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REFERENCES

- 1. Viral Hepatitis-Hepatitis B Information. Centers for Disease Control and Prevention website. http://www.cdc.gov/hepatitis/ HBV/HBVfaq.htm. Accessed February 19, 2016.
- 2. Viral Hepatitis-Hepatitis C Information. Centers for Disease Control and Prevention website. http://www.cdc.gov/hepatitis/C/ cFAO.htm. Accessed February 19, 2016.
- 3. Lok AS, McMahon BJ. Chronic hepatitis B. Hepatology 2007;
- 4. Ghany MG, Strader DB, Thomas DL, et al. Diagnosis, management, and treatment of hepatitis C: an update. Hepatology 2009;
- 5. Jenison SA, Lemon SM, Baker LN, Newbold JE. Quantitative analysis of hepatitis B virus DNA in saliva and semen of chronically infected homosexual men. J Infect Dis 1987;156:
- 6. Karayiannis P, Novick DM, Lok AS, Fowler MJ, Monjardino J, Thomas HC. Hepatitis B virus DNA in saliva, urine, and seminal fluid of carriers of hepatitis B e antigen. Br Med J (Clin Res Ed) 1985;290:1853-1855.
- 7. Rey D, Fritsch S, Schmitt C, Meyer P, Lang JM, Stoll-Keller F. Quantitation of hepatitis C virus RNA in saliva and serum of patients coinfected with HCV and human immunodeficiency virus. J Med Virol 2001;63:117-119.
- 8. Huang MJ. An epidemiological study on prevalence and risk factors of hepatitis B virus (HBV) infection in preschool children. Zhonghua Liu Xing Bing Xue Za Zhi 1990;11:129-132.
- 9. Kubo N, Furusyo N, Sawayama Y, et al. A patient in whom only hepatitis B virus (HBV) was thought to have been contracted, by kissing, from a same-sex partner coinfected with HBV and human immunodeficiency virus-1. J Infect Chemother 2003;9:260-264.
- 10. He J, Chen X, Sun J. Oral wounds and hepatitis B virus transmission. Infect Control Hosp Epidemiol 2014;35:1079-1080.

Identification of Clostridium difficile RT078 From Patients and Environmental Surfaces in Zhejiang Province, China

To the Editor—Clostridium difficile has been a predominant cause of nosocomial diarrhea in North America and Europe, especially after the emergence of PCR-ribotypes 027 and 078. However, less emphasis is placed on the surveillance and control of *C. difficile* infection (CDI) in China. Li et al¹ isolated a novel binary toxin strain of C. difficile from a hospitalized

TABLE 1. The Incidence of the Binary Toxin-Positive Strains of C. difficile in Three Tertiary Hospitals

	C	linical Patients	Environmental Surfaces		
Hospital	No. of Isolates	No. of Binary Toxin-Positive Strains (%)	No. of Isolates	No. of Binary Toxin-Positive Strains (%)	
A	33	0 (0)	2	0 (0)	
В	9	2 (22)	3	1 (33)	
C	19	2 (11)	32	3 (9)	
Total	61	4 (7)	37	4 (11)	

patient and mentioned that cases of ribotype 078 had not previously been reported in China. Here, we report 8 isolates that were identified as *C. difficile* ribotype 078 in a surveillance program in Zhejiang Province, China.

Our study was conducted at 3 tertiary hospitals (hospitals A, B, and C) from June 2013 to December 2014. A total of 98 unduplicated isolates of C. difficile from 61 clinical patients and 37 environmental surfaces were identified. A multiple polymerase chain reaction (multi-PCR) assay was used to amplify 16S rDNA, tcdA, tcdB, cdtA, and cdtB genes. The overall incidence of binary toxin-positive strains was 8.2%; 4 isolates (7%) were collected from patients, and 4 (11%) isolates were collected from environmental surfaces (Table 1). In hospital B, 2 (22%) of the detected binary toxin strains were obtained from patients and 1 strain (33%) was isolated from an environmental surface. In hospital C, 2 strains (11%) were identified from patients and 3 strains (9%) were obtained from environmental surfaces. No hyper-toxigenic strain was detected in hospital A. According to the tcdC gene sequence, all 8 isolates were identified as ribotype 078, with a mutation point at position 184 and a Δ 39-bp deletion (Figure 1).

Previously, a few Asian countries and regions have reported the emergence of C. difficile ribotype 078, including Kuwait,² South Korea, ³ Iran, ⁴ Japan, ⁵ and Taiwan. ⁶ The present study is the first to identify ribotype 078 cases not only from patients but also from environmental surfaces in China. Compared with neighboring Japan and Korea, the prevalence of CDI in China remains unclear, mainly due to a lack of awareness in the healthcare system.⁷ Many clinicians are accustomed to diagnosing patients with antibiotic-associated diarrhea by experience rather than by the results of stool cultures. In addition, although enzyme-linked immunosorbent assay (ELISA) has been used routinely to detect C. difficile in most tertiary hospitals in China, this method has a low sensitivity and does not trace the binary toxin strain. For these reasons, CDI, especially CDI caused by binary-toxin strains, may be severely underestimated in China.

China has the largest population with the trend of aging accompanied by antibiotic misuse, indicating the potential for epidemics of CDI. Medical practitioners should pay more attention to this global infection, as both C. difficile ribotypes

	151			STOP CODE	200
VPI10463	TGTTCTGAAG	ACCATGAGGA	GGTCATTTCT	AACCAAACAT	CAGTTATAGA
6-7	TGTTCTGAAG	ACCATGAGGA	GGTCATTTCT	AAT <mark>TAA</mark> ACAT	CAGTTATAGA
14-69	TGTTCTGAAG	ACCATGAGGA	GGTCATTTCT	AAT <mark>TAA</mark> ACAT	CAGTTATAGA
и9	TGTTCTGAAG	ACCATGAGGA	GGTCATTTCT	AAT <mark>TAA</mark> ACAT	CAGTTATAGA
	201				250
VPI10463	TTCTCAAAAA	ACAGAAATAG	AAACTTTAAA	TAGCAAATTG	TCTGATGCTG
6-7	TTCTCAAAAA	ACAGAAATAG	AAACTTTAAA	TAGCAAATTG	TCTGATGCTG
14-69	TTCTCAAAAA	ACAGAAATAG	AAACTTTAAA	TAGCAAATTG	TCTGATGCTG
и9	TTCTCAAAAA	ACAGAAATAG	AAACTTTAAA	TAGCAAATTG	TCTGATGCTG
	251				300
VPI10463	AACCATGGTT	CAAAATGAAA	GACGACGAAA	AGAAAGCTAT	TGAAGCTGAA
6-7	AACCATGGTT	CAAAATGAAA	GACGACGAAA	AGAAAGCTAT	TGAAGCTGAA
14-69	AACCATGGTT	CAAAATGAAA	GACGACGAAA	AGAAAGCTAT	TGAAGCTGAA
N9	AACCATGGTT	CAAAATGAAA	GACGACGAAA	AGAAAGCTAT	TGAAGCTGAA
	301				350
VPI10463	AATCAACGTA	AAGCTGAAGA	AGCTAAAAAA	GCTGAAGAAG	CTAAAAAGGC
6-7	AATCAACGTA	AAGCTGAAGA	AGCTAAAAAG	GCT	
14-69	AATCAACGTA	AAAAGAAGA	AGCTAAAAAG	GCT	
N9	AATCAACGTA	AAGCTGAAAA	AGCTAAAAAG	GCT	
			•		
	351	COURCEASTANCE PROPERTY OF THE MINE.	INTERNATIONAL NAME - AUGUSTONIA	AND RECORDS - MORE CONTRACTOR OF CHICK CONTRACTOR	400
VPI10463	TGAAGAACAA	CGCAAAAAAG			
6-7				GAAGAAAGGA	
14-69				GAAGAAAGGA	
и9			Gaaga <mark>a</mark> ga	GAAGAAAGGA	TATGATACTG

FIGURE 1. tcdC gene sequences of C. difficile ribotype 078 isolates in the study. A point mutation at position 184 and Δ 39-bp deletion compared with wild-type strain VPI 10463 are shown.

027 and 078 have been identified in China. Routine fecal culture methods and multicenter surveillance should be introduced in hospitals to estimate the incidence of CDI and to confirm the dominant C. difficile strains in China.

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REFERENCES

- 1. Li C, Liu S, Zhou P, et al. Emergence of a novel binary toxin-positive strain of Clostridium difficile associated with severe diarrhea that was not ribotype 027 and 078 in China. Infect Control Hosp Epidemiol 2015;36:1112-1114.
- 2. Rotimi V, Jamal WY, Mokaddas EM, et al. Prevalent PCR ribotypes of clinical and environmental strains of Clostridium difficile isolated from intensive-therapy unit patients in Kuwait. J Med Microbiol 2003;52:705-709.
- 3. Kim H, Jeong SH, Roh KH, et al. Investigation of toxin gene diversity, molecular epidemiology, and antimicrobial resistance of Clostridium difficile isolated from 12 hospitals in South Korea. Korean I Lab Med 2010;30:491-497.
- 4. Jalali M, Khorvash F, Warriner K, et al. Clostridium difficile infection in an Iranian hospital. BMC Res Notes 2012; 5:159.
- 5. Senoh M, Kato H, Fukuda T, et al. Predominance of PCR-ribotypes, 018 (smz) and 369 (trf) of Clostridium difficile in Japan: a potential relationship with other global circulating strains? J Med Microbiol 2015;64:1226-1236.
- 6. Lin YC, Huang YT, Tsai PJ, et al. Antimicrobial susceptibilities and molecular epidemiology of clinical isolates of Clostridium difficile in Taiwan. Antimicrobial Agents Chemother 2011;55: 1701-1705.
- 7. Collins DA, Hawkey PM, Riley TV. Epidemiology of Clostridium difficile infection in Asia. Antimicrob Resist Infect Control 2013;2:21.