

## Traveller's diarrhoea

Many people who travel from developed to developing countries experience traveller's diarrhoea. This illness can occur at any time during the trip or even after the person gets home. It is usually a self-limiting condition that clears up after a few days. It is generally caused by eating contaminated food or water. Often, the micro-organisms that trigger the illness appear to be harmless to the local population, presumably because they have acquired immunity to them.

The risk of traveller's diarrhoea is higher where sanitation and hygiene standards are poor, such as in developing nations of Latin America, Africa, the Middle East and Asia. Traveller's diarrhoea is more common in young adults than older adults, probably because younger people tend to choose more adventurous destinations or styles of travel, like backpacking.

Other names for traveller's diarrhoea include Montezuma's revenge, Bali belly and the Rangoon runs.

### Symptoms of traveller's diarrhoea

The symptoms include:

- Abdominal bloating
- Abdominal cramps
- Abdominal pains
- Nausea
- Urgency to go to the toilet
- Loose, watery stools passed frequently
- Mild temperature
- General malaise.

### Causes of diarrhoea

Micro-organisms that can cause traveller's diarrhoea include:

- **Bacteria** – *Escherichia coli* (*E. coli*), primarily enterotoxigenic strains (ETEC). This is one of the most common bacterial causes of travellers' diarrhoea. Other bacterial causes of travellers' diarrhoea include *Campylobacter jejuni*, *Salmonella* species and *Shigella* species. These infections are usually associated with severe abdominal pains and fever.
- **Parasites** – certain parasitic infections are known to cause diarrhoea including *Giardia intestinalis*, *Entamoeba histolytica* and *Cryptosporidium parvum*. In these cases, the illness lasts longer than a few days and the stools may be bloody.
- **Viruses** – some estimates suggest that around one in three cases of traveller's diarrhoea is caused or associated with a viral infection, notably Norwalk and rotavirus.
- **Unknown causes** – a cause can't be found in approximately one fifth to one half of all cases of traveller's diarrhoea. It is thought that diarrhoea may be the gastrointestinal system's response to unfamiliar micro-organisms.

### Risky foods

Consuming contaminated food is a major cause of travellers' diarrhoea. Some high-risk foods that the wary traveller should avoid include:

- Raw and peeled fruits and vegetables
- Green leafy vegetables such as spinach and lettuce

- Raw, rare or undercooked meats of any kind
- Seafood, particularly raw or inadequately cooked shellfish or fish
- Sauces and mayonnaises
- Unpasteurised dairy foods, including milk
- Food from street vendors
- Any hot food that has been left long enough to cool
- Food buffets.

## Contaminated water

Water contaminated with infected faeces is another common cause of travellers' diarrhoea. Suggestions include:

- If you are not sure of the water supply, avoid drinking the water or brushing your teeth with it.
- Buy bottled water to drink, preferably carbonated.
- Boil tap water for at least five minutes before drinking it.
- Avoid any drinks that contain ice.
- Avoid using tap water to wash your fruit and vegetables.

## Good hygiene practices

You can further reduce your risk of travellers' diarrhoea by practicing good hygiene. Suggestions include:

- Wash your hands with soap and water after going to the toilet, and before eating or preparing food.
- After washing your hands, make sure they are completely dry before you touch any food.
- Make sure any dishes, cups or other utensils are completely dry after they are washed.
- Eat at reputable and clean restaurants.

## Prevention suggestions for children

Children with travellers' diarrhoea are more susceptible to dehydration and need plenty of suitable rehydration drinks. Additional suggestions to prevent infection in children include:

- Don't allow small children to crawl around on floors.
- Make sure your child doesn't put their unwashed fingers into their mouth.
- Wash their hands frequently.
- When making up formula milk, either use bottled water or thoroughly boil tap water for at least five minutes.

## Diagnosis of traveller's diarrhoea

Traveller's diarrhoea is, in the main, diagnosed by considering the person's medical history and a physical examination. However, a stool culture may be required if diarrhoea persists. Different infectious agents respond to different medications, so it is important to find out which germ is causing the illness.

## Treatment for traveller's diarrhoea

There is no vaccine that can reliably prevent traveller's diarrhoea. However, some of the new cholera vaccines also help prevent the common *E. coli* diarrhoea. The best defence is prevention. In most cases, travellers' diarrhoea is self-limiting and tends to clear up in around four days or so.

Treatment aims to ease some of the symptoms and prevent dehydration. Options may include:

- Plenty of water to avoid dehydration
- Oral rehydration drinks to replace lost salts and minerals
- Antibiotics to kill a bacterial infection
- Anti-nausea drugs

- Dairy foods can worsen diarrhoea in some people, so limit consumption of these foods
- Avoiding alcohol and spicy foods
- Avoiding anti-diarrhoea drugs if you have a high fever – preventing the passage of stools will only keep a bacterial infection and its poisons inside the body for longer.

## Repeat attacks are possible

Enduring one bout of traveller's diarrhoea doesn't offer any protection against developing it again. This is because so many different infectious agents are capable of causing the illness.

## Where to get help

- Your doctor
- Pharmacist

## Things to remember

- Many people who travel away from home experience traveller's diarrhoea.
- It is characterised by abdominal pain, cramps and the need to urgently and frequently pass watery stools.
- Generally, the cause is consumption of contaminated food or water; in some cases, the micro-organisms that trigger the illness are quite harmless.
- It is usually a self-limiting condition that clears up after a few days.

**This page has been produced in consultation with, and approved by:**

North East Valley Division of General Practice

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**Copyright** © 1999/2011 State of Victoria. Reproduced from the Better Health Channel ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.