Travelers’ Diarrhea

Traveling to areas of high risk (developing countries in Latin America, Africa, Middle East, Asia) and/or to areas of intermediate risk (countries in southern Europe or some Caribbean islands)?

**YES**

Educate traveler regarding:
- Risks from eating and drinking local food and beverages.
- Strategies for obtaining reliable drinking water.
- How to self-diagnose TD, and dietary management if TD occurs.
- Importance of oral rehydration and use of ORS if needed
- Lack of need for antibiotic prophylaxis for TD except in rare circumstances
- Lack of need for vaccine prophylaxis for TD except in rare circumstances (not available in the U.S.)

**SELF-TREATMENT: ANTIMOTILITY DRUGS**

- Advise regarding potential self-treatment with antimotility drugs (contraindicated for persons < 3 years of age):
  - Take 4 mg loperamide. If mild diarrhea continues, take additional 2 mg loperamide every 6 hours, not to exceed 8 mg/day for over-the-counter use or 16 mg/day for prescription use.
  - Do not use if there is blood or pus in the stool.
  - Stop use if symptoms continue after 48 hours of treatment.

- Advise regarding hydration:
  - If no clinical symptoms of dehydration, take regular fluids by mouth and eat salty crackers.
  - If profuse diarrhea or symptoms of dehydration, use ORS.

- Does diarrhea respond to use of antimotility drug within 3-6 hours?
  - **YES** → No additional intervention necessary.
  - **NO** → Consider use of empiric antibiotics for severe diarrhea.

**SELF-TREATMENT: EMPIRIC ANTIBIOTICS**

- In most cases, a single dose of a quinolone antibiotic (ciprofloxacin, levofloxacin, and ofloxacin are equivalent for TD) is likely to be adequate, even for severe diarrhea. If symptomatic after 24 hours, continue antibiotic for 2 more days.
  - Azithromycin should be considered if quinolone is contraindicated or if TD is acquired in areas with high rates of quinolone resistance (e.g., Thailand, India). A single dose is likely to be adequate even for severe diarrhea. If symptomatic after 24 hours, continue antibiotic for 2 more days. A full 3-day course of treatment is required for dysentery (bloody diarrhea).
  - Rifaximin is an alternate therapy if *E. coli* is the most likely pathogen and there is no fever or bloody diarrhea.
- Although 1 dose of antibiotic is usually effective, prescribe adequate quantity for full 3-day course of treatment.
- If no response to 3 days of antibacterial therapy or if significant clinical worsening before 3 days, consider parasitic etiology and seek medical care.

**Educate traveler about risks, side-effects, and benefits of drug use.**

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1. For children > 3 years of age, if loperamide is to be used, dose at ≤ 0.25 mg/kg/day. (See Travelers’ Diarrhea and Children and Travel.)
2. Taking higher than the recommended dose of loperamide can cause cardiac adverse events. Significant overdoses may result in death.
3. What constitutes “severe” diarrhea is subjective; however, knowing that antibiotic use contributes to antibiotic-resistant infections may encourage travelers to adhere to preventative measures and recommended symptom management. For bloody diarrhea azithromycin should be started and medical attention sought immediately.
4. Exercise caution when prescribing azithromycin, especially in persons with cardiac conditions given the possibility of QT prolongation and its recent link to cardiac-related deaths.

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