

Burden of *Clostridioides difficile* infection down in the U.S.

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(HealthDay)—From 2011 to 2017, there was a decrease in the estimated

national burden of *Clostridium difficile* infection, according to a study published in the April 2 issue of the *New England Journal of Medicine*.

Alice Y. Guh, M.D., M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues estimated the national burden of *C. difficile* infection, first recurrences, hospitalizations, and in-hospital deaths from 2011 through 2017 using case and census sampling weights.

The researchers found that the number of *C. difficile* infections in 10 U.S. sites was 15,461 in 2011 (10,177 [health care](#)-associated cases; 5,284 community-associated cases) and 15,512 in 2017 (7,973 health care-associated cases; 7,539 community-associated cases). The estimated national burden of *C. difficile* infection was 476,400 and 462,100 cases in 2011 and 2017, respectively. With accounting for use of nucleic acid amplification tests, there was a 24 percent decrease in the adjusted estimate of the total burden of *C. difficile* infection from 2011 to 2017; a 36 percent decrease was seen in the adjusted estimate of the national burden of health care-associated *C. difficile* infection, while no change was noted in the national burden of community-associated *C. difficile* infection. A 24 percent decrease was seen in the adjusted estimate of the burden of hospitalizations for *C. difficile* infection.

"Continued efforts are needed to improve [infection](#) prevention and diagnostic and antibiotic stewardship in both inpatient and outpatient settings," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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