

FAQ on Testing Asymptomatic Patients for *C. difficile*

A recent article out of the [*American Journal of Infection Control*](#), said that testing patients with three risk factors upon hospital admission has potential to identify nearly three out of four asymptomatic carriers of *C. difficile* at their institution. Given that CDC does not currently recommend testing of asymptomatic patients for *C. difficile*, below are a few FAQs on this issue.

Why does CDC not currently recommend screening asymptomatic patients for *C. difficile*?

There is no standardized, approved screening method for *C. difficile*. The screening method used in the study is not FDA-approved. At this time, no commercial assay is approved for this purpose, and culture can take up to 4 days.

Additionally there is no evidence that the implementation of special precautions based upon identification of asymptomatic carriers can reduce infection rates. While it appears from skin and environmental culture studies that these patients are contagious, they appear to be less contagious than patients who are symptomatic with *C. difficile* infection.

What does CDC recommend for infection prevention with regards to asymptomatic patients?

CDC has recommended that special precautions, such as enhanced environmental cleaning and gloves, be considered for use with all patients on wards that have high rates of *C. difficile* infection, or units with longer average lengths of stays. These locations are more likely to have high rates of asymptomatic carriers. However, these recommendations are only if other more evidence-based recommendations have not been successful in reducing *C. difficile* infection rates. In addition, extending the duration of Contact Precautions beyond the period that patients are symptomatic has been recommended as another supplemental strategy. This is because previously symptomatic patients can remain colonized with *C. difficile* for several weeks or longer after completion of treatment and are at risk for recurrence of their symptoms.

While screening patients to identify carriers of *C. difficile* may someday become another supplemental or routinely-recommended prevention strategy, effective screening methods, as well as evidence that the screening methods and special precautions are both feasible and effective in reducing *C. difficile* infection, will be needed before such recommendations can be made.

Will this study change CDC recommendations?

No, this study suggests a strategy for more efficient use of a screening test once it has been validated or when FDA-approved assays become available. The results of this study suggest that instead of screening all patients, only a subset of patients need be screened upon admission. However, there is little evidence that screening-directed interventions are effective for preventing the spread of *C. difficile*.

Should screening for *C. difficile* be mandated on admission?

No, screening for *C. difficile* should not be mandated at this time. When (or if) the evidence for the effectiveness of screening-directed interventions becomes available, it is unclear whether screening should be routinely recommended or only used in certain circumstances. Some prevention strategies may be most effective in reducing infections only in certain settings or at certain baseline rates. In addition, other new or novel strategies that could either render *C. difficile*-colonized patients less contagious or non-colonized patients less susceptible could become available in the future.