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.

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

### 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)
- 50% of interviewed CA patients reported taking an antibiotic in the 12 weeks prior to their illness
- 57% of all CDI patients received antibiotics in the 12 weeks prior to their illness according to their medical record

### 6 of 10 people with CDI are female

- **Female**: 58%
- **Male**: 42%

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

- **18-44**: 28%
- **45-64**: 23%
- **65+**: 43%

* Incidence rates, per 100,000 population, based on estimated 2013 population (ages >1 yr.) data for Benton, Morrison, Olmsted, Stearns, and Todd Counties
** One major clinical laboratory switched laboratory testing methods from EIA to PCR in 2010
* May have taken >1 antibiotic or for >1 problem
Because C. difficile is reportable in only 5 counties, the results may not be generalizable to the entire state of MN