

# Traveller's Diarrhoea

## Travel & Expedition Medicine

### FACTM (Clinical) Pt 1

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# Enteric infection

EI 1 Clinical Tropical Medicine

EI 2 Clinical Parasitology 1

EI 3 Travel & Expedition Medicine

EI 4 Clinical Parasitology 2

## Reading

- Manual of Travel Medicine & Health. 3<sup>rd</sup> edn. Steffen et al. BC Decker, 2007. pp394-408.
- Oxford Handbook of Expedition & Wilderness Medicine. Johnson et al. 2008, OUP, pp380-5.

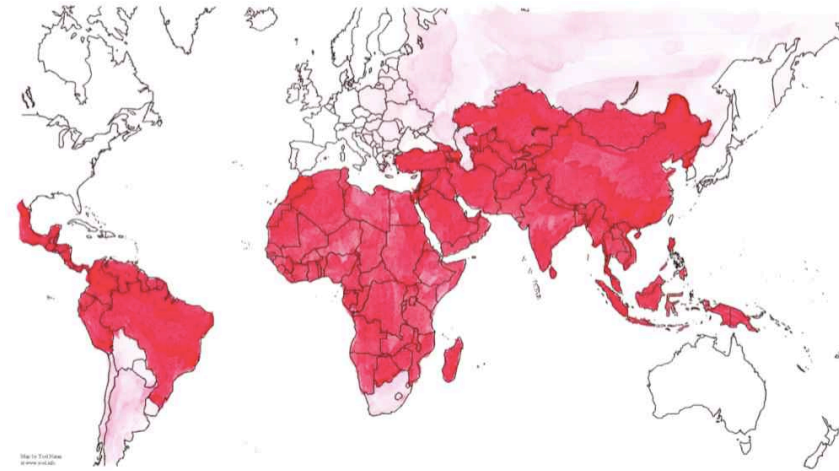


# Outline

- Definition of traveller's diarrhoea
- **Epidemiology:**
  - where
  - who
  - what
- **Food types**
- **Syndromes**
- **AIDA**
- **Prevention**



# Epidemiology



- **Where**

- Most of the world; high, medium & low risk: in Southeast Asia, Indian subcontinent, south Pacific islands, sub-Saharan Africa, Central & South America [red = high risk, pink = medium risk, white = low risk]

- **Who:**

- low to high risk travel, age, type of travel, prior travel, low gastric acidity food restrictions

- **What:**

- bacteria: ETEC, EAEC, Salmonella, Shigella, Campylobacter
- viruses: norovirus
- parasites: Giardia, Cyclospora, Entamoeba



# Food & drink

- ★ street>restaurant>self catering food
- ★ low temperature, high moisture food
- ★ local ice, tap water
- ★ low risk foods: served hot, peeled, tinned, in sugar, brine, vinegar
- ★ bottled drinks = low/medium risk



# Syndromes

- Watery diarrhoea
- Diarrhoea with blood or pus in stool
- Diarrhoea with fever
- Vomiting = dominant feature
- Prolonged diarrhoea



# CMx: assess

- **Key questions:**
  - Standard TH set re possible malaria, arbovirus infections, LSTM
  - Where has the patient travelled?
  - What did they do about food & drink there?
  - Did they take any preventive measures?
  - How long has this been going on for?
- **Examination**
  - Baseline obs
  - Dehydration
  - Abdominal pain
  - Stool, if available



# CMx: investigate

- **Key issues:**
  - Stool culture, microscopy
    - Ask for additional pathogens
    - Give outline travel history
- **Blood culture, if fever**



# CMx: decide

- Rehydration necessary?
- Antibiotics?
- Anti-motility?
- What kind of follow-up



# CMx: act

- **Antibiotics:**
  - Amoxicillin, Co-trimoxazole, Chloramphenicol unsuitable
  - Ciprofloxacin
  - Azithromycin
- **BSS?**
- **Loperamide?**
- **ORS**



# Prevention

**Vaccines: under trial, Cholera vaccine**

**Prophylaxis:**

**BSS**

**CIP**

**Self-treatment**

**BSS**

**CIP**



# Emerging issues

- **Options for ORS**
- **Emerging infective agents**
- **New antibiotic approach; Azithromycin, Rifamixin**
- **Significance of antibiotic resistance**
- **Brainerd diarrhoea**

