Sexually Transmitted Infections

Traveler Summary

Key Points

- Sexually transmitted infections (STIs) are common worldwide (including in industrialized countries) and are transmitted via unprotected sexual contact with infected persons.
- Risk is high for persons who, under the disinhibiting influence of travel, engage in unprotected sexual activity or who have contact with commercial sex workers.
- Symptoms are variable and include vaginal or penile discharge, pelvic pain, painful or painless genital ulcers, or an acute HIV syndrome with fever and rash.
- Consequences of infection include cancer of the cervix, vagina, penis, anus, or throat; infertility; hepatitis; and AIDS.
- Prevention includes avoiding risk behaviors. Hepatitis B and human papillomavirus (HPV) vaccines are protective, but no vaccines exist for other STIs. Truvada is effective in preventing HIV transmission.

Introduction

STIs generally occur when individuals engage in unprotected sexual activity with an infected sex partner. The most common STIs are gonorrhea, chlamydial urethritis, syphilis, chancroid, and herpes simplex virus (HSV). Hepatitis B and C, HPV, and HIV infections may also occur.

Risk Areas

STIs are common worldwide (including in industrialized countries), with the highest incidence of HIV occurring in sub-Saharan Africa.

Transmission

STIs are mainly transmitted through sexual contact, including vaginal, anal, and oral sex, as well as through nonsexual means via blood or blood products.

Risk Factors

Risk is high for persons who engage in unprotected sexual activity or who have contact with commercial sex workers and increases with the number of contacts with an infected sex partner, as well as with the number of sexual partners.

Risk is increased for young adults, long-stay travelers, men who have sex with men (MSM), persons traveling alone or with partners other than their family members, and business travelers, all of whom may feel less inhibited when away from home and thus are more likely to engage in risky sexual practices while traveling.

Risk also depends on the infectiousness of each organism, ranging from rare to almost certain. Additionally, the presence of common STIs or other open wounds/sores on the genital tract in either partner increases the risk of HIV during intercourse.

Symptoms

Symptoms most commonly appear a few days to a few weeks following exposure and are extremely varied depending on the type of STI. Notable exceptions include hepatitis B, HPV, and HIV infections, which can remain symptom free for long periods. Most STIs can be classified according to the most common symptoms, as shown in the table below.

Table: Common STI Symptoms

Symptom	Infection
Vaginal discharge	Chlamydia, gonorrhea, trichomoniasis, cervical lesions (chancre, HPV, HSV)
Pelvic pain	Chlamydia, gonorrhea

Symptom	Infection
Urethral discharge	Chlamydia, gonorrhea, mycoplasma
Scrotal swelling	Chlamydia, gonorrhea
Genital ulcers	Syphilis, chancroid, HSV, granuloma inguinale
Inguinal mass	Lymphogranuloma venereum
Fever, rash, mononucleosis syndrome	HIV

Consequences of Infection

STIs can result in complications such as cancer of the cervix, vagina, penis, anus, or throat; pelvic inflammatory disease; infertility; AIDS; and death.

Need for Medical Assistance

Travelers who have been exposed to or develop symptoms of STIs (e.g., genital lesions) should seek immediate medical attention for evaluation of the need for postexposure treatment.

Persons with initial negative lab results should be rechecked 12 weeks later for syphilis, hepatitis B, and HIV.

Prevention

Nonvaccine

Avoid the risk behaviors described above. Other preventive strategies include the following:

- Abstinence from sexual activity
- Persons who choose to be sexually active should:
  - Limit the number of contacts with a potentially high-risk partner and limit the number of partners.
  - Avoid sex in high-risk situations, such as those involving sex for drugs or money.
  - Use new, high-quality latex condoms for each act of penetrative intercourse.
    - Latex condoms are more effective than "natural" condoms made from animal membranes.
  - Pack an adequate supply of condoms, as well as water-based lubricants and spermicides (even if not planning on having sex abroad); the quality and availability of these items can be unpredictable.
  - Limit alcohol intake when traveling, especially in a situation that might lead to a sexual encounter.

Preexposure Prophylaxis (PrEP)

Truvada (for PrEP), if taken daily (along with safer-sex practices), can prevent HIV transmission to persons who do not have HIV but who are at increased risk of infection, such as MSM, heterosexual men and women with multiple partners and inconsistent condom use, short-stay "sex tourists," and long-stay or frequent travelers who periodically engage in very high-risk sexual encounters. Travelers should discuss possible use and dosing strategies of this new and not yet widely accepted approach with their provider.

Vaccine

Two vaccines are available for prevention of STI-related infections: hepatitis B and HPV vaccines. Travelers should ask a health care provider whether these vaccines are recommended and should consider vaccination against hepatitis B virus and HPV.

Rape Awareness

Travelers should be aware of the possibility of rape, particularly if the itinerary includes remote destinations or areas of civil unrest. The risk of acquiring an STI, especially HIV, is higher after rape than after consensual sex due to trauma, bleeding, high prevalence of preexisting STIs, exposure to multiple assailants, and exposure through multiple receptor sites.

Travelers should identify health care facilities at their destination that could provide comprehensive care (including HIV postexposure drugs) in the event of rape.

Travelers who may be at risk should discuss with their health care provider whether to carry HIV postexposure drugs, especially in developing countries where HIV treatment drugs may not be readily available.

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