

C. difficile Infection (CDI) in Adults and Children: IDSA/SHEA Drug Therapy Recommendations^a (continued)

Severity: Clinical signs	Adults	Children
Second or subsequent	<ul style="list-style-type: none"> • Vancomycin tapered and pulsed regimen^d • Vancomycin 125 mg four times per day for 10 days, then rifaximin 400 mg PO three times per day for 20 days • Fidaxomicin 200 mg PO two times per day for 10 days • Fecal microbiota transplantation^e 	<ul style="list-style-type: none"> • Vancomycin tapered and pulsed regimen^d • Age 12 yo or older: Vancomycin 10 mg/kg (max 125 mg) four times per day for 10 days, then rifaximin 400 mg PO three times per day for 20 days • Fecal microbiota transplantation^e

Adapted from: *Clin Infect Dis* 2018;66(7):987-994. Available online at: <http://www.idsociety.org>.

^a Discontinue inciting antibiotic therapy as soon as possible to increase response and decrease recurrence rates.

^b Avoid repeated or prolonged use of metronidazole due to neurotoxicity risk; only use for initial episode in adults if other options cannot be used.

^c IDSA recommends diluting vancomycin in 100 mL for administration as enema. The American College of Gastroenterology recommended diluting vancomycin in a larger volume (500 mL) to ensure delivery to ascending and transverse colon (*Am J Gastroenterol* 2013;108:478-498).

^d Vancomycin tapered plus pulsed regimen examples. Adults: 125 mg four times per day for 10 to 14 days, two times per day for a week, then once daily for a week, then q 2 or 3 days for 2 to 8 weeks. Children: 10 mg/kg (max 125 mg) four times per day for 10 to 14 days, two times per day for a week, then once per day for a week, then q 2 or 3 days for 2 to 8 weeks.

^e Per expert opinion, consider fecal microbiota transplant after patients have failed appropriate antibiotic treatment of 3 CDI episodes.

^f The American Academy of Pediatrics recommended metronidazole as the initial drug of choice for mild to moderate CDI in children based on efficacy, cost, and antimicrobial stewardship (*Pediatrics* 2013; Jan;131(1): 196-200). The IDSA 2018 guideline update explains their rationale for recommending either metronidazole or vancomycin to treat an initial episode or first recurrence of non-severe CDI in children and preferring vancomycin for an initial episode of severe CDI in children. Clinical trials comparing metronidazole and vancomycin for CDI in children are lacking. Recent observational data suggests metronidazole failure rates in children might be higher than previously reported, especially in severe CDI. Vancomycin had significantly higher cure rates than metronidazole in recent randomized clinical trials in adults.