Table 5: Self-treatment for Traveller's diarrhoea

Symptoms	Symptoms	Treatment
Mild	• Diarrhoea is tolerable, not distressing • Does not interfere with planned activities	• Prevent dehydration/rehydration with ORS or any tolerated fluids. If nausea/vomiting, give small amounts of fluid often to reduce risk of vomiting • Beware dehydration especially in children • Continue breastfeeding • Food as tolerated • Loperamide not recommended
Moderate	• Diarrhoea that is inconvenient and interferes with planned activities e.g. wanting to have a toilet close by. It may be distressing.	• Prevent dehydration/rehydration with ORS (as above) • Loperamide (>12 years only) if can't delay travel or if diarrhoea would be problematic during travel. Cease if worsens or if develops fever

Severe	• Diarrhoea that is incapacitating or completely prevents planned activities e.g. confined to bed or accommodation • Dysentery (bloody stools) is considered severe	• Prevent dehydration/rehydration with ORS (as above) • Loperamide (>12 years only) but only if no blood in stools • Azithromycin 1 g stat dose may be recommended for high-risk travellers, those travelling in very remote locations including those who have dysentery. Pregnant persons are able to take the antibiotic.
Persistent	• Diarrhoea lasting 2 weeks or more	• Prevent dehydration or rehydration with ORS • Loperamide (>12 years only) may be considered • Investigate cause and treat accordingly • Empiric treatment with metronidazole or ornidazole (available in New Zealand) can be used if persistent and unable to seek suitable medical care.