

Traveler's Diarrhea

Brown Health Services Patient Education Series

What is traveler's diarrhea and how do I get it?

Travelers' diarrhea (TD) is the most common illness in persons traveling from resource-rich to resource-limited regions of the world. Also important to note that it can occur within 10 days of returning from travel to resource-limited countries or regions. The risk is highest when traveling to resource-limited developing countries of Latin America, Africa, the Middle East and Asia.

Traveler's diarrhea is usually caused by toxin-producing bacteria that you get by consuming contaminated food or water:

- Ice (tap water)
- Raw vegetables, salads, raw meat, raw seafood (such as ceviche)
- Fruits that cannot be peeled by the consumer
- Food that has been sitting out, such as a buffet or reheated food on a steam table, or cold foods
- Unpasteurized milk or other dairy products, especially soft cheeses, cream-filled desserts, sauces.
- Mixed drinks containing alcohol.
- Foods prepared by unwashed hands or from water by an unknown water source

Travelers' diarrhea is nearly always benign and self-limited, but symptoms may disrupt planned activities and result in health care visits for some travelers.

What are Some of the Symptoms to expect?

The symptoms of TD are dependent on the causative agent, but typically they include:

Malaise, anorexia, and abdominal cramps followed by the sudden onset of watery diarrhea and sometimes nausea & vomiting (E. Coli.)

Diarrhea, foul-smelling and fatty stools, malaise, urticaria, abdominal cramps, bloating and belching (Giardiasis)

Fever, tenesmus, urgency, cramping, and bloody diarrhea. (*Campylobacter jejuni* and *Shigella* spp)

There are various other organisms but common symptoms are recurrent watery or loose formed stools, cramping, nausea, chills and malaise, sometimes fever.

Important to Note:

Most episodes of travelers' diarrhea occur between 4 and 14 days after arrival, but can occur within a much shorter time frame if the concentration of bacteria ingested is sufficiently high. The illness is generally self-limited with symptoms lasting for

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approximately one to five days. However, 8 to 15 percent of patients experience symptoms for more than one week and as many as two percent for more than one month.

Treatment:

Your provider may prescribe some antibiotics for you prior to traveling, this is especially important in areas where a conventional pharmacy is not available and useful in the treatment of **severe** diarrhea.

You may be prescribed:

Azithromycin 1000 mg single dose or 500 mg daily for three days

Or

Rifaximin (200 mg three times a day) and Rifamycin (two 194 mg tablets twice a day for three days)

Less useful due to increasing resistance:

Ciprofloxacin 500 mg twice daily for 3 day.

Antibiotics should be used as prescribed, and medical attention should be sought if there is not prompt improvement. Antibiotics may be stopped after 24 hours if symptoms have improved significantly.

What are the Other Things I Can Do?

- Drink safe water, broth made with boiled water, bottled fruit juices or caffeine-free soft drinks (you need to keep liquid in your body)
- The ideal thing to drink is powdered oral rehydration salts (available at drug stores) mixed with safe water or bottled juice. You can make your own solution using 1 liter boiled water, 4 tablespoons sugar, 1/2 teaspoon salt and 1/2 teaspoon baking soda.

- Eat some salted crackers (you need salt and water), toast or clear soup. As tolerated, without an increase in diarrhea, you may slowly add bananas, cooked applesauce, rice, baked potato, plain noodles, or bread (“BRAT” diet) over the next 1 to 3 days.
- Avoid alcohol and caffeine-containing beverages (both will only dehydrate you more)
- Avoid dairy products (which may make the diarrhea worse), spicy foods and red meat, most vegetables and some fruits (citrus, tomato)
- If diarrhea is severe, drink only clear liquids.

CAUTION:

Do not take any locally-available over-the-counter medicines because of differences in, or lack of, government medication controls. Local medicines often contain very dangerous prescription drugs.

Specific treatment directions:

For **mild to moderate** diarrhea (less than or equal to 4 loose stools in 24 hours):

If symptoms are very mild, you may elect to follow dietary and rehydration measures described earlier and not use medications.

Medication options

Pepto Bismol (bismuth subsalicylate) may shorten the duration of the episode – take 2 ounces or 4 tablets every 30 minutes for eight doses. Avoid Pepto Bismol if you cannot tolerate salicylates (aspirin), if you have kidney problems, or if you are taking salicylates on a regular basis for some other reason. Be aware that Pepto Bismol can turn your tongue and stools black, a harmless and transient side effect.

Imodium AD (loperamide) is available over the counter, and will provide some symptom relief if it is necessary to be on a long car or bus trip. Follow bottle directions: 4 mg after the first loose

stool, then 2mg after each subsequent stool; not over 8 mg/day; not for more than two days. It should not be used as treatment for mild/moderate diarrhea.

For **severe diarrhea** (more than 4 unformed stools in 24 hours along with fever and/or bloody stools):

1. Take antibiotics as prescribed above. Loperamide (Imodium AD) should not be used for severe diarrhea unless one is also taking antibiotics. Loperamide should be stopped if abdominal pain, diarrhea, or other symptoms increase. Loperamide should not be used for more than 2 days.
2. You should seek medical attention if the episode of diarrhea is not alleviated by one of the above treatments in 2 days.

Loperamide will not cure diarrhea, but acts more like a chemical cork. To avoid dehydration, drink plenty of water if using this medicine as water continues to be pulled from the body into the intestine by the diarrheal illness. (We do not recommend Lomotil, another commonly prescribed anti-spasmodic drug, because of the dangers associated with using this for bloody diarrhea with fever.)

Can I prevent it?

Avoid buying food or beverages from street vendors. Remember, don't use tap water out of the faucet for brushing your teeth if you are in a high-risk area or do not swallow it as most toothpastes contain antibacterial agents. Also remember that food prepared for the plane ride home requires the same precautions.

Consider creating a personal first aid kit:

- A liter of purified water and several packets of oral rehydration salts.
- A method to purify water such as chlorine or iodine tablets. If you are filtering the water, the filter should be able to remove

small organisms (giardia, cholera, amoebae). Boiling water for 3 minutes will kill bacteria, parasites, and viruses.

- The medications mentioned above: over-the-counter Loperamide and/or Pepto Bismol; prescription antibiotics - Cipro or Azithromycin.

Are there foods that are safe to eat when traveling?

Items that are generally safe include:

- Bottled carbonated beverages, beer and wine
- Hot (or boiled) coffee or tea
- Water that has been boiled for 3 minutes
- Steaming hot foods
- Fruits and vegetables that you can peel yourself right before you eat them
- Breads, crackers, cookies and hard candy
- Fully cooked fish and shellfish while still hot.