

P0295 *Clostridium difficile* infection in haematological patients

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Background: Data on CDI in specific groups are necessary in order to assess the impact of health care programs and implementation of novel costly treatments targeted for specific groups. The hematological population is particularly susceptible to *C. difficile*, however little is known about specific markers of recurrence and poor evolution. Our objective was precisely to assess the incidence, epidemiological, clinical characteristics, and evolution of CDI in hematological patients during a 12 year period in a large teaching hospital.

Materials/methods: From January 2006 to October 2018 (ongoing study), all episodes of CDI patients aged > 2 years were prospectively collected in a database. Episodes occurring more than 60 days after the previous one were not considered recurrences but new episodes that were not linked to the previous one. Those CDI episodes separated from the former by between 15 and 60 days were considered recurrences (R-CDI). Epidemiological and clinical data were collected by reviewing hospital medical records.

Results: During the study period the total number of CDI episodes in hematological patients was 196 (29.2 episodes/10,000 stays). 136 CDI episodes were included for review. Patients median age was 52.5 and 52.2% were male. The most common hematological disease was acute myeloid leukemia 30.8%, followed by Non-Hodgkin lymphoma (28.7%) and acute lymphoid leukemia (10.3%). Median Charlson comorbidity index was 3.0. Risk factors for CDI present in the previous month included previous antibiotics 97.1%, proton pump inhibitors 90.4%, chemotherapy 78.5%, neutropenia 61.2%, hematopoietic stem cell transplant 28.1%. Severe CDI accounted for 10.3% and severe complicated CDI for 14.7% of the episodes. Most patients received for the initial CDI episode metronidazole alone (75.7%). Recurrence rate was 11% and treatment failure 4.4% Overall 30-day mortality was 5.8% and mortality attributable to CDI was 0.7%.

Conclusions: Overall the incidence density of CDI episodes in hematologic patients is high. Despite the high susceptibility of hematological patients, the majority of CDI episodes were non severe and mortality due to CDI was low. Recurrence rates were similar to those of non-hematological population.

