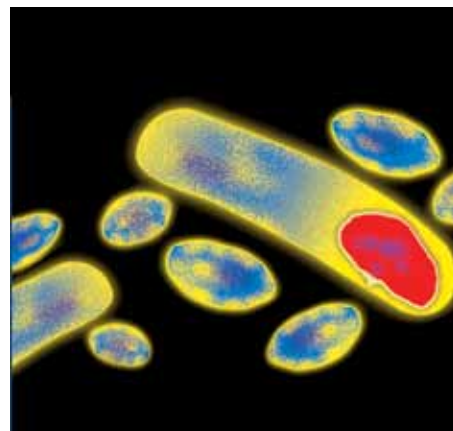


Surveillance Data on

# *clostridium difficile*

Associated Diarrhea in Québec Hospitals

News Bulletin n° 30, 2012-2013



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# The surveillance of *Clostridium difficile*–associated diarrhea in Québec hospitals

The surveillance system for diarrhea associated with the bacterium *Clostridium difficile*, generally called *C. difficile*, was introduced in Québec's hospitals in August 2004. It is overseen by the Institut national de santé publique du Québec (INSPQ). The main objective of the surveillance system is to track trends in the province's hospitals so that appropriate control measures can be adopted.

Nearly 100 hospitals throughout Québec monitor the incidence of these nosocomial infections. Most institutions have more than 1,000 admissions for short-term care annually, excluding psychiatry, nursery and neonatology units. Hospitals in sixteen (16) of Québec's health regions participate in the program (["Summary" page](#)).

The purpose of this annual report is to inform the public about the presence of *Clostridium difficile*–associated diarrhea (CDAD). The tables and figures are annotated to make them easier for readers to understand. **An additional level of description is provided for those with a disability, including the blind.**

First, trends in incidence rates by period (approximately 28 days) are presented for all participating hospitals in Québec from 2004-2005 to 2012-2013 (["Trends figure" page](#)).

These periodic rates are accompanied by confidence intervals that estimate their variability with 95% statistical accuracy. The method of calculation used is an approximation of the normal distribution based on the square root. The rates per period for all the facilities in Québec are sufficiently accurate to make comparisons.

Second, the incidence rates for each group of participating hospitals are presented for the last three administrative years of observation (["Group rates" page](#)).

Hospitals are grouped together based on characteristics associated with the incidence of CDAD, i.e., their mission (university, non-university, rehabilitation, pediatric), their number of beds (< 100 beds, 100-249 beds, 250 beds or more) and the proportion of older adults aged 65 and over (< 35%, 35-49%, ≥ 50%). An assessment of the fluctuation in rates for last year compared with the total for the two previous years is presented. A statistically significant increase detected using an exact test (Fisher's test), with a statistical accuracy of 95%, is indicated by "Inc." Conversely, a decrease is indicated by "Dec."

Third, the incidence rates are shown for each hospital by health region (HR) for the last three administrative years with the average values for the region and for Québec. The "Rates by health region" page contains links to page for the sixteen participating regions. They are represented by specific page (["Health region 01" to "Health region 16" pages](#)).

The annual rates are sufficiently accurate to analyze the local epidemiology and make comparisons with similar institutions. Moreover, the incidence of CDAD varies seasonally and incidence rates usually increase over the winter months. Comparing rates in hospitals by period is often difficult, especially for small facilities where rates can fluctuate significantly. A single case of infection can result in a high incidence rate for a small hospital.

## Methods used to calculate rates

Surveillance data on *Clostridium difficile*–associated diarrhea refers to hospital-acquired infections, i.e., infections whose symptoms began more than 72 hours after admission to hospital or less than four weeks after the patient's discharge. Rates are calculated using validated data to ensure accuracy. The validation procedure involves a number of steps and takes three months after the end of each administrative period.

The incidence rate is calculated by dividing the number of new cases observed by the number of patient days; patient days represent the number of patients hospitalized (beds occupied) in the institution during a given period. For example, if for a 10-day period, the cumulative number of bed occupancy days for the entire institution is 1,000, we obtain 10,000 patient days. This unit of measurement allows the level of hospital activity (bed occupancy), which fluctuates over time and between hospitals, to be taken into account. Thus incidence rates express the number of cases per 10,000 patient days. Data are grouped by administrative period (approximately 28 days) or by financial year. There are 13 administrative periods per financial year. Hospital size is expressed as the number of beds, and the percentage of older patients is indicated.

## Warning

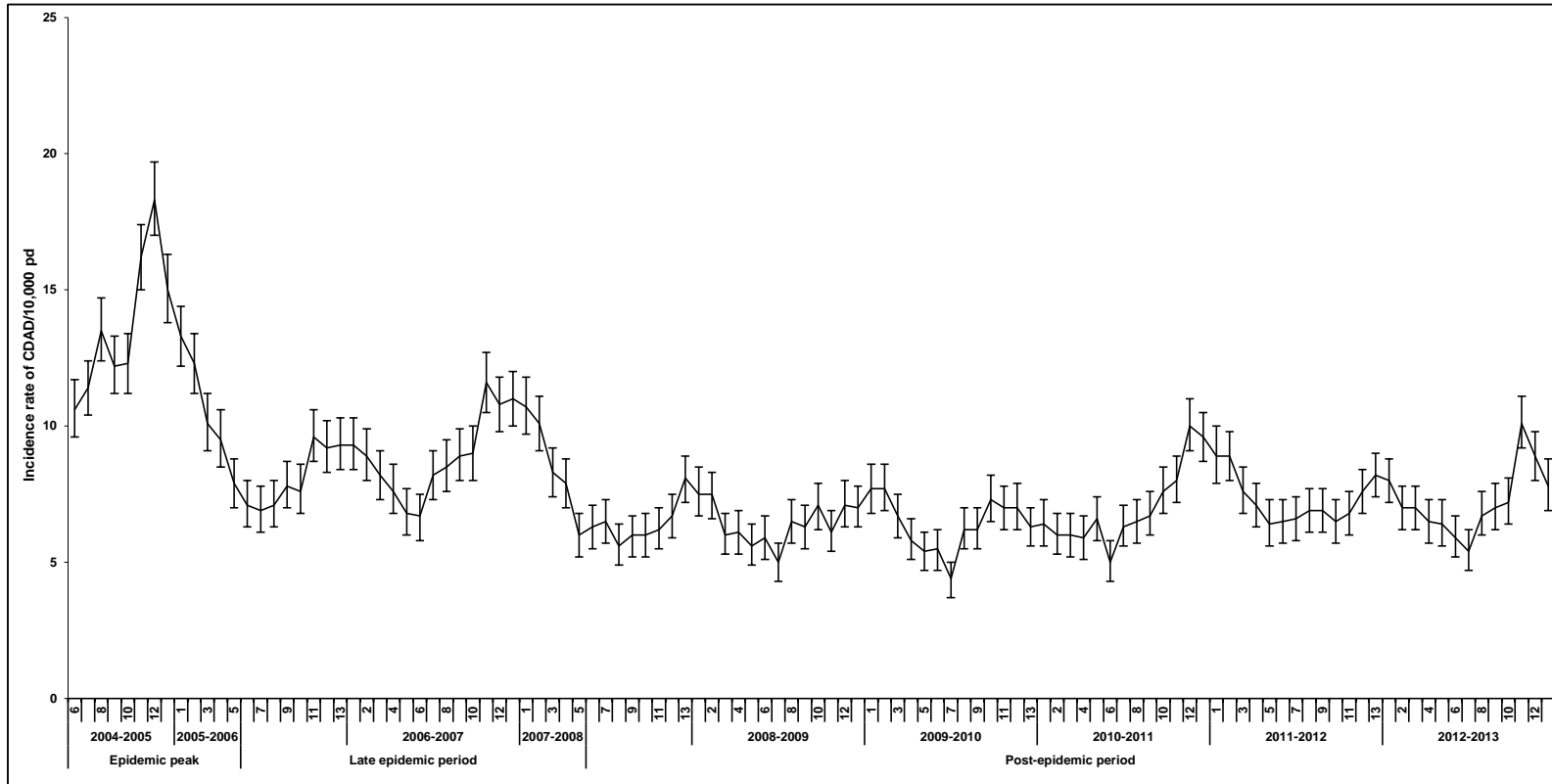
It is important to **remember to be cautious when interpreting data on the incidence** of CDAD in hospitals, especially when comparing institutions and regions. In addition to the mission of hospitals, their number of beds and the proportion of users aged 65 and over, other factors can influence rates, including the complexity of the services offered, the characteristics of the population served, the physical layout of the facilities, the number of people hospitalized for a respiratory infection, the use of antibiotics, the virulence and transmissibility of the circulating strain of the bacterium.

To clearly understand the meaning of these data, readers can consult the detailed epidemiological reports available in French only produced by the INSPQ and posted on the Institute's Web site at the following address: [www.inspq.gc.ca](http://www.inspq.gc.ca).

## Trends in incidence rates in Québec

Incidence rates of CDAD fluctuate over administrative periods, seasons and years (figure 1 below). In general, annual peaks are observed in winter or spring (periods 10 to 13 and 1 to 2). In 2012-2013, the maximum rate (peak) occurred in period 11 (January 13 – February 9, 2013) with 10.1 cases per 10,000 patient days. This year falls within the post-epidemic period that started in 2007-2008. Rates were relatively low compared with the epidemic peak (2004-2005 to 2005-2006) and the late epidemic period (2005-2006 to 2007-2008). However, the peak rates in 2012-2013 and 2010-2011 were the highest for the post-epidemic period with rates of approximately 10 cases/10,000 patient days, although they do not differ significantly from those for the post-epidemic period that culminated with 11.6 cases/10,000 patient days.

**Figure 1**  
Trends in incidence rates of nosocomial CDAD by period and their confidence interval (threshold of 95%) in the 87 facilities that participated in all the surveillance years, 2004-2005 to 2012-2013.

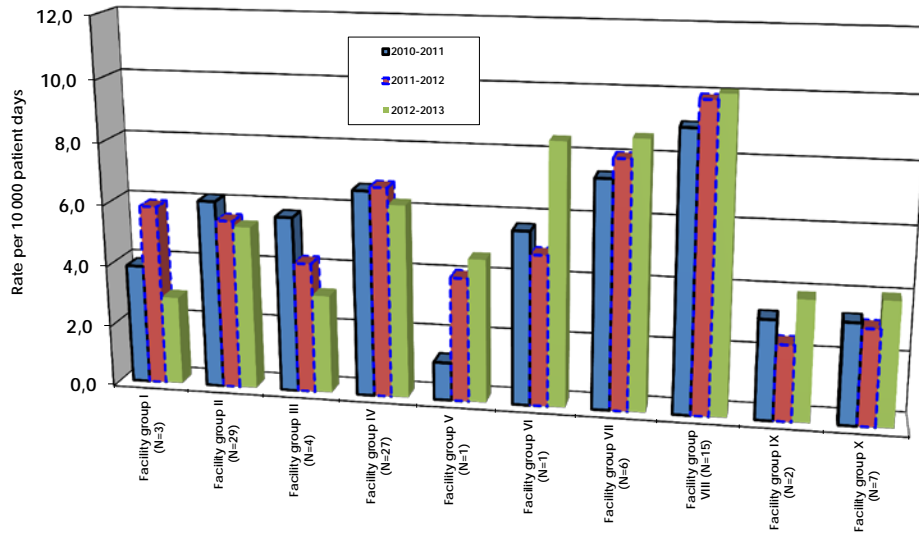


Source: Surveillance of nosocomial *Clostridium difficile*-associated diarrhea (CDAD), INSPQ-LSPQ.

## Facility groups, Province of Québec

Various factors influence the incidence of CDAD, including a facility's mission (university, non-university, rehabilitation, pediatric), number of beds (< 100 beds, 100-249 beds, 250 beds or more) and the proportion of older adults (< 35%, ≥ 35%). Facility groups provide reference rates for assessing the results of member facilities. In 2012-2013, the non-university facility group (4 facilities) with 100 beds or more and a clientele composed of less than 35% persons aged 65 and over (older adults) had an average rate of 4.3 cases per 10,000 patient days: a significant decrease compared with the combined rate for the 2 previous years. The university facility groups with 100 beds or more saw significant increases in their incidence rate: those with a clientele composed of less than 35% older adults (6 facilities) had a rate of 8.7 in 2012-2013, while those with a clientele composed of 35% or more older adults (15 facilities) had a rate of 10.1. The rehabilitation facility group also showed a significant increase in its rate to reach 4.0 in 2012-2013. Lastly, the rate for all facilities (95) participating in Québec's surveillance program remained stable in 2012-2013 with an average rate of 7.3 cases per 10,000 patient days compared with the rate for the 2 previous years combined.

**Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2010-2011 to 2012-2013**



### Facility groups:

- |   |  |
|---|--|
| <b>Group I</b> : Non-university, < 100 beds, < 35% older adults   | <b>Group VI</b> : University, < 100 beds, ≥ 35% older adults   |
| <b>Group II</b> : Non-university, < 100 beds, ≥ 35% older adults  | <b>Group VII</b> : University, ≥ 100 beds, < 35% older adults  |
| <b>Group III</b> : Non-university, ≥ 100 beds, < 35% older adults | <b>Group VIII</b> : University, ≥ 100 beds, ≥ 35% older adults |
| <b>Group IV</b> : Non-university, ≥ 100 beds, ≥ 35% older adults  | <b>Group IX</b> : Pediatric                                    |
| <b>Group V</b> : University, < 100 beds, < 35% older adults       | <b>Group X</b> : Rehabilitation                                |

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2010-2011 to 2012-2013

Territory and group	Facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
					2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
<b>Facility group I (N=3)</b>								
		Non-university	< 100 beds	< 35 %				
Abitibi-Témiscamingue	HÔPITAL HÔTEL-DIEU D'AMOS		< 100	< 35 %	3,1	8,8	2,9	—
Côte-Nord	HÔPITAL ET C HÉBERGEMENT DE SEPT-ÎLES		< 100	< 35 %	5,3	4,6	3,7	—
Nord-du-Québec	CS DE CHIBOUGAMAU		< 100	< 35 %	2,6	0,0	0,0	—
<b>Group total</b>			—	—	<b>3,9</b>	<b>5,9</b>	<b>2,9</b>	<b>—</b>
<b>Facility group II (N=29)</b>								
		Non-university	< 100 beds	≥ 35 %				
Bas-Saint-Laurent	HÔPITAL NOTRE-DAME-DE-FATIMA		< 100	≥ 50 %	9,7	8,2	9,8	—
	HÔPITAL DE MATANE		< 100	35 % to 49 %	3,0	3,7	1,6	—
	HÔPITAL D'AMOUI		< 100	≥ 50 %	16,8	17,8	9,7	—
	HÔPITAL DE NOTRE-DAME-DU-LAC		< 100	≥ 50 %	0,0	7,1	0,0	Dec.
Saguenay—Lac-Saint-Jean	HÔPITAL ET CR DE JONQUIÈRE		< 100	≥ 50 %	3,9	3,6	3,0	—
	HÔPITAL DE DOLBEAU-MISTASSINI		< 100	35 % to 49 %	3,6	2,9	4,7	—
Capitale nationale	HÔPITAL DE BAIE-SAINT-PAUL		< 100	≥ 50 %	1,1	5,5	1,4	—
	HÔPITAL DE LA MALBAIE		< 100	35 % to 49 %	21,5	14,4	4,2	Dec.
Mauricie et Centre-du-Québec	CSSS DU HAUT-SAINT-AURICE		< 100	35 % to 49 %	6,4	4,0	8,5	—
Estrie	CSSS MEMPHRÉMAGOG		< 100	≥ 50 %	4,3	4,4	6,1	—
	CSSS DU GRANIT		< 100	35 % to 49 %	4,7	0,0	3,1	—
Outaouais	HÔPITAL DE MANIWAKI		< 100	≥ 50 %	17,6	4,1	7,4	—
	HÔPITAL DU PONTIAC		< 100	35 % to 49 %	2,1	1,5	10,1	Inc.
	HÔPITAL DE PAPINEAU		< 100	≥ 50 %	4,5	3,1	1,0	Dec.
Abitibi-Témiscamingue	CSCD LA SARRÉ		< 100	35 % to 49 %	1,0	4,7	1,9	—
	PAVILLON STE-FAMILLE		< 100	35 % to 49 %	3,2	0,0	1,3	—
Côte-Nord	HÔPITAL LE ROYER		< 100	35 % to 49 %	2,3	2,8	4,0	—
Gaspésie—Îles-de-la-Madeleine	HÔPITAL DE CHANDLER		< 100	35 % to 49 %	2,5	2,7	0,7	—
	HÔPITAL HÔTEL-DIEU DE GASPÉ		< 100	35 % to 49 %	11,3	4,1	7,7	—
	HÔPITAL DE MARIA		< 100	≥ 50 %	2,5	1,5	7,6	Inc.
	HÔPITAL DE L'ARCHIPEL		< 100	35 % to 49 %	5,7	3,8	1,5	—
	HÔPITAL DE SAINTE-ANNE-DES-MONTS		< 100	≥ 50 %	6,7	2,4	2,8	—
Chaudière-Appalaches	HÔPITAL DE MONTMAGNY		< 100	35 % to 49 %	16,2	7,4	9,9	—
Laval	HÔPITAL CITE DE LA SANTÉ		≥ 250	35 % to 49 %	5,3	6,8	5,7	—
Laurentides	CSSS D'ARGENTEUIL		< 100	≥ 50 %	14,3	13,8	16,5	—
	HÔPITAL DE MONT-LAURIER		< 100	35 % to 49 %	8,2	5,7	3,9	—
	HÔPITAL LAURENTIEN		< 100	35 % to 49 %	8,1	4,9	3,2	Dec.
Montréal	HÔPITAL BROME-MISSISQUOI-PERKINS		< 100	35 % to 49 %	1,5	6,3	5,6	—
	HÔPITAL BARRIE MEMORIAL		< 100	≥ 50 %	5,5	8,8	7,7	—
<b>Group total</b>			—	—	<b>6,1</b>	<b>5,5</b>	<b>5,3</b>	<b>—</b>

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2010-2011 to 2012-2013

Territory and group	Facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
					2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
<b>Facility group III (N=4)</b>								
		Non-university	≥ 100 beds	< 35 %				
Montréal-Centre	HÔPITAL DE LASALLE		100 to 249	< 35 %	7,6	12,0	7,9	—
Outaouais	HÔPITAL DE GATINEAU		100 to 249	< 35 %	6,2	4,8	5,6	—
Abitibi-Témiscamingue	HÔPITAL ET CLSC DE VAL-D'OR		100 to 249	< 35 %	11,0	5,3	2,5	Dec.
Lanaudière	HÔPITAL PIERRE-LE GARDEUR		100 to 249	< 35 %	3,4	1,7	0,8	Dec.
<b>Group total</b>			—	—	<b>5,7</b>	<b>4,3</b>	<b>3,2</b>	<b>Dec.</b>
<b>Facility group IV (N=27)</b>								
		Non-university	≥ 100 beds	≥ 35 %				
Bas-Saint-Laurent	HÔPITAL RÉGIONAL DE RIMOUSKI		100 to 249	35 % to 49 %	9,8	16,0	7,0	Dec.
	CHR DU GRAND-PORTAGE		100 to 249	35 % to 49 %	4,6	3,1	2,6	—
Saguenay—Lac-Saint-Jean	HÔPITAL, CLSC ET CH DE ROBERVAL		100 to 249	35 % to 49 %	2,3	1,2	3,0	—
	HÔPITAL D'ALMA		100 to 249	35 % to 49 %	14,6	8,8	3,2	Dec.
Mauricie et Centre-du-Québec	HÔTEL-DIEU D'ARTHABASKA		100 to 249	35 % to 49 %	4,1	6,9	6,4	—
	HÔPITAL DU CENTRE-DE-LA-MAURICIE		100 to 249	≥ 50 %	5,4	4,0	3,0	—
	HÔPITAL SAINTE-CROIX		100 to 249	35 % to 49 %	11,3	10,6	4,4	Dec.
Montréal-Centre	HÔPITAL DE VERDUN		100 to 249	≥ 50 %	9,0	8,1	8,9	—
	HÔPITAL SANTA CABRINI		≥ 250	≥ 50 %	5,1	9,1	7,7	—
	HÔPITAL GÉNÉRAL DU LAKESHORE		100 to 249	35 % to 49 %	10,1	5,8	8,4	—
	HÔPITAL JEAN-TALON		100 to 249	≥ 50 %	8,8	7,5	5,3	Dec.
	HÔPITAL DE LACHINE		100 to 249	≥ 50 %	4,9	8,4	8,8	—
	HÔPITAL FLEURY		100 to 249	≥ 50 %	4,7	7,4	5,5	—
Outaouais	HÔPITAL DE HULL		≥ 250	≥ 50 %	3,8	2,1	11,1	Inc.
Abitibi-Témiscamingue	HÔPITAL ROUYN-NORANDA		100 to 249	35 % to 49 %	6,4	3,4	2,0	Dec.
Chaudière-Appalaches	HÔPITAL DE SAINT-GEORGES		100 to 249	35 % to 49 %	5,7	8,5	5,4	—
	HÔPITAL DE THETFORD MINES		100 to 249	35 % to 49 %	4,9	4,9	5,1	—
Lanaudière	CHR DE LANAUDIÈRE		≥ 250	35 % to 49 %	13,9	10,5	7,6	Dec.
Laurentides	HÔPITAL DE SAINT-EUSTACHE		100 to 249	35 % to 49 %	6,6	7,3	4,8	Dec.
	HÔPITAL RÉGIONAL DE SAINT-JÉRÔME		≥ 250	35 % to 49 %	10,5	12,0	8,3	Dec.
Montréal	HÔPITAL DU HAUT-RICHELIEU		≥ 250	35 % to 49 %	6,5	6,9	10,7	Inc.
	HÔPITAL PIERRE-BOUCHER		≥ 250	35 % to 49 %	2,3	5,3	3,7	—
	HÔPITAL HONORÉ-MERCIER		100 to 249	35 % to 49 %	4,2	4,5	6,0	—
	HÔTEL-DIEU DE SOREL		100 to 249	35 % to 49 %	6,3	4,1	3,0	Dec.
	HÔPITAL ANNA-LABERGE		100 to 249	35 % to 49 %	2,8	2,8	2,1	—
	HÔPITAL DE GRANBY		100 to 249	35 % to 49 %	3,9	3,7	11,5	Inc.
	HÔPITAL DU SUROIT		100 to 249	35 % to 49 %	4,0	2,1	4,3	—
<b>Group total</b>			—	—	<b>6,7</b>	<b>6,8</b>	<b>6,3</b>	<b>—</b>
<b>Facility group V (N=1)</b>								
		University	< 100 beds	< 35 %				
Montréal-Centre	HÔPITAL NEUROLOGIQUE DE MONTRÉAL		< 100	< 35 %	1,2	4,0	4,7	—
<b>Group total</b>			—	—	<b>1,2</b>	<b>4,0</b>	<b>4,7</b>	<b>—</b>
<b>Facility group VI (N=1)</b>								
		University	< 100 beds	≥ 35 %				
Montréal-Centre	INSTITUT THORACIQUE DE MONTRÉAL		< 100	≥ 50 %	5,7	4,9	8,5	—
<b>Group total</b>			—	—	<b>5,7</b>	<b>4,9</b>	<b>8,5</b>	<b>—</b>

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2010-2011 to 2012-2013

Territory and group	Facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
					2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
<b>Facility group VII (N=6)</b>								
Capitale nationale	PAVILLON CH DE L'UNIVERSITE LAVAL	University	≥ 100 beds	< 35 %				
	PAVILLON SAINT-FRANCOIS D'ASSISE		≥ 250	< 35 %	7,1	5,0	3,2	Dec.
Estrie	CHUS - HOPITAL FLEURIMONT		≥ 250	< 35 %	12,8	11,3	16,1	Inc.
Montréal-Centre	HOPITAL ROYAL VICTORIA		≥ 250	< 35 %	3,1	2,4	2,6	—
	HOPITAL SAINT-LUC DU CHUM		≥ 250	< 35 %	10,4	14,6	13,9	—
	CH DE ST. MARY		100 to 249	< 35 %	6,5	9,8	8,5	—
<b>Group total</b>			—	—	<b>7,4</b>	<b>8,0</b>	<b>8,7</b>	<b>Inc.</b>
<b>Facility group VIII (N=15)</b>								
Capitale nationale	HOPITAL DE L'ENFANT-JESUS	University	≥ 100 beds	≥ 35 %				
	PAVILLON L'HOTEL-DIEU DE QUEBEC		≥ 250	35 % to 49 %	3,5	6,9	6,8	Inc.
	HOPITAL DU SAINT-SACREMENT		≥ 250	35 % to 49 %	13,4	9,9	7,7	Dec.
	INST. UNIV. DE CARDIO ET DE PNEUMO DE QUEBEC		≥ 250	≥ 50 %	4,7	5,3	7,9	Inc.
Mauricie et Centre-du-Québec	PAVILLON ST-JOSEPH		≥ 250	≥ 50 %	6,2	8,7	6,1	—
Estrie	CHUS - HOTEL-DIEU		100 to 249	35 % to 49 %	10,6	11,9	14,8	Inc.
Montréal-Centre	HOPITAL NOTRE-DAME DU CHUM		≥ 250	≥ 50 %	4,2	3,7	3,0	—
	HOPITAL GENERAL JUIF SIR MORTIMER B. DAVIS		≥ 250	35 % to 49 %	5,7	6,4	6,7	—
	PAV. MAISONNEUVE/PAV. MARCEL-LAMOUREUX		≥ 250	35 % to 49 %	12,4	15,7	16,4	Inc.
	INSTITUT DE CARDIOLOGIE DE MONTREAL		100 to 249	35 % to 49 %	12,2	11,3	10,7	—
	HOTEL-DIEU DU CHUM		100 to 249	≥ 50 %	6,5	7,2	7,2	—
	HOPITAL DU SACRE-COEUR DE MONTREAL		≥ 250	≥ 50 %	9,5	15,4	11,2	—
	HOPITAL GENERAL DE MONTREAL		≥ 250	35 % to 49 %	7,2	8,7	9,0	—
Chaudière-Appalaches	HOTEL-DIEU DE LEVIS		≥ 250	35 % to 49 %	14,4	14,8	12,5	—
Montérégie	HOPITAL CHARLES LEMOYNE		≥ 250	35 % to 49 %	12,7	8,7	13,1	—
<b>Group total</b>			—	—	<b>9,1</b>	<b>9,9</b>	<b>10,1</b>	<b>Inc.</b>
<b>Facility group IX (N=2)</b>								
Montréal-Centre	HOPITAL DE MONTREAL POUR ENFANTS	Pediatric	—	—				
	CHU SAINTE-JUSTINE		100 to 249		5,1	3,3	3,2	—
<b>Group total</b>			—	—	<b>3,2</b>	<b>2,5</b>	<b>3,9</b>	<b>—</b>
<b>Facility group X (N=7)</b>								
Saguenay—Lac-Saint-Jean	HOPITAL DE CHICOUTIMI	Rehabilitation	—	—				
Montréal-Centre	VILLA MEDICA		≥ 250	35 % to 49 %	3,2	3,5	6,4	Inc.
	HOPITAL RICHARDSON		100 to 249	≥ 50 %	4,8	3,1	5,9	—
	HOP. CATHERINE BOOTH DE L'ARMEE DU SALUT		< 100	≥ 50 %	0,0	0,0	0,0	—
	HOPITAL MARIE CLARAC		< 100	≥ 50 %	12,0	7,4	5,9	—
	INST. DE READ. GINGRAS-LINDSEY-DE-MTL		100 to 249	≥ 50 %	2,4	2,9	3,4	—
Laval	HOPITAL JUIF DE READAPTATION		100 to 249	≥ 50 %	1,3	2,4	3,8	Inc.
<b>Group total</b>			—	—	<b>3,3</b>	<b>3,1</b>	<b>4,0</b>	<b>Inc.</b>
<b>Province of Québec</b>	<b>Total for facilities in Québec (N=95)</b>	—	—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	<b>—</b>

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile* -associated diarrhea.

2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## Surveillance data for *Clostridium difficile* infections in Québec hospital centres

### PROVINCE OF QUÉBEC

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and health region  
Province of Québec, 2010-2011 to 2012-2013

Regional territories	Incidence rate			Var <sup>3</sup>
	2010-2011	2011-2012	2012-2013	
<a href="#">01 - Bas-Saint-Laurent</a>	7,6	10,3	5,3	<b>Dec.</b>
<a href="#">02 - Saguenay—Lac-Saint-Jean</a>	5,0	3,8	4,6	—
<a href="#">03 - Capitale-Nationale</a>	7,9	7,9	7,6	—
<a href="#">04 - Mauricie et Centre-du-Québec</a>	8,6	9,2	9,1	—
<a href="#">05 - Estrie</a>	3,6	2,9	3,0	—
<a href="#">06 - Montréal</a>	7,9	9,0	8,9	—
<a href="#">07 - Outaouais</a>	5,6	3,2	7,7	<b>Inc.</b>
<a href="#">08 - Abitibi-Témiscamingue</a>	6,1	5,2	2,3	<b>Dec.</b>
<a href="#">09 - Côte-Nord</a>	3,6	3,5	3,8	—
<a href="#">10 - Nord-du-Québec</a>	2,6	0,0	0,0	—
<a href="#">11 - Gaspésie-Îles-de-la-Madeleine</a>	5,1	2,7	4,7	—
<a href="#">12 - Chaudière-Appalaches</a>	10,1	7,9	9,5	—
<a href="#">13 - Laval</a>	4,6	5,9	4,4	—
<a href="#">14 - Lanaudière</a>	8,3	5,8	4,0	<b>Dec.</b>
<a href="#">15 - Laurentides</a>	9,2	9,3	6,7	<b>Dec.</b>
<a href="#">16 - Montérégie</a>	4,7	5,1	6,7	<b>Inc.</b>
Province of Québec	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

**Notes:** 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

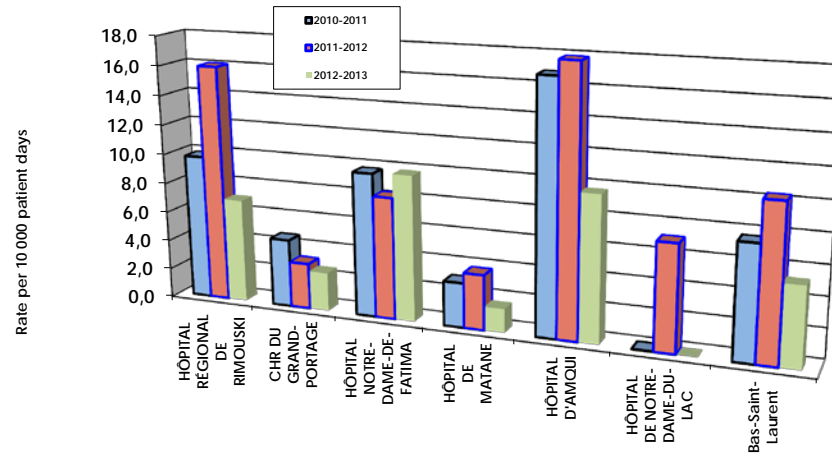
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 01, Bas-Saint-Laurent

In 2012-2013, the 6 hospitals in the Bas-Saint-Laurent region were non-university with a proportion of persons aged 65 years and over of more than 35% (table below). In 2012-2013, the Rimouski and Notre-Dame-du-Lac hospitals showed a significant change in their CDAD incidence rates compared with the cumulative rates for 2010-2011 and 2011-2012, decreasing by 9 and 7.1 cases per 10,000 patient days respectively. The CHR du Grand-Portage in Rivière-du-Loup, a facility with 100 beds or more, saw a slight decrease in the rate from 2010-2011 to 2012-2013 to 2.6 cases per 10,000 patient days. A similar non significant decrease was also observed for the Matane and Amqui hospitals, with rates of 1.6 and 9.7 respectively in 2012-2013. The rate in the Hôpital Notre-Dame-de-Fatima (La Pocatière) increased slightly to 9.8 in 2012-2013. On the whole, the average rate in hospitals in the Bas-Saint-Laurent region decreased significantly in 2012-2013 compared with the cumulative rate for the 2 previous years.

**Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility**  
Bas-Saint-Laurent et province de Québec, 2010-2011 à 2012-2013



**Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility**  
Bas-Saint-Laurent region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL RÉGIONAL DE RIMOUSKI	HC	100 to 249	35% to 49%	9,8	16,0	7,0	Dec.
CHR DU GRAND-PORTAGE	HC	100 to 249	35% to 49%	4,6	3,1	2,6	—
HÔPITAL NOTRE-DAME-DE-FATIMA	HC	< 100	≥ 50 %	9,7	8,2	9,8	—
HÔPITAL DE MATANE	HC	< 100	35% to 49%	3,0	3,7	1,6	—
HÔPITAL D'AMQUI	HC	< 100	≥ 50 %	16,8	17,8	9,7	—
HÔPITAL DE NOTRE-DAME-DU-LAC	HC	< 100	≥ 50 %	0,0	7,1	0,0	Dec.
<b>Bas-Saint-Laurent</b>		—	—	<b>7,6</b>	<b>10,3</b>	<b>5,3</b>	<b>Dec.</b>
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

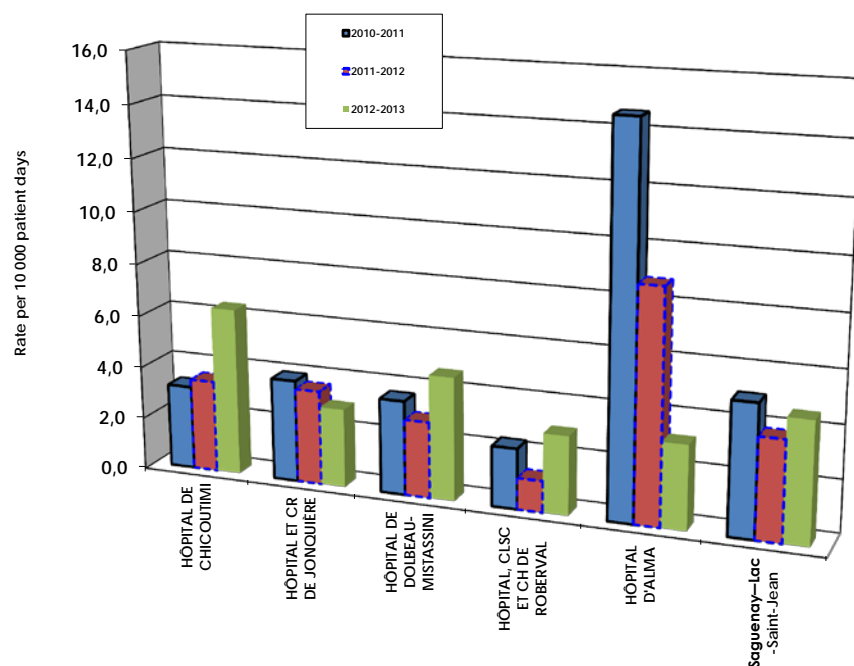
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 02, Saguenay—Lac-Saint-Jean

One of the five hospitals in the Saguenay—Lac-Saint-Jean region, the Hôpital de Chicoutimi, has a university mission; it has more than 250 beds and the proportion of persons aged 65 and over is 35 to 49%. It is the only facility where a significant increase in the incidence rate was observed, with 6.4 cases per 10,000 patient days in 2012-2013 (figure and table below). Furthermore, the Hôpital d'Alma (a facility with 100 to 249 beds and more 35 to 49% older adults) saw a significant decrease of 3.2 compared with the cumulative rate for the 2 previous years to reach a rate of 3.2 cases per 10,000 patient days in 2012-2013. In the Hôpital de Jonquière, a facility with fewer than 100 beds and more than 50% older adults, the decrease was non significant with a rate of 3.0 in 2012-2013. Insignificant Non significant increases were observed in the Dolbeau-Mistassini and Roberval hospitals with rates of 4.7 and 3 cases per 10,000 patient days respectively in 2012-2013. Lastly, the average rate for hospitals in the Saguenay—Lac-Saint-Jean region increased slightly, but non significantly in 2012-2013 compared with the cumulative rate for the 2 previous years.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Saguenay—Lac-Saint-Jean region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Saguenay—Lac-Saint-Jean region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL DE CHICOUTIMI	RHC	≥ 250	35% to 49%	3,2	3,5	6,4	Inc.
HÔPITAL ET CR DE JONQUIÈRE	HC	< 100	≥ 50 %	3,9	3,6	3,0	—
HÔPITAL DE DOLBEAU-MISTASSINI	HC	< 100	35% to 49%	3,6	2,9	4,7	—
HÔPITAL, CLSC ET CH DE ROBERVAL	HC	100 to 249	35% to 49%	2,3	1,2	3,0	—
HÔPITAL D'ALMA	HC	100 to 249	35% to 49%	14,6	8,8	3,2	Dec.
<b>Saguenay—Lac-Saint-Jean</b>		—	—	<b>5,0</b>	<b>3,8</b>	<b>4,6</b>	—
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

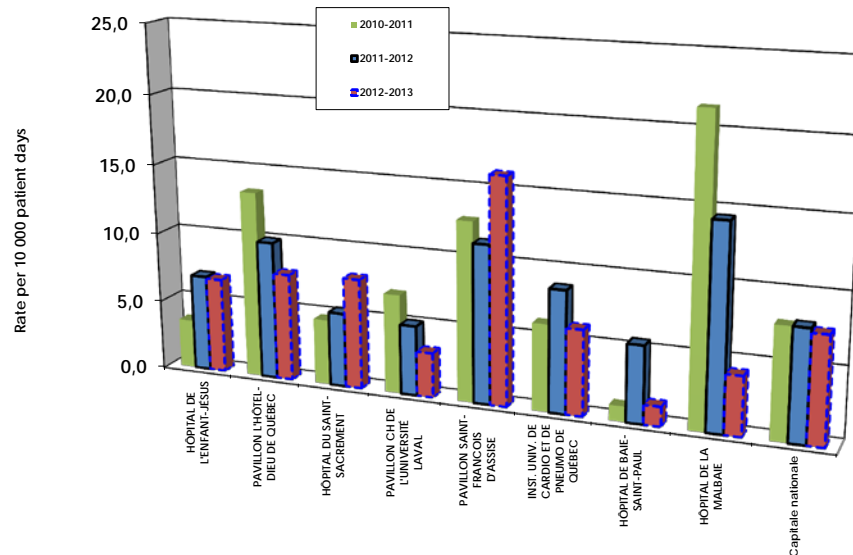
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 03, Capitale nationale

The Capitale-Nationale region has 6 university hospitals with more than 250 beds. Incidence rates varied significantly in 5 of these hospitals. Significant decreases of approximately 2 cases per 10,000 patient days were observed at the Pavillon de l'Hôtel-Dieu de Québec (35 to 49% older adults) and the Pavillon de l'Université Laval (< 35% older adults), with respective rates of 7.7 and 3.2 in 2012-2013. Furthermore, the Hôpital du Saint-Sacrement ( $\geq 50\%$  older adults) and the Hôpital de l'Enfant-Jésus (35 to 49% older adults) saw increases of 2.6 and 0.9 respectively, with respective rates of 7.9 and 6.8 per 10,000 patient days in 2012-2013. The other university facility in the region, the Institut universitaire de cardiologie et de pneumologie de Québec, saw a non significant decrease in its rate of 2.6 cases per 10,000 patient days to 6.1 in 2012-2013. The Hôpital de La Malbaie is a non-university facility with fewer than 100 beds and 35 to 49% persons aged 65 and over: it saw a significant decrease in its incidence rate of 10.2 cases per 10,000 patient days in 2012-2013 to 4.2. The Hôpital de Baie-Saint-Paul, similar in mission and size to the Hôpital de La Malbaie, but with more than 49% older adults, saw a non significant decrease in its rate in 2012-2013 to 1.4. Despite these variations across hospitals, the average rate for the Capitale-Nationale region remained stable (7.6 in 2012-2013).

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Capitale-Nationale region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Capitale-Nationale region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL DE L'ENFANT-JÉSUS	UHC	$\geq 250$	35% to 49%	3,5	6,9	6,8	Inc.
PAVILLON L'HÔTEL-DIEU DE QUÉBEC	UHC	$\geq 250$	35% to 49%	13,4	9,9	7,7	Dec.
HÔPITAL DU SAINT-SACREMENT	UHC	$\geq 250$	$\geq 50\%$	4,7	5,3	7,9	Inc.
PAVILLON CH DE L'UNIVERSITÉ LAVAL	UHC	$\geq 250$	< 35 %	7,1	5,0	3,2	Dec.
PAVILLON SAINT-FRANÇOIS D'ASSISE	UHC	$\geq 250$	< 35 %	12,8	11,3	16,1	Inc.
INST. UNIV. DE CARDIO ET DE PNEUMO DE QUÉBEC	UHC	$\geq 250$	$\geq 50\%$	6,2	8,7	6,1	—
HÔPITAL DE BAIE-SAINT-PAUL	HC	< 100	$\geq 50\%$	1,1	5,5	1,4	—
HÔPITAL DE LA MALBAIE	HC	< 100	35% to 49%	21,5	14,4	4,2	Dec.
<b>Capitale nationale</b>				<b>7,9</b>	<b>7,9</b>	<b>7,6</b>	—
<b>Province of Québec</b>				<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

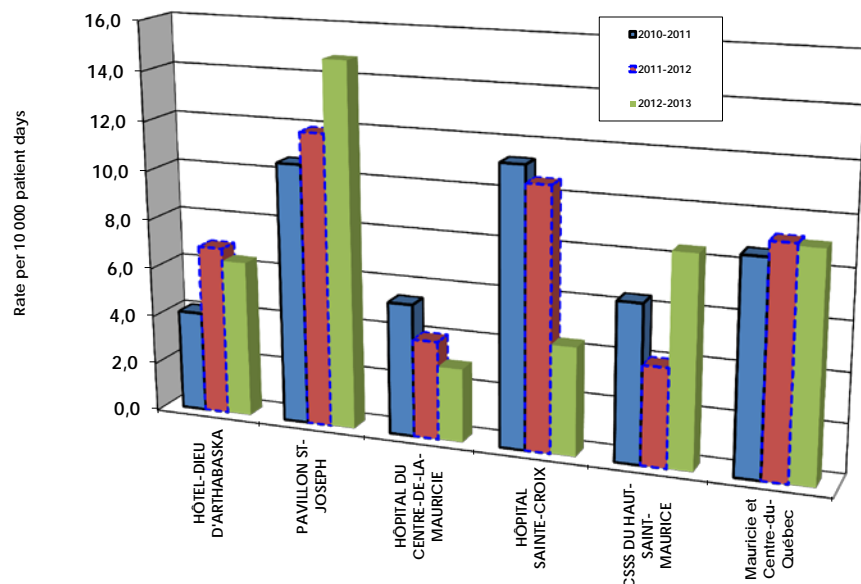
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 04, Mauricie et Centre-du-Québec

The Mauricie et Centre-du-Québec region has 5 hospitals, including one university facility, the Pavillon Saint-Joseph, which has more than 249 beds and a clientele composed of 35 to 49% older adults. Its rate increased significantly from 2010-2011 to 2012-2013 to 14.8 cases per 10,000 patient days. Three of the region's hospitals have 100 to 249 beds and a clientele made up of 35 to 49% persons aged 65 years and over, namely, the Hôtel-Dieu d'Arthabaska, the Hôpital du Centre-de-la-Mauricie and the Hôpital Sainte-Croix. These hospitals had respective rates of 6.4, 3.0 and 4.4 cases per 10,000 patient days in 2012-2013. Only the Hôpital Sainte-Croix saw a significant variation in its rate compared with 2011-2012, decreasing by 6.2. Lastly, the CSSS du Haut-Saint-Maurice is a facility with fewer than 100 beds and a clientele made up of 35 to 49% older adults: its rate was 8.5 in 2012-2013, an non significant increase of 4.5 compared with 2011-2012. The average rate for hospitals in the Mauricie et Centre-du-Québec region remained stable at 9.1 in 2012-2013.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Mauricie et Centre-du-Québec region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Mauricie et Centre-du-Québec region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔTEL-DIEU D'ARTHABASKA	HC	100 to 249	35% to 49%	4,1	6,9	6,4	—
PAVILLON ST-JOSEPH	UHC	≥ 250	35% to 49%	10,6	11,9	14,8	Inc.
HÔPITAL DU CENTRE-DE-LA-MAURICIE	HC	100 to 249	≥ 50 %	5,4	4,0	3,0	—
HÔPITAL SAINTE-CROIX	HC	100 to 249	35% to 49%	11,3	10,6	4,4	Dec.
CSSS DU HAUT-SAINTE-MAURICE	HC	< 100	35% to 49%	6,4	4,0	8,5	—
<b>Mauricie et Centre-du-Québec</b>		—	—	<b>8,6</b>	<b>9,2</b>	<b>9,1</b>	—
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

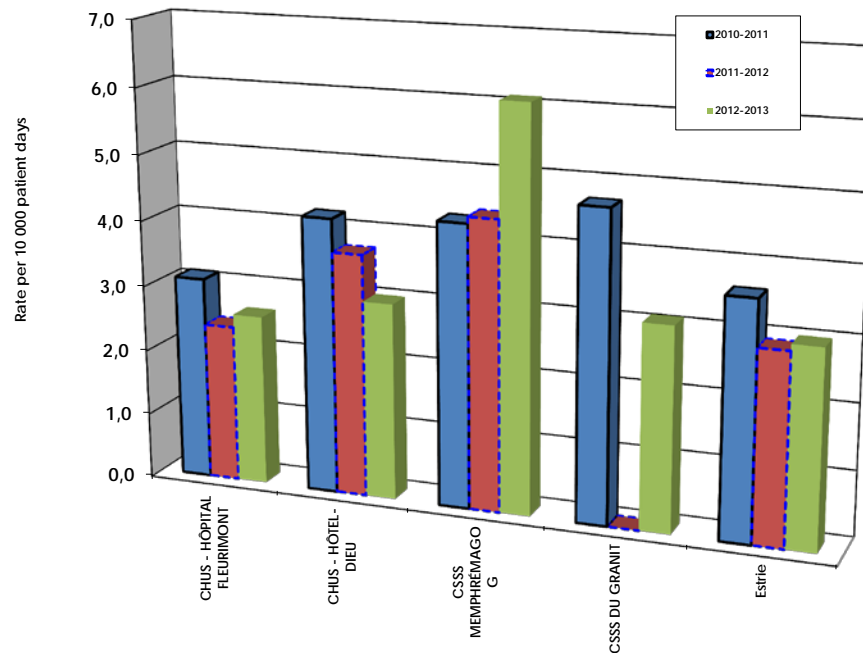
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 05, Estrie

The incidence rates of nosocomial CDAD remained stable in the 4 facilities in the Estrie region from 2010-2011 to 2012-2013; at least, no significant variation was observed in 2012-2013 compared with the 2 previous years combined. Two hospitals in the Estrie region have a university mission. The Hôpital Fleurimont (CHUS), which has more than 250 beds and whose clientele is made up of less than 35% older adults, had a rate of 2.6 cases per 10,000 patient days in 2012-2013 (figure and table below). The Hôtel-Dieu (CHUS) has 100 to 249 beds and a clientele made up of more than 50% persons aged 65 and over: its rate was 3.0 in 2012-2013. The non-university facilities have fewer than 100 beds. The CSSS de Memphrémagog, whose clientele is made up of more than 49% older adults, had a rate of 6.1 cases per 10,000 patient days in 2012-2013. The CSSS du Granit, which has a clientele made up of 35 to 49% older adults, had a rate of 3.1 in 2012-2013. The average rate for hospitals in the Estrie region remained stable at 3.0 in 2012-2013.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Estrie region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Estrie region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
CHUS - HÔPITAL FLEURIMONT	UHC	≥ 250	< 35 %	3,1	2,4	2,6	—
CHUS - HÔTEL-DIEU	UHC	100 to 249	≥ 50 %	4,2	3,7	3,0	—
CSSS MEMPHRÉMAGOG	HC	< 100	≥ 50 %	4,3	4,4	6,1	—
CSSS DU GRANIT	HC	< 100	35% to 49%	4,7	0,0	3,1	—
Estrie	—	—	—	3,6	2,9	3,0	—
Province of Québec	—	—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 06, Montréal-Centre

Twenty-six facilities in the Montréal-Centre region participate in the CDAD surveillance program, including 14 university hospitals, 7 non-university hospitals and 5 rehabilitation centres. The incidence rates of nosocomial CDAD varied significantly in 5 facilities in 2012-2013 compared with the 2 previous years. A significant decrease was observed in the Hôpital Jean-Talon (university hospital with 100 to 249 beds and a clientele of more than 49% older adults) which had a rate of 5.3 cases per 10,000 patient days in 2012-2013 (figure and table below). Significant increases were observed in 3 university hospitals, including 2 with more than 250 beds, the Hôpital général juif Sir Mortimer B. Davis (35 to 49% older adults) and the CHU Sainte-Justine (pediatric hospital) with rates of 16.4 and 4.2 respectively in 2012-2013. The other university hospital that saw a significant increase, the Centre hospitalier de St. Mary (100 to 249 beds and less than 35% older adults) had a rate of 8.2 in 2012-2013. Lastly, the Institut de réadaptation Gingras-Lindsey-de-Montréal, which is in the category of facilities with 100 to 249 beds and more than 49% persons aged 65 and over, saw its rate increase in 2012-2013 to 3.8 cases per 10,000 patient days.

University facilities with more than 249 beds that had fairly stable rates in 2012-2013 were: the Hôpital Royal Victoria (< 35% older adults) 13.9; the Hôpital Notre-Dame du CHUM (35 to 49% older adults) 6.7; the Pavillon Maisonneuve/Pavillon Marcel-Lamoureux (35 to 49% older adults) 10.7; the Hôpital Saint-Luc du CHUM (< 35% older adults) 8.5; the Hôpital du Sacré-Cœur de Montréal (35 to 49% older adults) 9.0; the Hôpital général de Montréal (35 to 49% older adults) 12.5.

The category of university facilities with 100 to 249 beds whose rates did not vary significantly in 2012-2013 included: the Hôpital de Montréal pour enfants (pediatric HC) 3.2; the Institut de cardiologie de Montréal ( $\geq$  50% older adults) 7.2; the Hôtel Dieu du CHUM ( $\geq$  50% older adults) 11.2.

The 2 university facilities with fewer than 100 beds had relatively stable rates in 2012-2013: the Institut thoracique de Montréal ( $\geq$  50% older adults) with a rate of 8.5 and the Hôpital neurologique de Montréal (< 35% older adults) with 4.7.

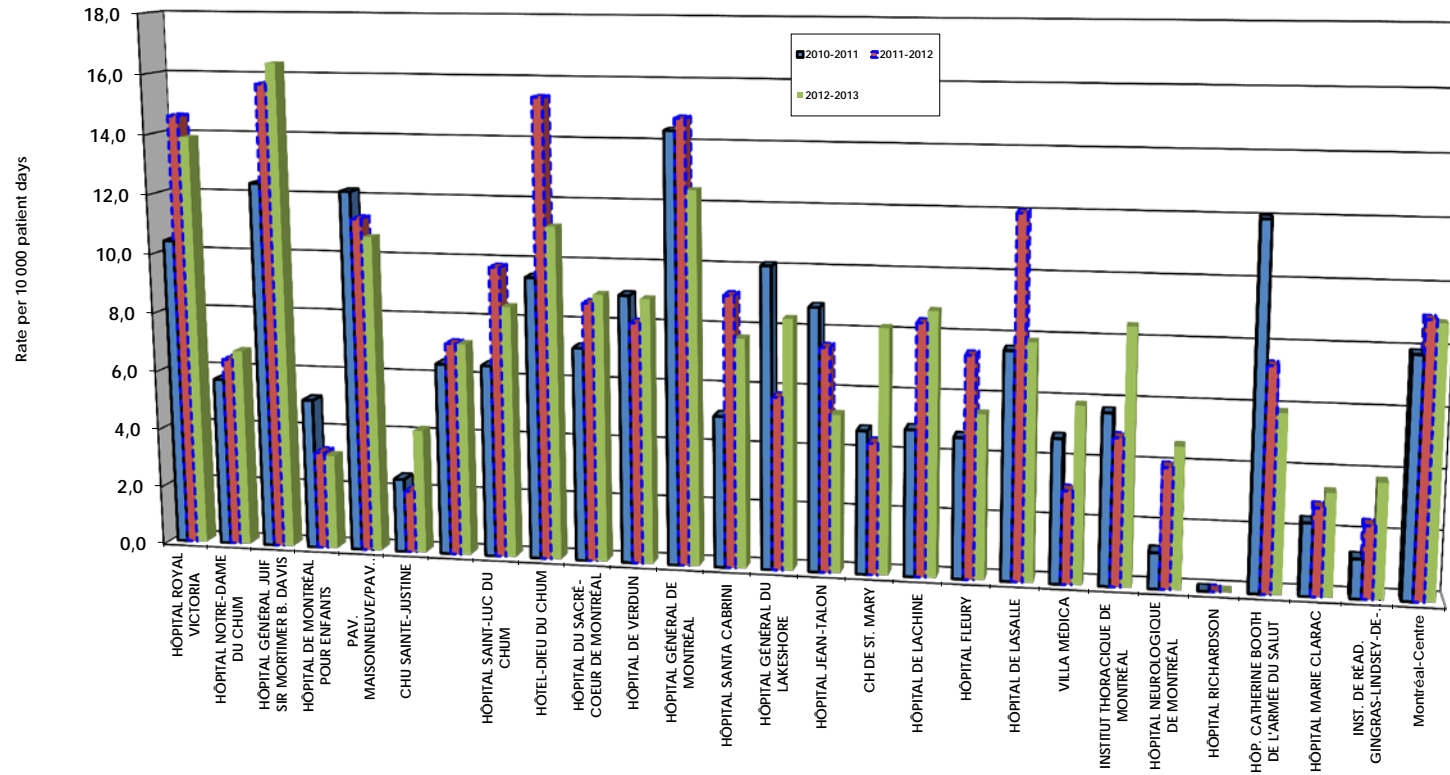
In the category of non-university facilities, the Hôpital Santa Cabrini, which has more than 249 beds and a clientele composed of more than 50% older adults, had a relatively stable rate of 7.7 in 2012-2013. Non-university facilities with 100 to 249 beds whose rates did not vary significantly in 2012-2013 were as follows: the Hôpital de Verdun ( $\geq$  50% older adults) 8.9; the Hôpital général du Lakeshore (35-49% older adults) 8.4; the Hôpital de Lachine ( $\geq$  50% older adults) 8.8; the Hôpital Fleury ( $\geq$  50% older adults) 5.5; the Hôpital de LaSalle (< 35% older adults) 7.9.

Rehabilitation centres with fewer than 100 beds whose incidence rate did not vary significantly in 2012-2013 had the following results: La Villa Medica 5.9; the Hôpital Richardson 0.0; the Hôpital Catherine Booth de l'Armée du Salut 5.9. Lastly, the Hôpital Marie-Clarac is a rehabilitation centre with 100 to 249 beds that had a relatively stable rate of 3.4 in 2012-2013.

The average rate of hospitals in the Montréal-Centre region remained stable at 8.9 in 2012-2013.

## REGION 06, Montréal-Centre

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Montréal-Centre region and Province of Québec, 2010-2011 to 2012-2013



Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 06, Montréal-Centre

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Montréal-Centre region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			Var <sup>3</sup>
				2010-2011	2011-2012	2012-2013	
HÔPITAL ROYAL VICTORIA	UHC	≥ 250	< 35 %	10,4	14,6	13,9	—
HÔPITAL NOTRE-DAME DU CHUM	UHC	≥ 250	35% to 49%	5,7	6,4	6,7	—
HÔPITAL GÉNÉRAL JUIF SIR MORTIMER B. DAVIS	UHC	≥ 250	35% to 49%	12,4	15,7	16,4	Inc.
HÔPITAL DE MONTRÉAL POUR ENFANTS	UHC	100 to 249	Pediatric HC	5,1	3,3	3,2	—
PAV. MAISONNEUVE/PAV. MARCEL-LAMOUREUX	UHC	≥ 250	35% to 49%	12,2	11,3	10,7	—
CHU SAINTE-JUSTINE	UHC	≥ 250	Pediatric HC	2,5	2,1	4,2	Inc.
INSTITUT DE CARDIOLOGIE DE MONTRÉAL	UHC	100 to 249	≥ 50 %	6,5	7,2	7,2	—
HÔPITAL SAINT-LUC DU CHUM	UHC	≥ 250	< 35 %	6,5	9,8	8,5	—
HÔTEL-DIEU DU CHUM	UHC	100 to 249	≥ 50 %	9,5	15,4	11,2	—
HÔPITAL DU SACRE-COEUR DE MONTRÉAL	UHC	≥ 250	35% to 49%	7,2	8,7	9,0	—
HÔPITAL DE VERDUN	HC	100 to 249	≥ 50 %	9,0	8,1	8,9	—
HÔPITAL GÉNÉRAL DE MONTRÉAL	UHC	≥ 250	35% to 49%	14,4	14,8	12,5	—
HÔPITAL SANTA CABRINI	HC	≥ 250	≥ 50 %	5,1	9,1	7,7	—
HÔPITAL GÉNÉRAL DU LAKESHORE	HC	100 to 249	35% to 49%	10,1	5,8	8,4	—
HÔPITAL JEAN-TALON	HC	100 to 249	≥ 50 %	8,8	7,5	5,3	Dec.
CH DE ST. MARY	UHC	100 to 249	< 35 %	4,8	4,4	8,2	Inc.
HÔPITAL DE LACHINE	HC	100 to 249	≥ 50 %	4,9	8,4	8,8	—
HÔPITAL FLEURY	HC	100 to 249	≥ 50 %	4,7	7,4	5,5	—
HÔPITAL DE LASALLE	HC	100 to 249	< 35 %	7,6	12,0	7,9	—
VILLA MÉDICA	RHC	100 to 249	≥ 50 %	4,8	3,1	5,9	—
INSTITUT THORACIQUE DE MONTRÉAL	UHC	< 100	≥ 50 %	5,7	4,9	8,5	—
HÔPITAL NEUROLOGIQUE DE MONTRÉAL	UHC	< 100	< 35 %	1,2	4,0	4,7	—
HÔPITAL RICHARDSON	RHC	< 100	≥ 50 %	0,0	0,0	0,0	—
HÔP. CATHERINE BOOTH DE L'ARMÉE DU SALUT	RHC	< 100	≥ 50 %	12,0	7,4	5,9	—
HÔPITAL MARIE CLARAC	RHC	100 to 249	≥ 50 %	2,4	2,9	3,4	—
INST. DE RÉAD. GINGRAS-LINDSEY-DE-MTL	RHC	100 to 249	≥ 50 %	1,3	2,4	3,8	Inc.
<b>Montréal-Centre</b>		—	—	<b>7,9</b>	<b>9,0</b>	<b>8,9</b>	—
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

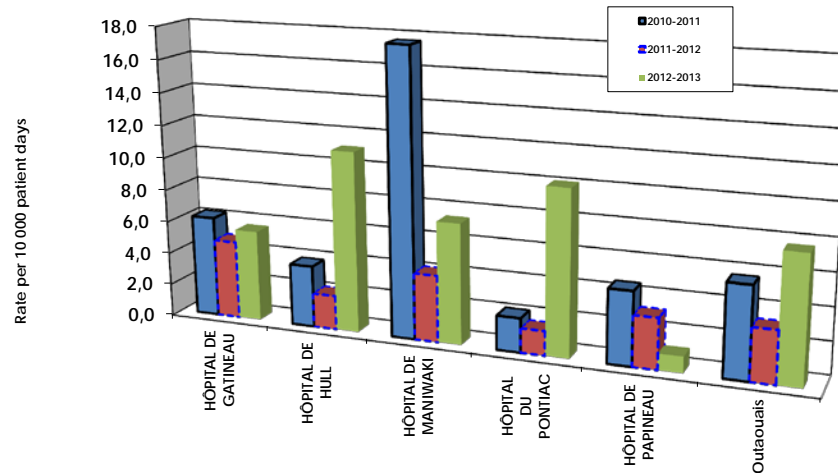
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 07, Outaouais

The 5 hospitals in the Outaouais region have a university mission. Three of these facilities had significant variations in their incidence rates of CDAD in 2012-2013 compared with the two previous years combined. The Hôpital de Papineau, which has fewer than 100 beds and a clientele composed of more than 49% older adults, had a rate of 1.0 cases per 10,000 patient days in 2012-2013; this is a statistically significant decrease. A significant increase in the rate was observed at the Hôpital de Hull which has 250 beds or more and a clientele made up of at least 50% older adults: its rate was 11.1 in 2012-2013. A similar increase was observed at the Hôpital de Pontiac (< 100 beds and 30 to 49% persons aged 65 and over) which had a rate of 10.1 in 2012-2013. The Gatineau (category with 100 to 249 beds and < 35% older adults) and Maniwaki (< 100 beds and ≥ 50% persons aged 65 years and over) hospitals did not show significant variations and had respective rates of 5.6 and 7.4 in 2012-2013. The average rate of facilities participating in the surveillance program in the Outaouais region was 7.7 in 2012-2013, a significant increase compared with the cumulative rate for the 2 previous years.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Outaouais region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Outaouais region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL DE GATINEAU	HC	100 to 249	< 35 %	6,2	4,8	5,6	—
HÔPITAL DE HULL	HC	≥ 250	≥ 50 %	3,8	2,1	11,1	Inc.
HÔPITAL DE MANIWAKI	HC	< 100	≥ 50 %	17,6	4,1	7,4	—
HÔPITAL DU PONTIAC	HC	< 100	35% to 49%	2,1	1,5	10,1	Inc.
HÔPITAL DE PAPINEAU	HC	< 100	≥ 50 %	4,5	3,1	1,0	Dec.
<b>Outaouais</b>		—	—	<b>5,6</b>	<b>3,2</b>	<b>7,7</b>	<b>Inc.</b>
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

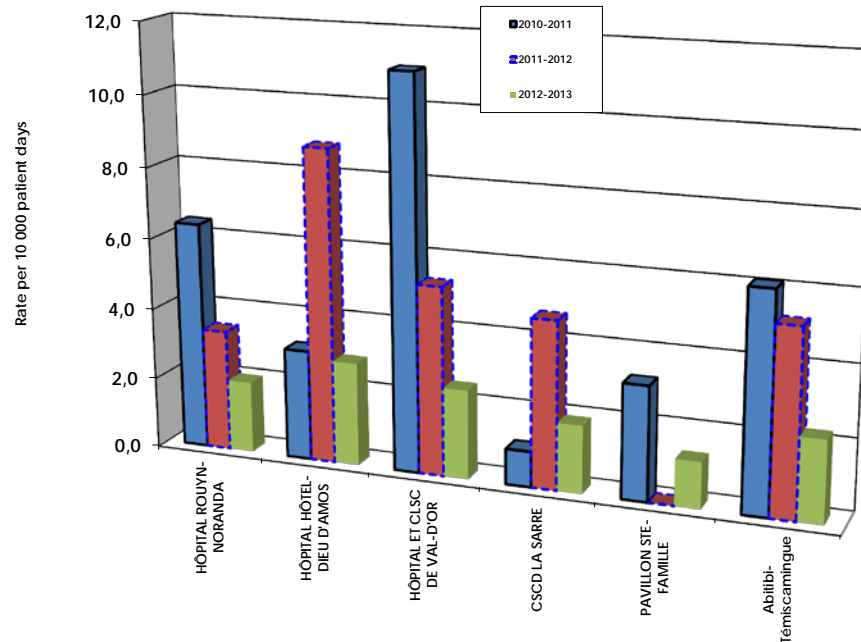
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 08, Abitibi-Témiscamingue

The 5 hospitals in the Abitibi-Témiscamingue region have a non-university mission. The Rouyn-Noronda and Val-d'Or hospitals saw significant decreases in their incidence rate of CDAD in 2012-2013 compared with the two previous years combined. The Hôpital de Rouyn-Noronda, which has 100 to 249 beds and a clientele composed of 35 to 49% older adults, had a rate of 2.0 cases per 10,000 patient days in 2012-2013. The Hôpital et CLSC de Val-d'Or, which has 100 to 249 beds and a clientele composed of less than 35% older adults, had a rate of 2.5 in 2012-2013. The CSCD La Sarre and the Pavillon Ste-Famille, which have fewer than 100 beds and a clientele of 35 to 49% older adults, had respective rates of 1.9 and 1.3 in 2012-2013. The Hôpital Hôtel-Dieu d'Amos (< 100 beds and < 35% older adults) had a rate of 2.9 in 2012-2013. The average rate of all the facilities in the Abitibi-Témiscamingue region decreased significantly to 2.3 in 2012-2013 compared with the cumulative rate for the two previous years.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility Abitibi-Témiscamingue region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility Abitibi-Témiscamingue region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			Var <sup>3</sup>
				2010-2011	2011-2012	2012-2013	
HÔPITAL ROUYN-NORANDA	HC	100 to 249	35% to 49%	6,4	3,4	2,0	Dec.
HÔPITAL HÔTEL-DIEU D'AMOS	HC	< 100	< 35 %	3,1	8,8	2,9	—
HÔPITAL ET CLSC DE VAL-D'OR	HC	100 to 249	< 35 %	11,0	5,3	2,5	Dec.
CSCD LA SARRE	HC	< 100	35% to 49%	1,0	4,7	1,9	—
PAVILLON STE-FAMILLE	HC	< 100	35% to 49%	3,2	0,0	1,3	—
<b>Abitibi-Témiscamingue</b>	—	—	—	<b>6,1</b>	<b>5,2</b>	<b>2,3</b>	<b>Dec.</b>
<b>Province of Québec</b>	—	—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: Clostridium difficile infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial Clostridium difficile-associated diarrhea.

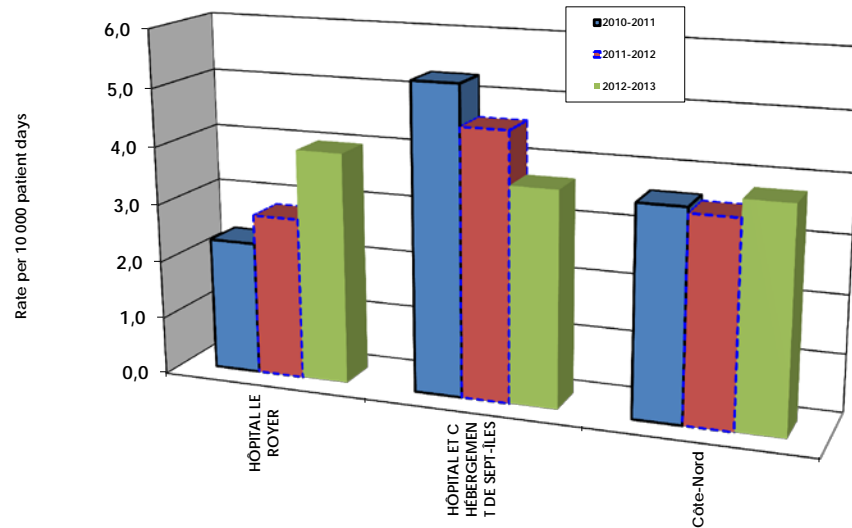
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (Inc.) or decrease (Dec.) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 09, Côte-Nord

The Côte-Nord region has 2 non-university hospitals with fewer than 100 beds that had relatively stable rates in 2012-2013 compared with the 2 previous years combined. The incidence rate for the Hôpital Le Royer whose clientele is composed of 35 to 49% persons aged 65 and over was 4.0 in 2012-2013. The rate was 3.7 for the Hôpital et Centre d'hébergement de Sept-Îles which has a younger clientele (< 35% older adults). Their average rate was 3.8 in 2012-2013.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Côte-Nord region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Côte-Nord region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL LE ROYER	HC	< 100	35% to 49%	2,3	2,8	4,0	—
HÔPITAL ET C. HÉBERGEMENT DE SEPT-ÎLES	HC	< 100	< 35 %	5,3	4,6	3,7	—
Côte-Nord	—	—	—	3,6	3,5	3,8	—
Province of Québec	—	—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

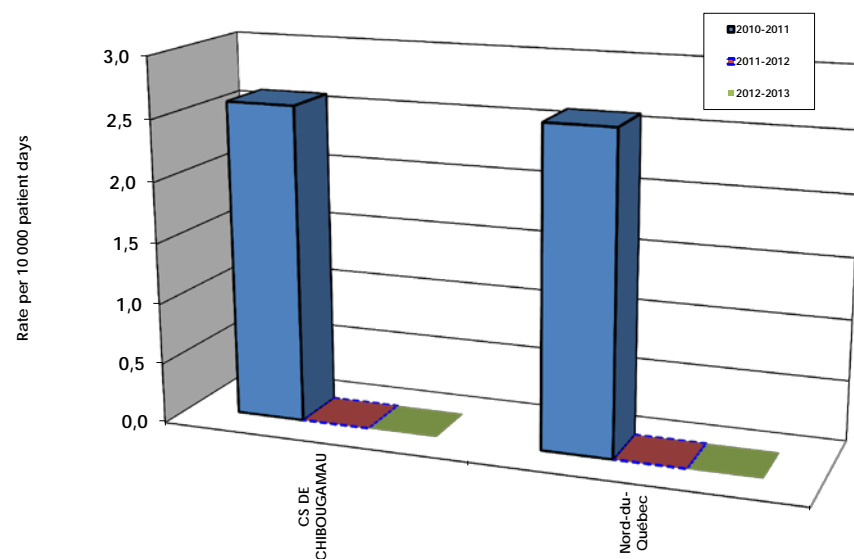
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 10, Nord-du-Québec

The Nord-du-Québec region is served by the Centre de santé de Chibougamau which is a non-university hospital with fewer than 100 beds and a clientele of less than 35% older adults. No cases of nosocomial CDAD were observed at the Centre in 2012-2013. Their incidence was relatively stable.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
 Nord-du-Québec region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
 Nord-du-Québec region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			Var <sup>3</sup>
				2010-2011	2011-2012	2012-2013	
CS DE CHIBOUGAMAU	HC	< 100	< 35 %	2,6	0,0	0,0	—
Nord-du-Québec		—	—	2,6	0,0	0,0	—
Province of Québec		—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

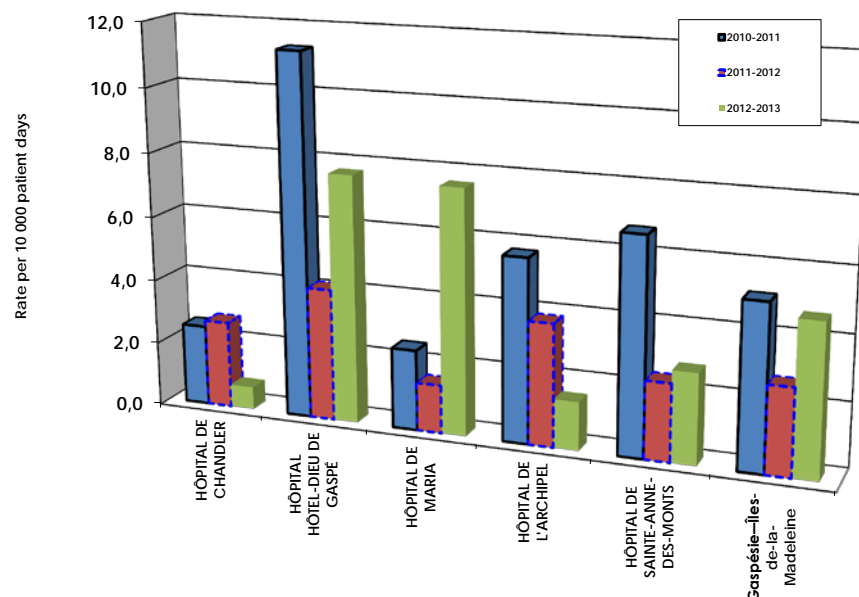
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 11, Gaspésie—Îles-de-la-Madeleine

The Gaspésie—Îles-de-la-Madeleine region has 5 short-term care facilities, all with a non-university mission and fewer than 100 beds. Only the Hôpital de Maria (≥ 50% aged 65 and over) saw a variation in its incidence rate in 2012-2013 compared with the average for the 2 previous years. The rate increased to 7.6 cases per 10,000 patient days in 2012-2013. The Hôpital de Sainte-Anne-des-Monts is the other facility in the region with at least 50% older adults and its rate remained stable in 2012-2013 at 2.8. The remaining 3 facilities, whose clientele is made up of 35 to 49% older adults, are the Hôpital de Chandler, the Hôpital Hôtel-Dieu de Gaspé and the Hôpital de l'Archipel. Their respective rates of nosocomial CDAD were 0.7, 7.7 and 1.5 cases per 10,000 patient days in 2012-2013. The average rate of hospitals in the Gaspésie — Îles-de-la-Madeleine region remained relatively stable with a value of 4.7 in 2012-2013.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Gaspésie—Îles-de-la-Madeleine region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Gaspésie—Îles-de-la-Madeleine region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL DE CHANDLER	HC	< 100	35% to 49%	2,5	2,7	0,7	—
HÔPITAL HÔTEL-DIEU DE GASPÉ	HC	< 100	35% to 49%	11,3	4,1	7,7	—
HÔPITAL DE MARIA	HC	< 100	≥ 50%	2,5	1,5	7,6	Inc.
HÔPITAL DE L'ARCHIPEL	HC	< 100	35% to 49%	5,7	3,8	1,5	—
HÔPITAL DE SAINTE-ANNE-DES-MONTS	HC	< 100	≥ 50%	6,7	2,4	2,8	—
<b>Gaspésie—Îles-de-la-Madeleine</b>		—	—	<b>5,1</b>	<b>2,7</b>	<b>4,7</b>	—
<b>Province of Québec</b>		—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

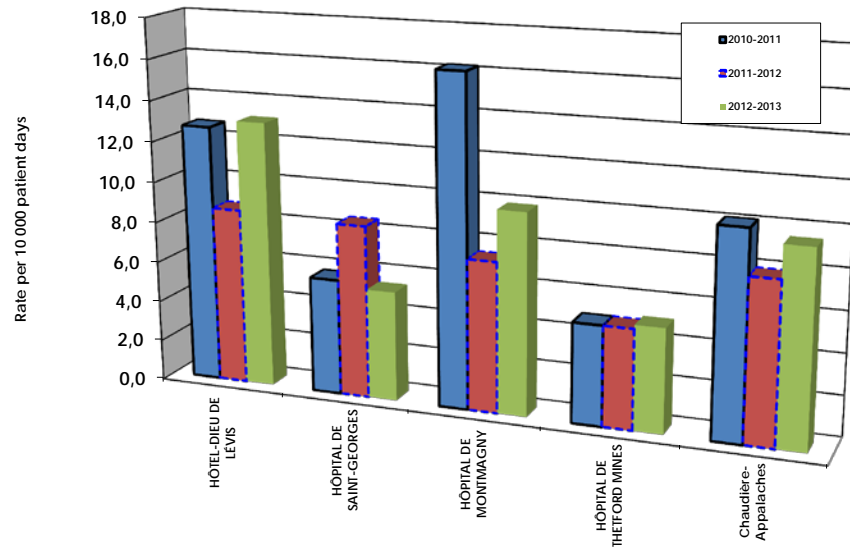
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (Inc.) or decrease (Dec.) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 12, Chaudière-Appalaches

The Chaudière-Appalaches region has 4 hospitals. Their incidence rates of CDAD did not vary significantly in 2012-2013 compared with the 2 previous years. The Hôpital Hôtel-Dieu de Lévis, a university facility with more than 249 beds and a clientele of 35 to 49% older adults, had a rate of 13.1 cases per 10,000 patient days in 2012-2013. The Saint-Georges and Thetford Mines non-university hospitals, which have 100 to 249 beds and a clientele made up of 35 to 49% older adults, had respective rates of 5.4 and 5.1 in 2012-2013. The non-university Hôpital de Montmagny has fewer than 100 beds and its clientele is composed of 35 to 49% older adults. Its rate was 9.9 in 2012-2013. The average rate of hospitals in the Chaudière-Appalaches region remained relatively stable at 9.5 in 2012-2013.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility Chaudière-Appalaches region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility Chaudière-Appalaches region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔTEL-DIEU DE LÉVIS	UHC	≥ 250	35% to 49%	12,7	8,7	13,1	—
HÔPITAL DE SAINT-GEORGES	HC	100 to 249	35% to 49%	5,7	8,5	5,4	—
HÔPITAL DE MONTMAGNY	HC	< 100	35% to 49%	16,2	7,4	9,9	—
HÔPITAL DE THETFORD MINES	HC	100 to 249	35% to 49%	4,9	4,9	5,1	—
Chaudière-Appalaches		—	—	10,1	7,9	9,5	—
Province of Québec		—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

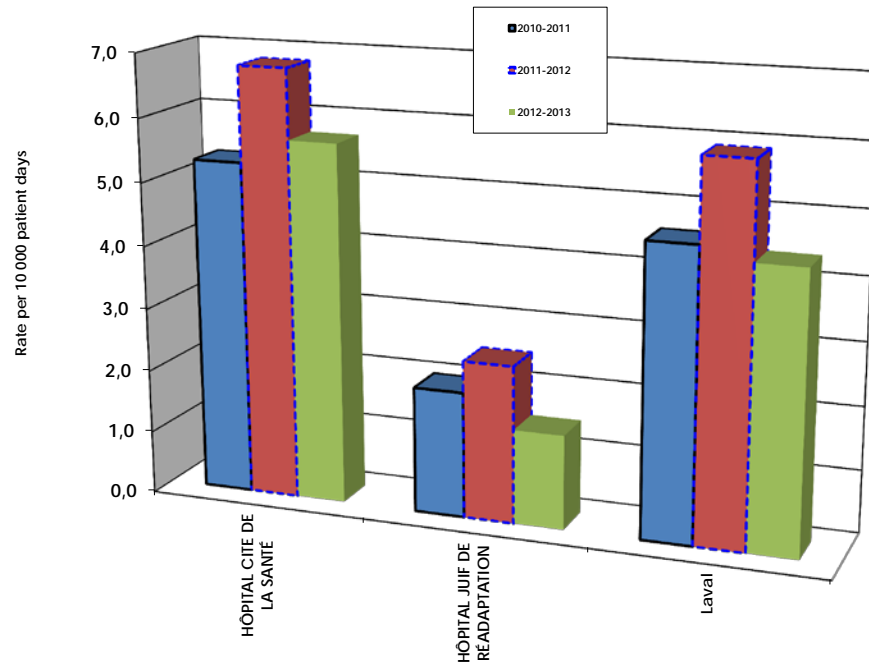
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 13, Laval

The Laval region is served by one non-university hospital and one rehabilitation centre whose incidence rates of CDAD did not vary significantly in 2012-2013 compared with the 2 previous years. The Hôpital Cité de la Santé has more than 250 beds and a clientele made up of less than 35% persons aged 65 and over. Its rate remained stable at 5.7 cases per 10,000 patient days in 2012-2013. The Hôpital juif de réadaptation had a rate of 1.5 in 2012-2013. It has 100 to 249 beds and its clientele is composed of more than 49% older adults.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Laval region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Laval region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL CITE DE LA SANTÉ	HC	≥ 250	35% to 49%	5,3	6,8	5,7	—
HÔPITAL JUIF DE RÉADAPTATION	RHC	100 to 249	≥ 50 %	2,0	2,5	1,5	—
Laval	—	—	—	4,6	5,9	4,4	—
Province of Québec	—	—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

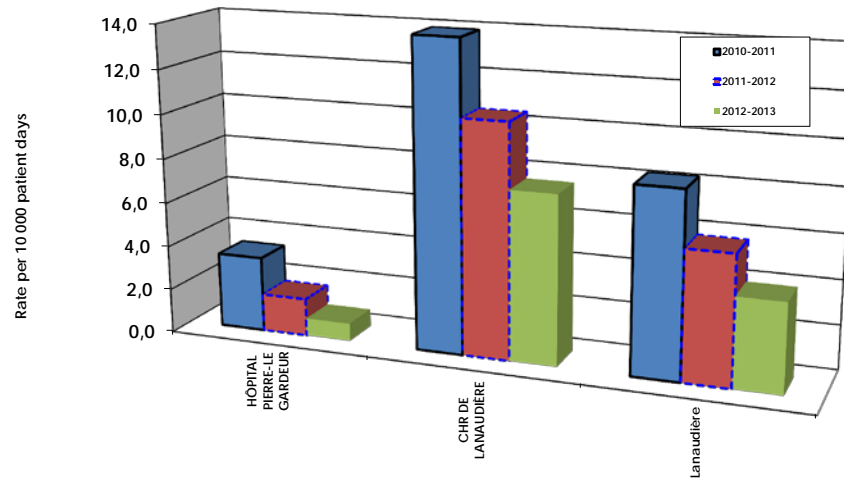
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 14, Lanaudière

The Lanaudière region has 2 non-university hospitals. The incidence rates of these facilities decreased significantly in 2012-2013 compared with the 2 previous years combined. The incidence rate of the Centre hospitalier régional de Lanaudière, which has more than 249 beds and whose clientele is composed of 30 to 49% persons aged 65 and over, was 7.6 cases per 10,000 patient days in 2012-2013. The rate was 0.8 for the Hôpital Pierre-Le Gardeur which has 100 to 249 beds and serves a clientele with less than 35% older adults. Their average rate was 4.0 in 2012-2013, a significant decrease compared with the average rate for the 2 previous years.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Lanaudière region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Lanaudière region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL PIERRE-LE GARDEUR	HC	100 to 249	< 35 %	3,4	1,7	0,8	Dec.
CHR DE LANAUDIÈRE	HC	≥ 250	35% to 49%	13,9	10,5	7,6	Dec.
Lanaudière	—	—	—	8,3	5,8	4,0	Dec.
Province of Québec	—	—	—	7,0	7,3	7,3	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

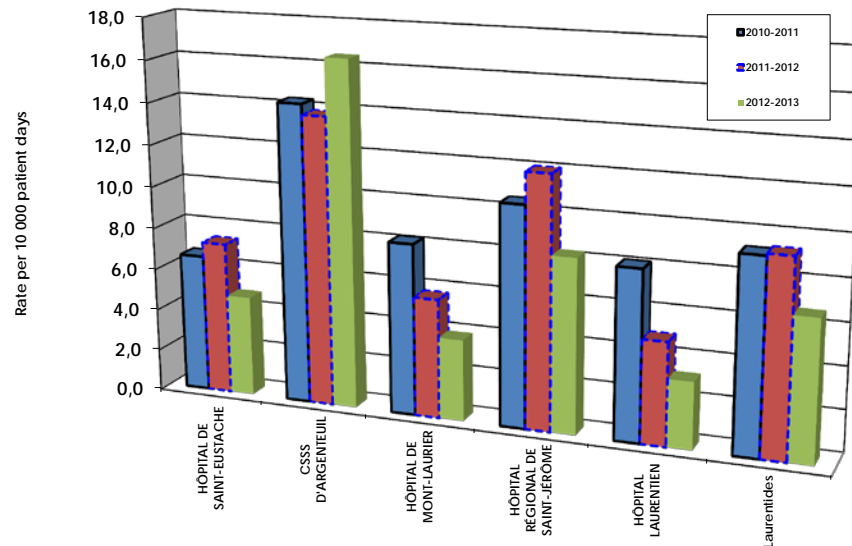
2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 15, Laurentides

Five non-university hospitals serve the population of the Laurentides region. The incidence rates of 3 of these facilities decreased significantly. The Hôpital régional de Saint-Jérôme ( $\geq 250$  beds and 35 to 49% older adults), the Hôpital de Saint-Eustache (100 to 249 beds and 35 to 49% older adults) and the Hôpital Laurentien ( $< 100$  beds and 35 to 49% older adults) had rates of 8.3, 4.8 and 3.2 cases per 10,000 patient days respectively in 2012-2013. The CSSS d'Argenteuil ( $< 100$  beds and  $\geq 50\%$  older adults) and the Hôpital de Mont-Laurier ( $< 100$  beds and 35 to 49% older adults) had relatively stable rates of 16.5 and 3.9 in 2012-2013. The average rate of hospitals in the Laurentides region decreased significantly in 2012-2013 to 6.7.

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Laurentides region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Laurentides region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL DE SAINT-EUSTACHE	HC	100 to 249	35% to 49%	6,6	7,3	4,8	Dec.
CSSS D'ARGENTEUIL	HC	< 100	$\geq 50\%$	14,3	13,8	16,5	—
HÔPITAL DE MONT-LAURIER	HC	< 100	35% to 49%	8,2	5,7	3,9	—
HÔPITAL RÉGIONAL DE SAINT-JÉRÔME	HC	$\geq 250$	35% to 49%	10,5	12,0	8,3	Dec.
HÔPITAL LAURENTIEN	HC	< 100	35% to 49%	8,1	4,9	3,2	Dec.
<b>Laurentides</b>	—	—	—	<b>9,2</b>	<b>9,3</b>	<b>6,7</b>	<b>Dec.</b>
<b>Province of Québec</b>	—	—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

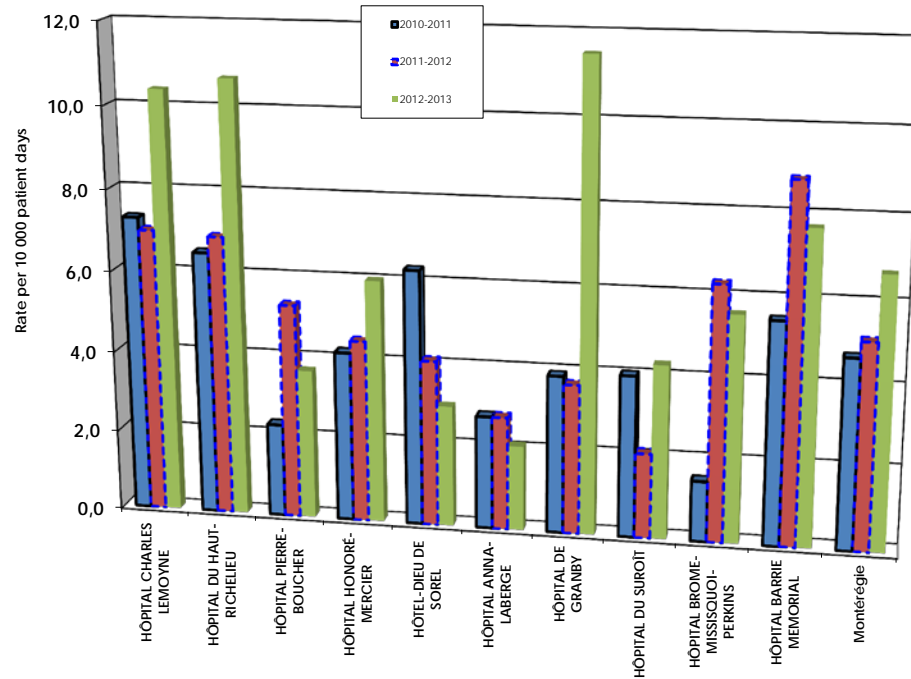
3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

## REGION 16, Montérégie

Ten hospitals participate in the provincial surveillance of CDAD in the Montérégie region. Significant variations in rates in 2012-2013 compared with the average value for the 2 previous years were observed in 4 of these facilities. The Hôtel-Dieu de Sorel, which has 100 to 249 beds and a clientele of 35 to 49% older adults, saw its rate decrease to 3.0 in 2012-2013. Furthermore, 3 hospitals saw their rates increase: the Hôpital universitaire Charles-Lemoyne ( $\geq 250$  beds and 35 to 49% older adults), the Hôpital du Haut-Richelieu ( $\geq 250$  beds and 35 to 49% older adults) and the Hôpital de Granby (100 to 249 beds and 35 to 49% older adults) with 10.4, 10.7 and 11.5 cases per 10,000 patient days in 2012-2013 respectively. Relatively stable rates were observed in the region's 6 remaining hospitals. The Hôpital Pierre-Boucher, which has more than 249 beds and serves a clientele composed of 35 to 49% older adults, had a rate of 3.7 in 2012-2013. Three facilities with 100 to 249 beds and a proportion of 35 to 49% older adults had stable rates in 2012-2013, namely, the Hôpital Honoré-Mercier, the Hôpital Anna-Laberge and the Hôpital du Suroit which had respective values of 6.0, 2.1 and 4.3. Two facilities with fewer than 100 beds complete the list of hospitals, the Hôpital Brome-Missisquoi-Perkins (35 to 45% older adults) and the Hôpital Barrie Memorial ( $\geq 50\%$  older adults) which had relatively stable rates of 5.6 and 7.7 cases per 10,000 patient days in 2012-2013 respectively. The average rate of facilities in the Montérégie region increased significantly in 2012-2013 to reach 6.7.

## REGION 16, Montérégie

Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Montérégie region and Province of Québec, 2010-2011 to 2012-2013



Incidence rate (new cases/10,000 patient days) of nosocomial CDAD<sup>1</sup> by administrative year and facility  
Montérégie region and Province of Québec, 2010-2011 to 2012-2013

Territory and facility	Mission <sup>2</sup>	Number of beds	% aged 65 and over	Incidence rate			
				2010-2011	2011-2012	2012-2013	Var <sup>3</sup>
HÔPITAL CHARLES LEMOYNE	UHC	≥ 250	35% to 49%	7,3	7,0	10,4	Inc.
HÔPITAL DU HAUT-RICHELIEU	HC	≥ 250	35% to 49%	6,5	6,9	10,7	Inc.
HÔPITAL PIERRE-BOUCHER	HC	≥ 250	35% to 49%	2,3	5,3	3,7	—
HÔPITAL HONORE-MERCIER	HC	100 to 249	35% to 49%	4,2	4,5	6,0	—
HÔTEL-DIEU DE SOREL	HC	100 to 249	35% to 49%	6,3	4,1	3,0	Dec.
HÔPITAL ANNA-LABERGE	HC	100 to 249	35% to 49%	2,8	2,8	2,1	—
HÔPITAL DE GRANBY	HC	100 to 249	35% to 49%	3,9	3,7	11,5	Inc.
HÔPITAL DU SUROIT	HC	100 to 249	35% to 49%	4,0	2,1	4,3	—
HÔPITAL BROME-MISSISQUOI-PERKINS	HC	< 100	35% to 49%	1,5	6,3	5,6	—
HÔPITAL BARRIE MEMORIAL	HC	< 100	≥ 50 %	5,5	8,8	7,7	—
<b>Montérégie</b>	—	—	—	<b>4,7</b>	<b>5,1</b>	<b>6,7</b>	<b>Inc.</b>
<b>Province of Québec</b>	—	—	—	<b>7,0</b>	<b>7,3</b>	<b>7,3</b>	—

Source of data: *Clostridium difficile* infections surveillance system, INSPQ.

Notes: 1. CDAD: nosocomial *Clostridium difficile*-associated diarrhea.

2. Mission: HC: hospital centre; RHC: regional hospital centre; UHC: university hospital centre.

3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.