ANTIMICROBIAL RESISTANCE & INFECTION CONTROL

POSTER PRESENTATION Open Access

P032: Clostridium difficile infection in Tenerife Canary Island, Spain

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From 2nd International Conference on Prevention and Infection Control (ICPIC 2013)
Geneva, Switzerland. 25-28 June 2013

Introduction

Clostridium difficile infections(CDI) epidemiology has changed: elevation in rate and severity of infection and increase in disease among outpatients.

Objectives

Aim of study was to evaluate the epidemiology of CDI in North Tenerife Area.

Methods

This is an epidemiological study performed in the Hospital Universitario de Canarias a tertiary care institution during 2011-2012. Studied population was outpatients or inpatients attended in this hospital with CDI suspected. Diagnostic procedures were based in GDH and later Toxin A/B detection as CDI confirmation in stool samples by EIA.Medical charts of patient were reviewed to collect: demographic variables, underlying diseases (diabetes(D), renal disease(RD), liver disease(LD), respiratory disease (ReD), cardiopathy(C), neoplasia(N)), ≥3 co-morbidities, inflammatory boweldisease(IBD), solidorgan transplant (OST), *immunocompromised states*(*IC*), *treatment previous*, *treatment of CDI*, *developed to Pseudo*-membranous *colitis*(*PMC*), *mortality due to CDI. The episodes were classificated as nosocomial*, *healthcare associated* (*HCA*), *community*, *indeterminate*, *and recurrence.*

Results

In 2011/2012 a total 18/45 episodes (17/41 patients) were diagnosticated. 50/62% were man and 7/22 (39/49%), <65 years.HCA and nosocomial CDI incidence were: 0, 7/1, 7 case/10^4 patient–day. The services distribution was: Internal Medicine 6/12(33/27%), Nephrology 6/4 (33/9%), Hematology 2/5(11/11%). Episodes: Community 4/7 (22/15%), Nosocomial 14/27(78/60%), HCA 0/6(0/13%), Indeterminate 0/1(0/2%) and recurrences 0/4 (0/9%). In Nosocomial the time average between admission and CDI diagnostic was 10, 6±9, 1/24±29 d. Underlying diseases: C 10/9(55/20%), RD 5/10(27,7/22%), LD 2/4(11/9%), ReD 2/2(11/4%), N2/10(11/22%). ≥3 co-morbidities 3/3(17/7%). IBD 1/1(6/2%), OST 7/3(39/6,6%), IC 10/20(55/44%), previous treatment: Omeprazol 6/10(33/22%), Ranitidine 3/1 (17/2%), Aciclovir 1/2(5,6/4,4%), Carbapenems 6/21(33/47%), Fluorquinolones 5/13(28/29%), Cephalosporins (3-4[a]) 4/11 (22/24%), Vancomycin(VA) 3/6(17/13%), Amoxicillin-clavunate 2/7(11/16%). CDI Treatment: Metronidazole 18/39(100/87%), VA 3/9 (17/20%), developed PMC 2/5(11/11%), death for CDI 1/0.

Conclusion

In our hospital there has been an increase in nosocomial CDI adquisition overtime and a high percentage in young patients. At 2012 OST patients declined and HCA episodes were increased thus we observed that CDI is not confined to hospitals.

Disclosure of interest

None declared.

Published: 20 June 2013

doi:10.1186/2047-2994-2-S1-P32
Cite this article as: Hernández *et al.*: P032: Clostridium difficile infection in Tenerife Canary Island, Spain. *Antimicrobial Resistance and Infection Control* 2013 **2**(Suppl 1):P32.

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