FOOD POISONING

Food poisoning or traveler’s diarrhea (TD) is the most common infectious disease experienced by international travelers. It is caused by contaminated food or drink and it can be mild to extreme in severity.

Prevention

- **Boil it, cook it, peel it, or forget it.**
- Wash your hands with soap and water or use alcohol-based hand sanitizers before eating.
- Do not use tap water for drinking or brushing teeth or ingest ice. Drink bottled or canned water or beverages that you open with an intact seal.
- Be careful with uncooked foods like fruits and vegetables.
- Avoid any food of questionable preparation or origin. Avoid food from street vendors.

Diagnosis and treatment

**MILD DIARRHEA** is less likely to be bacterial and is characterized by 3 or 4 unformed stools in 24 hours with mild cramping. It can be treated with:

- Hydration: Clear fluids. Consider use of Oral Rehydration Solutions, Imodium AD ® (loperamide). **NOT TO BE USED IN CHILDREN UNDER 12 OR WITH BLOODY DIARRHEA.**
- Start eating as soon as possible. It is best to start with easily digested foods such as bananas, rice, applesauce and toast and advance as tolerated. Eating is the best way to regain your strength and stop the diarrhea. However, you should avoid milk products for 72 hours after last diarrheal stool.

**MODERATE DIARRHEA** is increased frequency of unformed bowel movements with one or more of the following symptoms: a fever up to 101°F (38.3°C), abdominal pain, nausea or vomiting. Treat with:

- As with mild diarrhea, it is important to replace lost fluids with clear liquids and if needed, use Loperamide.
- Start the antibiotics that your Travel Doctor prescribed.
- You can stop the antibiotic and loperamide once your symptoms are gone.
SEVERE DIARRHEA is moderate diarrhea with increased bowel movements and all of the other symptoms. You can take antibiotics as in moderate diarrhea, however if symptoms worsen (more abdominal pain, inability to drink adequate fluids, or bloody diarrhea), seek care for a resistant bacteria or parasite.

Diarrhea in Children: Young children (under age 5) are particularly susceptible to becoming dehydrated but unfortunately, Imodium (loperamide) and Pepto-Bismol® should not be used in children. So for an infant with diarrhea who is breast feeding, you should continue to breast feed and be sure to hydrate the nursing mother. If the infant is not improving and is not making normal amounts of urine, the infant should be seen by a health professional right away. An infant or toddler should have at least 1 wet diaper every 4-6 hours. If there is a longer duration between wet diapers, the child needs more fluids and should be seen by a health care provider. Parents should have a low threshold for seeking medical help if one of their young children experiences vomiting and diarrhea.

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