Algorithm 2 Recurrent *Clostridium difficile* infection (CDI)

Recurrent CDI occurs in ~15-30% of patients treated with metronidazole or vancomycin

- Recurrence of diarrhoea (at least 3 consecutive type 5-7 stools) within ~30 days of a previous CDI episode AND positive *C. difficile* toxin test

  - Must discontinue non-*C. difficile* antibiotics if at all possible to allow normal intestinal flora to be re-established
  - Review all drugs with gastrointestinal activity or side effects (stop PPIs unless required acutely)
  - Suspected cases must be isolated

Symptoms/signs: not life-threatening CDI
- Oral fidaxomicin 200 mg 12-hourly for 10-14 days (efficacy of fidaxomicin in patients with multiple recurrences is unclear)
- Depending on local cost-effectiveness decision making, Oral vancomycin 125 mg 6-hourly 10-14 days is an alternative

Daily Assessment
(include review of severity markers, fluid/electrolytes)

Symptoms improving
- Diarrhoea should resolve in 1-2 weeks

If multiple recurrences especially if evidence of malnutrition, wasting, etc.

1. Review ALL antibiotic and other drug therapy (consider stopping PPIs and/or other GI active drugs)
2. Consider supervised trial of anti-motility agents alone (no abdominal symptoms or signs of severe CDI)

*Also consider on discussion with microbiology:*
3. Fidaxomicin (if not received previously) 200 mg 12-hourly for 10-14 days
4. Vancomycin tapering/pulse therapy (4-6 week regimen) *(Am J Gastroenterol 2002;97:1769-75)*
5. IV immunoglobulin, especially if worsening albumin status *(J Antimicrob Chemother 2004:53:882-4)*