



To: SHC & LPCH Medical Staff

From: Stanford Health Care Clinical Laboratory

Subject: New 2-Step Testing Algorithm for C. difficile

Date: September 20, 2021

There is clear evidence that reliance on PCR assays that only detect the presence of the *C. difficile* organism without a test for fecal free toxin results in overdiagnosis and overtreatment of colonized patients¹. Prior studies show that adults with PCR-positive/toxin-negative results have clinical outcomes similar to patients with PCR-negative results and that only toxin-positive patients benefit from *C. difficile* treatment.^{2,3} Local data from Stanford Health Care and Lucile Packard Children's Hospital are consistent with these studies^{4,5}.

At SHC Clinical Laboratory, we have been offering a sensitive PCR assay with a revised cut-off to increase assay specificity while retaining high sensitivity⁶. Clinical practice guidelines for *C. difficile* infection in adults and children by the Infectious Diseases Society of America (IDSA) recommends a 2-step testing algorithm (PCR following by toxin testing in PCR-positives) to help reduce overtreatment in PCR-positive/toxin-negative patients⁷. **Starting September 20, 2021, the Clinical Laboratory will adopt a 2-step testing algorithm** where *C. difficile* PCR-positive patients will be reflexed to toxin rapid immunoassay (EIA) and both results will be reported in EPIC to guide therapy.

Current clinical and laboratory criteria for testing of patients will remain in place.

For questions, please contact the Medical Director of the Clinical Microbiology, Niaz Banaei, at nbanaei@stanfordhealthcare.org

References:

¹DMID 2017 87:365-370 PMID: 28087170 ²JAMA Intern Med 2015 175:1792-801 PMID: 26348734 ³Lancet ID 2013 13:936-45 PMID: 24007915 ⁴JPID 2018 PMID: 30476169 ⁵JCM 2019 57:e01288-19 PMID: 31511334 ⁶JCM. 2017 55:2651-2660. PMID: 28615471 ⁷CID. 2018 66(7):e1-e48. PMID: 29462280

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