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PREVALENCE OF CLOSTRIDIUM DIFFICILE INFECTION IN INPATIENTS AND OUTPATIENTS

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INTRODUZIONE

Clostridium difficile (CD) infection is the most common cause of nosocomial diarrhea with associated high mortality. However, some studies showed that it could also affect outpatients.
The aim of this study is to compare the prevalence of CD infection between inpatients and outpatients.

METODI

The CD DNA was detected by iIlumigene C. difficile (Meridian Bioscience) and then confirmed by GeneXpert C. difficile (Cepheid) system. A patient was classified as positive when at least one sample was positive for CD DNA. All duplicates from the same patient have not been considered. The samples not satisfying the criteria of the Bristol scale were discharged. Statistical analysis was carried out by Chi-squared test or by Fisher's exact test for categorical variables, as appropriate, and by Kruskal-Wallis test for quantitative variables. The analysis was performed using the R statistical computing environment.

RISULTATI

Globally, 1123 stool samples (543 women and 580 men, F/M: 0.94), were analyzed at the UOC of Microbiology and Virology of the Policlinico of Bari from April 2017 to mid-August 2019. Of these, 994 were inpatients and 129 outpatients. The women's median age was 60 years (interquartile range IQR: 45-78) and men's was 65 (IQR: 49-76). The difference of age between the two groups was not statistically significant (p value = 0.521). The median age of inpatients was 66 years (IQR: 49-77) while it was 53 (IQR: 31-72) among the outpatients (p value <0.001). Overall, 124 patients were positive for the CD DNA (11.04%). The prevalence of CD infection among inpatients was 11.47% (114/994) versus 7.75% among outpatients (10/129) (p value = 0.263). After stratification of outpatients group into ambulatory care patients (19), patients from day hospital (10) and external patients (100), statistically significant differences in the prevalence of CD infection in the three groups were not detected (10.53 %, 10%, 7%, respectively, p value = 0.580).

CONCLUSIONI

CD infection is no longer considered just a nosocomial problem. The data confirm the utility of a constant surveillance with the aim of limiting the spread of infection among inpatients and outpatients and the need to pay attention to people with high-risk factors.