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TRAVEL MEDICINE

Don't let the runs ruin the travel reign

What goes in on top must come out at the bottom. It is the journey from gullet to the last part of the gut that will leave memories of either pleasure or pain, and either of unforgettable experiences gained or that left the body drained.

Pictures by Yumna Parker (16 year high school pupil)

Gentle, tiny waves lap onto the bare feet of the couple seated at the table on the beachfront. Sundowners liberally served with ice welcomes the sunset as the heat of the tropical island is gradually replaced by the welcoming breeze and the massaging ocean water. A few metres away supper is being prepared over an open grill. The next morning breakfast is presented as an array of buffet stations; each one more exotic than the previous one. Some of the dishes are unheard of, but the chef smilingly assures all that no holiday would be complete without indulging in the local delicacies that he personally prepared. Holiday, travel and food: what could be more gratifying? Food with fragrances that intoxicate and tastes that exhilarate; drinks that open up a world only imagined previously. There is one caveat though, and that is travellers' diarrhoea (TD).

Seafood does not come any fresher

The loose facts are that between thirty and seventy percent of all travellers will suffer from the urge to continuously visit the John and regurgitate expensive culinary delights. Though most of these episodes are short-lived and last on average between two and five days if left untreated, it can significantly impact on a week long pre-paid and non-refundable holiday. Besides, not even the super luxurious bathrooms found in five star hotels warrants so much time spent in them! Ask any of the 450 of the 1800 passengers who were on a Caribbean cruise in February 2010 how it impacted their trip on the luxury liner. The symptoms ranging from a few motions with mild abdominal cramps to vomiting, severe abdominal pain and dysentery can leave a traveller drained and not able to fully enjoy the trip even after treatment. The old adage of 'boil it, cook it, peel it, or forget it' is still commonly used as sage advice to all travellers. The addition of: 'easy to remember, impossible to follow!' however puts it in better perspective, and who can blame a tourist roaming the streets of Venice for buying a salad from a street vendor. However, even if that advice is followed, the incidence of the ailment seems to be the same in all travellers, with there even being suggestions that 'diarrhoea seems to occur more frequently the more a person tries to elude it.' It would seem that avoiding tap water and only drinking bottled water, not consuming salads, raw vegetables, uncooked

Fruit that need to be peeled are generally considered safe to eat

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foods or unpeeled fruits do not lower the risk of travellers' diarrhoea. In short it is not so much WHAT is eaten that matters the most.

What then are the predictable factors? The first is the choice of destination and this affects both the risk as well as the cause. The regions of the world are divided into three grades of risks. The low risk areas include the United States, Canada, New Zealand, Japan and countries in Western and Northern Europe. The intermediate risk areas include Eastern Europe, some Caribbean countries and South Africa. The high risk group comprise most of Asia and Africa, Central and South America, Mexico, as well as the Middle East. The second predictable factor is WHERE the tourist consumes meals. The standard of hygiene at any eatery, whether a three star Michelin restaurant or a street corner cafe, directly influences the chance of getting TD. The young seem to suffer more from TD than older travellers, probably due to more adventurous and less inhibited eating habits, whilst there is no difference between the sexes.

Seafood barbecue on the beach: the freshness of the fish is unknown

It is obviously impossible to march into the kitchen of every restaurant and demand to inspect whether there is adequate refrigeration of food, whether dirty utensils are not lying all over the show, whether salads and food are not washed with non-potable water, and whether there is adequate personal hygiene practiced by the staff. Conjure up the image of an offended burly French chef absolutely horrified by little Miss Daisy inspecting his life-altering creations and he then spits out a stream of profanities! The pathogens that cause TD are the usual suspects encountered in areas where faecal-oral transmission predominate, where flies abound and where contamination due to poor storage and prolonged open exposure to the environment is evident. It can be generally accepted that food that is served piping hot and liquids from factory-sealed containers or which are carbonated would be unlikely to cause TD. Food left for long periods at buffet stations, especially if infested with flies, and fruit juices diluted with non-potable water can potentially cause problems.

Bacteria are by far the commonest cause of TD, with viral and protozoal pathogens being other causative organisms implicated. The term 'food poisoning' is normally reserved for episodes associated with diarrhoea and significant vomiting caused by preformed toxins in food and which resolves spontaneously within twelve hours. Bismuth containing agents have been shown to decrease the rate of TD from 40% to 14% but have unpleasant side-effects, and are not generally advised. The use of probiotics has not been proven presently to reduce the incidence of TD. Antibiotics are sometimes used prophylactically in certain instances and have been proven to be efficacious but are not generally recommended.

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The fish is delectably presented

Since the aetiological agents are generally known, self-treatment can be advised to most travellers. Most experts concur that a reasonable first-line antibiotic would be ciprofloxacin or levofloxacin as either a single dose or one day dose. Certain areas such as south-east Asia has seen increasing resistance to the above quinolones, and azithromycin is the agent of choice in these circumstances, as well as in children generally. Dehydration should be borne in mind especially in children, and oral rehydration therapy may have to be commenced in conjunction with the antibiotics and antimotility agents such as loperamide (Imodium®). Early initiation of treatment can at times be the difference between a nightmarish trip and a salvaged one.

So before setting off on the journey of a lifetime, be aware of the common affliction called TD, bear in mind that it is not only what is consumed but also where the meal is prepared, and be armed to rapidly counter its devastating effects. Bon voyage, *Bon Appetit!*