

TRAVELER'S DIARRHEA

- Traveler's diarrhea (TD) is a clinical syndrome associated to the consumption of contaminated water or food during or after travels. It is the most common health problem for travelers.
- It affects most frequently to those people traveling from areas with high hygiene standards to others where the hygiene-health conditions are worse.

The TD can be the result of an infection caused by a big variety of intestinal pathogens

 Generally it is not a severe disease, but it can ruin your holidays. For 30% of affected patients, symptoms will be grave and will force to stay in bed for some days; one in every hundred will be taken to hospital. Also, 15% will have diarrheal episodes after the travel.

LOW RISK

USA, Canada, Australia, New Zealand, Japan and countries from North and West Europe.

INTERMEDIATE RISK

East Europe, South Africa and some Caribbean islands.

HIGH RISK

Asia, Middle East, Africa, Mexico, Central America and South America.

SYMPTOMS

- Diarrhea is defined as so when there are four or more
 loose stools in 24 hours, or three or more within 8 hours,
 accompanied by at least one of these symptoms: nausea,
 vomits, abdominal cramps or pain, fever, necessity or pain at defecation.
- Most patients will have at least 6 stools per day, but 20% could reach 20.
 Fever and blood or mucus at feces are grave criteria. It normally lasts 3-5 days, although for 25% it will be extended to one week or more.

PREVENTION

- Regarding food: eat well-cooked and recently prepared foodstuffs, avoid eating salads and raw vegetables and fruits have to be intact and be peeled by consumer.
- Regarding drink water: do not drink water without hygiene quarantee, nor ice cubes.
- Medication: Currently, there is no commercialized medication in Spain that has shown effectiveness for preventing diarrhea.





TREATMENT

Most diarrheas are solved spontaneously after a few days, thanks to basic treatment measures that the traveler can apply. If it lasts more or it is severe or comes with high fever, intense vomits or blood in the feces, it is important to look for medical assistance. Also if it persists after the travel.



- Fluid replacement (Rehydration): it is the basic and main measure. In most cases, an adequate intake of liquids is enough, without needing specific rehydrating formula. When you have diarrhea, you have to keep eating.
- 2 Antidiarrheal medication: They can be prescribed for slight or moderate diarrheas but they are contraindicated for diarrheas with fever or blood in feces.



3 Antibiotics: The use of antibiotics is mainly indicated for severe traveler's diarrhea.

USEFUL LINKS ABOUT TRAVELER'S DIARRHEA



Sanidad Exterior (MSSSI: Ministerio de Sanidad, Servicios Sociales e Igualdad) . Viajes Internacionales y Salud. Capítulo 3: Riesgos Sanitarios medioambientales.

http://www.msc.es/profesionales/saludPublica/sanidadExterior/docs/CAPITULO-3.pdf

CDC (Centers for Disease Control and Prevention). Travel health. Yellow Book. Chapter 2. Travelers Diarrhea.

http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-2-the-pre-travel-consultation/travelers-diarrhea.htm

CATMAT(Committee to Advise on Tropical Medicine and Travel). Statement on Travellers' Diarrhea.

http://www.collectionscanada.gc.ca/webarchives/20071225071828/

http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/01vol27/27sup/acs3.html

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IT DOESN'T REQUIRE COLD CHAIN

Recommended daily dose and administration³

Take 1 capsule per day with food

 Traveler's diarrhea. Asociación de Médicos de Sanidad Exterior. [Updated on May 23, 2013. referred on March 9, 2015.] Available at http://www.amse.es/index.php?option=com_content&view= article&id=427:diarrea-del-viajero&catid=44:recomendaciones-generales&Itemid=90 2. McFarland LV. Meta-analysis of probiotics for the prevention of traveler's diarrhea. Travel Med Infect Dis, 2007; 5(2):97-105 3. Consultar información nutricional en el envase de ProFaes4 VIAJEROS. 4. Williams SE, et al. Aliment Pharmacol Then, 2009; 29: 97-103. [SHEFFIELD trial]. 5. Plummer S, et al. Int Microbiol, 2004; 7: 59-62. [CAMBRIDGE-CLOSTRIDIUM trial]. 6. Madden JAJ, et al. Int Immunophar, 2005; 5: 1091-1097. [CAMBRIDGE + H PYLOR TRIAL 1]. 7. Plummer S, et al. International Journal Antimicrob Agents, 2005; 26:69-74. [CAMBRIDGE - H PYLOR TRIAL 2]. 8. Allen SJ, et al. BMC Infect Dis, 2012; 12:108. [PLACIDE -ELDERLY trial].

