Guidelines for management of patients with diarrhoea after overseas travel



Traveller's Diarrhoea

Mild cases are usually self-limiting and require symptomatic treatment only.



Rehydration is the mainstay of therapy.

Bacterial infections are more likely in the returned travellers so avoid antidiarrhoeal drugs.

- For most travellers, early treatment is
- + preferred because there is a risk of developing antimicrobial resistance with prophylaxis.

Microbiology and sensitivity

Request stools M/C/S, ova & parasites AND Faecal multiplex PCR (mention on request form "traveller's diarrhoea and countries travelled to)

Principles of management and treatment

Moderate to severe disease:

- 1. Rehydration is the mainstay of therapy.
- 2. Antibiotics are effective for moderate to severe travellers' diarrhoea. A single large dose of antibiotics is usually effective, though a longer course should be used in patients with fever or bloody stools:
 - Azithromycin 1 g PO as a single dose

OR

• Norfloxacin 800 mg PO as a single dose

OR

• Ciprofloxacin 750 mg PO as a single dose

If fever or bloody stools are present OR if symptoms do not improve after a single large dose of antibiotic, continue with:

• Azithromycin 500 mg PO once daily for a further 2 days

OR

• Norfloxacin 400 mg PO 12-hourly for a further 2 days

OR

• Ciprofloxacin 500 mg PO 12-hourly for a further 2 days

References:

1.Therapeutic Guidelines 2021. Antibiotic. Acute Infectious Diarrhoea. Available from <u>Topic | Therapeutic Guidelines (health.wa.gov.au)</u>
2.Infectious Diseases / Returned Traveller section Emergency Care Institute <u>Returned Traveller | Emergency Care Institute</u>
(nsw.gov.au) (Accessed April 2023)

3.Gherardin A, Sisson J. Assessing fever in the returned traveller. Aust Prescr 2012; 35: 10 – 14 Guideline designed by Dr Ioana Vlad (ED) and Dr Darren Rebello (ED) in collaboration with Dr Thomas Gliddon (ID) May 2023