



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

November 28, 2017

ALTSA: NH #2017-032

"TESTING FOR CURE" WITH CLOSTRIDIUM DIFFICILE INFECTED RESIDENTS

Dear Nursing Facility/Home Administrator:

Occasionally, nursing homes have required one or more negative stool tests for Clostridium Difficile (C. diff) infection (CDI) prior to admitting a patient to the facility.

The Washington Department of Health (DOH) does not recommend this practice, called "testing for cure," for the following reasons:

- Patients who have recovered from CDI will often remain colonized for a prolonged period.
- Infectivity is driven by the presence of symptoms which include watery diarrhea, abdominal pain/tenderness, fever, nausea, loss of appetite.
- Contamination of a resident's skin and environment is greatest when a resident has diarrhea from CDI but has not started on appropriate treatment.
- Initiating therapy for CDI colonization can prevent the reestablishment of normal bacterial flora in the intestines.

If a resident is not currently displaying symptoms of CDI, "testing for cure" will not give the facility an accurate depiction of the resident's current needs. A positive test at the end of a course of therapy does not predict who will develop a recurrence or relapse.

For more information on best practices related to CDI, please visit

<http://medicare.qualishealth.org/projects/nursing-home-quality-care-collaborative/selected-clinical-resources/infection-prevention#cdiff>

If you have any questions, please feel free to reach out to your local health department or contact Amy Abbott, Office Chief for Policy, Training, and Quality Assurance at (360) 725-2489 or amy.abbott@dshs.wa.gov.

Sincerely,

Candace Goehring, Director
Residential Care Services

DSHS: "Transforming Lives"