The Morbidity, Mortality, and Costs Associated with \textit{Clostridium difficile} Infection

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KEYWORDS
• \textit{Clostridium difficile} • Morbidity • Mortality • Costs

KEY POINTS
• The morbidity associated with \textit{Clostridium difficile} infection (CDI) includes colectomies, outbreaks, recurrent CDI, discharge to long-term care facilities, and readmissions to the hospital.
• The CDI-attributable mortality before 2000 was 1.5% or less. Since 2000, the CDI-attributable mortality ranges from 4.5% to 5.7% in endemic periods.
• CDI-attributable mortality during epidemic periods ranges from 6.9% to 16.7%.
• The CDI-attributable acute care hospital costs are $3427 to $9960 per episode as estimated by studies adjusting for cost by propensity score matching.

INTRODUCTION

Once thought to be an inconvenient complication of antimicrobials, \textit{Clostridium difficile} is now the most common pathogen to cause health care–associated infections (HAIs) in the United States.\textsuperscript{1–6} \textit{C difficile} infection (CDI) is currently well recognized as a cause of significant patient morbidity and mortality and a major burden to the health care system. Initially, the changes in CDI incidence were noted in dramatic outbreaks of CDI. However, increases in the morbidity, mortality, and costs associated with CDI have been noted in endemic settings. In this review, the authors discuss the morbidity, mortality, and burden of CDI in North America to patients and the health care system.

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