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Opening Times

Monday 9am - 6.30pm

Tuesday 9am - 6.30pm

Wednesday 9am - 6.30pm

Thursday 9am - 6.30pm

Friday 9am - 6.30pm

Saturday 9am - 4.00pm

Closed for Lunch 1pm - 2pm

Your FREE Healthy Living Leaflet for June 2019

1. How many travellers to high risk areas are affected by diarrhoea?
2. What causes traveller's diarrhoea (TD)?
3. What is traveller's diarrhoea?
4. What is the most common cause?
5. Where are you more likely to get infected?
6. Where are the high-risk countries?
7. What are the risk factors for getting TD?
8. What is the best treatment for TD?
9. What is the best symptomatic treatment for TD?
10. How is TD best avoided?



Answers on the bottom of page two

What is traveller's diarrhoea?

Traveller's diarrhoea (TD) is the most common health problem experienced by people who visit the high-risk destinations of the world. It is defined as three or more unformed stools in a 24-hour period often with at least one of the following: fever, nausea, vomiting, cramps or bloody stools.

These symptoms may come on during, or within 10 days of returning from foreign travel. It can cause a lot of disruption to the travel plans of those affected.

Approximately 13% of sufferers will be confined to bed for

one to three days and 12-46% will have to change their plans but fewer than 1% need to go to hospital.

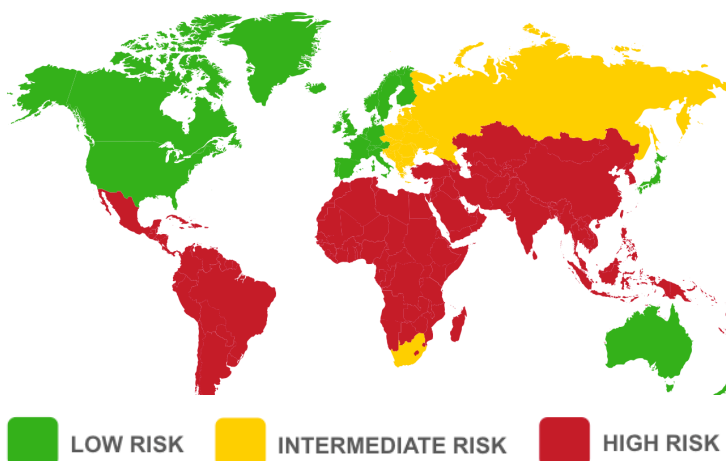
What are the high-risk areas?

The organisms that cause TD are commonly reported worldwide but you are more likely to

become ill in countries which have lower food hygiene standards, poor sanitation and a lack of access to clean water.

The high-risk areas include most of Asia, the Middle East, Africa and Latin America where more than 20% of travellers from a high-income country, like Britain,

Global Risk of Traveler's Diarrhoea



may experience TD. The medium risk countries include southern Europe, Israel, South Africa, some parts of the Caribbean and the Pacific islands where you have a 8-20% chance of suffering TD.

Who is most at risk?

The greatest risk factors for getting TD include your diet, age, destination, season of travel and your choice of eating establishment.

Backpackers, teenagers and younger travellers are most frequently affected because of their adventurous travel plans.

The effects of TD are generally worse in the very young, the elderly and the frail. Those with a weakened immune system, IBD, long term kidney or heart disease and pregnant women should avoid contaminated food and water.



How do you get TD?

TD is caused by a variety of organisms with bacteria, especially Escherichia coli, being responsible for most cases though viruses such as norovirus and protozoa can also be the culprits. You get TD by eating or drinking contaminated water. It is easy to forget about the ice in your drink or the water you use when brushing your teeth.

Recreational water such as swimming pools, the sea and freshwater rivers can also be a source or water-borne infection. In swimming pools infection may occur if the treatment and disinfection of the water is not adequate. Symptoms are classified according to the degree you are affected:

- Mild - tolerable, not distressing, does not interfere with planned activities
- Moderate - distressing or interferes with planned activities
- Severe - incapacitating or completely prevents planned activities, or dysentery (passing stools containing visible blood)
- Persistent - diarrhoea lasting 2 weeks

How do I treat TD?

TD usually resolves spontaneously but the aim of any treatment is to avoid dehydration, reduce the severity and duration of symptoms and prevent any interruption to travel plans. Hence you should maintain your fluid intake and this may be all you need to do for a mild case of TD.

For more severe symptoms or in those prone to complications from dehydration, oral rehydration powders can be diluted into clean drinking water. If these are not available a salt/sugar solution of six level teaspoons of sugar and one level teaspoon of salt to a litre of "safe" water can be used.

The most common symptomatic treatment for TD is antimotility agents like loperamide and bismuth subsalicylate. Loperamide is useful if you are going on long bus journeys, or in business meetings but should not be used alone if you have active IBD. Bismuth subsalicylate can be used for mild diarrhoea and is helpful in reducing nausea. Both preparations are available over the counter.



What is the best way to avoid TD?

To help prevent TD your hands should be washed after visiting the toilet and always before preparing or eating food. Alcohol gel can be helpful when washing facilities are not available. You should also not go swimming in the pool if you have diarrhoea and avoid drinking pool water.

For more information about this or any other health related problem, please speak to one of our trained team.

Answers: Q1, 20%. Q2, Viruses, bacteria or protozoa. Q3, 3 or more unformed stools in a 24-hour period. Q4, Escherichia coli. Q5, In countries where the food hygiene is lower with inadequate sanitation and poor access to fresh water. Q6, Most of Asia, the Middle East, Africa and Latin America. Q7, Diet, age, destination, season of travel and choice of restaurant. Q8, Drinking plenty of fluid. Q9, Anti-motility agents like loperamide. Q10, Wash your hands after going to the loo and before preparing or eating food.