



Division of Public and Behavioral Health Technical Bulletin



Date: September 28, 2017

Topic: 027-NAP1-BI hyper virulent *Clostridium difficile* / Inter-Facility Infection Control Transfer Form
Section/Program: Nevada Division of Public and Behavioral Health/Office of Public Health Informatics and Epidemiology

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To: Healthcare Providers

Current Situation:

Rates of *Clostridium difficile* (*C. difficile*) infection have increased nationwide over the past several years, noting more severe disease and an associated increase in mortality. Nevada has seen rates of *C. difficile* consistently above the national baseline since 2014 and the BI/NAP1/027 strain of *C. difficile* has been identified in Nevada.

Background: *C. difficile* is a germ that causes diarrhea and at least 80% of cases are associated with healthcare settings. Transmission to patients is most common via the hands of healthcare personnel who touched a contaminated surface or item. Patients most at risk are the elderly, especially those using antibiotics; however, there is an increase in disease reported in traditionally 'low risk' persons such as healthy persons in the community, and peripartum women. The increase among "low risk" population may be due to the new emergence of the current epidemic strain of *C. difficile*, known by its names, restriction enzyme analysis type BI, North American Pulsed Field type 1 (NAP1), or PCR ribotype 027. BI/NAP1/027 has spread widely and this strain appears more virulent possibly due to its increased production of toxins A and B and its production of an additional toxin known as binary toxin, as well as other factors still under study. In addition to being more virulent, it is more resistant to a commonly-used class of antimicrobials known as the fluoroquinolones.

Recommendation:

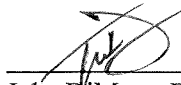
Healthcare facilities and clinicians who come in contact with *C. difficile* patients are asked to review current CDC recommendations and be aware of this increasing trend and threat in the state of Nevada.

- Be aware of the BI/NAP1/027 hyper virulent strain and communicate new information.
- Use the [Inter-facility Infection Control Transfer Form](#) to bring the situation to the attention of the receiving facility.
- Support better prescribing and testing practices, tracking, and reporting of infections and prevention efforts.
- Assess hospital cleaning to be sure it is performed thoroughly, and augment this as needed using an Environmental Protection Agency-approved, spore-killing disinfectant in rooms where *C. difficile* patients are treated.
- Monitor the number of *C. difficile* infections. If an increase in rates or severity is observed, healthcare facilities should reassess compliance with core recommended practices as outlined in the [Options for Evaluation of Environmental Cleaning](#) for known cases of *C. difficile* infection.
- Ensure policies for rapid detection and isolation of patients with *C. difficile* are in place and followed.

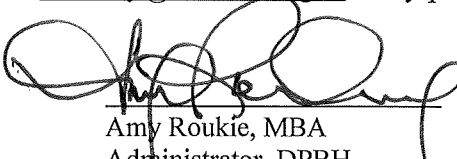
Educational Resources:

Below is the Checklist for Core Elements of Hospital Antibiotic Stewardship Programs. This tool serves to ensure optimal prescribing <https://www.cdc.gov/getsmart/healthcare/implementation/checklist.html>.

If additional assistance is needed, contact the local or state health departments and/or infection control experts. For additional information, contact the HAI coordinator at kcausey@health.nv.gov or by phone at 702-486-3568.



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