February 2022

Updated advice on antimicrobial management of *Clostridioides difficile* (C.diff) Infection (CDI)

Action Required: Antimicrobial Management Teams should review current CDI prescribing guidance

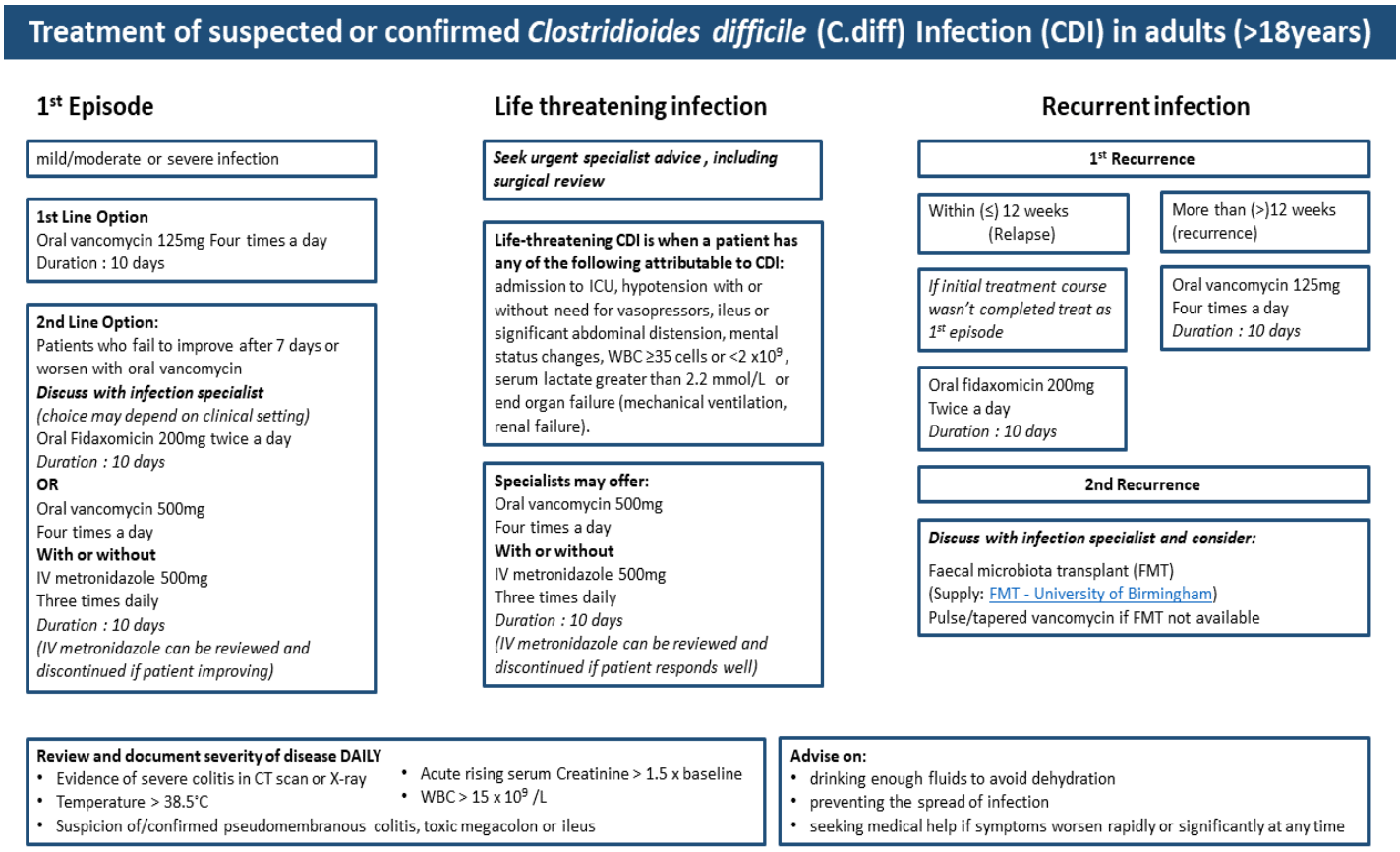
The National Institute for Health and Care Excellence (NICE) guideline on *Clostridioides difficile* infection: antimicrobial prescribing was published in July 2021. Scottish Antimicrobial Prescribing Group (SAPG) has reviewed the guidance and has made updated recommendations below. These antibiotic choice recommendations supersede those included in Scottish guidance on *Clostridioides difficile* infection (CDI) published by the Scottish Health Protection Network (SHPN). Only antibiotic prescribing advice has been updated and the remainder of the guideline remains relevant to clinical practice and will be updated within the full guideline review.

These recommendations for first and second line treatments differ from current guidance and clinical practice in Scotland and SAPG recommends boards review their current recommendations and update guidance locally.

Changes in recommendation:

First line treatment	**First line treatment of CDI is now oral vancomycin irrespective of severity**
Second line treatment	**Definition: Patients who fail to improve after 7 days or worsen with oral vancomycin** ***Discuss with an infection specialist*. Treatment will depend on severity and clinical setting** Either: Fidaxomicin *or* Higher dose vancomycin with or without intravenous metronidazole
Recurrence of CDI **within 12 weeks** (relapse)	**Treat with fidaxomicin** **Exception – treatment failure identified as incomplete treatment course** (treat as per first line treatment)
Recurrence of CDI **after 12 weeks** (recurrence)	**Treat with oral vancomycin as per first line treatment**
Second recurrence of CDI	**Second recurrence of CDI: Discuss with infection specialist and consider:** Faecal Microbiota Transplant (FMT) (Supply: FMT - University of Birmingham , consider cost and expiry date) Pulse/tapered vancomycin if FMT not available

Metronidazole may be prescribed in community settings if delays in supply of oral vancomycin would result in delayed initiation of treatment. Metronidazole should be substituted with oral vancomycin as soon as availability is resolved to complete a total of 10 days treatment



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For more details on evidence supporting the guideline please refer to the NICE guidance