CONDITION

Traveler's diarrhea

Traveler's diarrhea is a short-term intestinal infection caused by contaminated food or water during or soon after travel.

WHAT IT IS
Acute diarrhea linked to contaminated food or water during travel

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Loose stools, cramps, nausea, urgent bowel movements

WHAT CAUSES IT
Infection from bacteria, viruses, or parasites

HOW IT IS DIAGNOSED
Travel history, symptoms, and stool tests when needed

MAIN TREATMENT
Fluids, symptom relief, and sometimes antibiotics

CAN IT BE CURED?
Yes - most infections clear completely

IS IT AN EMERGENCY?
Sometimes - with severe dehydration, fainting, or confusion

LONG-TERM OUTLOOK
Most recover fully within several days

Overview

Traveler's diarrhea means passing loose or watery stools during a trip or shortly after returning home. It is usually caused by eating or drinking something contaminated with bacteria, viruses, or parasites.

The condition is more common where sanitation or access to safe water is limited. However, it can happen anywhere, including at resorts, on cruise ships, or when visiting friends and relatives.

Most cases are uncomfortable but short-lived. The main immediate concern is dehydration, which means losing more water and body salts than you replace. Young children, older adults, pregnant people, and people with certain long-term health conditions may become dehydrated more quickly.

Some infections cause bloody diarrhea, high fever, or symptoms that continue for weeks. These cases need medical assessment because testing or specific treatment may be required.

Symptoms

Symptoms often begin suddenly. Depending on the germ, they may start within hours of exposure or not appear until days or weeks later.

Common symptoms include:

Some infections cause dysentery, which means diarrhea containing visible blood. Others, particularly certain parasites, may cause longer-lasting symptoms such as greasy stools, excess gas, weight loss, or diarrhea that comes and goes.

Signs of dehydration include a dry mouth, strong thirst, dizziness, dark urine, and urinating less often. Severe dehydration can cause fainting, confusion, rapid breathing, or very little urine.

- Three or more loose or watery stools in a day
- An urgent need to use the toilet
- Abdominal cramps or bloating
- Nausea, with or without vomiting
- Reduced appetite
- Tiredness
- A mild fever

Causes and risk factors

Traveler's diarrhea is usually caused by swallowing germs in contaminated food, drinks, or water. Bacteria are common causes. These include certain types of Escherichia coli (E. coli), Campylobacter , Shigella , and Salmonella .

Viruses such as norovirus can spread rapidly between people or through contaminated food and surfaces. Parasites, including Giardia and Cryptosporidium , are more likely to cause symptoms that last longer than two weeks.

Contamination may occur when food is not cooked fully, is kept at an unsafe temperature, or is handled by someone with unwashed hands. Unsafe tap water can also contaminate ice, drinks, uncooked food, or toothbrushes.

Your risk may be higher if you:

Careful choices reduce risk but cannot remove it completely. Food that looks, smells, and tastes normal may still contain harmful germs.

- Travel somewhere with limited sanitation or unsafe water
- Eat raw or undercooked meat, seafood, or eggs
- Eat raw produce that cannot be peeled
- Drink untreated water or use ice of uncertain origin
- Have reduced stomach acid, including from some medicines
- Have a weakened immune system
- Have inflammatory bowel disease or another digestive condition

Diagnosis

Most mild cases are diagnosed from the symptoms and recent travel history. A laboratory test is not usually needed when symptoms are improving within a few days.

A clinician may ask where you traveled, when the diarrhea started, what you ate or drank, and whether there is blood, fever, vomiting, or severe pain. It is also important to mention antibiotics like amoxicillin or doxycycline taken during or after travel.

Stool testing may be needed if diarrhea is severe, bloody, persistent, or linked to a possible outbreak. A stool culture or molecular test can look for bacteria. Different stool tests may be used to find parasites. More than one sample is sometimes required because parasites may not appear in every bowel movement.

Blood tests cannot usually identify the intestinal germ directly. They may be used to check for dehydration, kidney problems, inflammation, or other complications.

Symptoms continuing beyond two weeks need further assessment. They may be due to a persistent infection, temporary difficulty digesting certain foods, or post-infectious irritable bowel syndrome.

Treatment and management

Replacing lost fluid is the most important treatment. Take frequent small sips if nausea makes drinking difficult. An oral rehydration solution contains water, sugar, and body salts in proportions that help the intestine absorb fluid. Packets should be mixed with the exact amount of safe water stated on the label.

Very sugary drinks may make diarrhea worse. Alcohol can contribute to dehydration. Once you feel able to eat, you can usually return gradually to familiar foods. Prolonged fasting does not treat the infection.

Medicines such as loperamide slow bowel movements and can reduce urgency for some adults. They should not be used alone when there is bloody diarrhea or fever because slowing the intestine may be unsafe with certain infections. These medicines are not suitable for everyone, particularly some children, so check the product advice or seek professional guidance.

Antibiotics are not needed for most mild cases. They may be considered for moderate or severe bacterial diarrhea, especially when symptoms disrupt planned activities or include dysentery. The choice is influenced by the likely germ and antibiotic resistance in the region. Antibiotics can cause side effects and may encourage resistant bacteria, so they should not be taken casually or shared.

If you were given a standby treatment plan before traveling, follow its written instructions. Seek medical advice if your symptoms do not fit that plan or are getting worse.

Complications

Dehydration is the most common complication. Significant fluid loss can affect the kidneys and circulation, especially when diarrhea and vomiting occur together.

A bacterial infection can occasionally spread beyond the intestine. Certain toxin-producing strains of E. coli can cause a serious kidney and blood complication called hemolytic uremic syndrome. This is uncommon, but bloody diarrhea followed by unusual bruising, extreme tiredness, or reduced urination needs urgent assessment.

Some people develop symptoms after the original infection has cleared. Post-infectious irritable bowel syndrome can cause recurring cramps, bloating, diarrhea, or constipation. Temporary lactose intolerance may make dairy products trigger gas or loose stools.

Rare immune reactions include joint inflammation after some bacterial infections and Guillain-Barré syndrome after Campylobacter . Guillain-Barré syndrome affects the nerves and can cause increasing weakness or tingling.

Persistent parasites may cause ongoing diarrhea, poor absorption of nutrients, and weight loss unless identified and treated.

Prevention

Traveler's diarrhea cannot always be prevented. Even careful travelers may be exposed through food preparation or water they did not realize was unsafe.

You can lower your risk by:

Food that has been sitting at room temperature may carry more risk. Raw salads, cut fruit, sauces, and garnishes can also be contaminated during preparation.

Preventive antibiotics are not recommended for most travelers because of side effects and antibiotic resistance. They may be considered in unusual high-risk circumstances after an individual travel-health assessment. Bismuth-containing medicine can reduce risk for some adults, but it is not appropriate for everyone and can interact with other medicines.

There is no vaccine that prevents all traveler's diarrhea. Vaccination against specific infections may be advised for certain destinations, but it does not replace food and water precautions.

- Washing your hands with soap and safe water before eating
- Using alcohol-based hand sanitizer when washing is not possible
- Choosing food that is fully cooked and served steaming hot
- Peeling fruit yourself
- Avoiding raw or undercooked meat, seafood, and eggs
- Avoiding unpasteurized milk and dairy products
- Drinking factory-sealed bottled drinks or properly treated water
- Avoiding ice unless you know it was made with safe water
- Using safe water to brush your teeth where tap water is unsafe

Living with it and what to expect

Most bacterial and viral cases improve within several days. Vomiting often settles before the loose stools. Your appetite and usual bowel pattern may take a little longer to return.

Rest near a reliable toilet and focus on drinking enough. If you are sharing accommodation, wash your hands carefully and avoid preparing food for other people while you have diarrhea. Clean frequently touched bathroom surfaces because some viruses spread easily.

A parasitic infection may start more gradually and continue for weeks without treatment. Seek assessment rather than repeatedly using symptom-control medicines if diarrhea persists, returns, or causes weight loss.

After recovery, some people notice that rich foods, alcohol, caffeine, or dairy products

temporarily bring back cramps or loose stools. This often settles, but ongoing symptoms should be reviewed. A previous episode does not provide reliable protection, so another exposure can cause a new infection.

Most people make a full recovery and return to their usual activities. A small proportion develop longer-lasting bowel sensitivity or another complication.

When to get medical help

Seek emergency care if you have signs of severe dehydration or a serious complication, including:

Arrange urgent medical assessment for bloody diarrhea, a high fever, severe or worsening abdominal pain, repeated vomiting, or black tar-like stool. Bismuth medicines can harmlessly darken stool, but sticky, tar-like stool may indicate bleeding.

Get medical advice if diarrhea is not improving after several days, continues beyond two weeks, or returns after seeming to clear. Also seek advice for weight loss, ongoing greasy stools, signs of dehydration, or symptoms beginning after antibiotics.

Children, older adults, pregnant people, and those with weakened immune systems, kidney disease, inflammatory bowel disease, or other significant health conditions should seek help earlier. When requesting care, mention recent travel, destinations visited, and any medicines or antibiotics taken.

- Fainting, confusion, or difficulty staying awake
- Very little or no urine
- Severe weakness with rapid breathing
- Inability to keep any fluid down
- New or increasing weakness in the arms or legs

Common questions

How long does traveler's diarrhea last?

Many bacterial and viral cases improve within three to seven days, although bowel habits may take longer to feel normal. Parasitic diarrhea can last for weeks and may need specific treatment.

Is traveler's diarrhea contagious?

It can be. Germs may spread through unwashed hands, contaminated bathroom surfaces, food, or close contact. Careful handwashing is especially important after using the toilet and before touching food.

Do I need antibiotics?

Not usually for mild diarrhea. Antibiotics may help selected moderate or severe bacterial cases, but they do not treat viruses and may cause side effects. Bloody diarrhea, fever, or persistent symptoms should be assessed rather than treated with leftover antibiotics.

What should I eat while I have it?

Eat when you feel able. Plain, familiar foods may be easier at first, but a highly restricted diet is usually unnecessary. Fluids and oral rehydration solution matter more than any particular food. Avoid alcohol and anything that clearly worsens your symptoms.

Can I travel or fly while I still have diarrhea?

Mild symptoms do not always prevent travel, but dehydration, vomiting, fever, or frequent urgent stools can make a journey difficult. Consider access to fluids, toilets, and medical care. Delay travel and seek help if you are severely unwell.

Why did my diarrhea start after I came home?

Some germs have a longer incubation period, meaning symptoms begin days or weeks after exposure. Parasites are one possible cause of delayed or persistent diarrhea. Tell the clinician about all destinations, even if the trip ended several weeks ago.

Sources

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