Acute Diarrheal Infections

Diagnosis, treatment, prevention, and prophylaxis of acute diarrheal infections in adults, including travelers.

2016 ACG Clinical Guideline
Diagnosis, Treatment & Prevention of Acute Diarrheal Infections
Riddle et al. · Am J Gastroenterol 2016;111:602–622

GRADE Strong Rec Conditional Rec

1 Diagnosis & Epidemiology

STATEMENT	GRADE
Stool culture/culture-independent testing when the patient is at **high risk of spreading disease**, or during known/suspected outbreaks	1 · Strong
Stool diagnostics for **dysentery, moderate–severe disease, or symptoms >7 days** to clarify etiology and enable directed therapy	1 · Strong
FDA-approved culture-independent methods recommended at least as an adjunct — traditional methods miss most etiologies	1 · Strong
Antibiotic sensitivity testing for the individual patient is **not recommended**	1 · Strong

2 Treatment of Acute Disease

STATEMENT	GRADE
Balanced electrolyte rehydration over other oral options for elderly with severe diarrhea, or travelers with cholera-like watery diarrhea	1 · Strong
Probiotics/prebiotics for treatment **not recommended**, except for postantibiotic-associated illness	1 · Strong
Bismuth subsalicylate can control stool passage and help travelers function during mild–moderate illness	1 · Strong
Adjunctive loperamide with antibiotics for traveler's diarrhea to shorten duration and increase cure rate	1 · Strong
No empiric antimicrobials for routine acute diarrhea, except traveler's diarrhea where bacterial likelihood justifies antibiotic risk	1 · Strong
Antibiotics for **community-acquired diarrhea** should be discouraged — mostly viral (norovirus/rotavirus/adenovirus), not shortened by antibiotics	1 · Strong

3 Persisting Symptoms, Prevention & Prophylaxis

STATEMENT	GRADE
Serological/clinical lab testing for symptoms persisting **14–30 days** is **not recommended**	1 · Strong
Endoscopic evaluation **not recommended** for 14–30 day symptoms with a negative stool work-up	1 · Strong
Patient counseling on prevention **not routine** — consider for high-complication-risk individuals/contacts	2 · Conditional
Pretravel counseling on high-risk food/beverage avoidance to prevent traveler's diarrhea	2 · Conditional
Hand washing/sanitizer of **limited value** for most traveler's diarrhea, but useful for low-dose pathogens (norovirus outbreaks, endemic settings)	2 · Conditional
Bismuth subsalicylate prophylaxis: moderate effectiveness — consider if no contraindication and can adhere to frequent dosing	1 · Strong
Probiotics/prebiotics/synbiotics for **prevention** of traveler's diarrhea are **not recommended**	2 · Conditional
Antibiotic chemoprophylaxis: moderate–good effectiveness — consider short-term in high-risk groups	1 · Strong

4 Empiric Antibiotic Regimens — Traveler's Diarrhea

ANTIBIOTIC	DOSE	DURATION / NOTES
Levofloxacin	500 mg PO	Single dose or 3-day course
Ciprofloxacin	750 mg PO (or 500 mg)	Single dose (or 3-day course)
Ofloxacin	400 mg PO	Single dose or 3-day course
Azithromycin	1,000 mg PO (or 500 mg)	Single dose (or 3-day course) — preferred for dysentery/febrile diarrhea; first-line where fluoroquinolone-resistant *Campylobacter* is common
Rifaximin	200 mg PO TID	3 days — avoid if *Campylobacter, Salmonella, Shigella*, or other invasive diarrhea suspected

Riddle MS, DuPont HL, Connor BA. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. *Am J Gastroenterol.* 2016;111(5):602–622.