

Traveller's Diarrhoea		
V2.1	Last reviewed: 17/11/2022	Review date: 17/11//2025

GASTRO-INTESTINAL TRACT INFECTIONS

Travellers' diarrhoea

(CKS Diarrhoea - prevention and advice for travellers)

Antibiotics should not routinely be prescribed for the prevention or empirical treatment of travellers' diarrhoea.

The risk of travellers' diarrhoea should be assessed:

- See National Travel Health Network and Centre ([NaTHNaC](#)) for assessment of individual countries.
- Patients with higher susceptibility include under 6 years, elderly, IBD, immunosuppressed, ileostomy or colonoscopy, chronic disease such as CHD.

For people at low or intermediate risk:

- Provide information on food hygiene and safe drinking water ([Guide on safe food for travellers](#)), ([Food and water hygiene](#))
- Offer self-management information and when to seek medical advice if they develop diarrhoea.

For people at high risk of travellers' diarrhoea:

- Emphasise importance of personal hygiene, food hygiene, and safe drinking water.
- Warn about the risk of waterborne infection and avoidance of contaminated recreational water.
- **Only consider issuing standby prescription** of antibacterial to be taken if illness develops, to people travelling to remote areas and for people in whom an episode of infective diarrhoea could be dangerous:
 - Standby antibiotic (adult dose): azithromycin 500mg once daily for 1 to 3 days
 - Specialist advice should be sought if antibiotic prophylaxis or 'stand-by' treatment is being considered.
 - The NaTHNaC provides a telephone advice line for health professionals advising travellers with complex itineraries or specialist health needs. For more information, see the NaTHNaC [website](#).

Consider directing patients to a PRIVATE travel clinic as standby treatment **must** be issued on a **private** prescription (only the treatment of an acquired disease is eligible for NHS prescribing).

Symptomatic treatment options (should be bought Over the Counter):

Follow printed instructions for all over the counter products.

Do not use loperamide or bismuth subsalicylate if person has blood or mucous in stool and/or high fever or severe abdominal pain. Seek specialist advice.

Drug ¹	Dose	Duration	Comments
Oral rehydration sachets	200-400ml after each loose stool.		To limit dehydration, especially important in young children, pregnant women, elderly people, and those with pre-existing illness.
Bismuth subsalicylate (Pepto Bismol) Long-term supply issue until June 2023	≥16 years: 2 tabs four times a day	Maximum 2 days.	Recommended for mild diarrhoea and helpful in reducing nausea. See patient information leaflet for cautions.
Loperamide	≥12 years: 4mg initially, followed by 2mg as needed after each loose stool up to maximum 16mg per day	Maximum 2 days.	Use with caution to relieve mild to moderate diarrhoea, when frequent diarrhoea is inconvenient e.g., short journey. Should not be used alone if person has active IBD, fever or blood in stools.

¹See [BNF](#) for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.

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Nottinghamshire Area Prescribing Committee

Version Control- Traveller's diarrhoea

Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, MO and Interface Pharmacist	17/11//22	Added CKS link. Added advice for low and high-risk patients. Added NaTHNaC link and patient information leaflets. CKS don't recommend prophylaxis –table changed to treatment only and information added about supply issues. Information added about use of OTC treatments for relief of symptomatic symptoms