

TRAVEL SICKNESS RECOMMENDATIONS

Excerpts from the American Academy of Family Physicians article (<http://www.aafp.org/afp/2005/0601/p2095.html>) below:

Acute diarrhea affects millions of persons who travel to developing countries each year. Food and water contaminated with fecal matter are the main sources of infection. Bacteria such as enterotoxigenic *Escherichia coli*, enteroaggregative *E. coli*, *Campylobacter*, *Salmonella*, and *Shigella* are common causes of traveler's diarrhea. Parasites and viruses are less common etiologies. Travel destination is the most significant risk factor for traveler's diarrhea. The efficacy of pretravel counseling and dietary precautions in reducing the incidence of diarrhea is unproven. Empiric treatment of traveler's diarrhea with antibiotics and loperamide is effective and often limits symptoms to one day.

Acute diarrhea is the most common illness among travelers. Up to 55 percent of persons who travel from developed countries to developing countries are affected. A study of Americans visiting developing countries found that 46 percent acquired diarrhea. The classic definition of traveler's diarrhea is three or more unformed stools in 24 hours with at least one of the following symptoms: fever, nausea, vomiting, abdominal cramps, tenesmus, or bloody stools. Milder forms can present with fewer than three stools (e.g., an abrupt bout of watery diarrhea with abdominal cramps). Most cases occur within the first two weeks of travel and last about four days without treatment. Although traveler's diarrhea rarely is life threatening, it can result in significant morbidity; one in five travelers with diarrhea is bedridden for a day and more than one third have to alter their activities.

Available data suggest that *E. coli* is the predominant cause of traveler's diarrhea in Latin America, the Caribbean, and Africa, while invasive pathogens are relatively uncommon. Enterotoxigenic *E. coli* and enteroaggregative *E. coli* may be responsible for up to 71 percent of cases of traveler's diarrhea in Mexico

Although travelers often are advised to "Boil it, cook it, peel it, or forget it," data on the effectiveness of dietary precautions in preventing traveler's diarrhea are inconclusive. Many travelers find it difficult to adhere to dietary recommendations. In a study of American travelers, nearly one half developed diarrhea despite pretravel advice on avoidance measures; even persons who strictly followed dietary recommendations developed diarrhea. Avoiding high-risk foods and adventuresome eating behaviors may reduce the inoculum of ingested pathogens or prevent the development of other enteric diseases such as typhoid and hepatitis A and E.

Ciprofloxacin (Cipro) 500 mg twice daily for one to three days

Other quinolones (e.g., ofloxacin [Floxin], norfloxacin [Noroxin], and levofloxacin [Levaquin]) are presumed to be effective as well.