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Treatment of *Clostridium difficile* infection with fidaxomicin: 'Real world' case series

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Introduction: National and international treatment guidelines endorse fidaxomicin (macrocylic antibiotic) for severe and recurrent *Clostridium difficile* infection (CDI). Reports of 'real world' practise are rare and inconsistent with clinical trials. We describe our inpatient CDI experience of fidaxomicin.

Method: Inpatients (aged >18) experiencing diarrhoea and positive *C.difficile* stool toxin enzyme immunoassay, prescribed fidaxomicin between September 2012-September 2014, were identified from Hospital databases. Medical records were retrieved. Public Health England criteria defined first/recurrent episodes, healthcare/community associated cases, severity and response.

Results: Fourteen patients, representing 11.6% of hospitalised CDI cases, received fidaxomicin. Notes were retrieved in 13/14 (92.9%) patients. Median age was 83 (IQR 81-87), most were female [11/13 (84.6%)], first episodes [9/13(69.2%)] and indeterminate or community associated [8/13 (61.5%)]. Ten ribotypes were isolated, 002 [3/13 (23.1%)] most frequent. None were ribotype 027. Most [10/13 (76.9%)] were non-severe CDI at fidaxomicin onset, median time to initiation 14 (IQR 4-25) days. One (7.7%) received fidaxomicin first line (recurrent CDI). Previous therapy included combined vancomycin and metronidazole, 7/13 (53.8%) cases, 4 (30.8%) vancomycin and one (7.7%) metronidazole alone. Two (15.4%) patients received rifampicin and one (7.7%) immunoglobulin. All patients were subject to multidisciplinary team (MDT) review. Ten (76.9%) responded; no relapses or CDI related readmissions were recorded within six months. Median time to symptom improvement was 4 (IQR 2-7) days. Overall in-hospital mortality was 7.7%.

Conclusion: Our 'real life' experience is favourable with no recurrences and readmissions. Further evaluation of fidaxomicin in clinical practise is required as is the MDT role in decision making.

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