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Quebec to report on *Clostridium difficile* in 2005

Quebecers will have to wait until at least February 2005 to find out whether Montréal hospitals facing an outbreak of *Clostridium difficile* cases in the past 18 months have successfully reduced the infection and death rate. A surveillance project announced in June — after *CMAJ* reported that at least 79 infected patients had died in 2003 and early 2004 — got underway Aug. 22.

Quebec's health minister, Dr. Philippe Couillard, insists the project to track *C. difficile*-related infections and deaths could not have started any earlier. "It takes a few weeks to get all the infectious disease specialists together and agree on the grid of analysis of the cases we will have," Couillard says.

Dr. Michael Libman, head of infection control at St. Mary's Hospital in Montréal says he's not surprised by the delay given that the system is more "sophisticated" than anything Quebec has previously done to track infectious disease.

Quebec's public health authorities will use the Internet to collect data on *C. difficile* from 114 acute care hospitals. The data will include the number of infections per admission, the source of infection, complications caused by the infection and deaths directly related to the infection.

"I think a minimum of 6 months is required before we get the whole picture," Couillard says. Once compiled, the data will be made public.

Libman says the data should help infection control teams determine whether the infection is

lingering in their institution.

Dr. Karl Weiss at Hôpital Maisonneuve-Rosemont in Montréal thinks collecting more data "won't change anything." His institution and other MUHC hospitals "already have the data — including prospective data."

Although Libman welcomes the information, he is concerned the new tracking system will burden already overworked infectious disease teams. "We are going to have to determine, for every death, whether *C. difficile* [was a factor]."

Couillard says the ministry is taking the issue seriously, "but we also had to be careful in assessing objectively the data that were out there, because we didn't want to create unnecessary panic in the public."

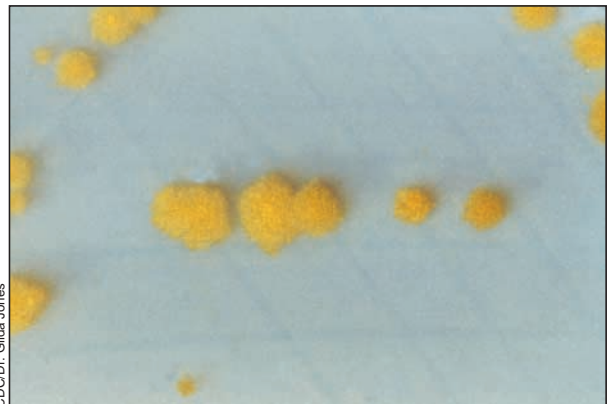
"To say that all [patients with *C. difficile* infection] that died, died directly because of the infection — that is something that is stretching a little bit the scientific evidence."

The Quebec health minister also takes issue with using the word "epidemic," preferring to call it an "écllosion [outbreak]." No matter what you call it, the rate of *C. difficile* infections was 5 times what was considered "normal" prior to 2003, reports Dr. John Carsley, head of the infectious disease unit at Montréal public health department.

Couillard says his government isn't sitting around waiting for the study. All Quebec hospitals were funded to hire more nurses dedicated to infection control. The goal is to have 1 such nurse for every

130–150 acute care beds.

However, Libman says, "That money hasn't translated into job postings. St. Mary's has 1 nurse dedicated to infection control, responsible for nearly 300 acute care beds."



CDC/Dr. Gilda Jones

C. difficile cases: "To difficult to count"

In addition to hiring nurses, Couillard says he is confident that basic measures, including increased handwashing, disinfection of rooms, isolation of infected patients and a rigorous appraisal of the use of antibiotics will curb the problem in Quebec hospitals. The government has also scheduled hospital renovations to bring overcrowded rooms in Quebec's aging hospitals up to modern standards.

"Of course, you cannot renovate all the hospitals in Quebec in 6 months," he adds. "So you have to use basic measures and they have to be [subsequently] shown to be effective." — Loreen Pindera, Montréal, Quebec

Loreen Pindera is a journalist with CBC Radio in Montréal.