

## Gastrointestinal Infections (Treatment)

### TRAVELLER'S DIARRHOEA

#### Clinical features

- Usual onset day 3 of holiday
- Mean duration of illness 4 days; median 2 days
- 20% patients have fever or blood or both suggesting invasive disease
- Clinical diagnosis usually imprecise
- If symptoms persist beyond 7 days, stool microscopy and culture important, as appropriate treatment of persistent diarrhoea or dysentery may speed recovery.

#### Prevention

Consider antibiotic prophylaxis in:-

- People with a serious underlying health problem
- People whose trip would be ruined or whose itinerary would be changed
- People unable/unwilling to take dietary precautions.

#### Treatment

- Oral rehydration with glucose-electrolyte solutions (or salty soups and fruit juices).
- Complex carbohydrate (promote active glucose/sodium co-transport).
- Avoid opioids in acute gastrointestinal infection including loperamide (Immodium<sup>®</sup>).
- Caution: Doxycycline and some quinolones cause increased sensitivity to ultra-violet light.

### FOOD POISONING

#### 1. **STAPHYLOCOCCUS, BACILLUS, CLOSTRIDIUM (Toxin-mediated)**

Antibiotics are contra-indicated. Resuscitate by giving fluid replacement and cardiovascular support if necessary.

#### 2. **SALMONELLA (Non-typhoidal), SHIGELLA**

Antibiotic treatment not usually required as it does not affect the outcome or prevent chronic carriage. Give fluid replacement. Patients that are severely ill, immunocompromised or elderly with symptoms suggestive of sepsis, treat as below.

**1<sup>st</sup> choice**      Ciprofloxacin 500mg PO 12 hourly for 5 to 7 days

**Alternatives**      Amoxicillin, co-trimoxazole, tetracycline, chloramphenicol, etc.  
*depending on antibiotic sensitivities. Refer to BNF for doses.*

### 3. CAMPYLOBACTER

Treatment not usually required, but if severe, persistent, immunocompromised or bloody diarrhoea:-

**1<sup>st</sup> choice** Erythromycin 500mg PO 12 hourly for 5 days

**Alternative** Ciprofloxacin 500mg PO 12 hourly for 5 days

### 4. TYPHOID FEVER (*Salmonella typhi* / *paratyphi*)

**All cases** should be discussed with Infectious Diseases / Tropical Medicine team.

INITIAL adult treatment, as listed below (discuss paediatric treatment with microbiologist). Treatment may be modified in light of antibiotic susceptibilities.

Indian sub-continent and SE Asia		Not from Indian sub-continent or SE Asia
<b>Mild – moderate (oral therapy)</b>	<u>Azithromycin</u> 1 g PO loading dose, then 500 mg PO 24 hourly for 4 days <b>OR</b> <u>Azithromycin</u> 500 mg PO 24 hourly for 7 days	<u>Ciprofloxacin</u> 500 mg PO 12 hourly for 7 days
<b>Moderate – severe (IV therapy)</b>	<u>Ceftriaxone</u> 2 g IV 24 hourly for 10 – 14 days	<u>Ciprofloxacin</u> 400 mg IV 12 hourly for 10 – 14 days

### 5. GIARDIA

**1<sup>st</sup> choice** Tinidazole 2g PO single dose

**Alternative** Metronidazole 2g PO 24 hourly for 3 days

**OR**

Mepacrine hydrochloride (unlicensed product) – seek expert advice

### 6. AMOEBIASIS, YERSINIA, CRYPTOSPORIDIOSIS

Seek expert advice.

### CHOLANGITIS

**1<sup>st</sup> choice** Co-amoxiclav 1.2g IV 8 hourly  
**OR**

Co-amoxiclav 625mg PO 8 hourly

**Penicillin allergy** Contact Microbiology