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**Event:** Increase in *Clostridioides difficile* in England

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**Notified by:** James Sedgwick / Russell Hope

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**Authorised by:** Trish Mannes, Health Protection in Regions, Meera Chand, SRD, Emma O'Brien, Senior Communications Manager

**Contact:** incident041.nrc@ukhsa.gov.uk

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**IRP Level:** Standard (national)

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**Incident Leads:** Russell Hope, James Sedgwick

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**Instructions for cascade**

Please note, as standard, briefing notes are cascaded to the below groups:

- UKHSA Private Office Groups who cascade within Groups
- UKHSA Regions Directorate
  - UKHSA Field Services
  - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
  - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE EPRR
- NHSE National Operations Centre

**Additionally, this briefing note should be cascaded to:**

- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **Regional Deputy Directors** to cascade to Directors of Public Health and local authority infection control teams
- **NHS laboratories** and **NHS infection leads** or **NHS microbiologists** to cascade according to local arrangements to hospital microbiology and infection teams (including infection prevention and control)
- **NHSE National Operations Centre** to cascade to infection prevention and control teams and elderly medicine departments



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## Summary

This Note is to alert colleagues to the increase in *C. difficile* infection in England and remind colleagues of measures to reduce the incidence of *C. difficile* infection.

### Implications and recommendations for UKHSA regions

UKHSA regional health protection teams are requested to engage with NHS colleagues to promote awareness of the increase in CDI and to identify any challenges in reporting CDI cases or incidents to UKHSA, and highlight any issues identified to the Incident mailbox (above).

Ensure that all local CDI associated outbreaks reported to UKHSA are recorded on CIMS and outbreak support is provided as per local arrangements.

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### Implications and recommendations for UKHSA sites and services

Anticipate increased requests for support with CDI incidents and increased submission of isolates for confirmatory testing/typing.

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### Implications and recommendations for the NHS

Front-line clinicians including NHS microbiologists, and their colleagues in NHS laboratories, and colleagues in infection prevention and control-associated roles are requested to:

1. Continue to report all cases of *C. difficile* via the [HCAI data capture system \(DCS\)](#) including risk factor data (current completion rate is <30%)
2. Report clusters/outbreaks of *C. difficile* cases to UKHSA regional health protection teams ([Find your local health protection team in England](#))
3. Take account of the latest published guidance on infection prevention and control (inc. isolation),<sup>2,3,4</sup> diagnosis (testing) and reporting,<sup>5</sup> treatment,<sup>4</sup> mandatory enhanced surveillance,<sup>6</sup> and referral of samples to the *C. difficile* ribotyping network (CDRN).<sup>7</sup>
4. Please respond to requests from UKHSA for information about testing and infection control practices.

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### Implications and recommendations for local authorities

Directors of Public Health should note this issue and the activity surrounding it. For LAs which manage the community infection control service they should ensure that these services' staff are familiar with the latest UKHSA and NHSE guidance.<sup>2,3</sup>

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## Background and interpretation

*Clostridioides difficile* (*C. difficile*) causes disease when the balance of the intestinal flora are disturbed (eg, by antibiotics) allowing the bacterium to proliferate. Some strains produce a toxin which can cause severe inflammation of the colon (pseudomembranous colitis). *C. difficile* is the biggest cause of infectious diarrhoea in patients in hospital; it can be acquired via contact with a contaminated environment or person. Older people and the immunocompromised are at particular risk of infection and the consequences. The current case fatality rate is 12.9%.<sup>1</sup>

Since 2021, *C. difficile* infection (CDI) incidence has been climbing. In 2023/24, this (16,867 cases) was 35% higher than 2018/19 (CDI's lowest point in recent years), and highest counts and rates seen in 11 years (2012/13, n=14,694). Cases in the most recent quarter (July to September 2024) are 13% (n=2,280) higher than the preceding quarter. The increases are seen in all age groups and across all regions, placing increasing burden on NHS services, especially



infection prevention and control and isolation facilities. The causes of this increase are likely multifactorial but have not yet been established.

UKHSA has carried out mandatory enhanced surveillance of CDI since April 2007 for NHS acute trusts. In 2024 UKHSA stood up the *C. difficile* Technical Group. Further, a sentinel active surveillance scheme is planned for 2025, which will provide enhanced characterisations of a sample of cases representative of strains circulating in England.

A UKHSA dynamic risk assessment was undertaken and UKHSA has now stood up a National Incident response. It is likely that the response will lead to additional epidemiological and microbiological investigations, these will provide better understanding of the recent increases and help target control measures and mitigations.

A joint CDI webinar event by UKHSA and NHSE, covering epidemiology, general guidance and Trust learnings was hosted in December, the webinar can be accessed via this [link](#).

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#### References / sources of information

1. UKHSA. [Annual epidemiological commentary: Gram-negative, MRSA, MSSA bacteraemia and C. difficile infections, up to and including financial year 2023 to 2024](http://bit.ly/3BvpMbd). 26 September 2024. <http://bit.ly/3BvpMbd>
  2. UKHSA. [Clostridioides difficile infection: how to deal with the problem](https://bit.ly/49zf6VA). 24 October 2024. <https://bit.ly/49zf6VA>
  3. NHS England. [National infection prevention and control manual \(NIPCM\) for England](https://bit.ly/41xdmdm). 23 May 2024. <https://bit.ly/41xdmdm>
  4. NICE. [Clostridioides difficile infection: antimicrobial prescribing; NICE guideline 199](https://www.nice.org.uk/guidance/ng199). 23 July 2021. <https://www.nice.org.uk/guidance/ng199>
  5. DH. [Updated guidance on the diagnosis and reporting of C. difficile](https://bit.ly/3ZQ4azw). 6 March 2012. <https://bit.ly/3ZQ4azw>
  6. UKHSA. [Mandatory enhanced MRSA, MSSA and Gram-negative bacteraemia, and Clostridioides difficile infection surveillance: protocol version 4.4](https://bit.ly/4gyywwg). 1 December 2021. <https://bit.ly/4gyywwg>
  7. UKHSA. [Clostridioides difficile ribotyping network \(CDRN\): guide to services](https://bit.ly/3Dch56l). 11 April 2024. <https://bit.ly/3Dch56l>
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