Travelers' Diarrhea

Overview:

Travelers' diarrhea (TD) is one of the most common illnesses afflicting the modern traveler; most studies indicate the rates of contraction of TD ranges from 20% to 60%.¹ By definition, TD refers to a watery diarrhea that varies in severity, from tolerable up to incapacitating, and develops in individuals during or within 10 days of returning from travel to underdeveloped regions.¹ TD is broken into three different classifications by the International Society of Travel Medicine (ISTM) based on the tolerability of the diarrhea and how largely its effects disrupt the traveler's plans.¹ Most cases of TD are self-limiting but with the increase of international travel and antibiotic resistance a need for an evidence-based clinical practice guideline for patients with TD is essential.¹

Key Take Home Points:

- Most often acute diarrhea is infectious and is self-limited¹
 - Viral infections are most common
 - Rotavirus,
 - Adenovirus
 - Norovirus
- TD is one of the most common illnesses afflicting the modern traveler; most studies indicate the rates of contraction of TD ranges from 20% to 60%.
- TD is **most commonly** caused by these pathogens:¹
 - *Giardia duodenalis* (most common protozoa in TD)
 - o Salmonella
 - Campylobacter jejuni
 - Enteroaggregative E. coli (EAEC)
 - Shigella species
- There is some variability among geographic areas as to which pathogen is the most common cause of TD.¹
 - Southeast Asia: *Campylobacter* species is the most common cause of TD.
 - Nepal, Peru, Haiti, and Guatemala: Cyclospora is the most common organism.
- The overall management of TD is based on symptom severity.
 - <u>Most patients have mild TD</u> symptoms, so supportive measures such as oral rehydration therapy and dietary modifications are recommended.²

References:

- Pérez-Arellano JL, Górgolas-Hernández-Mora M, Salvador F, et al. Executive summary of imported infectious diseases after returning from foreign travel: Consensus document of the Spanish Society for Infectious Diseases and Clinical Microbiology (SEIMC). *Enferm Infecc Microbiol Clin*. 2018;36(3):187-193. doi:10.1016/j.eimc.2017.02.009
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