

Travellers' Diarrhoea and Vomiting (D&V)

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1. What is Travellers' Diarrhoea?

Travellers' diarrhoea is the most common illness affecting travellers and although unpleasant and inconvenient, often only lasts a few days. Simple measures for most fit travellers such as keeping hydrated and patience for it to self-resolve is all that is usually required.

It is caused by viruses, bacteria and/or protozoa. Bacteria are the most common cause of Travellers' diarrhoea. In up to 40 percent of cases, the causative pathogen is not identified.

2. Which countries are affected?

The risk is worldwide; however, high risk areas include most of Asia, the Middle East, Africa and Latin America.

3. What is my risk?

Travellers' diarrhoea occurs in over 20% of travellers to high risk destinations. Destination is the most important influence on risk. Travelling "rough" and being more adventurous with eating habits may increase the risk. The standard of hygiene in cafes, restaurants and bars may also contribute to diarrhoea risk.

The very young, the elderly and those with pre-existing illnesses and those that are immunocompromised can become seriously unwell if the diarrhoea is not treated promptly and may require more than simple rehydration as treatment.

4. How is it spread?

Eating and drinking contaminated food and liquids are the main ways of acquiring travellers' diarrhoea. However, changes in bowel habit can be caused by several factors including stress, unfamiliar food and increased alcohol consumption.

5. Signs and Symptoms:

Travellers' diarrhoea is usually a short illness only lasting a few days. It usually occurs during the first week of travel and is often self-limiting, lasting three to four days. It is 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. In a small number of travellers, diarrhoea may persist for longer than a month.

6. Treatment of Travellers' Diarrhoea

Medical care should be sought if diarrhoea is associated with a fever, blood and mucous in the bowel movements, or persistent vomiting.

Medical attention for a diarrhoeal illness must be sought early for:

- older people
- children
- those with pre-existing medical conditions
- those that are immunocompromised

Diarrhoea often with a fever can also be a sign of malaria. Seek medical advice promptly.

7. Prevention:

Following common sense guidance on food and water hygiene may help reduce the risk of travellers' diarrhoea.

8. Hand washing

Always wash your hands before preparing or eating food and after visiting the toilet. Alcohol gel can be helpful when hand-washing facilities are not available.

9. Foods prone to contamination include:

- Foods grown in soil and/or washed in local water such as salads, uncooked/unpeeled fruits and vegetables
- Food left standing e.g. buffets at room temperature and open to flies
- Unpasteurised dairy products e.g. cheeses, ice cream and milk
- Raw or undercooked seafood
- Food from street traders, unless it is served freshly prepared and hot on clean crockery

"Boil it, cook it, peel it, leave it"

10. Water needs to be clean or purified. Water may be purified by:

- Boiling
- Chemical disinfection
- Filtering combined with chemical disinfection

Avoid ingesting water in recreational swimming areas such as swimming pools (if untreated), lakes and rivers

11. Is there a vaccine?

In the UK there is not a vaccine available to prevent travellers' diarrhoea. There are vaccines for other faecal-orally transmitted organisms such as typhoid, poliomyelitis, hepatitis A, and cholera.

The cholera vaccine is only usually recommended for high risk travellers such as aid workers assisting in disaster relief settings or more adventurous backpackers who do not have access to medical care. The cholera vaccine is not used to prevent travellers' diarrhoea.

12. Diet and Fluids:

The most important treatment of diarrhoea is to drink enough safe fluids.

Oral rehydration powders should be mixed with clean drinking water to restore the bodies electrolyte balance. Travellers can prepare their own salt and sugar solution using half a teaspoon of salt and six level teaspoons of sugar to one litre of clean water.

Breastfeeding should be continued for affected infants.

Safe fluids are usually all that is needed for most cases of mild, self-limiting diarrhoea.

As symptoms improve, bland foods such as bread, cereals, potatoes, rice, bananas can be introduced. Milk and dairy products should be avoided for several days after recovery.

13. Antimotility medication (e.g. Loperamide)

Loperamide (Imodium) is a drug that relieves the symptoms of diarrhoea by reducing bowel movements and cramping.

- It should **not** be taken by people with active inflammatory bowel diseases e.g. ulcerative colitis or if fever or bloody diarrhoea is present.
- It is licensed for children and adults age 12 years and older but is **not** suitable for very young children.
- Check with your doctor, nurse or pharmacist about using Loperamide for travellers' diarrhoea before taking.

Avoid ice in drinks and do not drink from tap water. This includes brushing teeth.

14. Antacid medication used to treat D&V

- Bismuth subsalicylate (Pepto-Bismol) is available in tablet or liquid formulations. Has been shown to be effective at preventing mild travellers' diarrhoea and reducing nausea.
- Pepto-Bismol can be taken by those over the age of 16 years.
- This medication causes blackening of the stool and tongue
- It should **not** be used for more than 2 days
- There may be interactions with other medications – check with your doctor, nurse or pharmacist before taking.

15. Antibiotics

There is increasing concern about the role of antibiotic use in promoting drug resistance worldwide and in those who need to take antibiotics. **Antibiotics will not treat many causes of diarrhoea** e.g. diarrhoea caused by viruses such as norovirus.

The supply of a short course of antibiotics for self-treatment of an episode of travellers' diarrhoea is usually not appropriate or necessary for most travellers as most diarrhoeal illnesses can be treated with oral rehydration with or without an anti-motility medicine such as loperamide.

The use of antibiotics self treatment is sometimes considered for those travellers on an individual risk assessment. Consideration in the following:

- pre-existing medical condition that maybe worsened by infection or dehydration
- immunocompromised individuals
- when itinerary is so remote that it may take days to access medical assistance in event of illness.

If diarrhoea is persistent and is accompanied by a fever and or blood in the stools, seek medical attention urgently.

For further information see:

<https://travelhealthpro.org.uk/factsheet/53/travellers-diarrhoea>
<https://www.nhs.uk/conditions/diarrhoea-and-vomiting/>