



Universiteit
Leiden
The Netherlands

Epidemiology of Clostridium difficile infections in the Netherlands and Europe: implications for surveillance and control

Dorp, S.M. van

Citation

Dorp, S. M. van. (2018, October 10). *Epidemiology of Clostridium difficile infections in the Netherlands and Europe: implications for surveillance and control*. Retrieved from <https://hdl.handle.net/1887/68027>

Version: Not Applicable (or Unknown)

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/68027>

Note: To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle <http://hdl.handle.net/1887/68027> holds various files of this Leiden University dissertation.

Author: Dorp, S.M. van

Title: Epidemiology of Clostridium difficile infections in the Netherlands and Europe: implications for surveillance and control

Issue Date: 2018-10-10

STELLINGEN

behorende bij het proefschrift

Epidemiology of *Clostridium difficile* infections in the Netherlands and Europe: implications for surveillance and control

SOFIE M. VAN DORP

1. Diagnostic variability of *C. difficile* infection among microbiological laboratories in various European countries impedes valid calculation of the total burden of CDI in Europe (this thesis)
2. *C. difficile* infection surveillance systems should be standardised and supported by molecular typing to optimise infection control (this thesis)
3. The absence of geographical clustering of *C. difficile* infection beyond healthcare facilities indicates the absence of localised sources of CDI in the community, such as pig farms (this thesis)
4. Highly discriminatory molecular typing of *C. difficile* isolates from different human, animal and environmental sources is needed to estimate their attributable risks for CDI in humans (this thesis)
5. Public health departments will need to develop new analytical techniques to take advantage of evolving public health data sources while protecting patient confidentiality. (Henry Rolka, MMWR Suppl. 2012)
6. In the absence of a vaccine, future efforts to prevent *C. difficile* will cross health care settings and focus more on appropriate antibiotic use. (Fernanda Lessa, N Engl J Med. 2015)
7. Due to the inherent complexity and heterogeneity of the human microbiome, cross-sectional, case-control and longitudinal studies may not have enough statistical power to allow causation. (Joëlle Fritz, Microbiome. 2013)
8. Everything is related to everything else, but near things are more related than distant things. (The First Law of Geography. Waldo Tobler, 1930-2018).
9. Like our gut benefits from a diverse microbiome, our society benefits from a diverse community.
10. Nothing occurs at random, but everything for a reason and by necessity. (Leucippus, c. 480-420)
Het begrijpen van de wetmatigheid van leuke én nare gebeurtenissen geeft de mens gemoedsrust.
11. The art of medicine is to cure sometimes, to relieve often, and to comfort always. (attributed to Ambroise Paré, 1510-1590)
Bij uitstek in de klinische geriatrie voert de rol als arts verder dan genezen en dienen alle mogelijkheden tot verbetering van het welzijn te worden geëxploreerd.