Table III. Treatment for infectious diarrhea, by etiology

Small intestinal, noninvasive pathogens	
Organism	Treatment
Viruses	
Rotavirus	Supportive, rehydration, antidiarrheals
Norovirus (Norwalk agent)	Supportive, rehydration, antidiarrheals
Adenovirus (enteric)	Supportive, rehydration, antidiarrheals
Astrovirus, Torovirus	Supportive, rehydration, antidiarrheals
Bacteria	
Traveler's diarrhea (caused by Toxigenic *E. coli*: ETEC, EPEC, EAEC, or DAEC)	Fluoroquinolone x 1-3 days, azithromycin x 1 dose, or rifaximin. Pregnant women and children should be given azithromycin.
Vibrio cholera	Rehydration (ORT or IVF). Antibiotics to shorten duration of diarrhea: doxycycline 300 mg x 1 dose or tetracycline 500 mg q.i.d. x 3 days
Listeria monocytogenes	Usually none, unless invasive, then ampicillin or penicillin G
Clostridum perfringens type A	None
Bacillus cereus	None
Staphylococcus aureus	None
Parasites	
Giardia lamblia	Metronidazole 250 mg **t.i.d.** x 5-7 days or Tinidazole 2 g x 1 dose
Cryptosporidium	Only for immunosuppressed hosts: Nitazoxide 500 mg **b.i.d.** x 3 days or Paromomycin 500 mg **t.i.d.** x 7 days plus azithromycin

Microsporidia	Only for immunosuppressed hosts: Albendazole 400 mg **b.i.d.** x 3 weeks or Fumagillin 60 mg daily x 2 weeks
Cyclospora	TMP-SMX DS **b.i.d.** x 7 days
Isospora belli	TMP-SMX DS **b.i.d.** x 7-10 days
Colonic, invasive pathogens	
Viruses	
Cytomegalovirus	Ganciclovir IV or Foscarnet x 3-4 weeks; eye exam to rule out CMV retinitis
Bacteria	
Salmonella sp. (non-*typhi*)	None for mild symptoms. Treatment for certain groups.* FQ x 5-7 days or Ceftriaxone
Shigella sp.	TMP-SMX DS **b.i.d.** x 3 days (acquired within the USA) or FQ x 3 days (acquired outside the USA)
Campylobacter sp.	Treatment only for severe or prolonged (>1 week) illness: erythromycin 500 mg **b.i.d.**, FQ, or azithromycin
Shiga-toxin producing *E. coli* (STEC or EHEC), including O157:H7	Supportive, rehydration. Avoid antibiotics and antimotility agents as they increase risk of HUS. Future options may be rifaximin, azithromycin, and fosfomycin.
EIEC	FQ or azithromycin
Yersinia sp.	Only for severe disease, mesenteric adenitis, erythema nodosum, and arthritis: FQ or TMP-SMX or doxycycline plus aminoglycoside
Clostridium difficile	Remove offending antibiotic, if possible, and avoid antidiarrheals. Plus: Mild to moderate disease: Metronidazole 500 mg **p.o., t.i.d.** x 10- Severe disease (one or more of: severe abdominal pain or distension, WBC >15K, Cr rise by 50%, or): Vancomycin 125-

	250 mg **p.o.** q6h x 10days If severe and complicated (ileus, hypotension, or shock): Vancomycin 500 mg **p.o.** q6h, plus plus metronidazole 500 mg IV q8h. and consider Vancomycin enemas 500 mg in 100 mL q6h, Consider Vancomycin pulse and taper for recurrent CDI, with FMT after 3 episodes.
Noncholera vibrios	None except severe disease, then tetracycline, FQ, or azithromycin
C. perfringens	None
Plesiomonas shigelloides	Usually none. May use TMP-SMX, FQ, or azithromycin.
Aeromonas hydrophila	Usually none. May use TMP-SMX, FQ, or azithromycin.
Klebsiella oxytoca	Stop antibiotics.
Parasites	
Entamoeba histolytica	For asymptomatic infection (carriers): iodoquinal or paromomycin 500 mg **t.i.d.** x 7 days. For invasive disease: metronidazole 750 mg **t.i.d.** x 5-7 days or nitazoxanide 500 mg **b.i.d.** x 3 days, then above.
Trichuriasis (whipworm)	Mebendazole or albendazole

Abbreviations: ETEC, enterotoxigenic *E. coli*; EPEC, enteropathogenic *E. coli*; EAEC, enteroaggregative *E. coli*; DAEC, diffusely adherent *E. coli*; EHEC, enterohemorrhagic *E.* coli; EIIC, enteroinvasive *E.* coli; ORT, oral rehydration therapy; FQ, fluoroquinolone, such as Ciprofloxacin 500 mg **b.i.d.**; TMP-SMX, trimethoprim-sulfamethoxazole**.**

*Treatment recommended for severe symptoms, infants, elderly, immunocompromised hosts, sickle cell anemia, prosthetic joints or heart valves, schistosomiasis, and hyperchlorhydria.