

# Testing Not Indicated

## Testing not indicated for patients less than or equal to 12 months

- Approximately 60-70% of healthy newborns and infants are colonized with *Clostridium difficile*
- Infants lack the cellular machinery, such as toxin receptors, necessary for cellular internalization of the toxin
- Testing in infants younger than 12 months of age is complicated by a high rate of asymptomatic colonization
- In the setting of a high prevalence of asymptomatic carriage, detection of *C. difficile* toxin cannot be assumed to be the causative agent for diarrhea in young children
  - \*Testing of children in this age group should be limited to those with Hirschsprung's disease or other severe gastrointestinal motility disorders
- Most studies have failed to show epidemiologic association between colonization and disease in infants < 1 year of age, with similar findings noted in most controlled studies of NICU patients

## Testing not indicated for nondiarrheal specimens, in the absence of concern for toxic megacolon

- Diagnosis of *C. difficile* disease - based on presence of *C. difficile* toxins in a diarrheal stool specimen
- Isolation from stool [other than diarrheal stool] is not a useful diagnostic test for *C. difficile*, nor is testing of stool from an asymptomatic patient

## In patients with recurrent/persistent symptoms after therapy, retesting is not recommended until at least 4 weeks after the initial positive test

- A common mistake is to use enzyme immunoassays (EIAs) and nucleic acid amplification tests (NAATs) as tests of cure after treatment for *C. difficile* infection
- *C. difficile*, its toxins, and genome are shed for long periods after resolution of diarrheal symptoms.
- Test of cure is not recommended

*These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.*

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