In 2009 the Minnesota Department of Health (MDH) Emerging Infections Program (EIP) began laboratory, population-based active surveillance for Clostridium difficile Infection (CDI) in collaboration with the Centers for Disease Control and Prevention (CDC). The surveillance includes all patients at least 1 year of age, with positive Clostridium difficile tests who reside in Benton, Morrison, Olmsted (added in 2012) Stearns, and Todd counties. Patients are categorized into three epidemiologic classifications depending on the location and timing of the C. difficile positive sample in relation to healthcare exposure.

- **Community Associated (CA)** developed CDI in the community and had no overnight stay in a healthcare facility in the past 12 weeks.
- **Community Onset, Healthcare Facility Associated (CO-HCFA)** developed CDI in the community and had an overnight stay in a healthcare facility in the past 12 weeks.
- **Healthcare Facility Onset (HCFO)** developed CDI in a healthcare facility and had CDI specimen collected 4 days after admission.

A healthcare facility is defined as an acute care hospital, long-term acute care hospital, or long-term care facility.

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**Epidemiologic Classification**

- **Total C. difficile Infections (CDI)**
- **Community Associated (CA)**
- **Community Onset, Healthcare Facility Associated (CO-HCFA)**
- **Healthcare Facility Onset (HCFO)**

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**Prior Antibiotic Use (Risk Factors)**

- 18% of interviewed CA patients reported no antibiotic and no healthcare exposure in the 12 weeks prior to illness (as documented in medical record and reported on interview).
- 54% of interviewed CA patients reported taking an antibiotic in the 12 weeks prior to their illness.
- 62% of all CDI patients received antibiotics in the 12 weeks prior to their illness.

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**Almost 6 of 10 people with CDI are female**

- Female: 57%
- Male: 43%

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**4 of 10 people with CDI are older than 65**

- 1 - 17: 7%
- 18 - 44: 24%
- 45 - 64: 28%
- 65+: 41%