

## BACKGROUND

- Clostridioides difficile* infection (CDI) is a spore-forming anaerobic Gram-positive bacillus and the leading cause of nosocomial infectious diarrhea.
- 2017 IDSA/SHEA *C. difficile* guidelines recommend a multistep algorithm approach for CDI diagnosis.
- Algorithm entails stool testing via enzyme-linked immunosorbent assay (EIA) for glutamate dehydrogenase (GDH) and *C. difficile* toxins A/B (Tox).
- Discordant samples are arbitrated by nucleic acid amplification test (NAAT) for tcdB gene.
- GDH EIA has sensitivities >90%, while Tox EIA has sensitivities ranging from 50-90%.

## OBJECTIVE

- Evaluate the diagnostic performance of GDH and Tox EIA using the multistep algorithm as the gold standard.

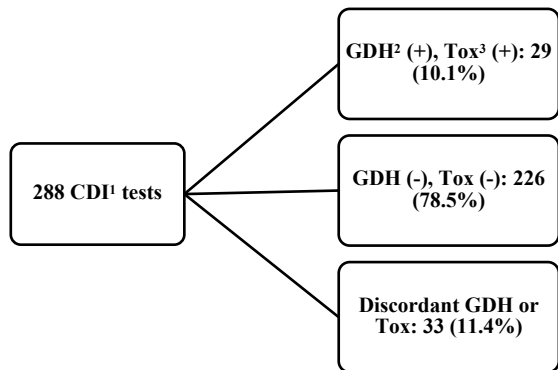
## METHODS

### STUDY DESIGN

- Type study:** Secondary analysis of an inpatient dataset collected
- Subjects:** Adults ≥ 18-years old from Princeton Baptist Medical Center (Birmingham, AL) tested for *C. difficile*
- CDI tests:** Alere TechLab *C. difficile* Quik Chek Complete® was used to determine GDH and Tox EIA, and Alethia *C. difficile* DNA Amplification Assay®, a NAAT, for discordant samples.
- CDI case:** Positive for Tox and GDH, or positive of either Tox or GDH in addition to positive NAAT.
- Retesting within the same admission was allowed.

## RESULTS

**FIGURE 1: PATIENT DISTRIBUTION**



<sup>1</sup> CDI: *Clostridioides difficile* infection, <sup>2</sup> GDH: Glutamate dehydrogenase enzyme-linked immunosorbent assay, <sup>3</sup> Tox: Toxin enzyme-linked immunosorbent assay

**TABLE 1: CDI CASE DISTRIBUTION PER GDH AND TOXIN**

Test	CDI <sup>1</sup> (+)	CDI (-)	Total
GDH EIA <sup>2</sup> (+)	47	14	61
GDH EIA (-)	1	226	227
Tox EIA <sup>3</sup> (+)	30	0	30
Tox EIA(-)	18	240	258
<b>Total</b>	<b>48</b>	<b>240</b>	<b>288</b>

<sup>1</sup> CDI: *Clostridioides difficile* infection, <sup>2</sup> GDH: glutamate dehydrogenase enzyme-linked immunosorbent assay, <sup>3</sup> Toxin EIA: toxin enzyme-linked immunosorbent assay

## RESULTS

**TABLE 2: TEST PERFORMANCE CHARACTERISTICS**

Test	Se <sup>3</sup>	Sp <sup>4</sup>	PPV <sup>5</sup>	NPV <sup>6</sup>
GDH EIA <sup>1</sup>	97.9%	94.2%	77.1%	99.6%
Tox EIA <sup>2</sup>	62.5%	100%	100%	93%

<sup>1</sup> GDH: glutamate dehydrogenase enzyme-linked immunosorbent assay, <sup>2</sup> Toxin EIA: toxin enzyme-linked immunosorbent assay, <sup>3</sup> Se: sensitivity, <sup>4</sup> Sp: Specificity, <sup>5</sup> PPV: positive predictive value, <sup>6</sup> NPV: negative predictive value.

## CONCLUSIONS

- Taking the multistep algorithm as a gold standard, the performance characteristics of GDH and Tox are concordant to previous descriptions in the literature, with GDH being highly sensitive and Tox being highly specific.
- A diagnostic algorithm lacking GDH and NAAT would miss over one-third of CDI cases.
- A diagnostic algorithm lacking Tox and NAAT could potentially overdiagnose about one-fifth of tested patients.

## REFERENCES

- Leffler DA, Lamont JT. *Clostridium difficile* Infection. N Engl J Med. 2015 Apr 16;372(16):1539-48.
- McDonald LC, Gerding DN, Johnson S, Bakken JS, Carroll KC, Coffin SE, et al. Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). Clin Infect Dis. 2018 Mar 19;66(7):e1-48.
- Kelly CR, Fischer M, Allegretti JR, LaPlante K, Stewart DB, Limketkai BN, et al. ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of *Clostridioides difficile* Infections. Off J Am Coll Gastroenterol ACG. 2021 Jun;116(6):1124-47.
- Lee HS, Plechot K, Gohil S, Le J. *Clostridium difficile*: Diagnosis and the Consequence of Over Diagnosis. Infect Dis Ther. 2021 Jun;10(2):687-97.
- Carroll KC, Mizusawa M. Laboratory Tests for the Diagnosis of *Clostridium difficile*. Clin Colon Rectal Surg. 2020 Mar;33(02):073-81.
- Ota KV, McGowan KL. *Clostridium difficile* Testing Algorithms Using Glutamate Dehydrogenase Antigen and *C. difficile* Toxin Enzyme Immunoassays with *C. difficile* Nucleic Acid Amplification Testing Increase Diagnostic Yield in a Tertiary Pediatric Population. J Clin Microbiol. 2012 Apr;50(4):1185-8.