

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ADULT IMMUNIZATION AND TRAVEL CLINIC**

**CLIENT INFORMATION SHEET
TRAVELERS' DIARRHEA**

What is Travelers' Diarrhea?

- Passing of 3 or more loose stools in a 24 hour period
- Usually includes at least one other symptom of intestinal disease such as nausea, vomiting, cramps, fever, urgent need to pass stool (urgency), or passage of stools containing blood or mucous
- Travelers' diarrhea is also called *Turista*, *Montezuma's Revenge*, *Delhi belly*, or *bicicleta*
- It affects 50% of travelers to Central and South America, Asia, SE Asia and Africa

What Causes Travelers' Diarrhea?

- Drinking beverages and especially eating foods that are contaminated by unclean hands or fly droppings with tiny amounts of human waste infected with bacteria, viruses or protozoa
- Poor hand washing by food handlers or by you after using the restroom
- Inadequately treated drinking water
- Poorly cleaned fruits and vegetables, served raw, that have been in contact with fecal matter
- Bacteria are the most frequent cause (65% of cases). Strains of bacteria involved are: *E. coli* and *Vibrio* (sudden and profuse watery diarrhea); *Shigella*, *Salmonella*, *Campylobacter* (bloody, mucus-laden diarrhea and fever)
- Viruses are the next most frequent cause: *Norovirus* (diarrhea and prominent vomiting) and *Rotavirus*
- Protozoa are the least common cause: *Giardia* (gradual increase of loose stools, excess gas, foul smell); *Entamoeba* (bloody, mucous-laden diarrhea with cramping)
- Bacterial diarrheas start a few hours (and up to 3 days) after eating or drinking infected foods or liquids

How Can I Prevent Travelers' Diarrhea?

- **Vaccine prevention:** There is no vaccine.
- **Food and Water Precautions:**
 1. **Remember "Boil it, cook it, peel it, or forget it"**
 2. **It is OK to DRINK:**
 - Hot tea and coffee (made with boiled water)
 - Bottled (firmly capped) or boiled water
 - Filtered water that has also been boiled
 - Beer and wine made by standard manufacturers (not home brew)
 - All sodas (Coke, Inka Cola, etc.)
 - Ice made from bottled water
 3. **Acceptable Water Treatments:**
 - Boil water for 1 minute or more (3 min. at altitude > 6500 ft.)
 - Iodine tablets can be used according to package instructions (add 50mg of vitamin C or Tang to improve flavor). Avoid if hyperthyroid or pregnant. Not effective against *Cryptosporidium* or *Cyclospora*
 - Portable filters with pore size .1-.3 will remove bacteria and protozoa but not viruses. Water must still be boiled.
 4. **It is OK to EAT:**
 - Foods that are freshly cooked, well cooked and served piping hot
 - Fresh fruits and vegetables that you have washed thoroughly with bottled or boiled water and peeled
 - Pasteurized juices and dairy products (check carefully)
 5. **DO NOT EAT OR DRINK:**
 - Salads, uncooked vegetables, raw/undercooked meat or seafood

- Reheated foods, street vendor foods, foods that have been sitting at room temperature for a period of time prior to eating (salsas, sauces)
- Tap water or ice made from tap water
- Foods exposed to flies
- Unpasteurized dairy products
- Foods prepared by food handlers where there is no visible clean water for hand washing
- Water contaminated with bird, poultry or animal waste

Treatment of Travelers' Diarrhea

- **Things to Remember:**

1. Most cases of Travelers' Diarrhea resolve completely without antibiotic treatment in 1-2 days (mild cases) or 3-5 days (moderate cases)
2. Prolonged or severe diarrhea occurs in <15% of untreated cases
3. About 1/3 of cases are caused by viruses or protozoa and cannot be treated with standard antibiotics
4. Using the correct antibiotic to treat bacterial diarrhea can shorten the disease considerably; symptoms may disappear within 4-6 hours
5. Azithromycin, Ciprofloxacin, and Rifaximin are antibiotics commonly used to treat bacterial Travelers' Diarrhea.

- **Treatment of Mild to Moderate Travelers' Diarrhea:**

1. **Symptoms of mild--moderate diarrhea:**

- Stools are loose→watery, more frequent, discomfort is mild
- Frequency **does not** interfere with carrying on daily activities
- There is **no urgent need** to pass stool, requiring a person to be near a restroom at all times
- There is no fever, or blood or mucous in stools, no vomiting

2. **How to Treat:**

- Drink plenty of water to stay well hydrated (**children should start oral rehydration solutions at the start of any diarrheal illness**)
- Eat foods that are easy to digest: rice, bread, saltine crackers.
- Avoid greasy/fatty, spicy foods, dairy, coffee/caffeine, alcohol
- **Take Pepto-Bismol (Adults)** 2 tablets, 4 times a day for 2-3 days to reduce symptoms. Remember the following if you are taking Pepto:
 1. Do not take it if you are allergic to Aspirin, or on aspirin therapy, or taking non-steroidal anti-inflammatories (Advil, etc.), probenecid, or methotrexate
 2. Pepto can cause your stools and tongue to turn black. Brush your tongue when brushing your teeth.
 3. Not approved for use in children <12yo. Children's Pepto (without Bismuth) is available for 2-11yo. Children 2-5yo can take 1 tab as needed, not to exceed 3 tabs in 24 hours; 6-11yo can take 2 tabs as needed, not to exceed 6 tabs in 24 hours. Do not give to children who have a fever, the chicken pox, or flu symptoms.

- **Imodium (an antiperistalsis agent)**

1. Not usually needed for mild to moderate diarrhea due to the lack of urgency and the person's continued ability to take in plenty of water
2. Should only be used if water loss is high or if a person must do some activity that prevents them from using the restroom for a period of time
3. Antiperistalsis agents can cause bloating, gas, increased cramping and constipation following use

- **Treatment of Moderate-→Severe/Serious Diarrhea**

1. **Symptoms of Moderate/Severe (Serious) Diarrhea:**

- Watery stools > 3 times per day
- Urgent need to pass stool requiring constant access to a restroom
- Vomiting

- Severe cramping and/or nausea and/or painful spasms causing an extremely urgent need to pass stool (urgency)
- Losing a high volume of water in stools with difficulty holding down fluids taken in by mouth
- Fever and/or mucous and/or blood in stool
- Weakness, fatigue, inability to carry out daily activities

2. How to Treat Moderate→Severe/Serious Diarrhea

- **Maintain hydration:** Take in 2 Cups/hour of oral rehydration solution or Gatorade in small portions to replace fluids lost through diarrhea and vomiting
- **Oral Rehydration** solutions can be found at stores and pharmacies throughout the world. Travelers can make their own by adding ½ teaspoon table salt, ½ teaspoon baking soda, 8 teaspoons sugar or 2 TBSP Karo syrup, ¼ teaspoon salt substitute to 1 liter or quart of water.
- **Imodium Use to limit # of stools and reduce water loss:** When access to a restroom is limited, this can reduce the possibility of incontinence and allow a diarrhea sufferer to carry out some activities.
 1. The first dose of 4mg should be followed by taking a 2mg dose after each unformed stool for adults and children >12yo, not to exceed 16mg in 24 hours for adults and not to exceed 12mg per 24 hours for children 12-17. Avoid in children under 12.
 2. Do not take Imodium longer than 48 hours.
 3. Side effects of Imodium include drowsiness, dizziness, dry mouth, bloating, gas, increased cramping and constipation following treatment.
 4. **Do not take Imodium if you have bloody diarrhea (dysentery) or if you have ulcerative colitis.**
- If you have taken Pepto-Bismol to reduce symptoms, stop taking it 6 hours before starting your antibiotic
- **Start Antibiotic Treatment for bacterial diarrhea:** **Ciprofloxacin** (500mg 1 tablet twice a day for 1-3 days) is the correct antibiotic for most the the world except SE Asia, Nepal and Spain where **Azithromycin** is effective (500mg 1 tablet once of day for 1-3 days). Rifaximin (200mg 1 tablet 3 times a day for 3 days) is an alternative for those who cannot take Ciprofloxacin or Azithromycin.
 1. If the diarrhea clears after the first day of treatment, there is no need to complete all 3 days of the antibiotic.
 2. If there is fever and/or blood or mucous in the stool then complete all 3 days.
 3. Reassess symptoms on day 4. If there is some even slight improvement, the infection may be going away.
 4. Reassess symptoms on day 5. If feeling worse or there are no signs of improvement, the antibiotic didn't work against the organism you are infected with. **SEEK MEDICAL CARE.**
- **WHEN TO SEEK MEDICAL CARE:**
 1. **No resolution or improvement 1-2 days** after completing antibiotic.
 2. Anytime fluid loss in stool and vomiting is greater than fluid volume taken in by mouth.
 3. **Children** can become dehydrated much more quickly than adults. **Diarrhea and vomiting for more than 4 hours requires medical attention.**
 4. Remember, gradual onset of loose stools with excess gas and foul odor is probably protozoal and cannot be treated with the antibiotics above. Tinidazole and Flagyl are two drugs that can be used to treat protozoal diarrhea. Seek medical care for a stool exam for the correct treatment.
 5. **Anyone with any symptoms of dehydration** requires medical care. The symptoms are: confusion, lethargy, decreased urine output, concentrated dark urine, sunken eyes, skin tenting.
 6. **Anyone who continues to have diarrhea 7 days after a course of antibiotic treatment** should seek medical care.
 7. **Falciparum Malaria** can sometimes start with diarrhea. Seek medical care if you develop diarrhea 7 days or more after visiting a malaria risk area without consistently using one of the antimalarial medications to prevent malaria.

TRAVELER'S DIARRHEA MEDICATION GUIDE

Drug	Indication	Adult Dosage	Pediatric Dosage	Restrictions
Imodium (anti-motility agent or "stopper-upper")	<ul style="list-style-type: none"> ■ Extreme urgency under circumstances where there is limited restroom access ■ High volume fluid loss in diarrhea and vomit ■ Mod→Severe diarrhea 	<ul style="list-style-type: none"> ■ Initial dose: 4mg followed by 2mg after each unformed stool 	<ul style="list-style-type: none"> ■ Avoid in children under 12yrs of age. ■ For children 12-17yrs initial 4mg, followed by 2mg after each unformed stool. 	<ul style="list-style-type: none"> ■ Do not exceed 12mg /day for children 12-17yrs. ■ Do not exceed 16mg/day for adults. ■ Avoid with history of ulcerative colitis, blood in stool.
Pepto Bismol	<ul style="list-style-type: none"> ■ Mild loose stools, mild cramping. 	<ul style="list-style-type: none"> ■ 2 tabs 4 times a day for 2-3 days. 	<ul style="list-style-type: none"> ■ Children 12yrs and older 2 tabs 4 times a day 	<ul style="list-style-type: none"> ■ Do not take if taking aspirin or allergic to aspirin. ■ Do not take if you have a bleeding disorder or ulcer. ■ Discontinue for 6hrs before using Cipro or Azithromycin. ■ Do not give to children with chicken pox, fever, or flu symptoms.
Ciprofloxacin	<ul style="list-style-type: none"> ■ Severe watery diarrhea with intense cramps, nausea, vomiting, extreme urgency. ■ Cipro sensitive countries 	<ul style="list-style-type: none"> ■ 500mg twice a day for 1-3 days 	<ul style="list-style-type: none"> ■ Not approved for children under 18yrs of age 	<ul style="list-style-type: none"> ■ Do Not use during pregnancy or breast feeding.
Azithromycin	<ul style="list-style-type: none"> ■ Severe watery diarrhea with intense cramps, nausea, vomiting, extreme urgency. ■ Cipro resistant countries. ■ Cipro allergy. 	<ul style="list-style-type: none"> ■ 500mg once a day for 3 days 	<ul style="list-style-type: none"> ■ 12-17yr 500mg once a day. ■ 6-11yrs 250mg once a day for 1-3 days. 	
Rifaximin	<ul style="list-style-type: none"> ■ Severe watery diarrhea with intense cramps, nausea, vomiting, extreme urgency. ■ Cipro resistant countries or contraindications to other options. 	<ul style="list-style-type: none"> ■ 200mg three times a day for 3 days 	<ul style="list-style-type: none"> ■ Children 12yrs and older: 200mg three times a day for 3 days 	<ul style="list-style-type: none"> ■ Do Not use during pregnancy or breast feeding.

4/24/06

Anti-Malarial Medications

	SIDE EFFECTS	CONTRAINDICATIONS	DRUG INTERACTIONS	DOSAGE & INSTRUCTIONS
Mefloquine (Lariam)	<p>Common: nausea, dizziness, difficulty sleeping, vivid dreams, diarrhea, abdominal pain, headache</p> <p>Rare: seizures, hallucinations, anxiety, depression, restlessness</p>	<ul style="list-style-type: none"> • Previous allergic reactions to Mefloquine or quinine • Epilepsy or other seizure disorders • History of psychological problems i.e., anxiety, depression • Diagnosed or treated for irregular heartbeat 	<ul style="list-style-type: none"> • Increased risk of cardiopulmonary adverse events, in individuals taking propranolol • Halofantrine use is contraindicated with mefloquine • Use caution with antiarrhythmics, beta-adrenergic blockers, calcium channel blockers, anti-histamines, h-1 blocking agents, tricyclic antidepressants, phenothiazines, quinidine, & chloroquine • Half-life 13-24 days 	<ul style="list-style-type: none"> • 1 tablet (250mg) 1x per week while in malaria-infected area • 1st dose 1-2 weeks before arriving in malaria-infected area • Continue to take 1 tablet a week for 4 weeks after leaving malaria-infected area • Take tablet on the same day every week • Should be taken on a full stomach
Doxycycline	<p>Common: sun sensitivity, nausea, vomiting & yeast infections in women</p>	<ul style="list-style-type: none"> • Children under the age of 8 • Pregnancy • Breastfeeding • History of allergies to tetracyclines or doxycycline 	<ul style="list-style-type: none"> • Do not use simultaneously with Pepto Bismol or antacids; impairs absorption of Doxycycline/separate doses by 3hrs • Do not give with penicillin • If taking anticoagulant therapy may need to reduce dosage of anticoagulant • Do not use of tetracycline with penthrane (general anesthetic) • Barbiturates, carbamazepine, and phenytoin decrease the effectiveness of doxycycline • May decrease effectiveness of oral contraceptives • Half-life 18-22 hours 	<ul style="list-style-type: none"> • 1 tablet (100mg) 1x per day while in malaria-infected area • 1st dose 1-2 days before arriving in malaria-infected area • Continue to take 1 tablet 1x per day for 4 weeks after leaving malaria-infected area • Take tablet each day at the same time • Take in upright position w/ fluids & food. Use UVA sunscreen & hat • DO NOT TAKE before bedtime
Malarone (combination of Atovaquone & Proguanil)	<p>Side effects are rare: abdominal pain, nausea, vomiting & headache can occur</p>	<ul style="list-style-type: none"> • Severe renal impairment • Pregnancy • Breastfeeding • Infants less than 11kgs (24lbs.) 	<ul style="list-style-type: none"> • Do not take with tetracycline • Reglan (Metoclopramide) should be used only if other antiemetics are unavailable • Do not take with rifampin or rifabutin • Half-life of proguanil 12-21 hours, half-life of atovaquone 2-3 days 	<ul style="list-style-type: none"> • 1 tablet (250/100mg) 1x per day while in malaria-infected areas • 1st dose 1-2 days before arriving in malaria-infected area • Continue to take 1 tablet 1x per day for 7 days after leaving malaria-infected area • Take tablet at the same time everyday with food with fat content
Chloroquine (Aralen)	<p>Side effects are rare: nausea, vomiting, headache, dizziness, blurred vision & itching can occur. Vivid dreams</p>	<ul style="list-style-type: none"> • May worsen the symptoms of psoriasis • G-6-PD deficiency • Presence of retinal or visual field changes • Use caution in hepatic dz, alcoholism, hepatotoxic drugs • Keep out of reach of children to avoid toxicity 	<ul style="list-style-type: none"> • Urinary acidifying agents decrease effectiveness of drug • Kaolin decreases GI absorption of drug • Limit alcohol intake • Use with Acetaminophen (Tylenol), cimetidine, MAO inhibitors and urinary alkylating agents can increase chloroquine blood levels and cause toxicity 	<ul style="list-style-type: none"> • 1 tablet (500 mg) 1x per week • 1st dose 1-2 weeks before arriving in malaria-risk area • Continue to take 1 tablet 1x per wk for 4 wks after leaving malaria-risk area • Take tablet on full stomach to minimize nausea

All listed anti-malarial are 95% effective; seek medical attention for any febrile (fever) illness that begins 7 days or more after visiting a malaria-endemic area. (Malaria can occur months after visiting a malarious area.) Inform the health care provider that you may have been exposed to malaria.

To Prevent Insect Bites:

- Dress in pale colors, wear long sleeve shirts and long pants made of tightly woven/knit fabric and shoes.
- Apply insect repellent to exposed skin every 4-6hrs
- Mosquitoes that transmit malaria bite between dusk and dawn.
- Use insect repellent that contains 20-35% DEET (N, N-Diethyl-m-Toluamide) such as Ultrathon, Cutters, Sawyer, or OFF/Deep Woods. Pump spray or lotions are recommended for better coverage. Products are available at REI (840 Brannan) or Get Lost Travel books, and Lombardi sports.
- Treat bed nets, clothing, shoes and gear with permethrin insecticide prior to travel. (Available in pump spray: lasts through several wash-ups.)
- Use unscented soaps, shampoos, lotion and deodorants. Don't use cologne, scent or bright colors.
- If the windows in your accommodations don't have screens on them, sleep under a bed net.

When using repellent with DEET, follow these precautions:

- Always use according to label directions.
- Use only when outdoors or if not in protective environment. Wash skin after coming indoors.
- Do not breath in, swallow, or get in eyes or mucous membranes.
- Do not put on wounds or broken skin.
- If using sunscreen – apply sunscreen first, then DEET containing repellent.

	<u>Quantity</u>	<u>Safeway</u>	<u>Walgreens</u>	<u>Longs</u>	<u>Rite Aid</u>	<u>Costco</u>
Mefloquine (Lariam)	10 pills	\$114.49	\$111.59	\$118.90	\$138.99	\$64.89
	20 pills	\$224.49	\$217.19	\$224.80	\$277.99	\$122.49
	30 pills	\$336.49	\$322.79	\$330.70	\$392.98	\$178.78
Doxycycline	10 pills	\$9.49	\$13.39	\$13.85	\$12.98	\$6.99
	20 pills	\$13.49	\$21.99	\$19.95	\$20.99	\$7.79
	30 pills	\$17.49	\$29.99	\$27.95	\$20.99	\$8.69
Malarone	10 pills	\$72.99	\$68.79	\$67.30	\$66.99	\$48.69
	20 pills	\$128.99	\$131.59	\$124.15	\$128.99	\$96.09
	30 pills	\$187.49	\$194.20	\$179.70	\$183.99	\$142.99
Chloroquine	10 pills	\$60.49	\$45.59	\$64.70	\$62.89	\$38.29
	20 pills	\$111.49	\$89.19	\$119.00	\$124.99	\$73.79
	30 pills	\$165.49	\$125.99	\$172.00	\$187.98	\$105.99

PRICES CAN CHANGE FREQUENTLY & VARY WITH STORE LOCATION

PLEASE NOTE – WHEN ASKING THE ADULT IMMUNIZATION CLINIC TO FAX YOUR PRESCRIPTION, PLEASE MAKE SURE THAT IT IS TO THE CORRECT PHARMACY. IF YOU CHANGE PHARMACIES, YOU WILL NEED TO HAVE THE PRESCRIPTION MOVED YOURSELF. THERE WILL BE AN ADDITIONAL FEE IF YOU ASK THE ADULT IMMUNIZATION CLINIC TO REFAX YOUR PRESCRIPTION.

CIPROFLOXACIN (CIPRO)

TREATMENT FOR TRAVELERS' DIARRHEA/ CLIENT EDUCATION SHEET

Please read the following and let your nurse know if you have any questions.

Antibiotic options for treatment of travelers diarrhea for areas of travel
The common side effects associated with Ciprofloxacin include diarrhea/loose, nausea, vomiting, rash.
Photosensitivity reactions are common; use sunscreen and avoid direct sunlight if possible.
The less common side effects associated with Ciprofloxacin include: Convulsions, increased intracranial pressure, toxic psychosis, dizziness, confusion, tremors, hallucinations, depression, suicidal thoughts or actions, sensorineural neuropathy with weakness, decreased sensation, sensory discomfort/tingling or burning. Occasional ruptures of shoulder, hand, Achilles or other tendon. Discontinue use if these occur.
Persons with known CNS disorders that may predispose to seizure should use Ciprofloxacin with caution.
Do not take Ciprofloxacin with theophylline, warfarin, phenytoin, methotrexate, cyclosporine, caffeine, tizanidine, probenecid, glyburide, soriatane, ibuprofen, aspirin or other NSAIDS . Use with caution if taking corticosteroids.
Ciprofloxacin should not be taken by anyone who has a known allergy or hypersensitivity to Ciprofloxacin quinolone antibiotic.
Stop taking Ciprofloxacin if you experience any of the signs of a serious allergic reaction (angioedema, anaphylaxis, generalized rash, airway swelling).
Persons with liver disease or impaired liver function should take Ciprofloxacin with caution.
Persons with impaired kidney function will require a different dosage regimen.
The risk of pseudomembranous colitis exists with Ciprofloxacin as well as other antibiotics
Pregnant or breastfeeding women should not take Ciprofloxacin.
Start antibiotic treatment of travelers diarrhea after 12-24 hours of multiple, severe, watery stools.
Symptoms may begin to decrease 6-8 hours after starting Ciprofloxacin treatment.
Take one Ciprofloxacin 500mg tablet twice a day for a maximum of 3 days for treatment of travelers diarrhea. It is ok to stop sooner if diarrhea resolves. If the diarrhea is bloody or you have a fever, complete the 3 day course.
Ciprofloxacin may be taken with or without food but with lots of water is best. Do not take with dairy products (milk or yoghurt) or calcium fortified juices alone. It is okay to take with a meal containing these products.
Take Ciprofloxacin at least 2 hours apart from antacids containing aluminum or magnesium or products containing calcium, zinc, or iron
Stop taking Pepto-Bismol 6 hours before starting your Ciprofloxacin.
Persons with travelers diarrhea should seek medical care if they have any of the signs of dehydration (lethargy, concentrated dark urine, low urine output, skin tenting), if they have bloody diarrhea and/or fever persisting >48 hours after starting the antimicrobial, if they have diarrhea persisting 7 days after starting the antimicrobial, or if their condition worsens after starting the antimicrobial.
Most episodes of recurrent travelers diarrhea are new infection, not relapse.
I have received the Travelers Diarrhea/Food and Water safety information sheet.

3/31/06

ZYTHROMAX (AZITHROMYCIN)

TREATMENT FOR TRAVELERS DIARRHEA/CLIENT EDUCATION SHEET

Please read the following and let your nurse know if you have any questions:

Antibiotic options for treatment of travelers diarrhea for areas of travel
The common side effects associated with Zithromax (Azithromycin) include diarrhea/loose stools, nausea, mild abdominal pain.
The less common side effects (occurring in <1% of those taking Azithro) include: palpitations, chest pain, dyspepsia, flatulence, vomiting, melena and cholestatic jaundice, monilia, vaginitis and nephritis, dizziness, headache, vertigo and somnolence, fatigue, rash/pruritus, photosensitivity and angioedema.
Do not take Azithromycin with Digoxin, Cyclosporine, Terfenadine, Phenytoin, Hexobarbital or Ergot preparations (e.g. DHE, Cafergot).
Azithromycin should not be taken by anyone who has a known allergy or hypersensitivity to azithromycin, erythromycin or any macrolide antibiotic.
Stop taking Azithromycin if you experience any of the signs of a serious allergic reaction (angioedema, anaphylaxis, generalized rash, airway swelling).
Persons with liver disease or impaired liver function should take Azithromycin with caution.
Persons with kidney disease should use Azithromycin with caution.
Persons taking warfarin at the same time they are taking Azithromycin should speak to their doctor about checking their prothrombin time.
The risk of pseudomembranous colitis exists with Azithromycin as well as other antibiotics
Pregnant or breastfeeding women can take Azithromycin if it is absolutely necessary.
Start antibiotic treatment of travelers diarrhea after 12-24 hours of multiple, severe, watery stools.
Symptoms may begin to decrease 6-8 hours after starting Azithromycin treatment.
Take one Azithromycin 500mg tablet per day for a maximum of 3 days for treatment. It is ok to stop sooner if diarrhea resolves. If the diarrhea is bloody or you have a fever, complete the 3 day course.
Pediatric Dosing: Age 6-11: give 250mg PO per day. Age 12-17: give 500mg PO QD.
Azithromycin is best tolerated with food but it can be taken without food.
Take Azithromycin at least 2 hours apart from antacids containing aluminum or magnesium or products containing calcium, zinc, or iron
Stop taking Pepto-Bismol 6 hours before starting your Azithromycin.
Persons with travelers diarrhea should seek medical care if they have any of the signs of dehydration (lethargy, concentrated dark urine, low urine output, skin tenting), if they have bloody diarrhea and/or fever persisting >48 hours after starting the antimicrobial, if they have diarrhea persisting 7 days after starting the antimicrobial, or if their condition worsens after starting the antimicrobial.
Most episodes of recurrent travelers diarrhea are new infection, not relapse.
I have received the Travelers Diarrhea/ Food and Water safety information sheet.

5/25/06