

be sustained by a toxigenic clone for a period of at least 25 months in one report.^{13,14} Over the last year and a half, we have noted aggressive initiation of metronidazole for presumed CDAD, with continued treatment despite a negative cytotoxin assay. Because we do not perform stool culture for *C difficile* at UMMC, and cytotoxin assay remains a far less sensitive method for detection of *C difficile* than culture, these cases very well may represent true *C difficile* infection. The endemic level of *C difficile* disease in our institution may, in fact, be higher than currently detected by cytotoxin assay alone.

REFERENCES

1. Bartlett JG, Chang TW, Gurwith M, Gorbach SL, Onderdonk AB. Antibiotic-associated pseudomembranous colitis due to toxin-producing clostridia. *N Engl J Med* 1978;298:531-534.
2. Pierce PF Jr, Wilson R, Silva J Jr, et al. Antibiotic-associated pseudomembranous colitis: an epidemiologic investigation of a cluster of cases. *J Infect Dis* 1982;145:269-274.
3. McFarland LV, Stamm WG. Review of *Clostridium difficile*-associated diseases. *Am J Infect Control* 1986;14:99-109.
4. McFarland L, Mulligan ME, Kwok RYY, Stamm WE. Nosocomial acquisition of *Clostridium difficile* infection. *N Engl J Med* 1989;320:204-210.
5. McFarland LV, Surawicz CM, Stamm WE. Risk factors for *Clostridium difficile* carriage and *C difficile*-associated diarrhea in a cohort of hospitalized patients. *J Infect Dis* 1990;162:678-684.
6. Nolan NP, Kelly CP, Humphreys JF, et al. An epidemic of pseudomembranous colitis: importance of person-to-person spread. *Gut* 1987;28:1467-1473.
7. Heard SR, Wren B, Barnett MU, Thomas JM, Tabaqchali S. *Clostridium difficile* infection in patients with hematological malignant disease: risk factors, fecal toxins, and pathogenic strains. *Epidemiol Infect* 1988;100:63-72.
8. Brown E, Talbot GH, Axelrod P, Provender M, Hogg C. Risk factors for *Clostridium difficile* toxin-associated diarrhea. *Infect Control Hosp Epidemiol* 1990;11:283-290.
9. Nath SK, Thornley JH, Kelly M, et al. A sustained outbreak of *Clostridium difficile* in a general hospital: persistence of a toxigenic clone in four units. *Infect Control Hosp Epidemiol* 1994;15:382-389.
10. Homer D, Lemeshow S. *Applied Logistic Regression*. New York, NY: John Wiley & Sons; 1989.
11. Clabots CR, Johnson S, Olson MM, Peterson LR, Gerding DN. Acquisition of *Clostridium difficile* by hospitalized patients: evidence for colonized new admissions as a source of infection. *J Infect Dis* 1992;166:561-567.
12. Gerding DN, Olson MM, Petersen LR, et al. *Clostridium difficile*-associated diarrhea and colitis in adults: a prospective case-controlled epidemiologic study. *Arch Intern Med* 1986;146:95-100.
13. Olson MM, Shanholtzer CJ, Lee JT, Gerding DN. Ten years of prospective *Clostridium difficile*-associated disease surveillance and treatment at the Minneapolis VA Medical Center, 1982-1991. *Infect Control Hosp Epidemiol* 1994;15:371-381.
14. Nath SK, Thornley JH, Kelly M, et al. A sustained outbreak of *Clostridium difficile* in a general hospital: persistence of a toxigenic clone in four units. *Infect Control Hosp Epidemiol* 1994;15:382-389.

Check Out These Web Sites

Gina Pugliese, RN, MS
Martin S. Favero, PhD

The ID LINKS Web Site

There is a site on the Internet named the ID LINKS web page: <http://www.idlinks.com>. It provides hot links to the web pages of other organizations such as IDSA, SHEA, NFID, ASM, WHO, and CDC. There also are links to infection control, intravenous therapy, and pharmacy

organizations, as well as to pharmaceutical companies. In addition, there is information on state, regional, and international infectious disease societies, with mailing and e-mail addresses, as well as a source book on intravenous therapy products. Lecture slides can be down loaded on PowerPoint.

Department of Health and Human Services Web Site

This web site, [http://www.os.](http://www.os.dhhs.gov)

[dhhs.gov](http://www.os.dhhs.gov), gives access to the HHS department, as well as other public health service agencies, including CDC, NIH, FDA, and HCFA. In addition, it has telephone numbers of the major officials in the departments and access to specialized databases and publications such as CDC's *MMWR* and *Recommendations and Guidelines*.