What this file contains:

Table 12a: Monthly counts of *Clostridium difficile* infection by Clinical Commissioning Group (CCG) from August 2017 to August 2018.
Table 12b: Archive of monthly counts of *Clostridium difficile* infection by CCG for the financial year (FY) 2017/18. Updated twice yearly.

WARNING: The archive contains FY 2017/19 data extracted in March 2016 leading to differences between the counts in tables 12a and 12b. The most current data will always be in table 12a.

What this data shows:

A monthly count of total reported, Healthcare Onset Healthcare Associated (HOHA), Community Onset Healthcare Associated, (COHA) Community Onset Indeterminate Association (COIA) and Community Onset Community Associated (COCA) *Clostridium difficile* infections (CDI) by CCG for the last 13 month's values so that the figure for the same month in the previous year is also shown.
The total number of cases attributed per CCG (see explanation below).
The trend in the number of CDI in a CCG over a series of months.

What this data does not provide:

A basis for reliable month on month comparisons in *C. difficile* infection counts. Users of these data should exercise caution when comparing data between different months. Fluctuations in the data can occur for a number of reasons and high fluctuations may not necessarily indicate an outbreak - for instance, organisational changes, variations in the patient populations being treated and seasonality can also cause large variation in counts. Consideration of the numbers without the context cannot indicate the reasons or the significance of the fluctuations.
A basis for decisions on the clinical effectiveness of infection control interventions in individual Trusts: further investigations considering potential confounders would need to be undertaken before this could be done.
A basis for comparisons between Trusts. The counts of infections have not been adjusted to give a standardised rate considering factors such as the hospital demographics or case mix.

CCG attributing of cases

All reported CDI are attributed to a CCG regardless of whether they are categorised as an HOHA case or a community onset case (COHA, COIA or COCA) based on where the patient was at the time of positive specimen collection and their prior healthcare interactions.
NHS Connecting for Health's Demographics Batch Service (DBS) and Organisation Data Service (ODS) are used to attribute CDI. The CCG for each case is attributed, in the following order:
If patient's GP practice code is available (and is based in England), the patient case will be attributed to the CCG at which the patient's GP is listed
If the patient's GP practice code is unavailable but the patient is known to reside in England, the case is attributed to CCG based upon patient postcode.
If both patient GP practice code and patient postcode are unavailable or if patient has been identified as residing outside England, then the case is attributed to CCG based upon the postcode of the HQ of the acute Trust that reported the case.

It is possible for a single CCG to be the main commissioning body, or 'lead', to more than one acute Trust while another CCG may not be lead to any acute Trust.

Categorisation of cases

All CDI reported via the HCAI Data Capture System (DCS) are categorised to be one of HOHA, COHA, COIA or COCA through the completion of various data fields, including the location of the patient at the time the positive specimen was collected, the patient category at the time the positive specimen was collected and their prior healthcare interactions at the same Trust that has reported the CDI in the 12 weeks prior to the date that the positive specimen was collected.

A case is deemed to be **HOHA** if the following rules are met:
The location where the specimen was taken is given as 'Acute Trust' or is not known;
The patient was either an 'In-patient', 'Day-patient', in 'Emergency assessment' or is not known;
Patient's specimen date is on, or after, the third day of the admission (or admission date is null), where the day of admission is day 1.
Please note the number of cases categorised as HOHA may differ from the number of cases that would previously have been deemed to be acute Trust cases under the previous Trust apportionment algorithm. This change reflects a change in methodology of categorisation, rather than any change in Trust performance, as Trust apportioned cases had a specimen date on or after the fourth day of the admission (or admission is null), where the day of admission is day 1; while the currenty categorisation methodology this is on, or after, teh thrid day of the admission (or admission date is null), where the day of admission is day 1.

All cases which are not HOHA are Community Onset. For the case to be deemed as not HOHA, **any** of the following rules could have been met:
The patient was either an 'In-patient', 'Day-patient', in 'Emergency assessment' or is not known at an acute Trust but had not been admitted to the acute Trust for ≥3 days at the time their positive specimen was collected, or
The patient was not an 'In-patient', 'Day-patient' or in 'Emergency assessment' at the time their positive specimen was collected, or
The patient was not at at acute Trust at the time their positive specimen was collected.
Patients with a community onset CDI are further stratified into the following three groups, COHA, COIA and COCA.
A case is deemed to be **COHA** when the patient was not HOHA but had been an inpatient at the same acute Trust in the 4 weeks prior to the date that their positive specimen was collected.
A case is deemed to be **COIA** when the patient was not HOHA or COHA, but had been an inpatient at the same acute Trust in the 12 weeks prior to the date that their positive specimen was collected (i.e. between 4 and 12 weeks prior to their positive specimen).
A case is deemed to be **COCA** when the patient has not been an inpatient at the same acute Trust in the 12 weeks prior to the date that their positive specimen was collected.

Data source

Data were extracted from PHE's data capture system on XXth September 2018.
Changes and updates to the data after this date will be reflected in the next publication.
Data are reported for 209 CCGs. Data from the 26 Specialist Commissioning Hubs are presented in a single line at the bottom of the tables.

Data Changes

The nature of the data collection means that NHS acute Trusts are able to request updates to their data at any time. Further information on the process necessary for an acute Trust to request such changes can be found here:

https://hcaidcs.phe.org.uk/ContentManagement/LinksAndAnnouncements/HCAIDCS_System_Administration%20_Unlock_Requests_UserGuide_V2.0.pdf

This process means that there are frequently minor changes/additions to the most recent three data months in future publications. Affected data months are italicised in the data table to indicate where such revisions may occur. Any changes and updates to data the previous monthly publication are coloured red.

Further information

Further information on the underlying epidemiology and associated demographic information can be found here:
Quarterly Epidemiological Commentary:

https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-quarterly-epidemiological-commentary

Annual Epidemiological Commentary:

https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-annual-epidemiological-commentary

Contact us

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