

GASTRO-INTESTINAL TRACT INFECTIONS

Travellers' diarrhoea

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

Travellers' diarrhoea is defined as passing three or more unformed stools in a 24-hour period with at least one additional symptom, such as abdominal pain or cramps, nausea, vomiting, fever, or blood in the stools, occurring during or shortly after travel to a high-risk area with poor sanitation.

Bacterial infection is the most common cause and is thought to account for 80–90% of cases of travellers' diarrhoea. The clinical picture may vary depending on the infecting pathogen.

- Enteric bacteria are the most documented (for example, *Escherichia coli*, *Campylobacter spp.*, *Salmonella spp.*, and *Shigella spp.*).
- Viruses and parasites can also cause travellers' diarrhoea.

Risk assessment:

- 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.

The risk of travellers' diarrhoea can be classed as:

- *Low* - people travelling to western European countries, the USA and Canada, Japan, Australia, and New Zealand.
- *Intermediate* - people travelling to southern European countries, Israel, South Africa, and some Caribbean and Pacific Islands.
- *High* - people travelling to Africa, Latin America, the Middle East, and most parts of Asia.

<i>Low or intermediate risk</i>	<ul style="list-style-type: none"> ● 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. (Patient leaflet: Travellers' Diarrhoea Symptoms, Treatments and Prevention)
<i>High risk</i>	<ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ○ Standby antibiotic (adult dose): azithromycin 500mg once daily for 1 to 3 days. <p>Specialist advice should be sought if antibiotic prophylaxis or 'stand-by' treatment is being considered. The National Travel Health Network and Centre (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.</p>

Consider directing patients to a PRIVATE travel clinic as standby treatment must be issued on a private prescription and it is not available on the NHS. Only the treatment of an acquired disease is eligible for NHS prescribing.

Treatment for symptom management (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.**
- **Patient advice:**
 - Maintain fluid intake with water or oral rehydration solutions.
 - Avoid high-risk foods and drinks until symptoms settle.
 - Rest and watch for signs of dehydration or worsening symptoms.

<ul style="list-style-type: none"> • Most episodes are short-lived and self-limiting, lasting a few days. • The person could consider purchasing sachets of oral rehydration salt before travelling. • During an episode of diarrhoea, it is important to prevent dehydration — particularly for young children, pregnant women, elderly people, and those with pre-existing illnesses. See Notts APC Sick Day Rules leaflet. 			
Medicine 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. See Notts APC Sick Day Rules leaflet.
Bismuth subsalicylate (Pepto-Bismol) Long-term supply issue until at least January 2026. (Reviewed July 2025) (SPS information)	≥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.
¹ See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment and renal impairment.			

Investigations and follow-up:

If diarrhoea persists, stool specimens for M, C&S and OCP (ova, cysts and parasites) should be requested. Ensure clinical details are provided outlining the travel dates and location.

Cholera, dysentery, food poisoning, HUS and typhoid/paratyphoid are notifiable diseases.

Patients should be advised not to return to work or school until free from diarrhoea and vomiting. Additional restrictions apply to food handlers and healthcare workers in line with UKHSA recommendations.