C. difficile in COVID-19 Patients: Is It a Colonization Issue?

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Dear Sir,

In their interesting article, Laszkowska et al. showed a relative increase of *C. difficile* compared to other enteropathogens in COVID-19 patients. Current knowledge show that *C. difficile* colonization is much more common especially in some groups (employees, students, families or previous health care facilities) regardless of COVID-19. Is there any data to establish a link to their previous community-based transient or permanent colonization? It is also much better if a previous antibiotic use would be detailed to clarify the role of *C. difficile* as a significant contributor to diarrhea in COVID-19 positive patients.

Reply

We thank Dr. Filik for the question as to whether the *Clostridioides difficile* detected represented colonization or infection [1]. Testing at our institution is via PCR for the toxin B gene of *C. difficile* [2]. To decrease false positive results, tests are only run on unformed stool samples, and there is an institutional electronic “hard stop” that prohibits stool PCR testing in patients who have received laxatives within the previous 24 h. These restrictions may help ensure that only patients with clinically significant diarrhea are tested, though the test itself does not distinguish carriers from those who are infected.

The purpose of the study was to examine how COVID-19 impacted *C. difficile* infection and other enteric infections. Gastrointestinal symptoms including diarrhea are present in up to one third of patients with COVID-19, yet we found that rates of *C. difficile* infection were similar among those with COVID-19 compared with those without it (5.1%

versus 8.2%, respectively, $p = 0.33$) [1, 3, 4]. Therefore, the main study finding—that *C. difficile* infection rates are similar regardless of COVID-19 infection status—is likely to hold true even if some colonized patients were classified as infected.

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