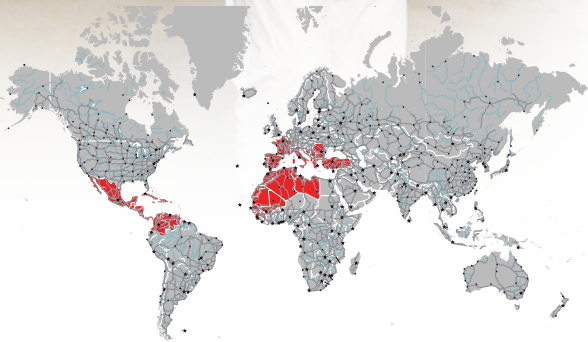


# Travelers' Diarrhea & Cholera



## World Map

The map shows where Cholera and Travelers' Diarrhea can be contracted. **Visit [www.casmedic.com](http://www.casmedic.com) to see more.**

## Types of vaccines

There is a very effective vaccine in preventing traveler's diarrhea. However, this vaccine does not last as long as others (such as Hepatitis A and B).

If your vacation lasts more than a week, getting the vaccine can prevent 3-4 days of acute diarrhea and can therefore be a good investment. As such, this vaccine is the most effective way to protect yourself from the famous "Tourista" or "Montezuma's revenge" type of ailments.

## DUKORAL

DUKORAL is marketed by Sanofi Pasteur. It comprises 2 packages that need to be ingested orally on two occasions. The first dose is due on day 0, the second on day 14. This vaccine offers good protection for those who are afraid of needles but its effects don't last very long and it has an unpleasant taste.

This information is provided to you free of charge by Cas Medic healthcare professionals. If you would like more information on vaccine services for cholera or travelers' diarrhea, do not hesitate to contact us. If you suspect you may have been exposed, be sure to contact your doctor. As a general precaution, if you have any doubts about your state of health always speak to a doctor.

## Travelers' Diarrhea

Diarrhea is the most common medical issue affecting those who travel to developing countries and is characterized by the passage of three or more unformed stools in a 24-hour period. Most episodes of travelers' diarrhea are mild and self-limited, although the illness can be debilitating and particularly difficult to manage in remote or unfamiliar surroundings. Up to 50% of people traveling from developed to developing countries can expect at least one episode of acute diarrhea during a 2-week stay, with 20% being confined to bed for a day<sup>1,2</sup>.

The risk of travelers' diarrhea varies by geographic region. For example, in the Caribbean and in Eastern and Southern Europe, the risk varies from 15% to 20%, whereas in Africa, Southeast Asia, and Latin America, the risk ranges from 20% to 50%<sup>3</sup>.

The key risk factors for travelers' diarrhea are the travel destination and the type of travel (five-star accommodations vs. backpacking). The factors that may associate with a higher probability of travelers' diarrhea include gastric hypochlorhydria<sup>4</sup> and the relative lack of gut immunity seen in small children<sup>5-7</sup>. In addition, specific groups of travelers are at an increased risk of serious consequences of travelers' diarrhea; specifically, those with chronic illnesses, such as immunodeficiency diseases, individuals with chronic renal failure, persons with congestive heart failure, individuals with insulin-dependent diabetes mellitus, and those with inflammatory bowel disease.

Contaminated food is the most common cause of travelers' diarrhea, and ETEC is most frequently associated with foodborne transmission; however, outbreaks of ETEC on cruise ships highlight the possibility of waterborne transmission<sup>8</sup>. No food group can be regarded as "safe," and the sources of foodborne illness are numerous, including poorly cooked meat, contaminated raw vegetables, or unpasteurized dairy products. Food may stand for several hours at ambient temperatures, allowing for bacterial proliferation, or it may become contaminated by food handlers or the environment before being consumed.

Bacterial pathogens cause >80% of cases of travelers' diarrhea. The most commonly isolated organisms include Escherichia coli, primarily ETEC strains, Campylobacter jejuni, Salmonella, and Shigella species<sup>9,10</sup>. Even though ETEC is the most commonly isolated bacteria in travelers' diarrhea, the incidence ranges from approximately 25% to 50% of cases but varies widely by geographic region<sup>11,9</sup>.

The prevention strategies for travelers' diarrhea include education about the ingestion of safe food and beverages, water purification, chemoprophylaxis with nonantibiotic drugs or antibiotics, and vaccination.

If prevention strategies fail, therapeutic options for travelers' diarrhea may include oral rehydration, dietary management, antimotility agents, and antibiotic treatment.

## Cholera

Cholera is a severe bacterial infection caused by the bacteria Vibrio cholerae, which primarily affects the small intestine and the main symptoms include profuse watery diarrhea and vomiting. Transmission is primarily through contaminated drinking water or infected food. The severity of the diarrhea and associated vomiting can lead to rapid dehydration (hypo hydration) and electrolyte loss. If these are not replaced then death may follow<sup>12</sup>. Mortality ranges from >50% for those without treatment to 1% among adequately treated patients. Treatment consists of mainly oral or parenteral rehydration and antibiotics. The spectrum of disease is wide, with mild and asymptomatic cases occurring more frequently than severe ones<sup>13</sup>.

Cholera infection is associated with poor sanitation and is generally acquired from contaminated water or food, particularly undercooked or raw shellfish and fish.

In Canada, cholera cases are typically uncommon; in fact, only four were reported in 2002, and five were reported in 2003. All were related to travel or immigration. No secondary transmission was noted, which is expected in countries such as Canada with modern sanitation, good hygiene, and clean water supplies.

<sup>12</sup> [wikipedia.org/wiki/Cholera](http://wikipedia.org/wiki/Cholera)

<sup>13</sup> [phac-aspc.gc.ca/publicat/ccdr-rmtc/05vol31/asc-dcc-7/index-eng.php](http://phac-aspc.gc.ca/publicat/ccdr-rmtc/05vol31/asc-dcc-7/index-eng.php)

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