

## Key aspects briefly summarized

- Common, usually harmless and self-limiting disease that does not require therapy.
- Pay attention to good food and hand hygiene, drink water only from correctly closed bottles.
- In case of bloody/mucous diarrhea with abdominal pain +/- fever, a doctor must be consulted.

### Disease

Diarrheal disease that occurs in chronological relation to a trip. Acute travelers' diarrhea is mostly caused by bacteria and viruses, protozoal pathogens are more common in persistent or chronic diarrhea.

### Occurrence / Risk areas

10-40% of all travelers develop travelers' diarrhea.

### Transmission

Mainly fecal-oral through contaminated food or water.

### Symptoms

Normal travelers' diarrhea: 3 or more loose and liquid stools per 24 hours.

Dysentery: bloody and/or mucous diarrhea with abdominal pain +/- fever.

### Treatment

Ensure sufficient fluid intake. In case of watery diarrhea without fever or blood in the stool, loperamide (e.g. Immodium®) may be taken (CAVE: max. 12mg/day).

In case of additional occurrence of fever, severe abdominal pain and/or blood in the stool, a doctor must be consulted. This also applies if sufficient fluid intake is not possible due to repeated vomiting.

Self-treatment with antibiotics should only be carried out in exceptional cases and must be discussed with a doctor before the trip.

### Prevention

- Ensure good hand hygiene: wash your hands with soap and water or a disinfectant alcohol gel before cooking or eating and after using the toilet.
- Consume only well-cooked/fried foods that are served hot. Avoid salads, unpeeled fruits, foods with raw eggs, soft ice cream and similar products.
- Drink water only from bottles that have been properly sealed. Ice cubes should be avoided.