

## Travellers' Diarrhoea

### Introduction

Travellers' diarrhoea is the most common illness affecting travellers. It can be caused by many different bacteria, viruses and parasites, many of which are widespread worldwide. Cholera is very rare in tourists and travellers.

### Worldwide Prevalence

There are regional differences in the risk of diarrhoea. Low risk countries include USA, Canada, Australia, New Zealand, Japan, and countries in northern and western Europe. Medium risk countries include those in Eastern Europe, southern Africa, and some Caribbean islands. High risk areas include most of Asia, the Middle East, Africa, Mexico, and Central and South America.

### Diarrhoea in UK Travellers

#### Laboratory reports of gastrointestinal illness by travel history, England, Wales, and Northern Ireland: 1995 – 2004.



The graph shows the total number of laboratory reports of organisms commonly causing gastrointestinal illness and reported to the UK's Health Protection Agency from 1995 to 2004. It indicates how many cases were acquired during travel, however, the number of reports for which a travel history is known is generally less than 15%.

## **Risk for Travellers**

Travellers' diarrhoea is the most common illness in those travelling from resource-rich to resource-poor countries and occurs in 20%-60% of travellers. Destination is the most important influence on risk. The standard of hygiene in cafes, restaurants and bars also contributes to diarrhoea risk. Travelling "rough" and being more adventurous in eating habits is likely to increase the risk. The effects of diarrhoea are generally greater in the very young, the elderly and those with special health needs.

## **Transmission**

Eating contaminated food and drinking contaminated liquids are the main ways of catching travellers' diarrhoea. Changes in bowel habit can be caused by stress, unfamiliar food, increased alcohol consumption and hot weather. However most episodes of diarrhoea are caused by infections.

## **Signs and Symptoms**

Travellers' diarrhoea is usually described as passing three or more loose stools in a 24-hour period or any number of unformed stools accompanied by abdominal pain, fever, nausea or vomiting. It usually occurs during the first week of travel and is often self-limiting, lasting three to four days. In a small number of travellers, diarrhoea persists for longer than a month. Some travellers develop a post-infection irritable bowel syndrome.

## **Treatment**

Usually, travellers' diarrhoea is a short illness only lasting several days.

### **Diet and Fluids.**

The most important issue with diarrhoea is to drink enough fluids. Babies and young children with diarrhoea have the highest risk of dehydration. Older people and those with pre-existing illnesses are also more at risk of complications. For these groups of ill travellers oral rehydration powders such as Dioralyte® or Electrolade® can be mixed with clean drinking water to restore electrolyte balance. Breastfeeding should be continued for infants. Adults who are otherwise fit and well can usually maintain fluid balance by drinking clean fruit juices and water. Fluids are usually all that is needed for most cases of mild, self-limiting diarrhoea.



As improvement occurs, bland foods such as bread, cereals, potatoes, soup, rice, bananas or chicken, can be introduced. Milk and dairy products should be avoided for several days after recovery.

### **Loperamide.**

Loperamide, a drug that relieves the symptoms of diarrhoea, may be used for occasions when frequent diarrhoea is inconvenient, for example, long journeys or business meetings.

However loperamide should be used with caution. It should not be taken by people with active inflammatory bowel diseases like ulcerative colitis or if fever or bloody diarrhoea is present.

It is licensed for children and adults age four years and older, but is not suitable for very young children. It can be bought "over the counter" from chemists in the UK.

### **Antibiotics.**

A short course of antibiotics can be considered for the *treatment* of moderate to severe travellers' diarrhoea. Studies show that the use of antibiotics to treat acute diarrhoea in travellers has significant benefits. People who took antibiotics had a shorter period of diarrhoea, were less unwell and were usually cured within 72 hours.

Antibiotics will not cure all forms of diarrhoea, for instance cases that are caused by a virus such as norovirus. In the UK, antibiotics are only available by prescription, via a GP or travel clinic.

### **Medical Care**

Travellers should seek prompt medical care if they have taken antibiotics and symptoms do not improve within a day or two. Medical care is also necessary if they experience high fever with diarrhoea or blood and mucous in the movements.

Medical attention must be sought earlier for older people or those with pre-existing medical conditions and immediately for children with bloody diarrhoea, dehydration, persistent vomiting or fever.

### **Prevention**

Following common sense guidelines on [food and water hygiene](#) can help reduce the risk of travellers' diarrhoea.



Highest risk foods are those that have not been thoroughly cooked or that have been left out at room temperature. Food should be completely cooked and served piping hot, as most bugs are inactivated at temperatures above 60°C. Care needs to be taken with drinking water. Drink only sealed bottled water or water that has been purified by boiling, or filtering combined with chemical purification.

Taking a course of antibiotics to *prevent* diarrhoea is not usually recommended. However, it may be considered by people with pre-existing illnesses. Travellers should thoroughly discuss this with their GP or hospital specialist.

Excess alcohol should be avoided, and unfamiliar foods sampled in moderation, as both of these can contribute to diarrhoea.

There is no vaccine available in the UK for travellers' diarrhoea. There are vaccines for some faecal-orally transmitted organisms such as [typhoid](#), [poliomyelitis](#), [hepatitis A](#), and [cholera](#). However, the cholera vaccine is only recommended for high risk travellers such as aid workers assisting in disaster relief or refugee camps or more adventurous backpackers who do not have access to medical care. The cholera vaccine should not be used to prevent travellers' diarrhoea.



## Resources List

Centers for Disease Control and Prevention Travelers' Health: Yellow Book. Health Information for International Travel, 2005 – 2006. Chapter 4 – Prevention of Specific Infectious Diseases - Travelers' Diarrhea  
[http://www2.ncid.cdc.gov/travel/yb/utills/ybGet.asp?section=dis&obj=travelers\\_diarrhea.htm](http://www2.ncid.cdc.gov/travel/yb/utills/ybGet.asp?section=dis&obj=travelers_diarrhea.htm)

Dawood, R. (Ed). Traveller's Health. How to stay healthy abroad. Chapter 2: Diseases spread mainly by food, drink and poor hygiene. 2002. Oxford University Press. Pages 17-70.

Health Protection Agency. Infectious Diseases. Traveller's Diarrhoea. 2007  
[www.Hpa.org.uk/infections/topics\\_az/Tdiarrhoea/menu.htm](http://www.Hpa.org.uk/infections/topics_az/Tdiarrhoea/menu.htm)

NaTHNaC. Travellers, Travel Health Information Sheets, Prevention of Food and Water Borne Diseases.  
[http://www.nathnac.org/travel/misc/travellers\\_food.htm](http://www.nathnac.org/travel/misc/travellers_food.htm)