What to do about travellers' diarrhoea

LINDSAY MOLLISON MB BS, MPH, FRACP

Travellers' diarrhoea is the most common illness of travellers to developing countries and can be caused by a variety of bacteria, viruses, worms and other parasites. This month, Dr Mollison outlines advice aimed at preventing disease in intending travellers and for managing those who develop illness.

This image is unavailable due to copyright restrictions

Prevention

- Remember the golden rules of safe eating: boil it, peel it or cook it.
- When travelling to developing countries, always use bottled or boiled water and drinks or purify drinking water.
- Prophylactic use of antibiotics, although effective, is generally discouraged because of potential side effects as well as economic and ecological considerations.

Diagnosis

- Most travellers' diarrhoea is self-limiting, causing up to seven days of gastrointestinal disturbance. However, a causative organism can be found in about 50% of acute cases – *Escherichia coli, Campylobacter jejuni* and *Salmonella* spp. are the most common. Important causes that are not necessarily tested for routinely include *Clostridium difficile, Cyanobacteria catayensis, Cryptosporidia, Microsporidia* and *Giardia lamblia*.
- If problems persist or unusual features are present, remember to consider alternative diagnoses that are not related to travelling such as cancer, polyps and colitis.

Management

Patients with acute illness

- The management of acute illness involves rehydration with electrolyte solutions and reassurance.
- Antibiotics will shorten the duration of illness by about one day and should be given if the diarrhoea is bloody or if the patient has a high fever. Usually, quinolones are recommended for suspected bacterial illness and tinidazole (Fasigyn, Simplotan) for suspected giardiasis. Antidiarrhoeals are fine but should be combined with antibiotics if blood or high fever is present.
- Antiemetics are usually not needed and must be avoided in children.

Patients returning unwell

- For the traveller who is still unwell on return, microscopy, culture and sensitivity testing for stool cysts, ova and parasites should be performed three times when unwell. Specifically request tests for the harder to find pathogens that are noted above.
- Treat the patient as needed, but if all tests are negative consider postinfectious irritable bowel syndrome.

Patients with worrying features

- If fever is present, think of the possibility of malaria if exposure may have occurred and test for it.
- In patients with rectal bleeding, weight loss, abdominal pain or fever and patients who are over 50 years of age, consider proctoscopy, colonoscopy or barium enema to exclude primary bowel disorders that are not related to travel. MT

Dr Mollison is a Consultant Gastroenterologist and Infectious Diseases Physician in private and public practice in Perth, WA.

The views published in this series are those of the authors and are not necessarily indicative of those held by all members of the Digestive Health Foundation or GESA.

Downloaded for personal use only. No other uses permitted without permission. © MedicineToday 2001.