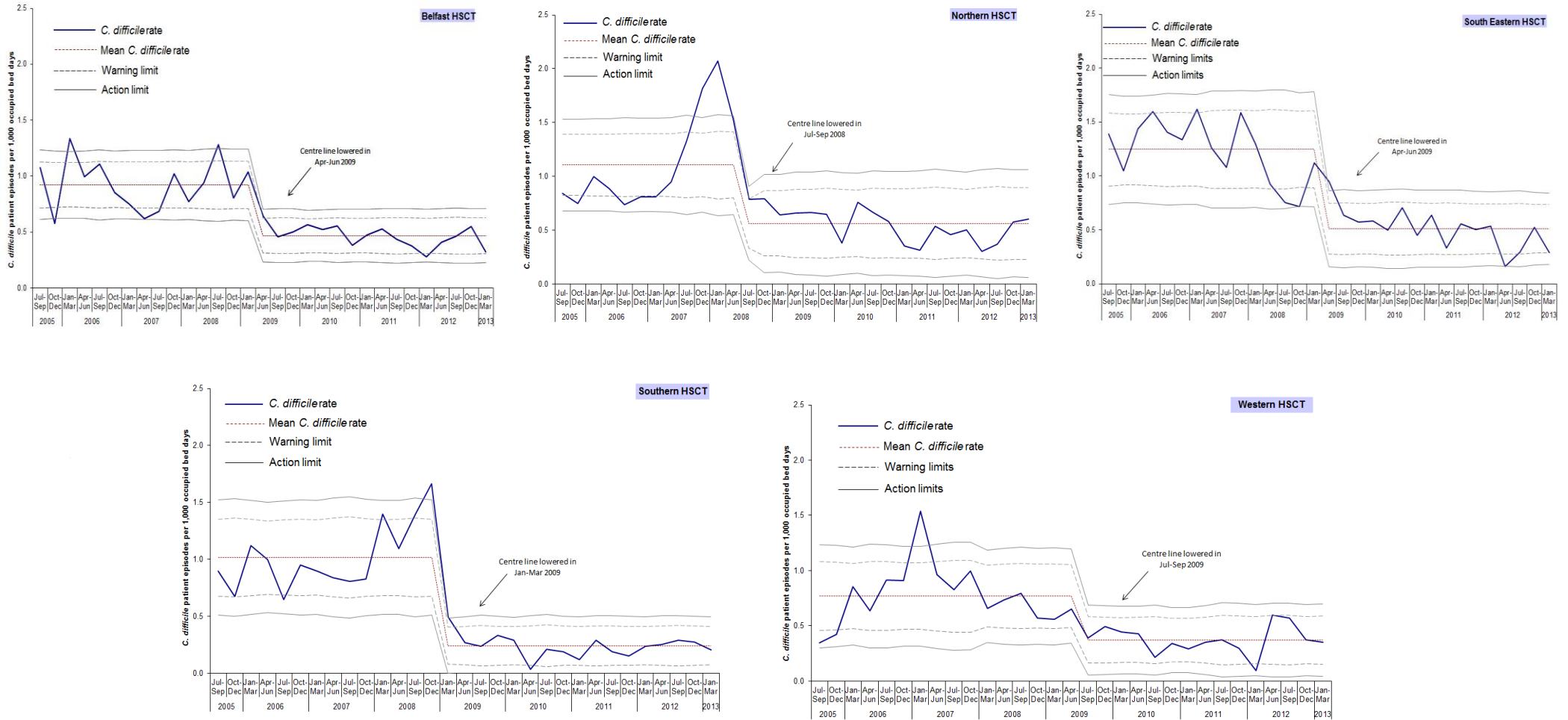
**Table 5: Quarterly number and rate of *C. difficile* episodes in patients aged two years and over, by hospital, April 2012 - March 2013**

Hospital	Apr - Jun 2012		Jul - Sept 2012		Oct - Dec 2012		Jan - March 2013	
	Episodes	Rate	Episodes	Rate	Episodes	Rate	Episodes	Rate
Belfast City Hospital	15	0.444	11	0.334	15	0.450	10	0.303
Mater Infirmorum	4	0.183	8	0.384	4	0.189	6	0.283
Musgrave Park Hospital	1	0.053	3	0.165	1	0.053	4	0.208
NICCO (formerly at Belvoir Park)	2	0.327	6	0.987	4	0.671	2	0.330
Royal Victoria Hospital	20	0.303	14	0.219	26	0.410	7	0.107
<b>Belfast Health &amp; Social Care Trust</b>	<b>42</b>	<b>0.287</b>	<b>42</b>	<b>0.296</b>	<b>50</b>	<b>0.351</b>	<b>29</b>	<b>0.200</b>
Antrim Area Hospital	7	0.203	12	0.362	15	0.424	14	0.394
Causeway Hospital	4	0.214	4	0.216	7	0.349	7	0.393
Dalriada Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mid Ulster Hospital	0	0.000	0	0.000	1	0.416	2	0.876
Moyle Hospital	0	0.000	0	0.000	0	0.000	1	0.705
Robinson Memorial Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Whiteabbey Hospital	2	0.509	2	0.537	2	0.518	0	0.000
<b>Northern Health &amp; Social Care Trust</b>	<b>13</b>	<b>0.200</b>	<b>18</b>	<b>0.284</b>	<b>25</b>	<b>0.372</b>	<b>24</b>	<b>0.370</b>
Ards Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Bangor Hospital	1	0.583	1	0.607	1	0.567	0	0.000
Downe Hospital	0	0.000	2	0.511	1	0.243	1	0.235
Lagan Valley Hospital	0	0.000	2	0.300	5	0.681	3	0.395
Ulster Hospital	7	0.158	10	0.224	16	0.345	11	0.234
<b>South Eastern Health &amp; Social Care Trust</b>	<b>8</b>	<b>0.136</b>	<b>15</b>	<b>0.256</b>	<b>23</b>	<b>0.376</b>	<b>15</b>	<b>0.241</b>
Craigavon Area Hospital	7	0.212	6	0.180	8	0.233	8	0.231
Daisy Hill Hospital	0	0.000	4	0.273	3	0.200	3	0.195
Lurgan Hospital	1	0.232	0	0.000	1	0.230	0	0.000
South Tyrone Hospital	1	0.287	0	0.000	0	0.000	0	0.000
<b>Southern Health &amp; Social Care Trust</b>	<b>9</b>	<b>0.162</b>	<b>10</b>	<b>0.179</b>	<b>12</b>	<b>0.209</b>	<b>11</b>	<b>0.189</b>
Altnagelvin Area Hospital	14	0.394	13	0.388	9	0.257	8	0.234
Erne / South West Acute Hospital*	4	0.281	2	0.133	5	0.313	4	0.241
Tyrone County Hospital	1	0.324	3	1.014	2	0.603	0	0.000
Waterside Hospital (Wards 1, 2, 3, 5)	0	0.000	0	0.000	0	0.000	0	0.000
<b>Western Health &amp; Social Care Trust</b>	<b>19</b>	<b>0.325</b>	<b>18</b>	<b>0.318</b>	<b>16</b>	<b>0.268</b>	<b>12</b>	<b>0.201</b>
<b>NI TOTAL</b>	<b>91</b>	<b>0.237</b>	<b>103</b>	<b>0.274</b>	<b>126</b>	<b>0.325</b>	<b>91</b>	<b>0.233</b>
<b>NI community TOTAL</b>	<b>46</b>	<b>-</b>	<b>35</b>	<b>-</b>	<b>54</b>	<b>-</b>	<b>53</b>	<b>-</b>

\* South West Acute Hospital opened 21st June 2012.

## Appendix B

Trends in *C. difficile* rates in inpatients aged 65 years and over, by HSCT and per quarter, 2005–2013



## Appendix C

### Notes and definitions

As of 1 April 2008, **the number of CDI patient episodes** is defined as the total number of patients aged two years and over from whom a diarrhoeal specimen tested positive for *C. difficile* toxins A and B during the relevant time period. If repeat specimens were collected from a single patient at least 28 days apart, the patient is considered to have had two episodes of CDI, counted as two patient episodes.

The **rates** described in this report are patient episodes per 1,000 occupied bed days. The denominator used for this calculation varies slightly with the different age groups. For rates of CDI in patients aged two years and over, KH03a data are used, similar to the method for *S. aureus* bacteraemia surveillance. For patients aged 65 years and over, the denominator is derived from patient episode statistics obtained from each HSCT individually on a quarterly basis. All rates have been calculated for both individual HSCTs and Northern Ireland as a whole.

The more refined the criteria for selecting patients for inclusion into the denominator, the more limitations there are on the accuracy of the data.

- The denominator supplied by each HSCT is the number of 'episodic bed days' for patients aged 65 years and over. Patient age is the age of the patient at the end of the episode and so is potentially an overestimate as patients who entered this age group during their stay would be included.
- The estimation of numbers below HSCT level, that is, on a hospital basis, is less accurate than for an entire HSCT. As with the use of age as an identifier, a patient's status and location can change during the course of an episode. In some HSCTs, there is the potential for patients to begin an episode in one hospital and be transferred to a different hospital, yet remain under the care of the same consultant. Therefore, the use of patient location at the start or end of an episode has limitations and, as such, is subject to error.

This surveillance programme started on 1 January 2005 and during that year, laboratories changed their testing methodology to conform to new national guidelines. Therefore, 2006 was the first year that all laboratories used identical testing methods and interpretation of 2005 data should be undertaken with caution. Surveillance originally focused on individuals aged 65 years and over, but this has been reviewed as of 1 April 2008 to include all patients aged two years and over.

## Appendix D

### Statistical process control charts

The statistical process control (SPC) chart is now commonly used for the reporting of MRSA rates throughout the UK and can be applied to *C. difficile* surveillance. SPC charts assume that rates within a HSCT will be largely similar over time. They present the occurrence of *C. difficile* in a HSCT in relation to what would be expected, based upon the mean rate for the HSCT and calculated statistical process control limits.

The mean for each HSCT has been calculated using data from all quarters since July 2005. Control limits, derived from plus or minus two or three standard deviations from the mean, represent the range of variation in rates that might be expected to occur due to chance alone.

The warning limit is set at two standard deviations from the mean, while the action limit is set at three standard deviations from the mean. The limits vary slightly every quarter because of the varying occupancy in the hospitals within each HSCT. Control limits were set up using the following formulae:

$$\text{Warning Limit} = M \pm 2\sqrt{\frac{E_i}{(N_i)^2}} \quad \text{Action Limit} = M \pm 3\sqrt{\frac{E_i}{(N_i)^2}}$$

Where M is the mean, Ni is the number of occupied bed days per quarter and Ei is the expected number of reports calculated as  $E_i = M \times N_i$

SPC charts allow the distinction to be made between natural variation and 'special cause variation', where something unusual is occurring in a HSCT. If any of the following criteria are met, there is said to be 'special cause variation', which should be investigated, as this could not statistically have occurred by chance alone:

- One value above the upper action limit, or below the lower action limit.
- Three consecutive values between the upper warning limit and upper action limit (or between lower limits).
- Eight consecutive values on the same side of the mean (either above or below).
- Any 12 of 14 consecutive values on the same side of the mean (either above or below).
- Eight consecutive values either increasing or decreasing.



## Appendix E

### Clarification of existing HCAI definitions

#### Patient transfers

A patient may be an inpatient in a healthcare facility and, at some point, may be transferred to another hospital/HSCT, symptom free. Upon admission to the second facility, if the patient develops the symptoms of *C. diff* or *S. aureus* within two days and a specimen is taken and tested at this point, the episode is attributed to the current stay, ie the receiving hospital. While the infection may have been acquired during their first hospital admission, it is the hospital where the patient is situated **at the time the specimen is taken** that must report the episode. For this reason, PHA ensures there are caveats to state that this does not infer the patient acquired their infection in that hospital. HSCTs should be aware of such circumstances, so they are in a position to clarify any episodes that developed within two days of transfer/admission, and are therefore likely to have been acquired prior to admission to that hospital.

#### Patient in one hospital and, after discharge, is later admitted to another

A patient may be an inpatient in a healthcare facility and test positive for a healthcare associated infection. Once discharged, the patient may develop new symptoms and be readmitted to the same hospital or to a different hospital and be retested for *C. difficile*. If the new admission is within 28 days of the original positive specimen date, the duplicate rule applies regardless of the change of hospital and the isolate should not be reported.

## Appendix F

**Table 6: *C. difficile* episodes among inpatients in Northern Ireland aged 65 years and over, by financial year and HSCT**

<b>HSCT</b>	<b>Financial Year</b>							
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Belfast	352	336	280	327	163	147	117	124
Northern	184	172	297	172	102	103	75	73
South Eastern	243	256	199	135	98	80	72	50
Southern	168	130	134	164	37	17	28	33
Western	96	132	109	104	71	46	35	58
Northern Ireland	1043	1026	1019	902	471	393	327	338