



EXECUTIVE SUMMARY

Introduction

Clostridium difficile is a leading cause of healthcare associated infections (HAI), responsible for 500,000 infections and 29,000 deaths annually. In 2013, the Centers for Disease Control and Prevention (CDC) declared *C. difficile* infections (CDI) an “urgent threat.” Other HAIs harm another 1.5 million Americans and contribute to 23,000 deaths. In September 2016, *Reuters’* series “The Uncounted” exposed the patchwork system for tracking HAI-related deaths. Other studies have shown large inaccuracies and underreporting of infections on death certificates. To ensure that the public and policymakers take CDI and other HAIs seriously, we need federal and state health authorities to accurately surveil, track and publicly report them.

Mind The Gaps

The U.S. has two primary HAI surveillance programs, both housed at the CDC: the Emerging Infections Program (EIP) and the National Healthcare Safety Network (NHSN), both of which have limitations. The EIP represents only 3.6 percent of the U.S. population, and NHSN’s nursing home reporting is voluntary. The latter is a significant gap because 90 percent of all Americans who perish from a CDI are aged 65 and over.

State-based reporting also fails to capture the number of CDIs. Despite more than half of U.S. states requiring some public reporting of HAIs, only 20 mandate inclusion of CDIs. Moreover, only two mandate reporting CDIs by long-term care facilities with three others having voluntary programs. Given that CDIs disproportionately impact the elderly, these facilities are an under-appreciated reservoir of infections. A glaring gap in reporting for healthcare associated infections is on death certificates. A 2014 study comparing hospital diagnoses of patients with their death certificates revealed that 17% of deaths attributed to chronic disease were likely due to infection.

Making *C. diff* Count | Improving Surveillance & Reporting

We have a moral duty to count those who suffer and die from these infections. Underreporting not only hinders our ability to provide necessary information and statistics on cases, it also leaves sufferers and caregivers believing they are alone. Undercounting has implications for public health beyond epidemiology and public awareness. For example, in 2016 the National Institutes of Health budgeted \$3 billion for HIV/AIDS, whereas the combined budget for antibiotic-resistant infections and CDI totaled \$438 million. It also hampers public awareness, leaving nearly 70% of Americans unaware that these infections even exist.

Building on the existing surveillance infrastructure and policy framework, the following recommendations would greatly enhance efforts to combat CDI and antibiotic-resistant HAIs:

- ✓ Require *C. diff* and other HAIs to be recorded on death certificates.
- ✓ Modernize Nationally Reportable Disease Laws.
- ✓ Expand and Update State Public Reporting Laws.
- ✓ Increase Funding at Federal and State Level.

CDIs and other HAIs are a substantial and largely preventable cause of harm and death. Thanks to activists, scientists, and public health leaders, we have made considerable progress, but we have a long way to go before celebrating victory. We can minimize the unnecessary harm and death caused by CDIs and other HAIs by first making them count.