



Travellers' Diarrhoea

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What is travellers' diarrhoea?

Travellers' diarrhoea is very common: 20% to 60% of travellers will become ill during their trip. It is usually picked up from contaminated food or water.

Where is it found?

Diarrhoea, caused by a wide variety of bacteria, viruses and parasites, is found everywhere in the world, but is more common in areas where sanitation is poor.

Higher risk travel destinations: Africa, Asia, the Middle East, South and Central America.

Average risk travel destinations: Eastern Europe and some Caribbean islands.

Lower risk travel destinations: Australia, Canada, northern and western Europe, Japan, New Zealand and the USA.

You can check [NaTHNaC's Outbreak Surveillance](#) for recent outbreaks of diarrhoea worldwide.

What are the symptoms?

Three or more stools in a day or any amount of loose stools, often with bloating, fever, nausea and stomach pain. Symptoms can start during the first week of your trip and may last for several days. If your diarrhoea lasts longer than a week or two, it could be due to a parasite like [Giardia](#). Persistent or severe diarrhoea must be checked out by a doctor.

What is my risk?

Your destination and where and what you eat are the most important risk factors. Backpacking, travelling in areas of poor sanitation and hygiene standards in cafes, restaurants and bars add to your chance of catching diarrhoea. If you are very young, elderly or already have health problems, diarrhoea can be more dangerous and cause complications.



How do I reduce my risk?

Follow common sense rules about [food and water](#):

- All food, but especially meat, fish and poultry must be thoroughly cooked and served hot - most bugs are killed by temperatures above 60°C.
- Avoid drinking too much alcohol.
- Check seals on all drinks - do not drink from bottles or cans with broken seals.
- Food that is not properly cooked or has been left standing at room temperature increases risk.
- Take care with drinking water. Only drink water purified by boiling or filtering combined with chemical disinfection, or safely bottled water.
- Try small amounts of new foods until you are used to different tastes and flavours.

Taking antibiotics to prevent diarrhoea is not recommended if you are fit and well. They can be considered if you have a serious medical problem that could be made worse by diarrhoea. If you think this applies, ask your doctor or hospital specialist for advice.

Is there a vaccine?

There is no vaccine to cover all the bugs that cause travellers' diarrhoea. Practising good food and water hygiene is the best way to prevent diarrhoea. There are vaccines to prevent some illnesses that have diarrhoea as one of the symptoms, such as [cholera](#) and [typhoid](#).

In the UK, the current vaccine against cholera is not recommended for preventing travellers' diarrhoea. It should only be offered to people with a high risk of cholera, like aid workers in cholera areas.

Can travellers' diarrhoea be treated?

Yes - with treatment, it usually only lasts for a few days.

Diet and Fluids

It is very important to drink enough fluids. As symptoms improve and you feel better, try bland foods like bread, cereals, potatoes, rice or soup. Avoid milk and dairy products until you have fully recovered.



Babies and young children with diarrhoea are at high risk of dehydration, which can be dangerous. Older people and anyone with an existing illness are also more at risk of complications. For these travellers, oral rehydration powders such as Dioralyte® or Electrolade® can be mixed with clean drinking water. This helps replace lost minerals and salts. Breastfed babies should continue feeding, if possible.

Any baby or child with diarrhoea who cannot keep fluids down or repeatedly vomits needs emergency medical treatment.

Treating the symptoms

Diarrhea symptoms can be treated with loperamide, a drug you can buy in UK chemists, which stops diarrhoea temporarily. This is useful for long journeys or work meetings, when diarrhoea would be especially inconvenient. It should never be taken regularly or used if you have fever or bloody diarrhoea. It is not suitable for babies and young children or people with bowel problems, such as ulcerative colitis.

Bismuth subsalicylate is helpful in mild diarrhoea and can decrease nausea. You should not use it if you are taking aspirin or any drugs that thin your blood.

Antibiotics

A short course of antibiotics can be prescribed by your GP or a travel clinic doctor to treat moderate to severe travellers' diarrhoea. Antibiotics only treat diarrhoea caused by bacteria; they are not effective against diarrhoea caused by viruses like norovirus.

Medical Care

You need medical help if you have severe illness (bloody stools or high fever) or if you have taken antibiotics and are not better in a couple of days. Any baby or small child with dehydration, persistent vomiting, fever or bloody diarrhoea needs urgent medical care.

Links:

[Health Protection Agency: Travellers' diarrhoea](#)

[NHS Choices: Diarrhoea](#)