

# Definitions

- **Diarrhoea** is defined as 3 or more loose stools, i.e. Bristol stool scale 6-7, in 24 hours.
- **Treatment response** is present when the patient has resolution of diarrhoea, and has had a formed or normal stool for that patient, with maintenance of resolution for the duration of therapy and at least 48 hours after the end of treatment, and no further requirement for CDI therapy, AND parameters of disease severity (clinical, laboratory, radiological) have improved and no new signs of severe disease have developed. In all other cases, treatment is considered a failure.
- **Refractory CDI:** is CDI not responding to recommended CDI antibiotic treatment, i.e. no response after 3-5 days of therapy. Refractory CDI can be part of either non-complicated or complicated CDI, which are described below.
- **Recurrence:** is present when CDI recurs within 8 weeks after a previous episode, provided the symptoms from the previous episode resolved after completion of initial treatment. It is not feasible to distinguish recurrence due to relapse (renewed symptoms from already present CDI) from recurrence due to reinfection in daily practice because genotyping is not readily available.

**Severe CDI:** is characterized by one of the following factors at presentation:

- Fever, i.e. core body temperature greater than 38.5°C,
- Marked leucocytosis, i.e. leucocyte count greater than  $15 \times 10^9$  /L, and
- Rise in serum creatinine, i.e. more than 50% above the baseline.
- Additional supporting factors, when available are distension of the large intestine, pericolonic fat stranding or colonic wall thickening (including low-attenuation mural thickening) at imaging.

**Severe-complicated CDI (or fulminant CD)** : is defined by the presence of one of the following factors that needs to be attributed to CDI:

- Hypotension, septic shock, elevated serum lactate, ileus, toxic megacolon, bowel perforation or any fulminant course of disease (i.e. rapid deterioration of the patient).