were reviewed by Infectious Diseases physicians blinded to the EIA results. Using the American College of Gastroenterology (ACG) classification system, CDI status was determined to be mild, moderate, severe, or complicated. Patients without significant diarrhea (<3 unformed stools / 24 hours) were considered colonized. Those without documentation of stools were classified as indeterminate. Correlation of clinical assessment with EIA results was assessed.

**Results.** Most of the PCR positive specimens (75%) were toxin EIA negative. Correlation of clinical assessment with toxin EIA is summarized in the table below. Among patients colonized vs. those with CDI, the percentages with negative toxin EIA results were 80% and 78%, respectively. CDI and PCR positive results were negative for 25 specimens—17 were from patients considered to have CDI.

### Table: Toxin EIA vs. PCR Positive Test Results

| Clinical Assessment | Toxin EIA positive | Toxin EIA negative |
|---------------------|-------------------|-------------------|
| No.                 | Row %             | No.               | Row %             |
| Indeterminate (11)  | 1                 | 9.0               | 10                | 90.9 |
| Colonsed (33)       | 8                 | 20.5              | 31                | 79.5 |
| CDI (250)           | 67                | 26.8              | 183               | 73.2 |
| Mild (47)           | 10                | 21.3              | 37                | 78.7 |
| Moderate (68)       | 21                | 30.9              | 47                | 69.1 |
| Complicated (109)   | 30                | 27.5              | 79                | 72.5 |
| Total (300)         | 76                | 25.3              | 224               | 74.7 |

**Conclusion.** Toxic EIA performed on samples positive for C. difficile by PCR does not reliably identify patients considered to have CDI with ACG criteria applied. CDH as an initial screen would not have detected 6.8% of patients with CDI.

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