Travellers' Diarrhea in Children

- Children are at high risk of developing travelers' diarrhea (TD) due to lack of immunity and frequent hand to mouth contact.
- Children under 3 years of age not only experience more cases of TD but the episodes tend to last longer.

**How to manage diarrhea in children:**
- Because children can quickly become dehydrated, it is important to keep them drinking.
- Oral Rehydration Solutions (ORS) remain a cornerstone in the treatment of children’s TD. These solutions do not stop the diarrhea; however, they do replace lost fluids and salts and so can prevent or treat dehydration.
- ORS products such as Pedialyte®, Gastrolyte®, or Ceralyte® are widely available in stores and pharmacies. Pedialyte® popsicles may be useful if you have access to a freezer.
- Always follow package instructions when preparing the solution and discard any remaining solution after 12 hours if at room temperature, or after 24 hours if refrigerated.

**How much ORS should I give?**
- Offer small, frequent sips, especially if child is also vomiting.
- For children less than 2 years, provide ¼-½ cup (50-100ml) after each loose stool up to 0.5 liters a day.
- For children 2-9 years, provide ½-1 cup (100-200 ml) after each loose stool, up to 1 liter a day.
- Children 10 years of age or older can drink as much as they want, up to 2 liters a day.
- A spoon or oral syringe can be useful to administer fluids to an infant who is not taking a bottle or cup.
- Older children often prefer sipping fluids through a straw.

**What about other fluids or food?**
- Continue to breastfeed a dehydrated child.
- Formula-fed children should continue their usual formula.
- Soft drinks and sports drinks do not contain the correct proportions of sugar and salt for re-hydration.
- For older infants and children on solids, offer their usual diet. Recommended foods include: rice, noodles, potatoes, cereal, yogurt, cooked fruits and vegetables.
- Avoid foods high in simple sugars such as soft drinks, undiluted apple juice, gelatins, and presweetened cereals. These may worsen the diarrhea.
- Avoid foods that are high in fat.
- It is no longer recommended to actively withhold food with diarrheal illnesses.
Consult a doctor immediately if an infant or child develops:

- rapid onset of watery or profuse diarrhea
- signs of dehydration such as sunken eyes, absence of tears, reduced amount of or concentrated urine (dark color, strong odor), listlessness or is refusing to take fluids
- weight loss of more than 5% of their body weight
- fever more than 38.5°C
- persistent vomiting
- blood or pus in diarrhea.

Consult a doctor before giving medication to any child under 2 years of age.

Some physicians may consider antibiotics to treat moderate to severe diarrhea in children including azithromycin (Zithromax®) as a single dose (10 mg/kg/day) for 1-3 days.

Although quinolone antibiotics (such as ciprofloxacin or levofloxacin) are frequently used to treat TD in adults, they are not licensed for use in children less than 16 years of age in Canada. Some physicians, however, may consider using a short term course of these antibiotics when needed to treat severe diarrhea or in children with allergies to azithromycin.

Read companion sheet “Traveller’s Diarrhea”.

Prevention:

- Food and beverage precautions are the same for all travellers; however, special attention should be given to frequently-consumed products in childhood such as milk.
- Frequent hand washing is important for both you and your child.
- Vaccinations can be considered for a variety of diseases spread through contaminated food and water including hepatitis A, typhoid, polio and cholera.
- Regularly clean toys and pacifiers.
- Limit sun exposure. Take frequent breaks.
- Bring your own snacks.

For more information, call the International Travel Centre at (306) 655-4780
www.saskatoonhealthregion.ca/internationaltravel