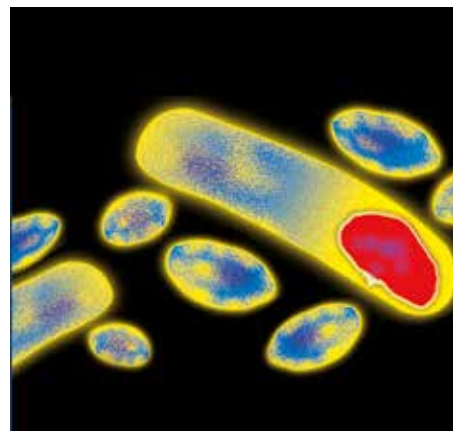


Surveillance Data on

clostridium difficile

Associated Diarrhea in Québec Hospitals

News Bulletin n° 31, 2013-2014



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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* (CDAD), 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 prevention and control measures can be adopted.

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

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 administrative period (approximately 28 days) are presented for all participating hospitals in Québec from 2004-2005 to 2013-2014 (["Province of Québec" sheet](#)).

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 hospitals are presented for the last three administrative years of observation (["Facility groups" sheet](#)).

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%). The groups were determined by the Ministère de la Santé et des Services sociaux du Québec (MSSS) on March 31, 2014. An assessment of the fluctuation in rates for last year compared with the rates 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" sheet contains links to sheets for the sixteen participating regions. They are represented by specific sheets (["Health region 01" to "Health region 16" sheets](#)).

The annual rates are sufficiently accurate to analyze the local epidemiology and make comparisons with relatively similar institutions. 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

The surveillance data on *Clostridium difficile* –associated diarrhea refers exclusively 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 days present. Days present 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 100, we obtain 1,000 days present. This unit of measurement allows the level of hospital activity (bed occupancy), to be taken into account. This measure of patient exposure fluctuates over time and between hospitals. Thus incidence rates express the number of cases per 10,000 days present. 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.

Caution

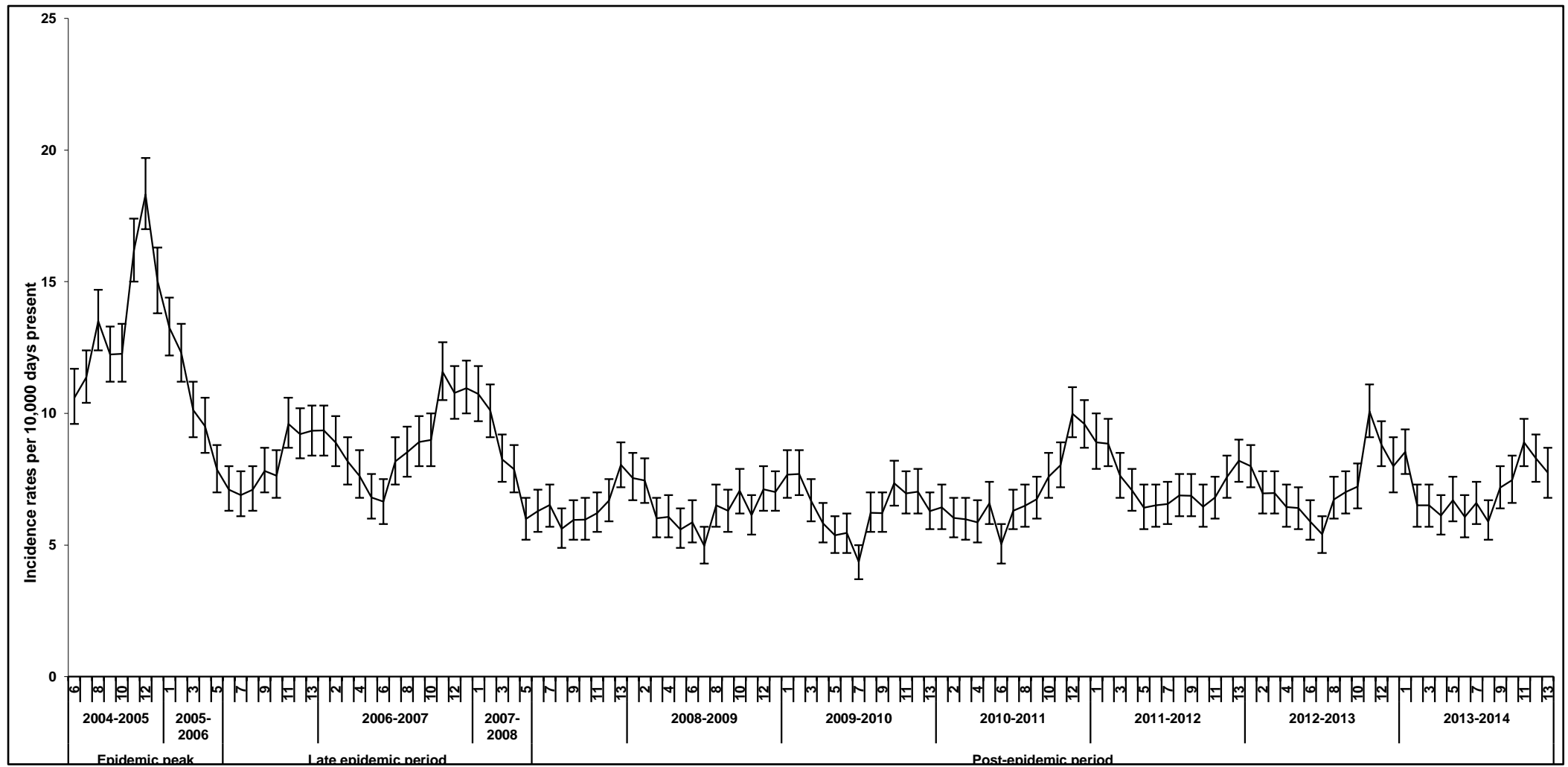
It is important to **remember to be cautious when interpreting data on the incidence** of CDAD in hospitals, especially when comparing institutions and regions. In addition to hospitals' mission, their number of beds and the proportion of users aged 65 and over, other factors can influence rates, including 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, antibiotics use, 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 produced by the INSPQ's website at the following address: www.inspq.qc.ca.

Trends in incidence rates in Québec

Incidence rates of CDAD fluctuate over administrative periods, seasons and years (figure below). In general, annual peaks are observed in winter or spring (periods 10 to 13 and 1 to 2). Since CDAD surveillance began in 2004-2005, three epidemic periods have been identified: the epidemic peak (2004-2005 and early 2005-2006), the late epidemic period (late 2005-2006 to early 2007-2008) and the post-epidemic period (late 2007-2008 to today). In 2013-2014, the maximum rate (peak) occurred in period 11 (January 12 – February 8, 2013) with a rate of 8.9 cases/10,000 days present. This year falls within the post-epidemic period which had lower seasonal peaks than in previous periods. The peak rates in 2010-2011 and 2012-2013 were the highest for the post-epidemic period with rates of 10 and 10.1 cases per 10,000 days present, respectively. Although they do not differ significantly from those for the late epidemic period which culminated with 11.6 cases/10,000 days present, they differ significantly from those for the peak epidemic period which saw a record rate of 18.3 cases/10,000 days present in 2004-2005.

Trends in incidence rates of healthcare-associated CDAD by period and their confidence interval (threshold of 95%) in the 88 facilities that participated in all the surveillance years, 2004-2005 to 2013-2014.



Source : Surveillance of healthcare-associated 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). Average rates are calculated for each of the ten groups to compare or assess facilities' results based on these three criteria which influence the incidence of CDAD (table below).

The group of facilities (3) with a **non-university mission with fewer than 100 beds and a clientele composed of less than 35% persons aged 65 and over (older adults)** had an average rate of 2.5 cases per 10,000 days present in 2013-2014. This rate was stable compared with the rates for the two previous years and none of the three facilities showed an upward or downward trend in their rate.

The group of facilities (29) with a **non-university mission with fewer than 100 beds and a clientele composed of more than 35% older adults** had an average rate of 5.6 cases per 10,000 days present in 2013-2014 which was stable compared with the rates for the two previous years.

Two hospitals in this category saw significant fluctuations in their rates: the Hôpital et CR de Jonquière (Saguenay — Lac-Saint-Jean) showed an increase in its rate with a value of 10.1 in 2013-2014, while the Hôpital Laurentien (Laurentides) showed a decrease with a rate of 3.7.

The group of facilities (27) with a **non-university mission with 100 beds or more and a clientele composed of more than 35% older adults** had an average rate that was stable at 7.1 cases per 10,000 days present in 2013-2014.

Four hospitals in this category showed significant decreases in their rates in 2013-2014: the Hôtel Dieu d'Arthabaska (3.4), the Hôpital Cité de la Santé (4.1), the Hôpital Honoré-Mercier (2.7) and the Hôpital de Granby (6.8).

Significant increases in rates were observed at the Hôpital d'Alma (8.1), the Hôpital Fleury (13.3), the Hôpital de Saint-Georges (12.3), the CHR de Lanaudière (16.1), the Hôpital du Haut-Richelieu (17.1) and the Hôpital Anna-Laberge (7.5).

The group of facilities (6) with a **university mission with 100 beds or more and a clientele composed of less than 35% older adults** had an average rate that was stable at 7.8 cases per 10,000 days present in 2013-2014. There was a significant change in rates (decrease) in two facilities: the Hôpital Royal Victoria and the CH de St. Mary with rates of 10.9 and 4.7 respectively in 2013-2014.

The group of facilities (15) with a **university mission with 100 beds or more and 35% or more older adults** had a stable average rate of 8.8 cases per 10,000 days present in 2013-2014. Two facilities showed significant decreases in their rates in 2013-2014:

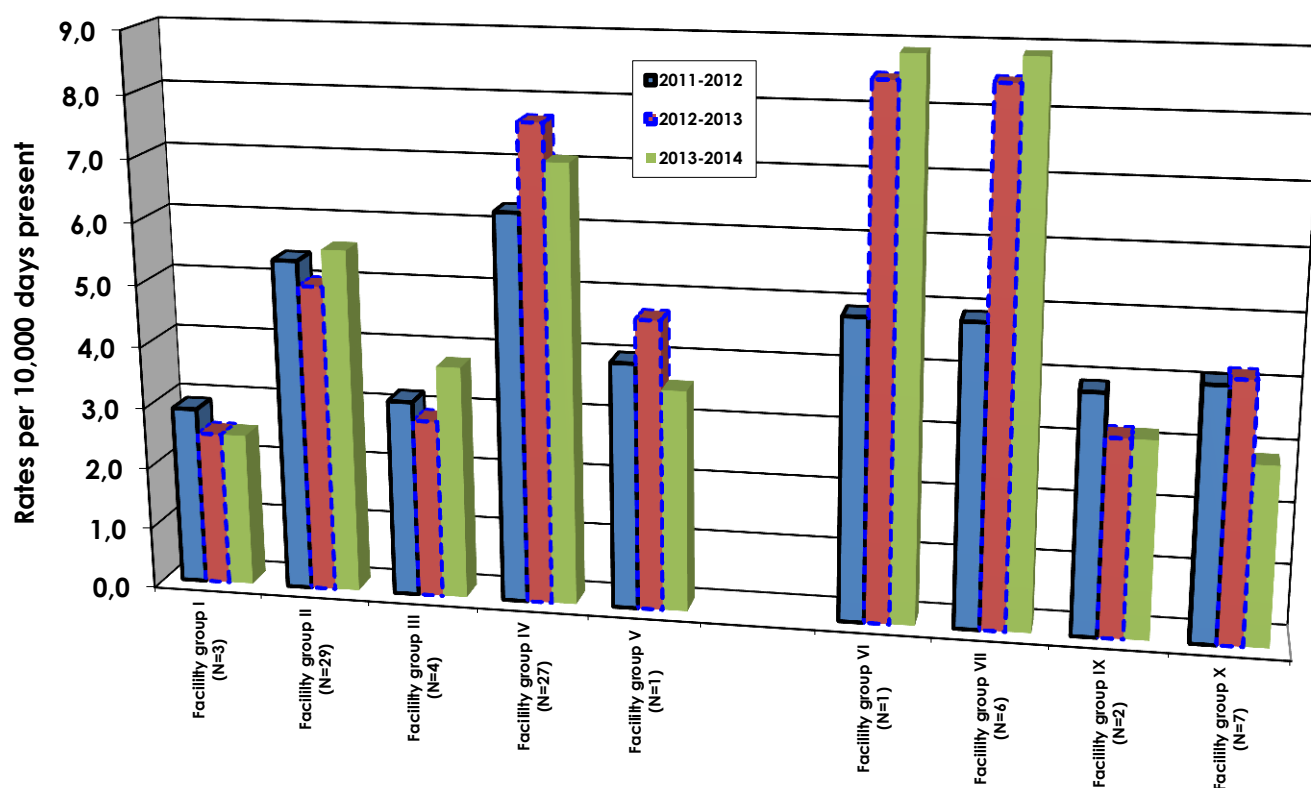
the Pavillon St-Joseph and the Hôpital Général Juif Sir Mortimer B. Davis with rates of 8.8 and 8.3 respectively in 2013-2014.

Significant increases in rates were observed at the Pavillon Hôtel-Dieu de Québec (13.7) and the Hôpital Notre-Dame du CHUM (9.8). Of the **pediatric hospitals (2)**, only the CHU Sainte-Justine showed a significant change in its rate in 2013-2014, which decreased to 2.2 cases per 10 000 days present.

The group of **rehabilitation** facilities (7) had a stable average rate of 7.1 in 2013-2014. Only the Hôpital Catherine-Booth de l'Armée du Salut showed a significant change in its rate 2013-2014, decreasing to 1.7 cases per 10,000 days present.

Lastly, the rate for **all facilities (95) participating** in Québec's surveillance program remained stable in 2013-2014 with an average rate of 7.1 cases per 10,000 days present compared with the rate for the two previous years combined.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2011-2012 to 2013-2014



Facility groups:

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

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2011-2012 to 2013-2014

Territory and group	Facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates				
					2011-2012	2012-2013	2013-2014	Var ³	
Facility group I (N=3)									
		Non-university	< 100 beds	< 35%					
Abitibi-Témiscamingue	HÔPITAL HÔTEL-DIEU D'AMOS		< 100	< 35%	8,8	2,9	3,3	—	
Côte-Nord	HÔPITAL ET C HÉBERGEMENT DE SEPT-ÎLES		< 100	< 35%	4,6	3,7	1,6	—	
Nord-du-Québec	CS DE CHIBOUGAMAU		< 100	< 35%	0	0	3,1	—	
Group total			—	—	2,9	2,5	2,5		
Facility group II (N=29)									
		Non-university	< 100 beds	≥ 35%					
Bas-Saint-Laurent	HÔPITAL NOTRE-DAME-DE-FATIMA		< 100	≥ 50%	8,2	9,8	7,8	—	
	HÔPITAL DE MATANE		< 100	35% to 49%	3,7	1,6	3,1	—	
	HÔPITAL D'AMQUI		< 100	≥ 50%	17,8	9,7	6,2	—	
	HÔPITAL DE NOTRE-DAME-DU-LAC		< 100	≥ 50%	7,1	0,0	2,4	—	
Saguenay—Lac-Saint-Jean	HÔPITAL ET CR DE JONQUIÈRE		< 100	≥ 50%	3,6	3	10,1	Inc.	
	HÔPITAL DE DOLBEAU-MISTASSINI		< 100	35% to 49%	2,9	4,7	3,2	—	
Capitale-Nationale	HÔPITAL DE BAIE-SAINT-PAUL		< 100	≥ 50%	5,5	1,4	1,2	—	
	HÔPITAL DE LA MALBAIE		< 100	35% to 49%	14,4	4,2	8	—	
Mauricie et Centre-du-Québec	CSSS DU HAUT-SAINT-AURICE		< 100	35% to 49%	4	8,5	4,3	—	
Estrie	CSSS MÉMPHREMAGOG		< 100	≥ 50%	4,4	6,1	2,8	—	
	CSSS DU GRANIT		< 100	35% to 49%	0	3,1	1	—	
Outaouais	HÔPITAL DE MANIWAKI		< 100	≥ 50%	4,1	7,4	5,3	—	
	HÔPITAL DU PONTIAC		< 100	35% to 49%	1,5	10,1	5,2	—	
	HÔPITAL DE PAPINEAU		< 100	≥ 50%	3,1	1	2,5	—	
Abitibi-Témiscamingue	CSCD LA SARRE		< 100	35% to 49%	4,7	1,9	6,1	—	
	PAVILLON STE-FAMILLE		< 100	35% to 49%	0	1,3	2,8	—	
Côte-Nord	HÔPITAL LE ROYER		< 100	35% to 49%	2,8	4	3,5	—	
Gaspésie—Îles-de-la-Madeleine	HÔPITAL DE CHANDLER		< 100	35% to 49%	2,7	0,7	3,6	—	
	HÔPITAL HÔTEL-DIEU DE GASPÉ		< 100	35% to 49%	4,1	7,7	3,9	—	
	HÔPITAL DE MARIA		< 100	≥ 50%	1,5	7,6	10	—	
	HÔPITAL DE L'ARCHIPEL		< 100	35% to 49%	3,8	1,5	4,3	—	
	HÔPITAL DE SAINTE-ANNE-DES-MONTS		< 100	≥ 50%	2,4	2,8	1,2	—	
Chaudière-Appalaches	HÔPITAL DE MONTMAGNY		< 100	35% to 49%	7,4	9,9	11,4	—	
Laurentides	CSSS D'ARGENTEUIL		< 100	≥ 50%	13,8	16,5	14,2	—	
	HÔPITAL DE MONT-LAURIER		< 100	35% to 49%	5,7	3,9	3,5	—	
	HÔPITAL LAURENTIEN		< 100	35% to 49%	4,9	3,2	3,7	Dec.	
Montérégie	HÔPITAL BROME-MISSISQUOI-PERKINS		< 100	35% to 49%	6,3	5,6	2,8	—	
	HÔPITAL BARRIE MEMORIAL		< 100	≥ 50%	8,8	7,7	7,1	—	
Group total			—	—	5,4	5,0	5,6		

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2011-2012 to 2013-2014

Territory and group	Facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
					2011-2012	2012-2013	2013-2014	Var ³
Facility group III (N=4)								
		Non-university	≥ 100 beds	< 35%				
Montréal	HÔPITAL DE LASALLE		100 to 249	< 35%	12	7,9	9,4	—
Outaouais	HÔPITAL DE GATINEAU		100 to 249	< 35%	4,8	5,6	3,2	Dec.
Abitibi-Témiscamingue	HÔPITAL ET CLSC DE VAL-D'OR		100 to 249	< 35%	5,3	2,5	0,7	—
	HÔPITAL ROUYN-NORANDA		100 to 249	< 35%	3,4	2	3,9	—
Group total			—	—	3,2	2,9	3,8	
Facility group IV (N=27)								
		Non-university	≥ 100 beds	≥ 35%				
Bas-Saint-Laurent	HÔPITAL RÉGIONAL DE RIMOUSKI		100 to 249	35% to 49%	16,0	7,0	5,1	—
	CHR DU GRAND-PORTAGE		100 to 249	35% to 49%	3,1	2,6	2,7	—
Saguenay—Lac-Saint-Jean	HÔPITAL, CLSC ET CH DE ROBERVAL		100 to 249	35% to 49%	1,2	3	2	—
	HÔPITAL D'ALMA		100 to 249	35% to 49%	8,8	3,2	8,1	Inc.
Mauricie et Centre-du-Québec	HÔTEL-DIEU D'ARTHABASKA		100 to 249	35% to 49%	6,9	6,4	3,4	Dec.
	HÔPITAL DU CENTRE-DE-LA-MAURICIE		100 to 249	≥ 50%	4	3	4,1	—
Montréal	HÔPITAL SAINTE-CROIX		100 to 249	35% to 49%	10,6	4,4	4,3	—
	HÔPITAL DE VERDUN		100 to 249	≥ 50%	8,1	8,9	6,6	—
	HÔPITAL SANTA CABRINI		≥ 250	≥ 50%	9,1	7,7	9,5	—
	HÔPITAL GÉNÉRAL DU LAKESHORE		100 to 249	35% to 49%	5,8	8,4	10,2	—
	HÔPITAL JEAN-TALON		100 to 249	≥ 50%	7,5	5,3	7,9	—
	HÔPITAL DE LACHINE		100 to 249	≥ 50%	8,4	8,8	9,8	—
Outaouais	HÔPITAL FLEURY		100 to 249	≥ 50%	7,4	5,5	13,3	Inc.
	HÔPITAL DE HULL		≥ 250	≥ 50%	2,1	11,1	10,2	—
Abitibi-Témiscamingue	HÔPITAL ROUYN-NORANDA		100 to 249	35% to 49%	3,4	2	3,9	—
Chaudière-Appalaches	HÔPITAL DE SAINT-GEORGES		100 to 249	35% to 49%	8,5	5,4	12,3	Inc.
	HÔPITAL DE THETFORD MINES		100 to 249	35% to 49%	4,9	5,1	8	—
Laval	HÔPITAL CITE DE LA SANTÉ		≥ 250	35% to 49%	6,8	5,7	4,1	Dec.
Lanaudière	CHR DE LANAUDIÈRE		≥ 250	35% to 49%	10,5	7,6	16,1	Inc.
	HÔPITAL PIERRE-LE GARDEUR		100 to 249	35% to 49%	1,7	0,8	2	—
Laurentides	HÔPITAL DE SAINT-EUSTACHE		100 to 249	35% to 49%	7,3	4,8	5,7	—
	HÔPITAL RÉGIONAL DE SAINT-JÉRÔME		≥ 250	35% to 49%	12	8,3	8,9	—
Montérégie	HÔPITAL DU HAUT-RICHELIEU		≥ 250	35% to 49%	6,9	10,7	17,1	Inc.
	HÔPITAL PIERRE-BOUCHER		≥ 250	35% to 49%	5,3	3,7	4,4	—
	HÔPITAL HONORÉ-MERCIER		100 to 249	35% to 49%	4,5	6	2,7	Dec.
	HÔTEL-DIEU DE SOREL		100 to 249	35% to 49%	4,1	3	1,6	—
	HÔPITAL ANNA-LABERGE		100 to 249	35% to 49%	2,8	2,1	7,5	Inc.
	HÔPITAL DE GRANBY		100 to 249	35% to 49%	3,7	11,5	6,8	Dec.
	HÔPITAL DU SUROIT		100 to 249	35% to 49%	2,1	4,3	3	—
Group total			—	—	6,3	7,7	7,1	
Facility group V (N=1)								
		University	< 100 beds	< 35%				
Montréal	HÔPITAL NEUROLOGIQUE DE MONTRÉAL		< 100	< 35%	4	4,7	3,6	—
Group total			—	—	4,0	4,7	3,6	
Facility group VI (N=1)								
		University	< 100 beds	≥ 35%				
Montréal	INSTITUT THORACIQUE DE MONTRÉAL		< 100	≥ 50%	4,9	8,5	8,9	—
Group total			—	—	4,9	8,5	8,9	

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and participating facilities grouped together based on their characteristics, in Québec, 2011-2012 to 2013-2014

Territory and group	Facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
					2011-2012	2012-2013	2013-2014	Var ³
Facility group VII (N=6)								
		University	≥ 100 beds	< 35%				
Capitale-Nationale	PAVILLON CH DE L'UNIVERSITÉ LAVAL		≥ 250	< 35%	5	3,2	4,3	—
	PAVILLON SAINT-FRANCOIS D'ASSISE		≥ 250	< 35%	11,3	16,1	14,3	—
Etrie	CHUS - HÔPITAL FLEURIMONT		≥ 250	< 35%	2,4	2,5	3,3	—
Montréal	HÔPITAL ROYAL VICTORIA		≥ 250	< 35%	14,6	13,9	10,9	Dec.
	HÔPITAL SAINT-LUC DU CHUM		≥ 250	< 35%	9,8	8,5	9,2	—
	CH DE ST. MARY		100 to 249	< 35%	4,4	8,2	4,7	Dec.
Group total			—	—	8,5	7,8	7,8	
Facility group VIII (N=16)								
		University	≥ 100 beds	≥ 35%				
Saguenay-Lac-Saint-Jean	HÔPITAL DE CHICOUTIMI		≥ 250	35% to 49%	3,5	6,4	8	—
Capitale nationale	HÔPITAL DE L'ENFANT-JÉSUS		≥ 250	35% to 49%	6,9	6,8	5	—
	PAVILLON L'HÔTEL-DIEU DE QUÉBEC		≥ 250	35% to 49%	9,9	7,7	13,7	Inc.
	HÔPITAL DU SAINT-SACREMENT		≥ 250	≥ 50%	5,3	7,9	5,7	—
	INST. UNIV. DE CARDIO ET DE PNEUMO DE QUÉBEC		≥ 250	≥ 50%	8,7	6,1	5,2	—
Mauricie et Centre-du-Québec	PAVILLON ST-JOSEPH		≥ 250	35% to 49%	11,9	14,9	8,8	Dec.
Etrie	CHUS - HÔTEL-DIEU		100 to 249	≥ 50%	3,7	3	4,5	—
Montréal	HÔPITAL NOTRE-DAME DU CHUM		≥ 250	35% to 49%	6,4	6,7	9,8	Inc.
	HÔPITAL GÉNÉRAL JUIF SIR MORTIMER B. DAVIS		≥ 250	35% to 49%	15,7	16,4	8,3	Dec.
	PAV. MAISONNEUVE/PAV. MARCEL-LAMOUREUX		≥ 250	35% to 49%	11,3	10,7	10,8	—
	INSTITUT DE CARDIOLOGIE DE MONTRÉAL		100 to 249	≥ 50%	7,2	7,2	6,3	—
	HÔTEL-DIEU DU CHUM		100 to 249	≥ 50%	15,4	11,2	14	—
	HÔPITAL DU SACRÉ-COEUR DE MONTRÉAL		≥ 250	35% to 49%	8,7	9	7,7	—
	HÔPITAL GÉNÉRAL DE MONTRÉAL		≥ 250	35% to 49%	14,8	12,5	11,8	—
Chaudière-Appalaches	HÔTEL-DIEU DE LÉVIS		≥ 250	35% to 49%	8,7	13,1	10,9	—
Montréal	HÔPITAL CHARLES LEMOYNE		≥ 250	35% to 49%	7	10,4	8,3	—
Group total			—	—	10,2	8,8	8,8	
Facility group IX (N=2)								
		Pediatric	—	—				
Montréal	HÔPITAL DE MONTRÉAL POUR ENFANTS		100 à 249		3,3	3,2	5,9	—
	CHU SAINTE-JUSTINE		≥ 250		2,1	4,2	2,2	Dec.
Group total			—	—	3,9	3,2	3,2	
Facility group X (N=6)								
		Rehabilitation	—	—				
Montréal	VILLA MEDICA		100 to 249	≥ 50%	3,1	5,9	3,5	—
	HÔPITAL RICHARDSON		< 100	≥ 50%	0	0	0	—
	HÔP. CATHERINE BOOTH DE L'ARMÉE DU SALUT		< 100	≥ 50%	7,4	5,9	1,7	Dec.
	HÔPITAL MARIE CLARAC		100 to 249	≥ 50%	2,9	3,4	2,6	—
	INST. DE RÉAD. GINGRAS-LINDSEY-DE-MTL		100 to 249	≥ 50%	2,4	3,8	4,6	—
Laval	HÔPITAL JUIF DE RÉADAPTATION		100 to 249	≥ 50%	2,5	1,5	2,9	—
Group total			—	—	4,1	4,2	2,9	
Province of Québec	Total for facilities in Québec (N=95)	—	—	—	7,3	7,3	7,1	—

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

- Notes :
1. CDAD : Clostridium difficile -associated diarrhea.
 2. Mission : CH : 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%.

FACILITY GROUPS BY HEALTH REGION

Facilities in 16 regions participate in Québec's CDAD surveillance program (table below).

The average rate for participating facilities was 7.1 cases per 10,000 days present in 2013-2014.

The average rates of facility groups by region for 2013-2014 decreased significantly compared with the rates for previous years in the Mauricie and Centre-du-Québec (6.1), Montréal (8.2), Outaouais (5.9) regions.

Significant increases were observed in the Saguenay-Lac-Saint-Jean, Lanaudière (8.4) and Nord-du-Québec regions where the rates were 7.2 and 3.1 cases per 10,000 days present in 2013-2014.

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

PROVINCE OF QUÉBEC

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and health region
Province of Québec, 2011-2012 to 2013-2014

Regional territories	Incidence rates			Var ³
	2011-2012	2012-2013	2013-2014	
01 - Bas-Saint-Laurent	10,3	5,3	4,3	—
02 - Saguenay—Lac-Saint-Jean	3,8	4,6	7,2	Inc.
03 - Capitale-Nationale	7,9	7,6	7,7	—
04 - Mauricie et Centre-du-Québec	9,2	9,2	6,1	Dec.
05 - Estrie	2,9	2,9	3,6	—
06 - Montréal	9,0	8,9	8,2	Dec.
07 - Outaouais	3,2	7,7	5,9	Dec.
08 - Abitibi-Témiscamingue	5,2	2,3	2,9	—
09 - Côte-Nord	3,5	3,8	2,6	—
10 - Nord-du-Québec	0,0	0,0	3,1	Inc.
11 - Gaspésie-Îles-de-la-Madeleine	2,7	4,7	5,4	—
12 - Chaudière-Appalaches	7,9	9,5	10,9	—
13 - Laval	5,9	4,4	3,8	—
14 - Lanaudière	5,8	4,0	8,4	Inc.
15 - Laurentides	9,3	6,7	7,1	—
16 - Montérégie	5,1	6,7	6,9	—
Province de Québec	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.

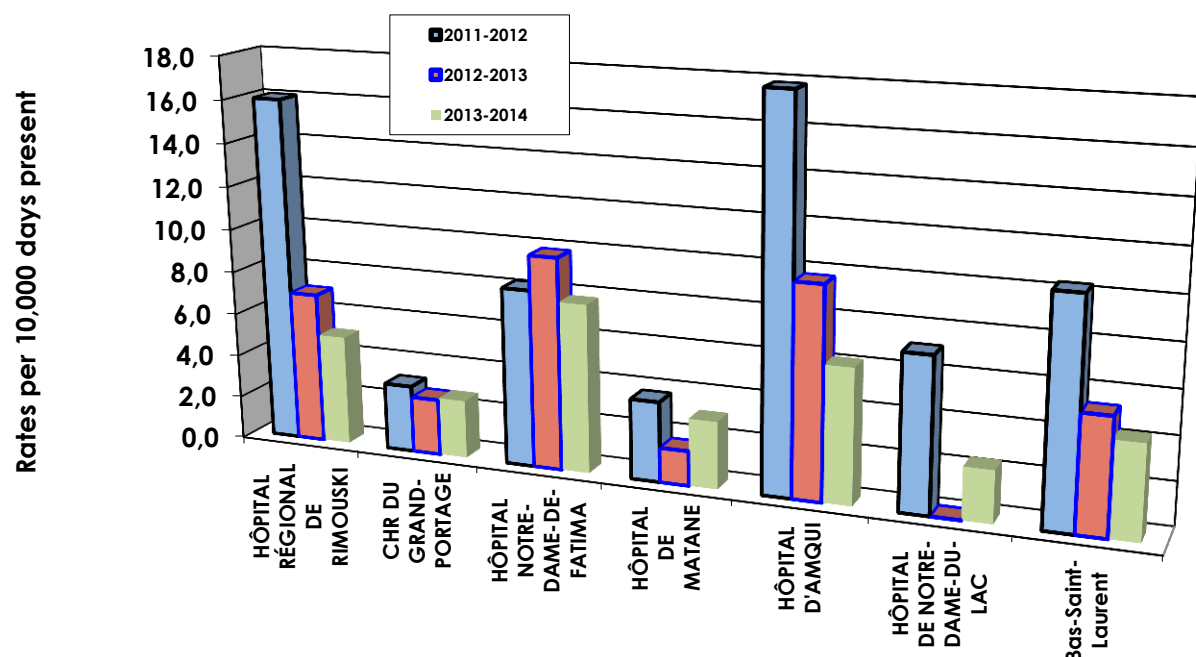
REGION 01, Bas-St-Laurent

The hospitals in the Bas-Saint-Laurent region (6) did not have a university mission in 2013-2014 and the proportion of persons aged 65 and over was more than 35% (table below). None of these facilities showed a change in their incidence rate in 2013-2014 compared with the average rate for the two previous years. The Rimouski (100 to 249 beds and 35 to 49% older adults), Notre-Dame-de-Fatima (La Pocatière) (fewer than 100 beds and 50% or more older adults) and Amqui (fewer than 100 beds and 50% or more older adults) hospitals saw an insignificant decrease in their rates with values of 5.1, 7.8 and 6.2 cases per 10,000 days present, respectively, in 2013-2014.

Insignificant increases were observed in the following facilities: the CHR du Grand-Portage (100 to 249 beds and 35 to 49% older adults), the Hôpital de Matane (fewer than 100 beds and 35 to 49% older adults) and the Hôpital de Notre-Dame-du-Lac (fewer than 100 beds and 50% or more older adults) with rates of 2.7, 3.1 and 2.4 respectively in 2013-2014.

The average rate for facilities in the Bas-Saint-Laurent region decreased slightly in 2013-2014 to 4.3 cases per 10,000 days present.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Bas-Saint-Laurent region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Bas-Saint-Laurent region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL RÉGIONAL DE RIMOUSKI	HC	100 to 249	35% to 49%	16,0	7,0	5,1	—
CHR DU GRAND-PORTAGE	HC	100 to 249	35% to 49%	3,1	2,6	2,7	—
HÔPITAL NOTRE-DAME-DE-FATIMA	HC	< 100	≥ 50%	8,2	9,8	7,8	—
HÔPITAL DE MATANE	HC	< 100	35% to 49%	3,7	1,6	3,1	—
HÔPITAL D'AMQUI	HC	< 100	35% to 49%	17,8	9,7	6,2	—
HÔPITAL DE NOTRE-DAME-DU-LAC	HC	< 100	≥ 50%	7,1	0,0	2,4	—
Bas-Saint-Laurent		—	—	10,3	5,3	4,3	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.

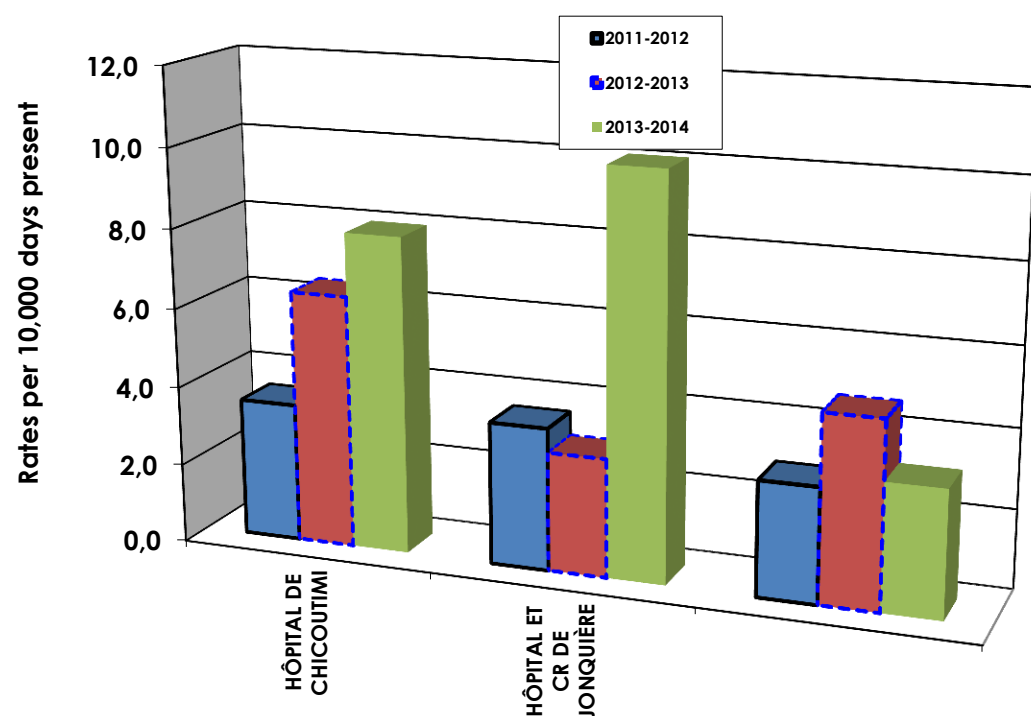
REGION 02, Saguenay–Lac-St-jean

Five hospitals in the Saguenay–Lac-Saint-Jean region have a non-university mission and one, the Hôpital de Chicoutimi, has a university mission.

Two facilities saw their incidence rate increase in 2013-2014 compared with the average rate for the two previous years, the Hôpital et CR de Jonquière (fewer than 100 beds and more than 50% older adults) and the Hôpital d'Alma (100 to 249 beds and 35 to 49% older adults) with values of 10.1 and 8.1 cases per 10,000 days present, respectively, in 2013-2014 (figure and table below). Another facility saw an increase in its rate, but it was not significant: the Hôpital de Chicoutimi (more than 250 beds and 35 to 49% older adults) with a rate of 8.0 in 2013-2014.

The Hôpital de Dolbeau-Mistassini (fewer than 100 beds and 35 to 49% older adults) and the Hôpital, CLSC et Centre d'hébergement de Roberval (100 to 249 beds and 35 to 49% older adults) showed insignificant decreases in their rates in 2013-2014 with values of 3.2 and 2.0 cases per 10,000 days present, respectively. Lastly, the average rate for hospitals in the Saguenay–Lac-Saint-Jean region increased significantly to 7.2 cases per 10,000 days present in 2013-2014 compared with the rates for the two previous years.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Saguenay–Lac-Saint-Jean region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Saguenay–Lac-Saint-Jean region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL DE CHICOUTIMI	RHC	≥ 250	35% to 49%	3,5	6,4	8,0	—
HÔPITAL ET CR DE JONQUIÈRE	RHC	< 100	≥ 50%	3,6	3,0	10,1	Inc.
HÔPITAL DE DOLBEAU-MISTASSINI	HC	< 100	35% to 49%	2,9	4,7	3,2	—
HÔPITAL DE DOLBEAU-MISTASSINI	HC	100 to 249	35% to 49%	1,2	3,0	2,0	—
HÔPITAL, CLSC ET CENTRE D'HÉBERGEMENT DE ROBERVAL	HC	100 to 249	35% to 49%	8,8	3,2	8,1	Inc.
Saguenay–Lac-Saint-Jean		—	—	3,8	4,6	7,2	Inc.
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

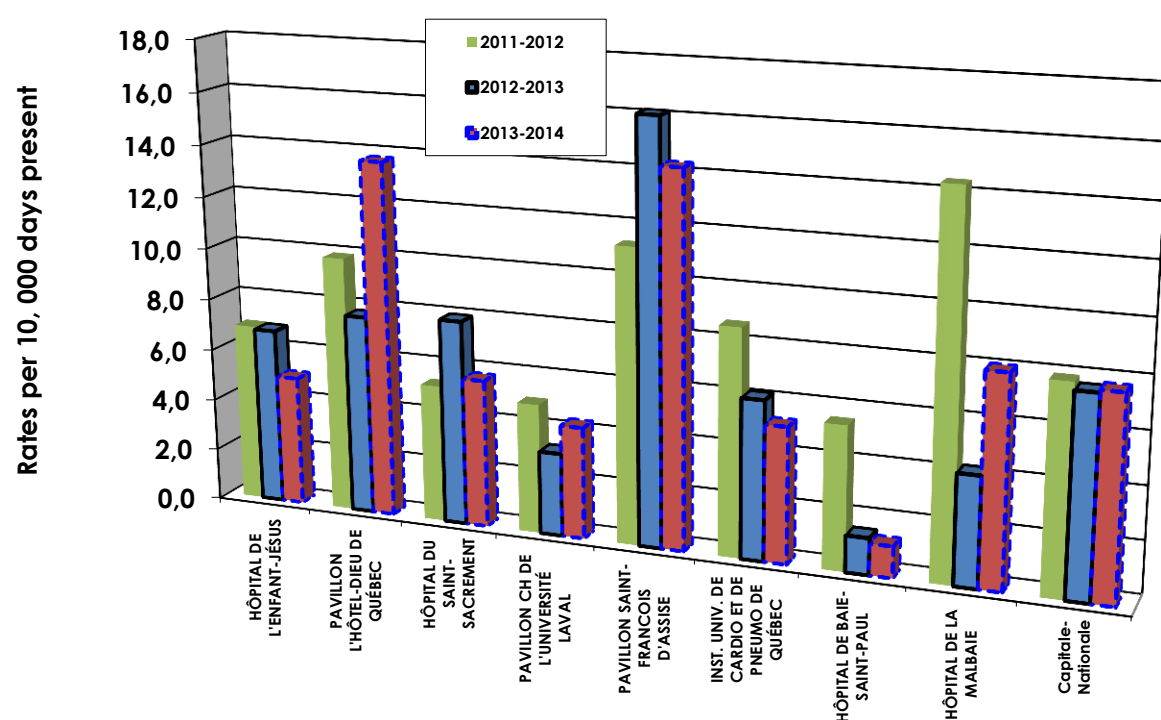
2. Mission : CH : hospital centre; RHC : regional hospital centre; UHC : university hospital centre.

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 six university hospitals with more than 250 beds and two non-university hospitals with fewer than 100 beds (Hôpital de Baie-Saint-Paul and Hôpital de La Malbaie). Only the Pavillon l'Hôtel-Dieu de Québec (250 beds or more and 35 to 49% older adults) showed a significant change in its incidence rate in 2013-2014 compared with the average rate for the two previous years, increasing by 6.0 cases per 10,000 days present to 13.7. Insignificant increases were observed in two facilities: the Pavillon CH de l'Université Laval (250 beds or more and less than 35% older adults) and the Hôpital de La Malbaie (fewer than 100 beds and 35 to 49% older adults) with respective rates of 4.3 and 8 cases per 10,000 days present in 2013-2014. Insignificant decreases were observed in the following university facilities: the Hôpital de l'Enfant-Jésus (250 beds or more and 35 to 49% older adults), the Hôpital du Saint-Sacrement (250 beds or more and 50% or more older adults), the Pavillon Saint-François d'Assise (250 beds or more and less than 35% older adults) and the Institut universitaire de cardiologie et de pneumologie de Québec (250 beds or more and 50% or more older adults), with respective rates of 5, 5.7, 14.3 and 5.2 cases per 10,000 days present in 2013-2014. The Hôpital de La Malbaie (non-university facility with fewer than 100 beds and 35 to 49% older adults) had a rate of 8 cases per 10,000 days present in 2013-2014, which was also an insignificant increase. Despite these variations across hospitals in the Capitale-Nationale region, the average rate remained stable at 7.7 in 2013-2014.

**Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Capitale-Nationale, 2011-2012 TO 2013-2014**



**Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Capitale-Nationale region and Province of Québec, 2011-2012 to 2013-2014**

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL DE L'ENFANT-JÉSUS	UHC	≥ 250	35% to 49%	6,9	6,8	5,0	—
PAVILLON L'HÔTEL-DIEU DE QUÉBEC	UHC	≥ 250	35% to 49%	9,9	7,7	13,7	Inc.
HÔPITAL DU SAINT-SACREMENT	UHC	≥ 250	≥ 50%	5,3	7,9	5,7	—
PAVILLON CH DE L'UNIVERSITÉ LAVAL	UHC	≥ 250	< 35%	5,0	3,2	4,3	—
PAVILLON SAINT-FRANCOIS D'ASSISE	UHC	≥ 250	< 35%	11,3	16,1	14,3	—
INST. UNIV. DE CARDIO ET DE PNEUMO DE QUÉBEC	UHC	≥ 250	≥ 50%	8,7	6,1	5,2	—
HÔPITAL DE BAIE-SAINT-PAUL	HC	< 100	≥ 50%	5,5	1,4	1,2	—
HÔPITAL DE LA MALBAIE	HC	< 100	35% to 49%	14,4	4,2	8,0	—
Capitale-Nationale		—	—	7,9	7,6	7,7	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

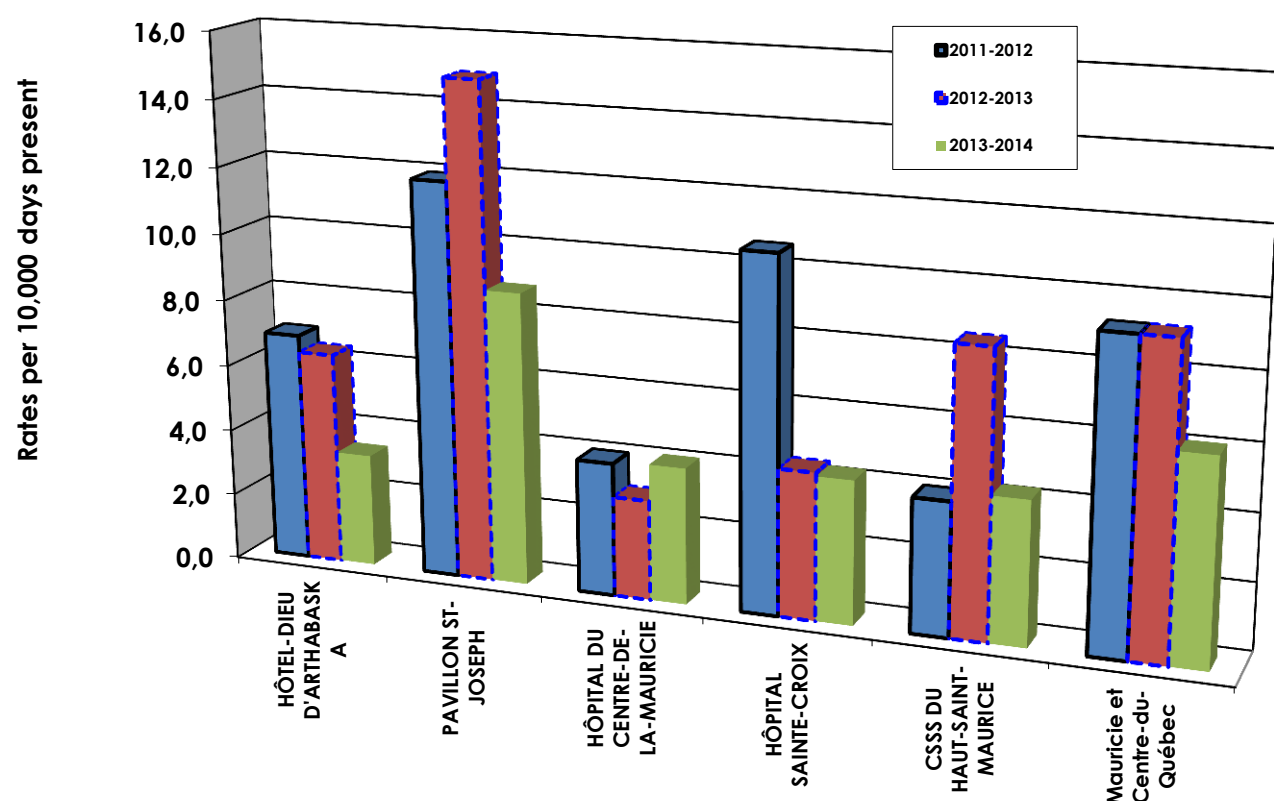
2. Mission : CH : hospital centre; RHC : regional hospital centre; UHC : university hospital centre.

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 five hospitals, including one university facility, the Pavillon Saint-Joseph in Trois-Rivières, which has more than 249 beds and a clientele composed of 35 to 49% older adults. Its rate decreased significantly in 2013-2014 compared with the average rate for the two previous years to 8.8 cases per 10,000 days present. Another facility showed a significant decrease in its incidence rate in 2013-2014 compared with the average rate for the two previous years, namely, the Hôtel-Dieu d'Arthabaska (100 to 249 beds and 35 to 49% older adults) with 3.4 cases per 10,000 days present. Insignificant increases were observed in two facilities: The Hôpital Sainte-Croix in Drummondville (100 to 249 beds and 35 to 49% older adults) and the CSSS du Haut Saint-Maurice in La Tuque (fewer than 100 beds and 35 to 49% older adults), both of which had a rate of 4.3 cases per 10,000 days present in 2013-2014. Only one facility saw its rate increase, the Hôpital du Centre-de-la-Mauricie in Shawinigan (100 to 249 beds and 50% or more older adults): it was insignificant and the rate was 4.1 in 2013-2014. The average rate for hospitals in the Mauricie et Centre-du-Québec region was 6.1 in 2013-2014, a significant decrease compared with the average rate for the two previous years.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Mauricie et Centre-du-Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Mauricie et Centre-du-Québec region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔTEL-DIEU D'ARTHABASKA	HC	100 to 249	35% to 49%	6,9	6,4	3,4	Dec.
PAVILLON ST-JOSEPH	UHC	≥ 250	35% to 49%	11,9	14,9	8,8	Dec.
HÔPITAL DU CENTRE-DE-LA-MAURICIE	HC	100 to 249	≥ 50%	4,0	3,0	4,1	—
HÔPITAL SAINTE-CROIX	HC	100 to 249	35% to 49%	10,6	4,4	4,3	—
CSSS DU HAUT-SAINTE-MAURICE	HC	< 100	35% to 49%	4,0	8,5	4,3	—
Mauricie et Centre-du-Québec	—	—	—	9,2	9,2	6,1	Dec.
Province of Québec	—	—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.

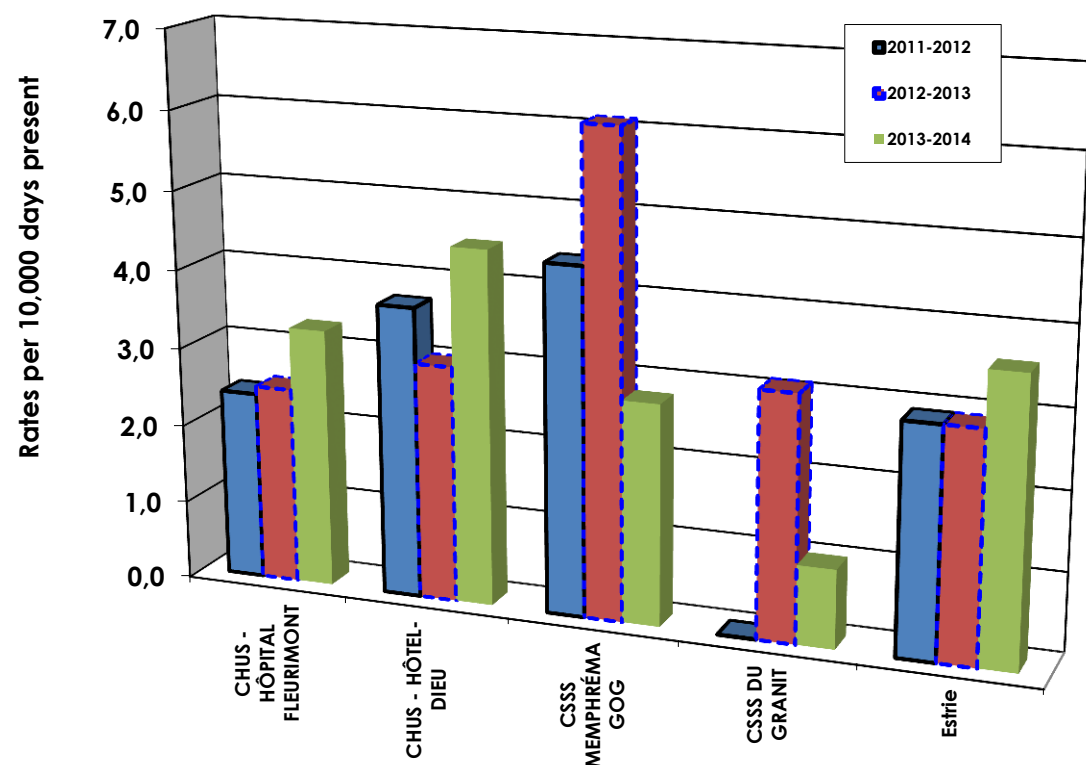
REGION 05, Estrie

The Estrie region has four acute care hospitals, two of which have a university mission (the Hôpital Fleurimont and the Hôtel-Dieu).

The incidence rates of healthcare-associated CDAD remained relatively stable in all four facilities in 2013-2014 compared with the average rate for 2011-2012 and 2012-2013, at least, no significant variation was observed. Insignificant increases in incidence rates were observed at the Hôpital Fleurimont (250 beds or more and less than 35% older adults) and Hôtel-Dieu de Sherbrooke (100 to 249 beds and 50% or more older adults) university hospital centres (UHCs) with respective rates of 3.3 and 4.5 cases per 10,000 days present in 2013-2014.

Moreover, the incidence rates at the CSSS de Memphrémagog in Magog (fewer than 100 beds and 50% or more older adults) and the CSSS du Granit in Lac-Mégantic (fewer than 100 beds and 35 to 49% older adults) saw an insignificant decrease with respective values of 2.8 cases and 1 case per 10,000 days present in 2013-2014. The average rate for hospitals in the Estrie region increased slightly (insignificant increase) in 2013-2014 to 3.6 cases per 10,000 days present.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Estrie, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Estrie region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
CHUS - HÔPITAL FLEURIMONT	UHC	≥ 250	< 35%	2,4	2,5	3,3	—
CHUS - HÔTEL-DIEU	UHC	100 to 249	≥ 50%	3,7	3,0	4,5	—
CSSS MEMPHRÉMAGOG	HC	< 100	≥ 50%	4,4	6,1	2,8	—
CSSS DU GRANIT	HC	< 100	35% to 49%	0,0	3,1	1,0	—
Estrie	—	—	—	2,9	2,9	3,6	—
Province of Québec	—	—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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

Twenty-six facilities in the Montréal region participate in the CDAD surveillance program: 14 university hospitals, 7 non-university hospitals and 5 rehabilitation centres.

In the **university hospitals** category, the incidence rates of healthcare-associated CDAD varied significantly in 4 facilities in 2013-2014 compared with the average rate for the two previous years. A significant decrease was observed in 3 university adult hospitals: the Hôpital Royal-Victoria (250 beds or more and less than 35% older adults) the Hôpital Général Juif Sir Mortimer B. Davis (250 beds or more and 35 to 49% older adults) and the CH de St. Mary (100 to 249 beds and less than 35% older adults) with respective rates of 10.9, 8.3 and 4.7 cases per 10,000 days present in 2013-2014. The Centre hospitalier universitaire (CHU) pédiatrique de Sainte-Justine (250 beds or more) also showed a significant decrease with a rate of 2.2 in 2013-2014. The rates at the following university hospitals did not vary significantly in 2013-2014: the Institut de cardiologie de Montréal (100 to 249 beds and 50% or more older adults) with a rate of 6.3; the Hôpital de Sacré-Coeur (250 beds or more and 35 to 49% older adults) with a rate of 7.7; the Hôpital général de Montréal (250 beds or more and 35 to 49% older adults) with a rate of 11.8 and the Hôpital neurologique de Montréal with a rate of 3.6. A significant increase was observed in only one university hospital, the Hôpital Notre-Dame du CHUM (250 beds or more and 35 to 49% older adults) which had a rate of 9.8 in 2013-2014. The university hospitals with insignificant increases were: □ the Hôpital de Montréal pour enfants (100 to 249 pediatric beds) with a rate of 9.2; the Hôtel-Dieu du CHUM (100 to 249 beds and 50% or more older adults) with a rate of 14.0; the Institut thoracique de Montréal (fewer than 100 beds and 50% or more older adults) with a rate of 8.9. Lastly, □ the rate at the Hôpital universitaire Pavillon Maisonneuve/Pavillon Marcel-Lamoureux (250 beds or more and 35 to 49% older adults) remained stable at 10.7 in 2013-2014.

In the **non-university hospitals** category, the incidence rates of healthcare-associated CDAD varied significantly in 2013-2014 in 2 facilities: a □ significant decrease was observed in 2013-2014 at the Centre hospitalier régional (CHR) Catherine-Booth de l'Armée du Salut (fewer than 100 beds and 50% or more older adults) which had a rate of 1.7 cases per 10,000 days present. A significant increase was observed at the Hôpital Fleury (100 to 249 beds and 50% or more older adults) which had a rate of 13.3 in 2013-2014.

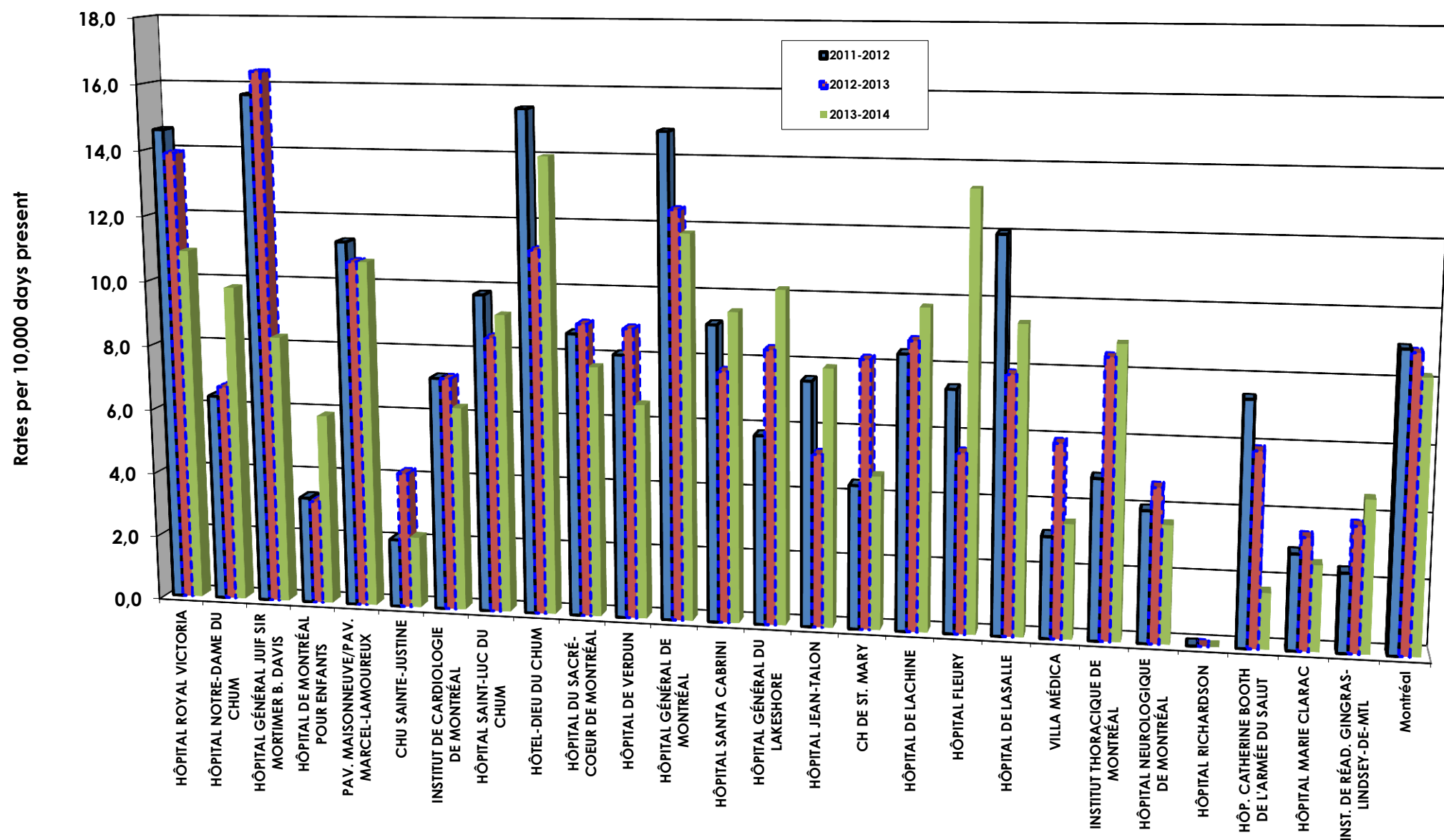
Furthermore, an insignificant increase was observed at the Hôpital de Verdun (100 to 249 beds and 50% or more older adults) with a rate of 6.6 in 2013-2014. Insignificant increases were observed in 5 facilities in 2013-2014: the Hôpital Santa Cabrini (250 beds or more and 50% or more older adults) had a rate of 9.5 in 2013-2014; the Hôpital général du Lakeshore (100 to 249 beds and 35 to 49% older adults) had a rate of 10.2; the Hôpital Jean-Talon (100 to 249 beds and 50% or more older adults) had a rate of 7.9; the Hôpital de Lachine (100 to 249 beds and 50% or more older adults) had a rate of 9.8 and the Hôpital de Lasalle (100 to 249 beds and less than 35% older adults) had a rate of 9.4. In the **rehabilitation hospitals**

category, the incidence rates of healthcare-associated CDAD varied significantly in only one facility: a decrease was observed at the Centre hospitalier régional (CHR) Catherine-Booth de l'Armée du Salut (fewer than 100 beds and 50% or more older adults) and its rate was 1.7 in 2013-2014. Insignificant decreases were observed in 2013-2014 in 2 rehabilitation facilities: Villa Médica (100 to 249 beds and 50% or more older adults) had a rate of 3.5 in 2013-2014; the Hôpital Marie-Clarac (100 to 249 beds and 50% or more older adults) had a rate of 2.6. An insignificant increase was observed at the Institut de réadaptation Gingras-Lindsay-de-Montréal (100 to 249 beds and 50% or more older adults) which had a rate of 4.6. Lastly, the Hôpital Richardson (fewer than 100 beds and 50% or more older adults) did not have any healthcare-associated cases from 2011-2012 to 2013-2014.

On the whole, the aggregate incidence rate for hospitals in the Montréal region decreased significantly in 2013-2014 compared with the average rate for the two previous years and the average rate in 2013-2014 was 8.2 cases per 10,000 days present. □

REGION 06, Montréal

**Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Montréal region and Province of Québec, 2011-2012 to 2013-2014**



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

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

2. Mission : CH : 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%.

**Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Montréal region and Province of Québec, 2011-2012 to 2013-2014**

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL ROYAL VICTORIA	UHC	≥ 250	< 35%	14,6	13,9	10,9	Dec.
HÔPITAL NOTRE-DAME DU CHUM	UHC	≥ 250	35% to 49%	6,4	6,7	9,8	Inc.
HÔPITAL GÉNÉRAL JUIF SIR MORTIMER B. DAVIS	UHC	≥ 250	35% to 49%	15,7	16,4	8,3	Dec.
HÔPITAL DE MONTRÉAL POUR ENFANTS	UHC	100 to 249	Pediatric HC	3,3	3,2	5,9	—
PAV. MAISONNEUVE/PAV. MARCEL-LAMOUREUX	UHC	≥ 250	35% to 49%	11,3	10,7	10,7	—
CHU SAINTE-JUSTINE	UHC	≥ 250	Pediatric HC	2,1	4,2	2,2	Dec.
INSTITUT DE CARDIOLOGIE DE MONTRÉAL	UHC	100 to 249	≥ 50%	7,2	7,2	6,3	—
HÔPITAL SAINT-LUC DU CHUM	UHC	≥ 250	< 35%	9,8	8,5	9,2	—
HÔTEL-DIEU DU CHUM	UHC	100 to 249	≥ 50%	15,4	11,2	14,0	—
HÔPITAL DU SACRÉ-COEUR DE MONTRÉAL	UHC	≥ 250	35% to 49%	8,7	9,0	7,7	—
HÔPITAL DE VERDUN	HC	100 to 249	≥ 50%	8,1	8,9	6,6	—
HÔPITAL GÉNÉRAL DE MONTRÉAL	UHC	≥ 250	35% to 49%	14,8	12,5	11,8	—
HÔPITAL SANTA CABRINI	HC	≥ 250	≥ 50%	9,1	7,7	9,5	—
HÔPITAL GÉNÉRAL DU LAKESHORE	HC	100 to 249	35% to 49%	5,8	8,4	10,2	—
HÔPITAL JEAN-TALON	HC	100 to 249	≥ 50%	7,5	5,3	7,9	—
CH DE ST. MARY	UHC	100 to 249	< 35%	4,4	8,2	4,7	Dec.
HÔPITAL DE LACHINE	HC	100 to 249	≥ 50%	8,4	8,8	9,8	—
HÔPITAL FLEURY	HC	100 to 249	≥ 50%	7,4	5,5	13,3	Inc.
HÔPITAL DE LASALLE	HC	100 to 249	< 35%	12,0	7,9	9,4	—
VILLA MÉDICA	RHC	100 to 249	≥ 50%	3,1	5,9	3,5	—
INSTITUT THORACIQUE DE MONTRÉAL	UHC	< 100	≥ 50%	4,9	8,5	8,9	—
HÔPITAL NEUROLOGIQUE DE MONTRÉAL	UHC	< 100	< 35%	4,0	4,7	3,6	—
HÔPITAL RICHARDSON	RHC	< 100	≥ 50%	0,0	0,0	0,0	—
HÔP. CATHERINE BOOTH DE L'ARMÉE DU SALUT	RHC	< 100	≥ 50%	7,4	5,9	1,7	Dec.
HÔPITAL MARIE CLARAC	RHC	100 to 249	≥ 50%	2,9	3,4	2,6	—
INST. DE RÉAD. GINGRAS-LINDSEY-DE-MTL	RHC	100 to 249	≥ 50%	2,4	3,8	4,6	—
Montréal				9,0	8,9	8,2	Dec.
Province of Québec				7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.

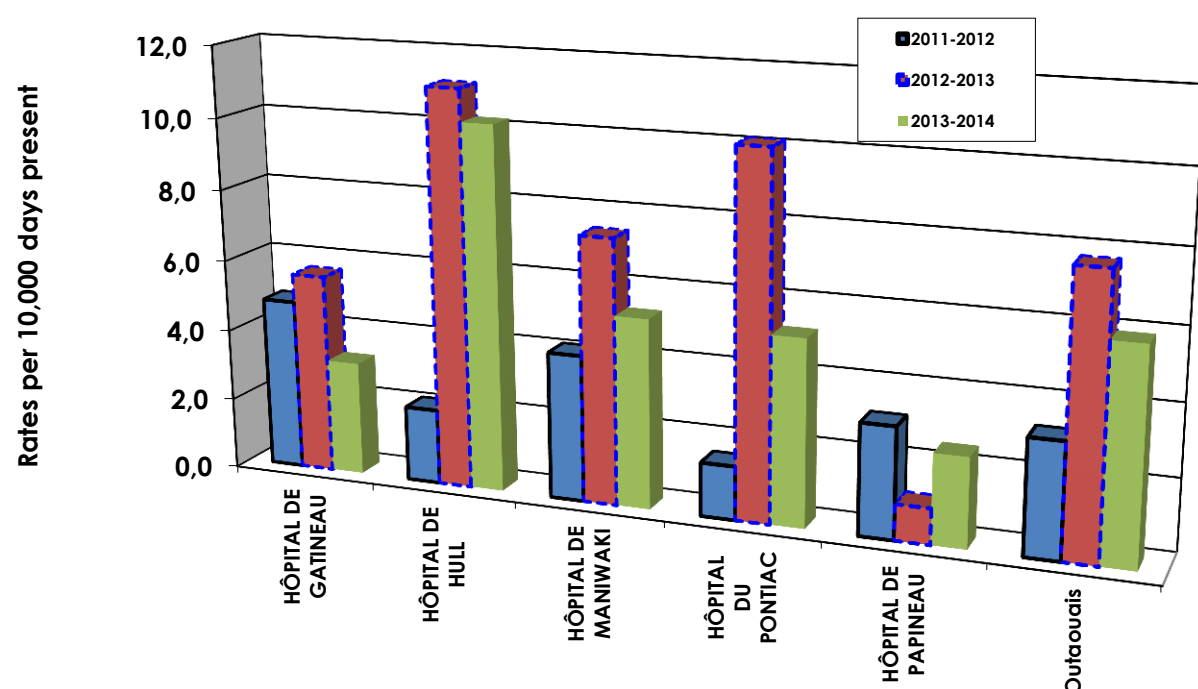
REGION 07, Outaouais

The five hospitals in the Outaouais region have a non-university mission. Only one of these facilities had a significant variation in its CDAD incidence rate in 2013-2014 compared with the average rate for previous years, the Hôpital de Gatineau (100 to 249 beds and less than 35% older adults) and its rate was 3.2 cases per 10,000 days present, down 2.4.

Insignificant decreases were observed in three facilities: the Hôpital de Hull (250 beds or more and 50% or more older adults), the Hôpital de Maniwaki (fewer than 100 beds and 50% or more older adults) and the Hôpital de Pontiac (fewer than 100 beds and 35 to 49% older adults) with rates of 10.2, 5.3 and 5.2 cases per 10,000 days present, respectively, in 2013-2014.

The Hôpital de Papineau in Gatineau (fewer than 100 beds and 50% or more older adults) saw its rate increase slightly to 2.5 in 2013-2014. The average rate for facilities participating in the surveillance program in the Outaouais region was 5.9 in 2013-2014, a significant decrease compared with the rates for the two previous years.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Outaouais region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility
Outaouais region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL DE GATINEAU	HC	100 to 249	< 35%	4,8	5,6	3,2	Dec.
HÔPITAL DE HULL	HC	≥ 250	≥ 50%	2,1	11,1	10,2	—
HÔPITAL DE MANIWAKI	HC	< 100	≥ 50%	4,1	7,4	5,3	—
HÔPITAL DU PONTIAC	HC	< 100	35% to 49%	1,5	10,1	5,2	—
HÔPITAL DE PAPINEAU	HC	< 100	≥ 50%	3,1	1,0	2,5	—
Outaouais		—	—	3,2	7,7	5,9	Dec.
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

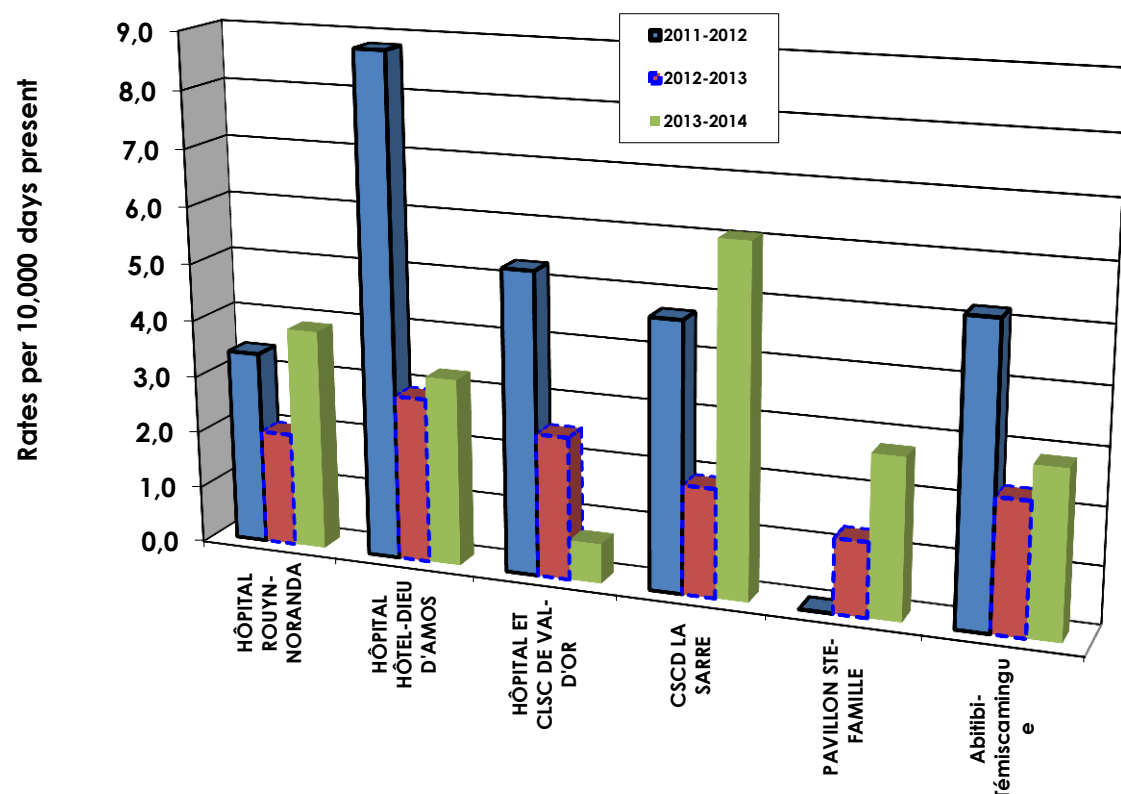
2. Mission : CH : hospital centre; RHC : regional hospital centre; UHC : university hospital centre.

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 five hospitals in the Abitibi-Témiscamingue region have a non-university mission. None saw a significant increase or decrease in their incidence rate in 2013-2014 compared with the average rate for the two previous years. An insignificant decrease was observed at the Hôpital et CLSC de Val-d'Or (100 to 249 beds and less than 35% older adults) and its rate was 0.7 cases per 10,000 days present in 2013-2014. The other participating facilities saw insignificant decreases in their rate: the Hôpital de Rouyn-Noranda (100 to 249 beds and less than 35% older adults) had a rate of 3.9 in 2013-2014; the Hôpital Hôtel-Dieu D'Amos (fewer than 100 beds and less than 35% older adults) had a rate of 3.3 in 2013-2014; the CSCD La Sarre (fewer than 100 beds and 35 to 49% older adults) had a rate of 6.1 and the Pavillon Sainte-Famille in Ville-Marie (fewer than 100 beds and 35 to 49% older adults) had a rate of 2.8. The average rate for all the facilities of the Abitibi-Témiscamingue region increased to 2.9 cases per 10,000 days present in 2013-2014, but this increase is not statistically significant.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Abitibi-Témiscamingue region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Abitibi-Témiscamingue region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL ROUYN-NORANDA	HC	100 to 249	< 35%	3,4	2,0	3,9	—
HÔPITAL HÔTEL-DIEU D'AMOS	HC	< 100	< 35%	8,8	2,9	3,3	—
HÔPITAL ET CLSC DE VAL-D'OR	HC	100 to 249	< 35%	5,3	2,5	0,7	—
CSCD LA SARRE	HC	< 100	35% to 49%	4,7	1,9	6,1	—
PAVILLON STE-FAMILLE	HC	< 100	35% to 49%	0,0	1,3	2,8	—
Abitibi-Témiscamingue	—	—	—	5,2	2,3	2,9	—
Province of Québec	—	—	—	7,3	7,3	7,1	—

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

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

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

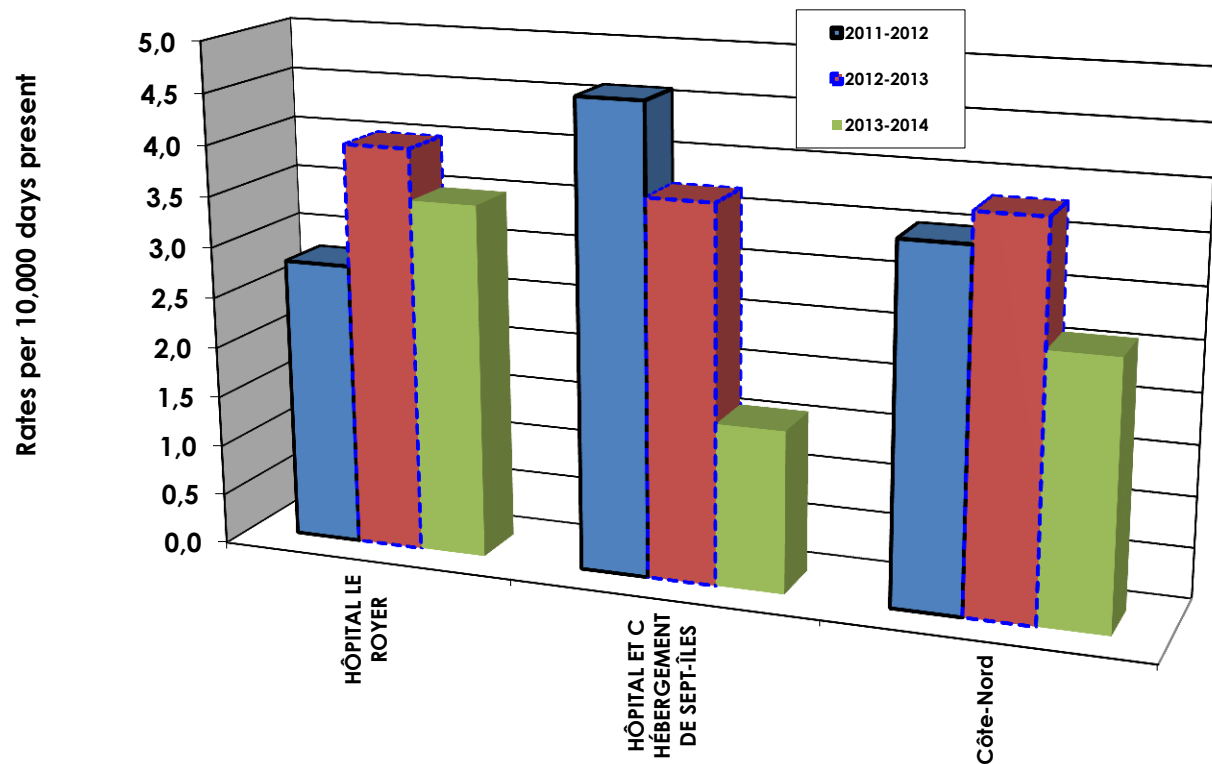
3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

REGION 09, Côte-Nord

The Côte-Nord region has two non-university hospitals with fewer than 100 beds. In 2013-2014, rates at these facilities showed a slight (insignificant) decrease compared with the average rate for the two previous years.

The incidence rate at the Hôpital Le Royer (fewer than 100 beds and 35 to 49% older adults) was 3.5 cases per 10,000 days present in 2013-2014, while the rate at the Hôpital et Centre d'hébergement de Sept-Îles (fewer than 100 beds and less than 35% older adults) was 1.6. The average rate for the facilities in the Côte-Nord region was 2.6 cases per 10,000 days present in 2013-2014.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Côte-Nord region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Côte-Nord region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL LE ROYER	HC	< 100	35% to 49%	2,8	4,0	3,5	—
HÔPITAL ET C HÉBERGEMENT DE SEPT-ÎLES	HC	< 100	< 35%	4,6	3,7	1,6	—
Côte-Nord		—	—	3,5	3,8	2,6	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

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

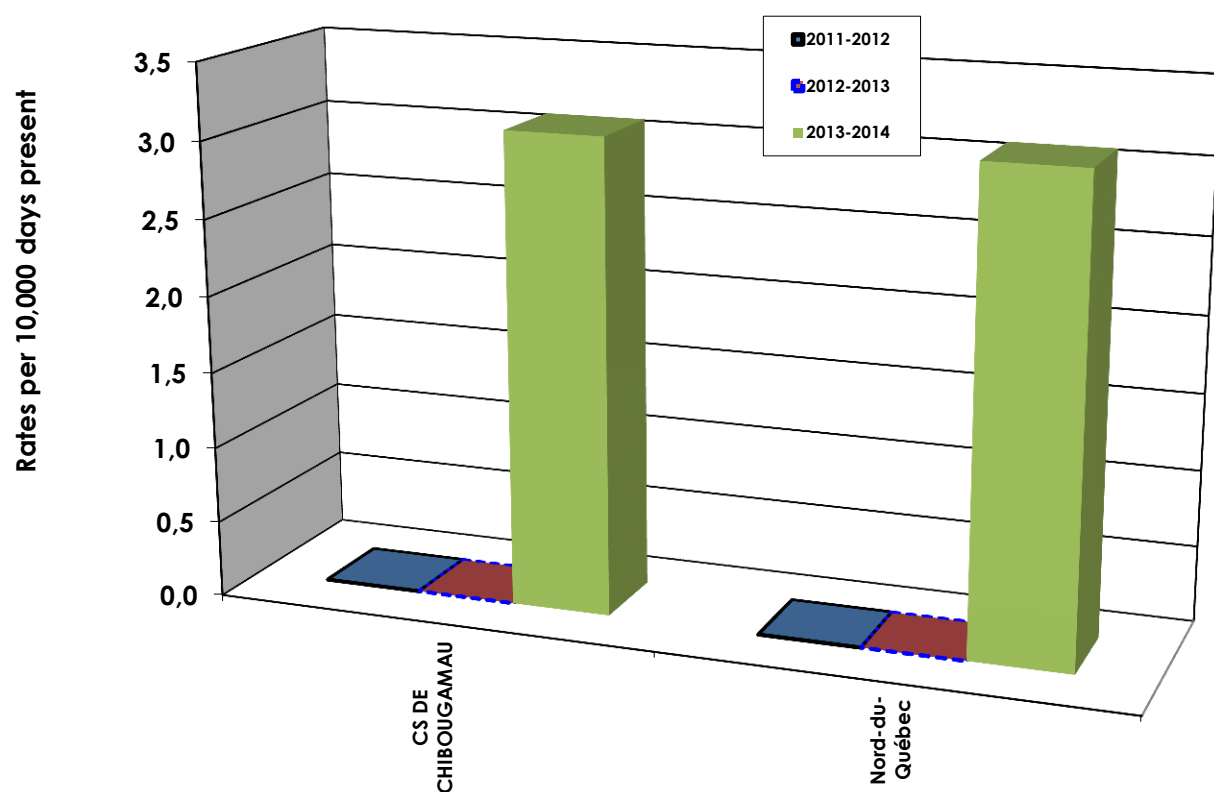
3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

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 composed of less than 35% older adults. The incidence rate at the Centre de santé de Chibougamau increased significantly in 2013-2014 to 3.1 cases per 10,000 days present compared with the average rate for the two previous years.

While the rate increased to only 3.1 cases per 10,000 days present, it is nonetheless statistically significant. This increase puts the absence of CDAD cases in the previous two years into perspective.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Nord-du-Québec region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Nord-du-Québec region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
CS DE CHIBOUGAMAU	HC	< 100	< 35%	0,0	0,0	3,1	Inc.
Nord-du-Québec		—	—	0,0	0,0	3,1	Inc.
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

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

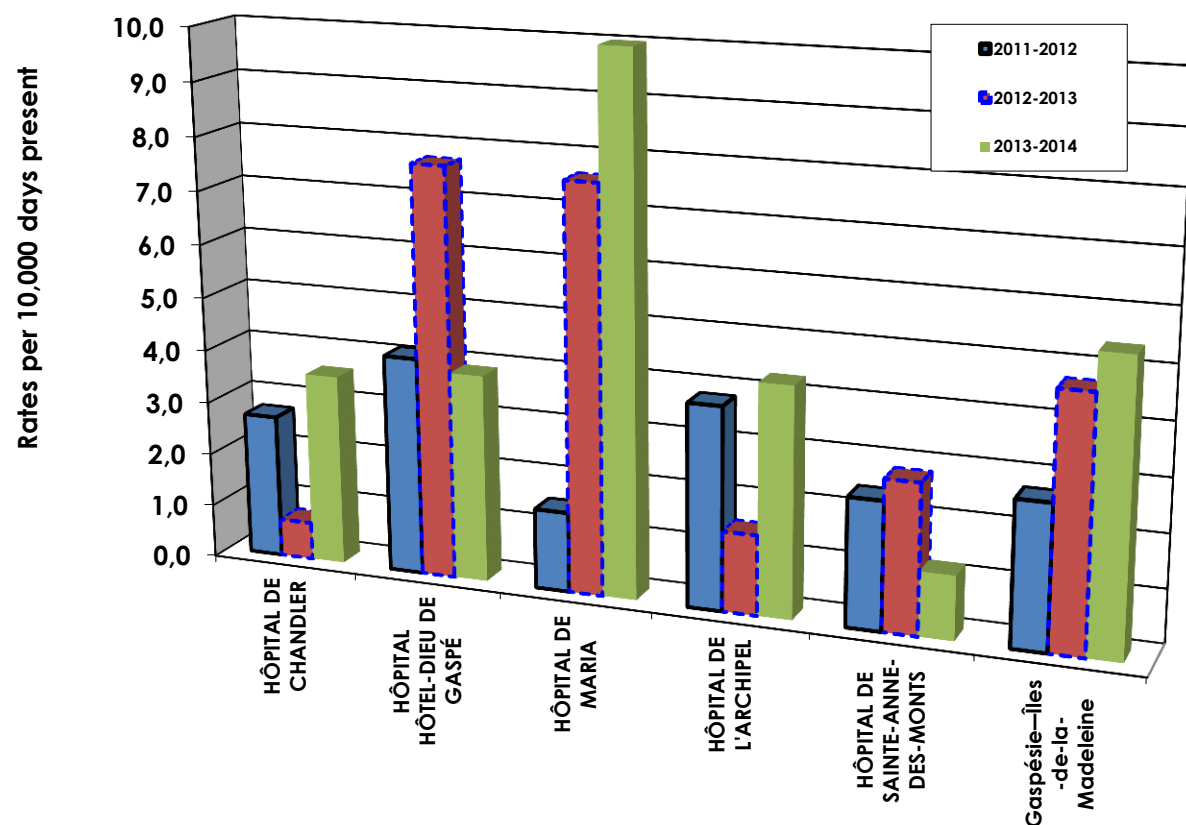
3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

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

The Gaspésie—Îles-de-la-Madeleine region has five acute care non-university facilities with fewer than 100 beds. None of these facilities saw their incidence rate change significantly in 2013-2014 compared with the average rate for the two previous years. Two facilities showed a slight (insignificant) decrease in their rates in 2013-2014: the Hôpital Hôtel-Dieu de Gaspé (clientele composed of 35 to 49% older adults) had a rate of 3.9 cases per 10,000 days present, while the Hôpital de Sainte-Anne-des-Monts (clientele composed of 50% or more older adults) had a rate of 1.2. Three facilities showed a slight (insignificant) increase in their rates in 2013-2014: the Hôpital de Chandler (clientele composed of 35 to 49% older adults) had a rate of 3.6 cases per 10,000 days present; the Hôpital de Maria (clientele composed of 50% or more older adults) had a rate of 10.0 and the Hôpital de l'Archipel de Cap-aux-Meules (clientele composed of 35 to 49% older adults) had a rate of 4.3.

The average rate for facilities in the Gaspésie—Îles-de-la-Madeleine region remained relatively stable at 5.4 in 2013-2014.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Gaspésie—Îles-de-la-Madeleine region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Gaspésie—Îles-de-la-Madeleine region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL DE CHANDLER	HC	< 100	35% to 49%	2,7	0,7	3,6	—
HÔPITAL HÔTEL-DIEU DE GASPÉ	HC	< 100	35% to 49%	4,1	7,7	3,9	—
HÔPITAL DE MARIA	HC	< 100	≥ 50%	1,5	7,6	10,0	—
HÔPITAL DE L'ARCHIPEL	HC	< 100	35% to 49%	3,8	1,5	4,3	—
HÔPITAL DE SAINTE-ANNE-DES-MONTS	HC	< 100	≥ 50%	2,4	2,8	1,2	—
Gaspésie—Îles-de-la-Madeleine	—	—	—	2,7	4,7	5,4	—
Province of Québec	—	—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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

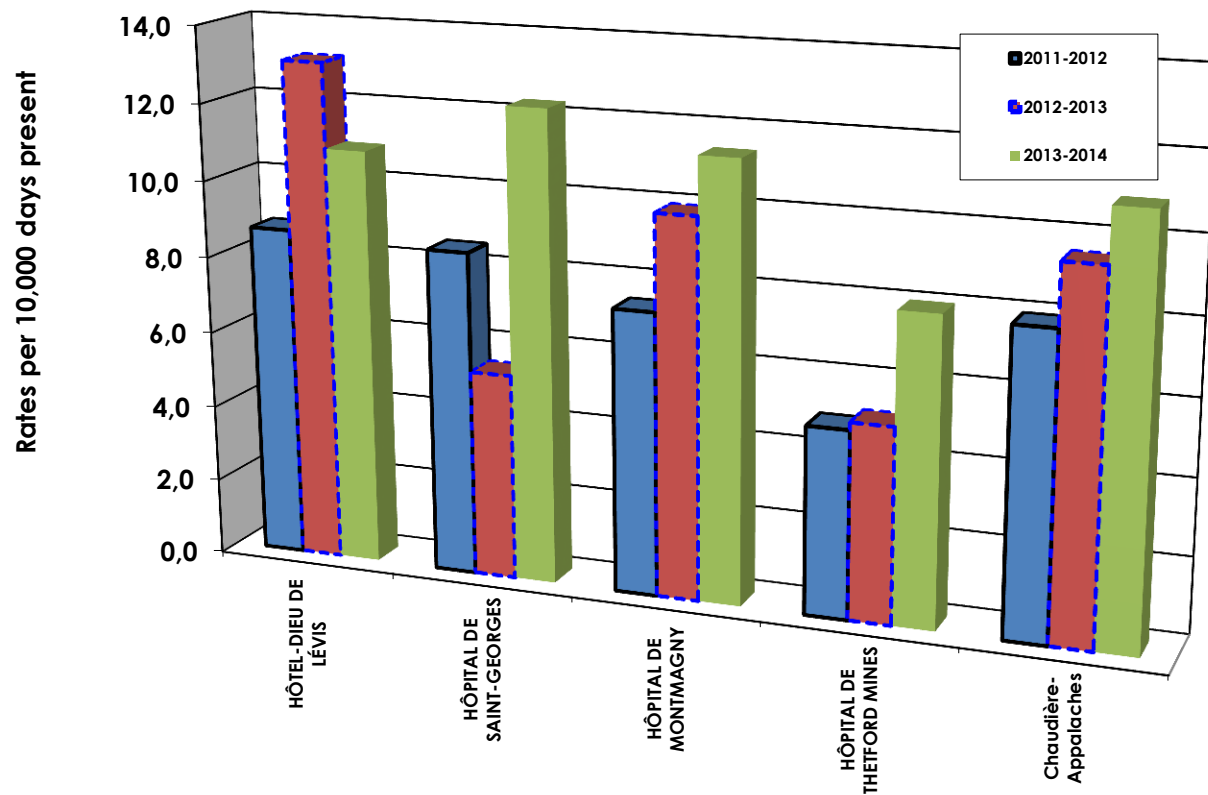
The Chaudière-Appalaches region has four hospitals, one of which has a university mission (Hôtel-Dieu de Lévis).

One facility saw a significant variation in its incidence rate in 2013-2014 compared with the average for the two previous years, namely, the Hôpital de Saint-Georges (100 to 249 beds and 35 to 49% older adults) with an increase in the rate to 12.3 cases per 10,000 days present in 2013-2014.

Two hospitals saw insignificant increases in their rates in 2013-2014: the Hôpital de Montmagny (fewer than 100 beds and 35 to 49% older adults) with a rate of 11.4 and the Hôpital de Thetford Mines (100 to 249 beds and 35 to 49% older adults) with a rate of 8.0.

The facility with a university mission saw its rate decrease slightly: the Hôpital Hôtel-Dieu de Lévis (250 beds or more and 35 to 49% older adults) had a rate of 10.9 cases per 10,000 days present in 2013-2014. The average rate for hospitals in the Chaudière-Appalaches region increased slightly (insignificant increase) to 10.9 in 2013-2014.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Chaudière-Appalaches region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Chaudière-Appalaches region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔTEL-DIEU DE LÉVIS	UHC	≥ 250	35% to 49%	8,7	13,1	10,9	—
HÔPITAL DE SAINT-GEORGES	HC	100 to 249	35% to 49%	8,5	5,4	12,3	Inc.
HÔPITAL DE MONTMAGNY	HC	< 100	35% to 49%	7,4	9,9	11,4	—
HÔPITAL DE THETFORD MINES	HC	100 to 249	35% to 49%	4,9	5,1	8,0	—
Chaudière-Appalaches	—	—	—	7,9	7,3	10,9	—
Province of Québec	—	—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.

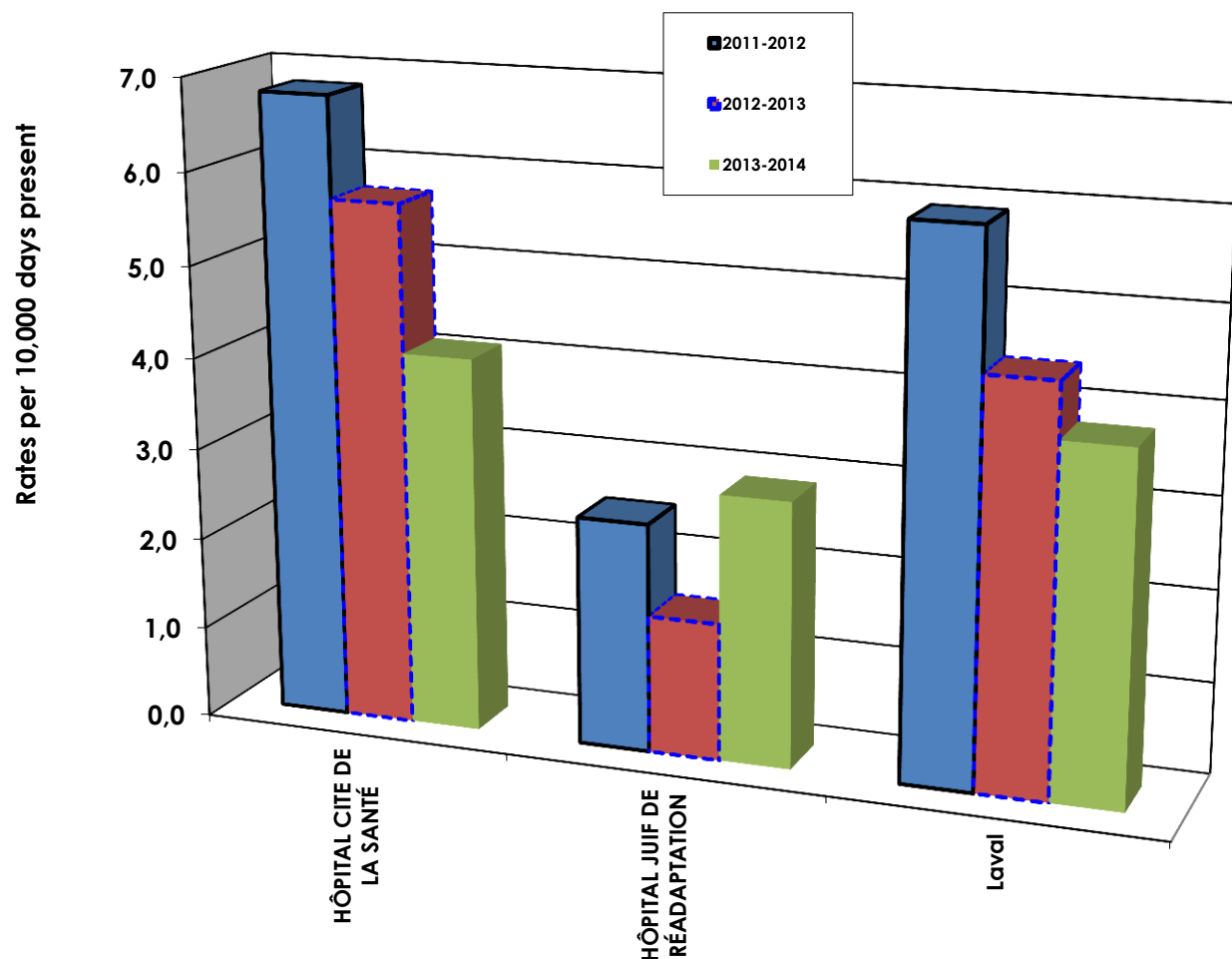
REGION 13, Laval

The Laval region is served by the Hôpital Cité de la Santé which has a non-university mission and the Hôpital Juif de Réadaptation. Laval's Hôpital Cité de la Santé (250 beds or more and 35 to 49% older adults) saw a significant decrease in its incidence rate (compared with the average rate for 2011-2012 and 2012-2013), down to 4.1 cases per 10,000 days present in 2013-2014.

Laval's Hôpital Juif de Réadaptation (100 to 249 beds and 50% or more older adults) saw a slight increase in its rate to 2.9 in 2013-2014.

The average rate for the two facilities in the Laval region decreased slightly in 2013-2014 compared with the two previous years to 3.8.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Laval region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Laval Region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL CITE DE LA SANTÉ	HC	≥ 250	35% to 49%	6,8	5,7	4,1	Dec.
HÔPITAL JUIF DE RÉADAPTATION	RHC	100 to 249	≥ 50%	2,5	1,5	2,9	—
Laval		—	—	5,9	4,4	3,8	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

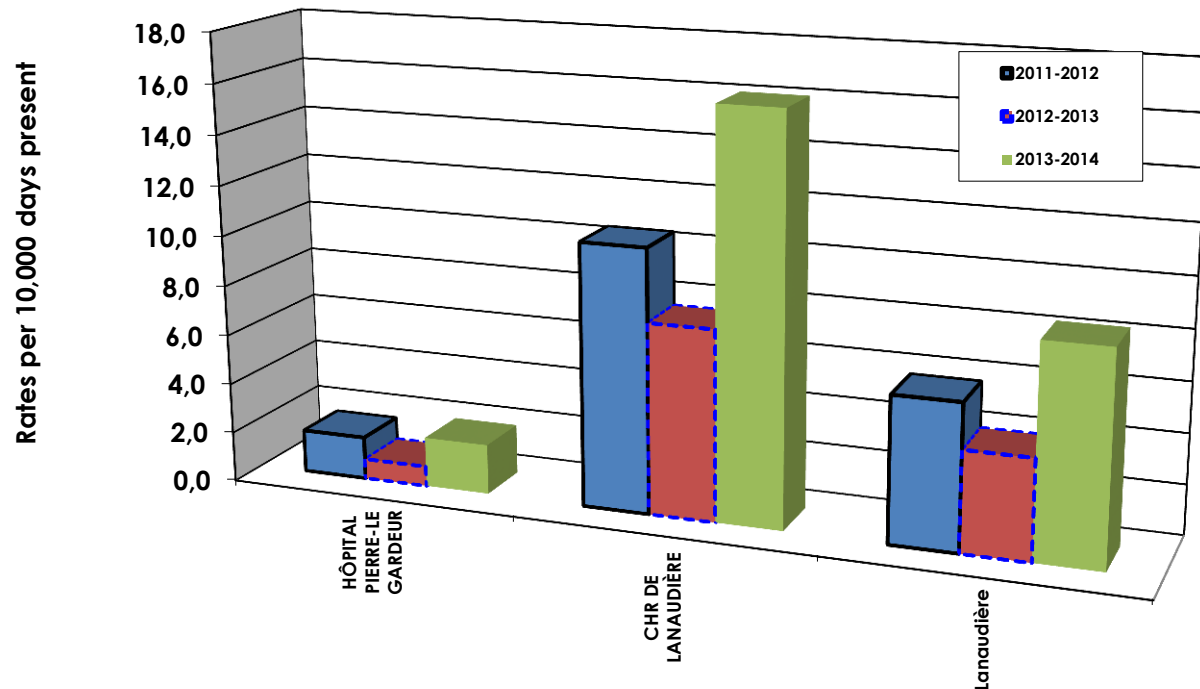
2. Mission : CH : hospital centre; RHC : regional hospital centre; UHC : university hospital centre.

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 two non-university hospitals. The incidence rates of these facilities increased significantly in 2013-2014 compared with the average rate for the two previous years. The incidence rate at the Hôpital Pierre-Le Gardeur (100 to 249 beds and 35 to 49% older adults) only increased by 1.2 cases per 10,000 days present to 2.0 in 2013-2014, but this increase is nonetheless statistically significant due to the low values of previous rates. Furthermore, the rate at the Centre hospitalier régional de Lanaudière (250 beds or more and 35 to 49% older adults) was 16.1. The average rate for facilities in the Lanaudière region was 8.4 in 2013-2014, a significant increase compared with the average for the two previous years.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Lanaudière region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Lanaudière region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL PIERRE-LE GARDEUR	HC	100 to 249	35% to 49%	1,7	0,8	2,0	Inc.
CHR DE LANAUDIÈRE	HC	≥ 250	35% to 49%	10,5	7,6	16,1	Inc.
Lanaudière		—	—	5,8	4,0	8,4	Inc.
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

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

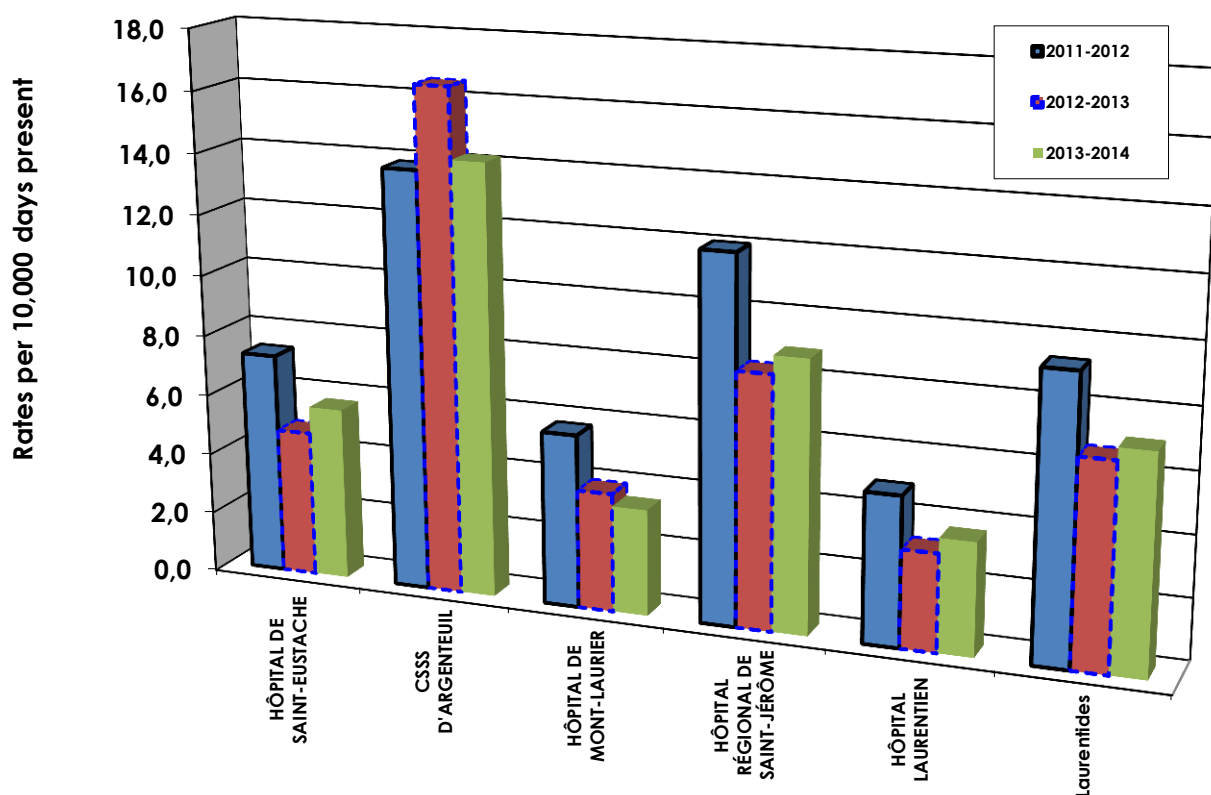
3. Significant variation: increase (**Inc.**) or decrease (**Dec.**) in rates determined based on the last year of observation compared with the average for the two previous years calculated using the p-value of Fisher's exact test with a statistical accuracy of 95%.

REGION 15, Laurentides

The Laurentides region has five non-university hospitals. Their incidence rates remained relatively stable in 2013-2014 compared with the average rate for the two previous years, at least, there was no statistically significant variation.

Two facilities showed slight decreases in their incidence rate in 2013-2014: the CSSS d'Argenteuil (fewer than 100 beds and 50% or more older adults) had a rate of 14.2 cases per 10,000 days present and the Hôpital de Mont-Laurier (fewer than 100 beds and 35 to 49% older adults) had a rate of 3.5. Incidence rates increased slightly in the other three hospitals: the Hôpital de Saint-Eustache (100 to 249 beds and 35 to 49% older adults) had a rate of 5.7 in 2013-2014, the Hôpital régional de Saint-Jérôme (250 beds or more and 35 to 49% older adults) had a value of 8.9 and the Hôpital Laurentien de Sainte-Agathe-des-Monts (fewer than 100 beds and 35 to 49% older adults) had a rate of 3.7. The average incidence rate for facilities in the Laurentides region increased slightly (insignificant increase) in 2013-2014 to 7.1 cases per 10,000 days present.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Laurentides region and Province of Québec, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Laurentides region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL DE SAINT-EUSTACHE	HC	100 to 249	35% to 49%	7,3	4,8	5,7	—
CSSS D'ARGENTEUIL	HC	< 100	≥ 50%	13,8	16,5	14,2	—
HÔPITAL DE MONT-LAURIER	HC	< 100	35% to 49%	5,7	3,9	3,5	—
HÔPITAL RÉGIONAL DE SAINT-JÉRÔME	HC	≥ 250	35% to 49%	12,0	8,3	8,9	—
HÔPITAL LAURENTIEN	HC	< 100	35% to 49%	4,9	3,2	3,7	—
Laurentides		—	—	9,3	6,7	7,1	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

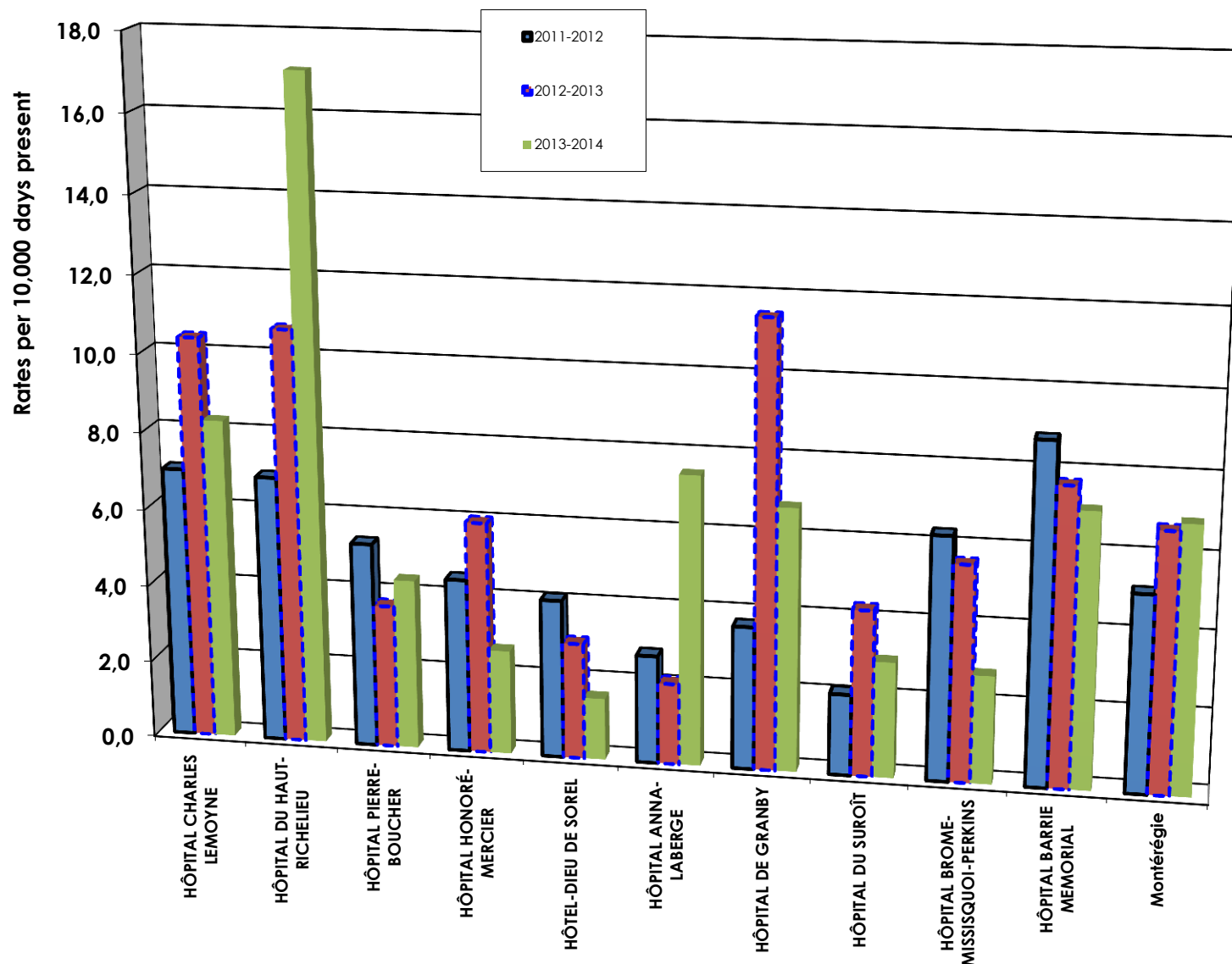
2. Mission : CH : hospital centre; RHC : regional hospital centre; UHC : university hospital centre.

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

The Montérégie region is served by 10 hospitals that participate in the provincial CDAD surveillance program, including one with a university mission (Hôpital Charles-Lemoyne). Significant variations in incidence rates were observed in four hospitals in 2013-2014 compared with the average rate for the two previous years. Two hospitals had **significant decreases** in their rates: the Hôpital Honoré-Mercier in Saint-Hyacinthe (100 to 249 beds and 35 to 49% older adults) had a rate of 2.7 cases per 10,000 days present in 2013-2014 and the Hôpital de Granby (100 to 249 beds and 35 to 49% older adults) had a rate of 6.8. **Significant increases** were observed in two hospitals: the Hôpital du Haut-Richelieu in Saint-Jean-sur-Richelieu (250 beds or more and 35 to 49% older adults) had a rate of 17.1 in 2013-2014 and the Hôpital Anna-Laberge in Châteauguay (100 to 249 beds avec 35 to 49% older adults) had a rate of 7.5. Five facilities showed **insignificant decreases** in their rates in 2013-2014. The Hôpital Charles-Lemoyne in Greenfield Park, which has a university mission (250 beds or more and 35 to 49% older adults) had a rate of 8.3 in 2013-2014. The Hôtel-Dieu de Sorel (100 to 249 beds and 35 to 49% older adults) and the Hôpital du Suroît in Valleyfield (100 to 249 beds and 35 to 49% older adults) had respective rates of 1.6 and 3.0 cases per 10,000 days present. The Hôpital Brome-Missisquoi-Perkins in Cowansville (fewer than 100 beds and 35 to 49% older adults) and the Hôpital Barrie Memorial in Ormstown (fewer than 100 beds and 50% or more older adults) had respective rates of 2.8 and 7.1 cases per 10,000 days present in 2013-2014. The Hôpital Pierre-Boucher in Longueuil (250 beds or more and 35 to 49% older adults) had the only **insignificant increase** in its incidence rate in 2013-2014 with a value of 4.4. The average incidence rate for facilities in the Montérégie region decreased slightly (insignificant decrease) in 2013-2014 to 6.9 cases per 10,000 days present.

Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Montérégie, 2011-2012 to 2013-2014



Incidence rates (new cases/10,000 days present) of healthcare-associated CDAD¹ by administrative year and facility Montérégie region and Province of Québec, 2011-2012 to 2013-2014

Territory and facility	Mission ²	Number of beds	% aged 65 and over	Incidence rates			
				2011-2012	2012-2013	2013-2014	Var ³
HÔPITAL CHARLES LEMOYNE	UHC	≥ 250	35% to 49%	7,0	10,4	8,3	—
HÔPITAL DU HAUT-RICHELIEU	HC	≥ 250	35% to 49%	6,9	10,7	17,1	Inc.
HÔPITAL PIERRE-BOUCHER	HC	≥ 250	35% to 49%	5,3	3,7	4,4	—
HÔPITAL HONORÉ-MERCIER	HC	100 to 249	35% to 49%	4,5	6,0	2,7	Dec.
HÔTEL-DIEU DE SOREL	HC	100 to 249	35% to 49%	4,1	3,0	1,6	—
HÔPITAL ANNA-LABERGE	HC	100 to 249	35% to 49%	2,8	2,1	7,5	Inc.
HÔPITAL DE GRANBY	HC	100 to 249	35% to 49%	3,7	11,5	6,8	Dec.
HÔPITAL DU SUROÏT	HC	100 to 249	35% to 49%	2,1	4,3	3,0	—
HÔPITAL BROME-MISSISQUOI-PERKINS	HC	< 100	35% to 49%	6,3	5,6	2,8	—
HÔPITAL BARRIE MEMORIAL	HC	< 100	≥ 50%	8,8	7,7	7,1	—
Montérégie		—	—	5,1	6,7	6,9	—
Province of Québec		—	—	7,3	7,3	7,1	—

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

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

2. Mission : CH : 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%.