

## Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Lessa FC, Mu Y, Bamberg WM, et al. Burden of *Clostridium difficile* infection in the United States. N Engl J Med 2015;372:825-34. DOI: 10.1056/NEJMoa1408913

# **SUPPLEMENTARY APPENDIX**

**Supplement to:**

**Burden of *Clostridium difficile* Infection in the United States**

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Table of Contents:

<b>Discussion: Limitations .....</b>	<b>1</b>
<b>Results: Table S1 .....</b>	<b>2</b>
<b>Results: Figure S1 .....</b>	<b>3</b>

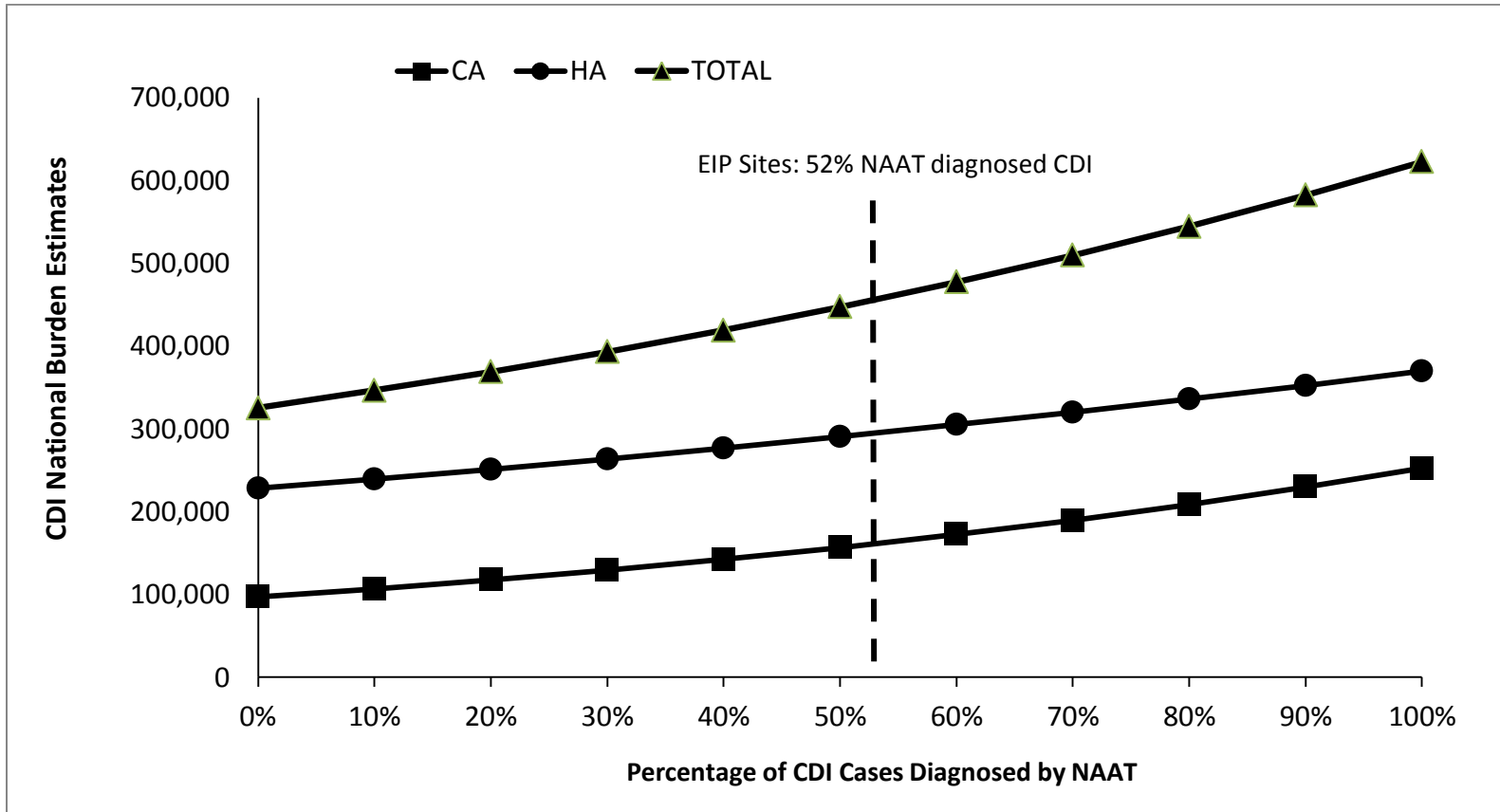
## Discussion: Limitations

Our study has two additional limitations. First, our surveillance population represents approximately 3.6% of the U.S. population. Even though age, race and gender distribution of the surveillance population is similar to the U.S. population, it may not be fully representative of the nation. Second, only a convenience sample of clinical laboratories in each of the participating sites saved positive stool specimens for culture and molecular characterization. Therefore, the strain distribution we observed may not be representative of the strain distribution across all positive *C. difficile* specimens.

Table S1: Definitions used for Epidemiologic Classification of *Clostridium difficile* Cases

<b>Classification</b>	<b>Definition</b>
<b>Community-associated</b>	Cases with <i>C. difficile</i> -positive specimen collected in an outpatient setting or $\leq 3$ calendar days after hospital admission and no documented overnight stay in a healthcare facility (i.e., hospital or nursing home) in the prior 12 weeks.
<b>Health care-associated</b>	
Community-onset health care-associated	Cases with <i>C. difficile</i> -positive specimen collected in an outpatient setting or $\leq 3$ calendar days after hospital admission from a private residence and documented overnight stay in a healthcare-facility (i.e., hospital or nursing home) in the prior 12 weeks.
Hospital-onset	Cases with <i>C. difficile</i> -positive specimen collected $>3$ calendar days after hospital admission or in a long-term acute care hospital.
Nursing home-onset	Cases with <i>C. difficile</i> -positive specimen collected in a nursing home or from a nursing home resident either in an outpatient setting or within three days after hospital admission.

Figure S1: *Clostridium difficile* Infection (CDI) National Burden Estimates by the Percentage of Cases Diagnosed by Nucleic Acid Amplification Test (NAAT)



Abbreviations: CA, community-associated CDI; HA: healthcare-associated CDI