Supplementary figure legends

Figure S1. Patient flow diagram. CDI: *Clostridium difficile* infection; EIA: enzyme-immunoassay; GDH: glutamate dehydrogenase; PCR: polymerase chain reaction

Figure S2. ROC curves for recurrence according to the different predictive models (PCR Ct with pre-specified high sensitivity cut-off value of >95%).

Figure S3. ROC curves for poor outcome according to the different predictive models (PCR Ct with pre-specified high sensitivity cut-off value of >95%).

Figure S4. ROC curves for recurrence according to the different predictive models (with the cut-off value suggested by Senchyna *et al* for PCR Ct <26.35).

Figure S5. ROC curves for poor outcome according to the different predictive models (with the cut-off value suggested by Senchyna *et al* for PCR Ct <26.35).

Figure S1. Patient flow diagram. CDI: *Clostridium difficile* infection; EIA: enzyme-immunoassay; GDH: glutamate dehydrogenase; PCR: polymerase chain reaction.
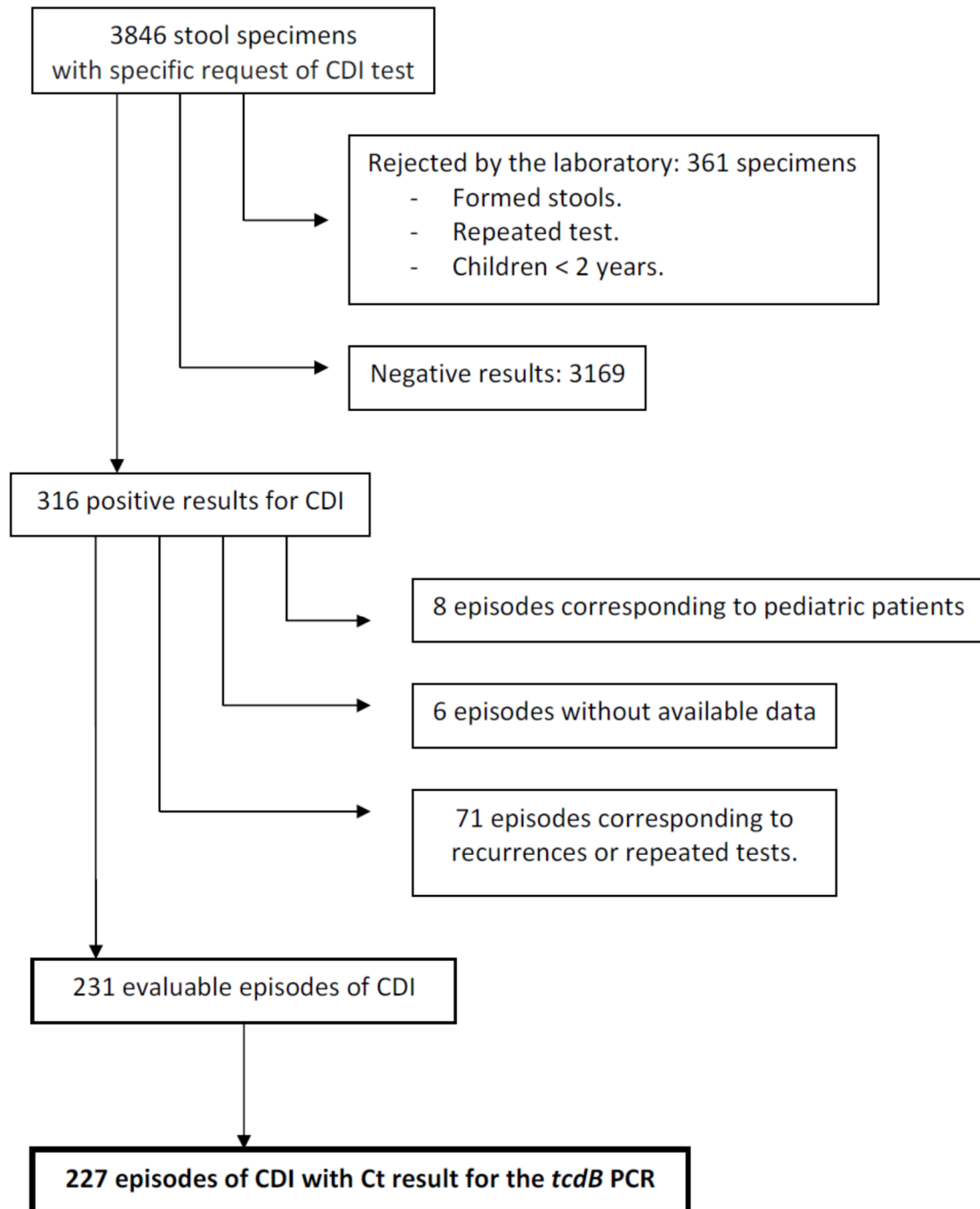
Table S1. Multivariate model to predict recurrence of CDI including PCR Ct with pre-specified high sensitivity cut-off value of >95%.

	Clinical model + Toxin B Ct PCR			
	No recurrence (n = 191)	Recurrence (n = 36)	OR (95%CI)	*P*-value
Chronic renal failure [n (%)]	29 (15.2)	10 (27.8)	**2.89 (1.14-7.36)**	**0.025**
Number of admissions [median (IQR)]	1 (0-1)	1 (0-2)	**1.41 (1.09-1.83)**	**0.009**
Severity of symptoms at presentation of CDI: Severe CDI [n (%)]	27 (14.1)	13 (36.1)	**3.19 (1.32-7.71)**	**0.010**
CDI-symptoms as the main reason for consultation [n (%)]	84 (44.0)	23 (63.9)	**2.27 (1.00-5.14)**	**0.049**
Positive EIA result for A/B toxin [n (%)]	77 (40.3)	27 (75.0)		
Toxin B Ct <29.35 [n (%)]	149 (78.0)	35 (97.2)	7.19 (0.93-55.53)	0.058

Figure S2. ROC curves for recurrence according to the different predictive models (PCR Ct with pre-specified high sensitivity cut-off value of >95%).
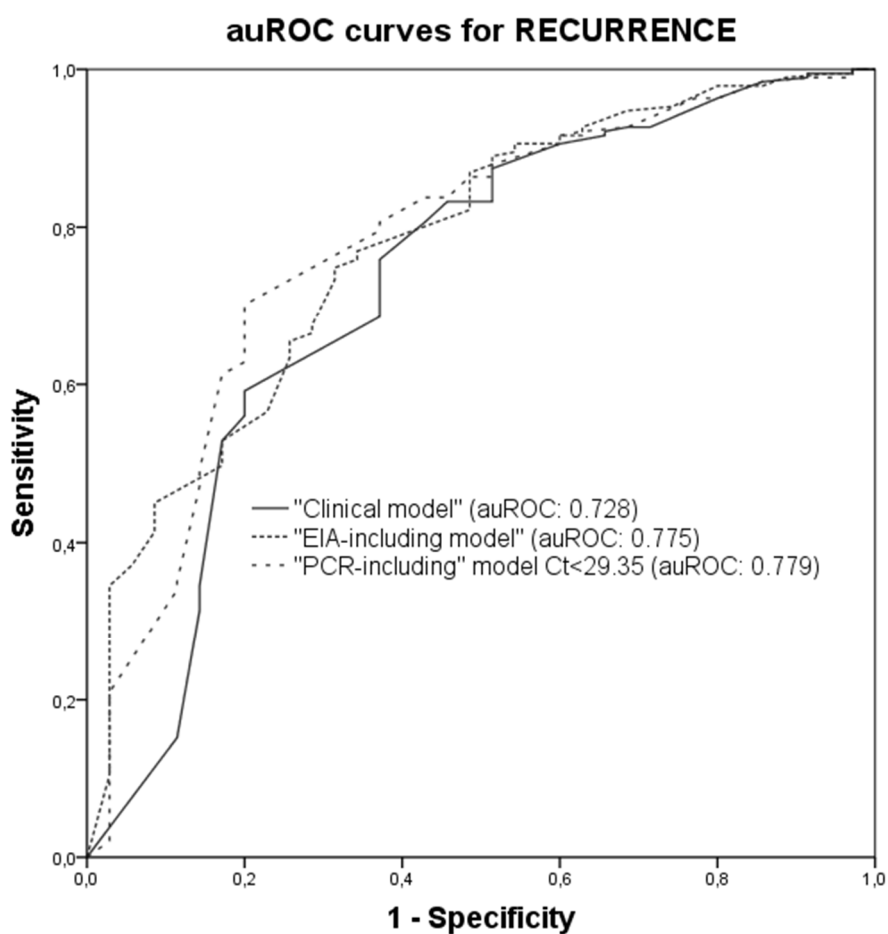

auROC curves for RECURRENCE

"Clinical model" (auROC: 0.728)
"EIA-including model" (auROC: 0.775)
"PCR-including" model Ct<29.35 (auROC: 0.779)

Table S2. Multivariate model to predict poor outcome of CDI including PCR Ct pre-specified high sensitivity cut-off value of >95%.

	Clinical model			
	Not poor outcome (n = 157)	Poor outcome (n = 70)	OR (95%CI)	*P*-value
Male gender [n (%)]	81 (51.6)	26 (37.1)	1.52 (0.78-2.96)	0.21
CCI [median (IQR)]	4.0 (1.0 – 6.0)	5.5 (4.0 – 7.0)	1.09 (0.98-1.21)	0.09
Chemotherapy [n (%)]	12 (7.6)	15 (21.4)	1.96 (0.76-5.02)	0.16
Inflammatory bowel disease [n (%)]	15 (9.6)	1 (1.4)	**0.08 (0.01-0.7)**	**0.02**
Solid organ transplantation [n (%)]	19 (12.1)	2 (2.9)	**0.18 (0.04-0.92)**	**0.04**
CDI-symptoms as the main reason for consultation [n (%)]	68 (43.3)	39 (55.7)	**3.16 (1.55-6.46)**	**0.002**
Maximum number of daily bowel movements [median (IQR)]	5.0 (3.0 – 7.0)	6.0 (4.0 – 8.25)	1.07 (0.97-1.18)	0.18
Concomitant antibiotic during CDI specific treatment [n (%)]	97 (61.8)	61 (87.1)	**4.54 (1.88 – 10.9)**	**0.001**
Toxin B Ct <34.25 [n (%)]	152 (96.8)	67 (95.7)	0.95 (0.19-4.75)	0.95

Figure S3. ROC curves for poor outcome according to the different predictive models (PCR Ct with pre-specified high sensitivity cut-off value of >95%).
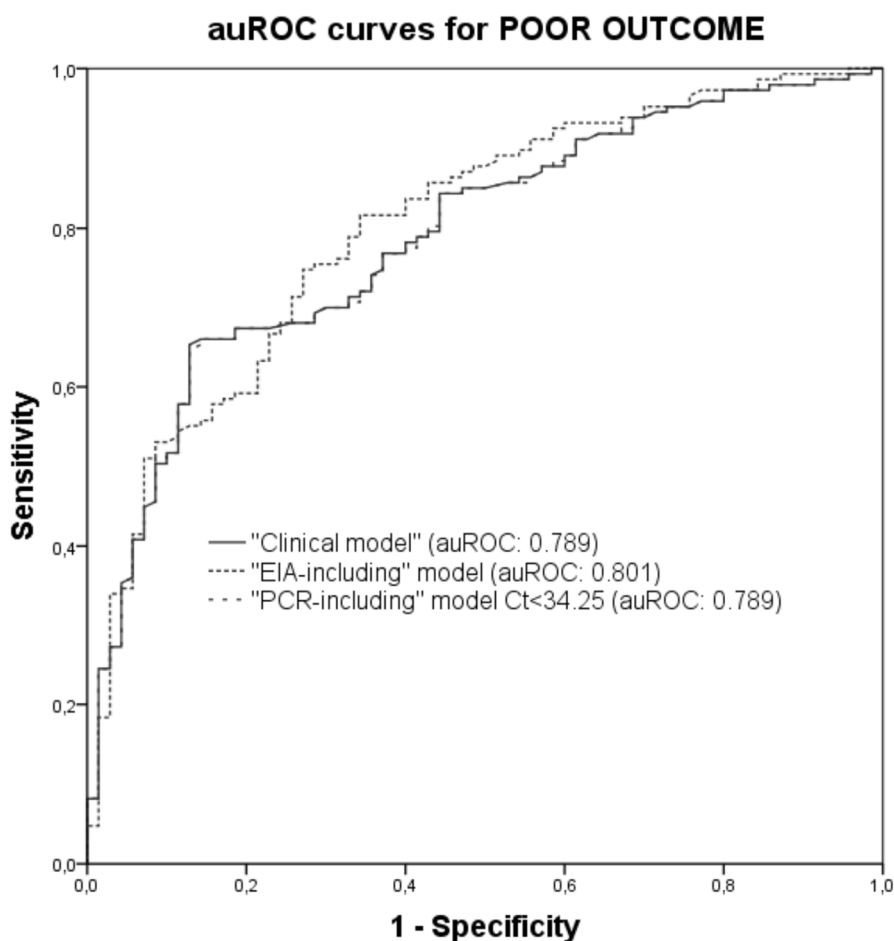

auROC curves for POOR OUTCOME

— "Clinical model" (auROC: 0.789)
---- "EIA-including" model (auROC: 0.801)
- - - "PCR-including" model Ct<34.25 (auROC: 0.789)

Table S3. Multivariate model to predict recurrence of CDI including PCR Ct with the cut-off value suggested by Senchyna *et al* (PCR Ct <26.35).

	Clinical model + Toxin B Ct PCR			
	No recurrence (n = 191)	Recurrence (n = 36)	OR (95%CI)	*P*-value
Chronic renal failure [n (%)]	29 (15.2)	10 (27.8)	**3.17 (1.25-8.05)**	**0.015**
Number of admissions[a] [median (IQR)]	1 (0-1)	1 (0-2)	**1.45 (1.13-1.87)**	**0.003**
Severity of symptoms at presentation of CDI: Severe CDI [n (%)]	27 (14.1)	13 (36.1)	**3.62 (1.5-8.76)**	**0.004**
CDI-symptoms as the main reason for consultation [b] [n (%)]	84 (44.0)	23 (63.9)	**2.25 (0.99-5.11)**	**0.052**
Toxin B Ct <26.35 [n (%)]	109 (57.1)	28 (77.8)	**2.81 (1.12-7.04)**	**0.027**

Figure S4. ROC curves for recurrence according to the different predictive models (with the cut-off value suggested by Senchyna *et al* for PCR Ct <26.35).
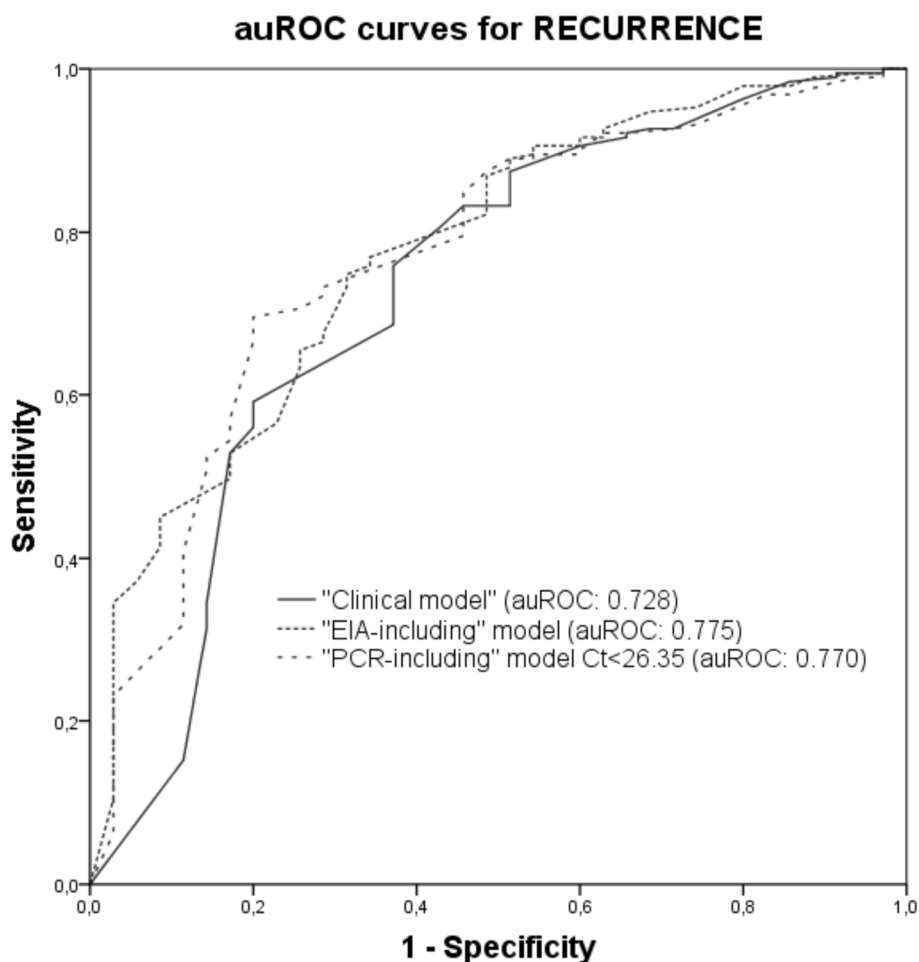

auROC curves for RECURRENCE

— "Clinical model" (auROC: 0.728)
····· "EIA-including" model (auROC: 0.775)
- - - "PCR-including" model Ct<26.35 (auROC: 0.770)

Table S4. Multivariate model to predict poor outcome of CDI including PCR Ct with the cut-off value suggested by Senchyna et al (PCR Ct <26.35).

	Clinical model			
	Not poor outcome (n = 157)	Poor Outcome (n = 70)	OR (95%CI)	*P*-value
Male gender [n (%)]	81 (51.6)	26 (37.1)	1.47 (0.75-2.9)	0.25
CCI [median (IQR)]	4.0 (1.0 – 6.0)	5.5 (4.0 – 7.0)	1.09 (0.98-1.21)	0.09
Chemotherapy [n (%)]	12 (7.6)	15 (21.4)	2.31 (0.86-6.18)	0.09
Inflammatory bowel disease [n (%)]	15 (9.6)	1 (1.4)	**0.07 (0.01-0.6)**	**0.02**
Solid organ transplantation [n (%)]	19 (12.1)	2 (2.9)	0.19 (0.03-1.005)	0.051
CDI-symptoms as the main reason for consultation [n (%)]	68 (43.3)	39 (55.7)	**3.16 (1.52-6.55)**	**0.002**
Maximum number of daily bowel movements [median (IQR)]	5.0 (3.0 – 7.0)	6.0 (4.0 – 8.25)	1.07 (0.97-1.18)	0.19
Concomitant antibiotic during CDI specific treatment [n (%)]	97 (61.8)	61 (87.1)	**5.2 (2.11 – 12.8)**	**<0.000**
Toxin B Ct <26.35 [n (%)]	89 (56.7)	48 (68.6)	**2.18 (1.08-4.4)**	**0.029**

Figure S5. ROC curves for poor outcome according to the different predictive models (with the cut-off value suggested by Senchyna *et al* for PCR Ct <26.35).

auROC curves for POOR OUTCOME

"Clinical model" (auROC: 0.789)
"EIA-including" model (auROC: 0.801)
"PCR-including" model Ct<26.35 (auROC: 0.802)