

UPDATED Clostridioides difficile TEST (formerly Clostridium difficile)

February 28, 2022

NEW TEST

Effective March 7, 2023, Pacific Diagnostic Laboratories (PDL) will be introducting a new test *Clostridioides difficile* GDH/TOXIN (EIA) WITH REFLEX TO PCR (LAB10932). This test is:

- 1. The Primary test to use for confirmation of the presence of toxigenic C. difficile strains causing diarrhea
- 2. Replacing *C. difficile* Toxins A and B (EIA) LAB257; on March 7, 2023, orders submitted for LAB257 will be re-ordered as LAB10932 unless otherwise indicated

This test and reflex algorithm for diagnosis of *Clostridioides difficile* infection (CDI) aligns with The Society for Healthcare Epidemiology of America (SHEA) and Infectious Diseases Society of America (IDSA) guidelines.

TEST OVERVIEW

Toxigenic *Clostridioides difficile* (*C. difficile*) strains produce enterotoxin (toxin A) and cytotoxin (B), causing approximately 0.2% of community-acquired diarrhea and <10% of hospital-associated diarrhea.

When assessing for diagnosis of Clostridioides difficile infection (CDI) consider the following:

- Asymptomatic and patients <1 year of age should not be tested for *C. difficile* as it can be part of intestinal commensals
- Symptomatic patients should be checked for other causes of diarrhea (e.g., medication, travel history, food-related)
- Test of cure is not recommended as tests can remain positive for as long as 30 days after symptoms have resolved

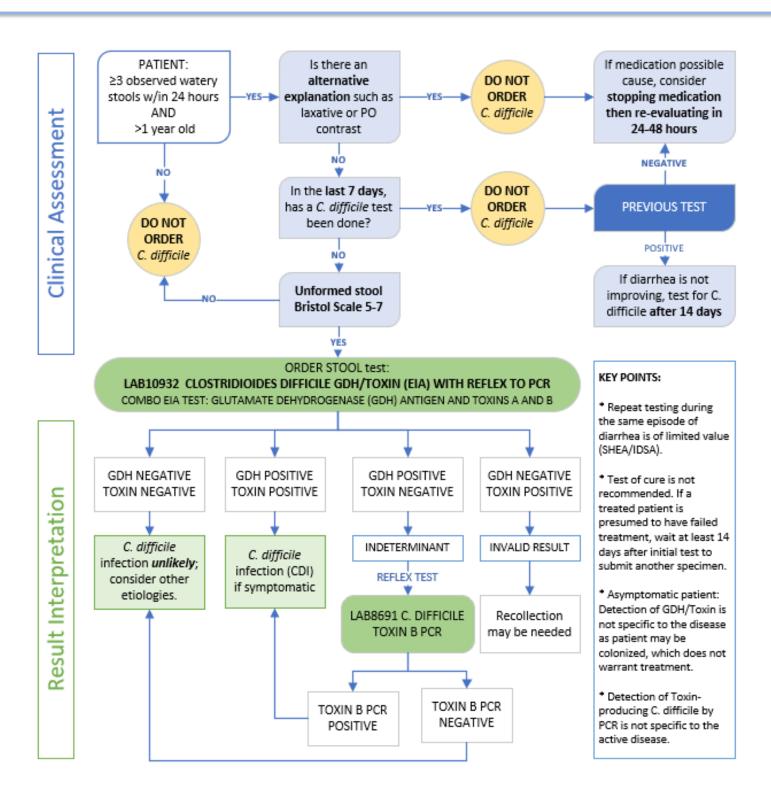
DIAGNOSTIC CDI TEST ALGORITHM (flowchart is included on page 2):						
INITIAL TEST	C. difficile Glutamate dehydrogenase (GDH) Antigen and C. difficile Toxin by enzyme immunoassay (EIA)					
TEST INFO	GDH is a constitutively expressed enzyme in all <i>C. difficile</i> cells; testing for GDH Antigen provides excellent sensitivity (comparable to PCR assays), however, GDH detection cannot distinguish between toxigenic and nontoxigenic strains. Toxins A and B are produced by most <i>C. difficile</i> strains. Testing for both toxins by EIA provides the greatest specificity.					
	NO REFLEX: If the GDH and Toxin A and B EIA results match, testing is complete and reported as either negative or positive for toxigenic <i>C. difficile</i>					
REFLEX INFO	REFLEX TO TOXIN B PCR: If the GDH and Toxin A and B EIA results do not match, then a <i>C. difficile</i> Toxin B Gene PCR will be reflexed and performed to resolve the discrepancy					

Why test first with the combination GDH/Toxin EIA versus the C. difficile Toxin B PCR? C. difficile PCR tests have been found to be over-sensitive to C. difficile toxin detection and are not specific to CDI, which can lead to antibiotic overuse and antibiotic-associated colitis. Additionally, PCR testing is more costly than EIA and has a longer turnaround time to obtain the result.

Why do stool specimens submitted for C. difficile testing sometimes get rejected? The stool specimen must be unformed stool (Bristol scale 5-7) on patients >1 year old. Stools not meeting this criterion will be rejected as testing formed stool or infants <1 year old may detect colonized, not infected, cases. Since all positives must be reported to the CDC National Healthcare Safety Network (NHSN), this can lead to over-reporting CDI.



C. difficile Diagnostic Test Algorithm





C. difficile Test Update

SPECIMEN REQUIREMENTS:

Specimen Type	5 = Soft blobs with clear-cut edges Unformed Stool with Bristol scale rating: 6 = Mushy consistency with ragged edges 7 = Liquid consistency with no solid pieces					
Container	Cary-Blair Culture and Sensitivity vial (C&S orange top) or clean container					
Volume	Sufficient stool to raise fluid volume to the red FILL LINE on the C&S vial					
Specimen Handling	 Collect stool sample in a clean, dry container. Be sure not to mix urine or toilet water in the stool specimen. Unscrew the cap of the vial. Be careful to keep upright (vial may contain fluid). A plastic scoop is attached to the vial lid. Using the scoop, select stool from areas which appear bloody, slimy or watery and place 1-4 scoops of stool into the vial (total volume of stool needed is approximately the size of a walnut). DO NOT FILL the vial above the FILL LINE or underfill the vial. Mix the contents with the scoop and screw the vial cap back on ensuring it is tight. Shake the vial to guarantee all contents are mixed. Label the vial with name, date of birth, time and collection date on each vial. Place vials in the Ziploc biohazard bag provided and keep at room temperature. Deliver to laboratory within 72 hours of collection. 					
Temperature	Stool in C&S vial (preserved): Room Temperature Stool, fresh (unpreserved): Refrigerate					
Rejection Criteria	 Formed/solid stool (Bristol scale 1-4); stool contaminated with urine or water C&S vial overfilled or underfilled Specimens on patients <1 year old Previously tested positive within 14 days; previously tested negative within 7 days 					
Turnaround Time	24 hours					

TEST CODE INFORMATION:

Primary Test	Order/Interface Code	Test Code	Order LOINC	Price	
CLOSTRIDIOIDES DIFFICILE GDH/TOXIN	LAB10932	1230119183	79177-2	GDH \$54.88	
(EIA) WITH REFLEX TO PCR				Toxin \$	54.88
Result name	Result Code	Result LOINC	CPT	CDM	
C. difficile GDH Antigen	1230018921	83087-7	87449	30101368	
C. difficile Toxin	1230018922	34468-9	87324	30600028	
Reflex Test	Order/Interface Code	Test Code	Order LOINC	Price	
CLOSTRIDIOIDES DIFFICILE TOXIN B	LAB8691	123010007	54067-4	\$160.65	
GENE, PCR					
Result name	Result Code	Result LOINC	CPT	CDM	
C. difficile (C. difficile.) Toxin, by PCR		54067-4	87493	30600029	

DEACTIVATE:

Test to Deactivate	Order/Interface Code	Test Code	Order LOINC	Price
C. DIFFICILE TOXINS A AND B (EIA)	LAB257	1230100162	8251-1	\$54.90