Food and water borne diseases

Robert Steffen

Whenever food and water borne diseases are discussed in relation to travellers, the focus is on travellers’ diarrhoea (TD), the most frequent health problem in visitors to lower income destinations. In the past the risk of TD has decreased in many countries, but the incidence rate in the initial two weeks of stay still exceeds 20% mainly in South Asia and in parts of tropical Africa, resulting in incapacitation in a minority of patients. For decades ‘boil it, cook it, peel it — or forget it’ has been recommended, but there is no evidence that such self-restriction reduces the risk of illness and compliance is minimal. Prevention by continuous medication is usually not recommended. Thus, instructions with respect to therapy — be it from the travel kit or by local medical professionals — is paramount. As per a large consensus mild TD without incapacitation should only be treated by rehydration, antidiarrhoeals may additionally be used. The avoidance of antimicrobial agents reduces the risk of Extended-Spectrum Beta-Lactamase producing Enterobacteriacea (ESBL-PE). Antibiotics, first choice azithromycin, are reserved for moderate TD where they may be used, the non-absorbed rifaximin, rifamycin are alternatives. For severe TD, particularly dysentery, which is empirically defined as TD with fever and/or grossly blood in stools, azithromycin should be used.

Objectives

1. To be aware of TD symptoms and modern definition of severity.
2. To understand the limited options for prevention of TD.
3. To know the current concept of TD therapy depending on severity.