

Sexually Transmitted Infections (STIs)

These are theoretically the easiest diseases to prevent, but in practice they are some of the most difficult. You can forget about them if either you reliably practise abstinence or have sex only in the context of a stable long-term relationship with a partner known to be free of infection. Lifestyles or religions which promote life-long monogamous relationships, are doing public health a big service. BUT, even to those committed to a risk-free lifestyle it is easy to slip up during a time of stress, loneliness- or celebration.

Why are STIs important?

For several reasons:

- People who travel tend to take more sexual risks than those who stay at home.
- They are extremely common- at least 340 million new infections each year and rising.
- They often show few or no symptoms in their early stages but are infectious to others.
- They often have serious long-term effects.

There are at least 25 infectious organisms transmitted wholly or in part through sex.

How can STIs be avoided?

Well, obviously by not having sex, or by practising “mutual monogamy” i.e. having sex only with one partner known to be free of infection.

Condoms, if used reliably, will prevent more than 90% of infections. (Link to Avoiding HIV/AIDS). Make sure these are high quality, in-date and made of latex unless you are allergic, in which case obtain condoms made of polyurethane. You should use them for any casual sexual encounter. Travellers and those working internationally are at very high risk of becoming infected often because stress, laziness, alcohol drugs or tiredness means the condoms are left on a shelf, in a pocket unused, put on too late, or slip off too quickly causing spillage. It is easy to make a mistake or to have an accident.

You should ideally only use water based lubricants with latex condoms eg KY Jelly and glycerine, because oil based lubricants can weaken condoms. Avoid using spermicides containing nonoxonyl 9

Female condoms are becoming more widespread and empower women with a degree of extra protection.

What are the commonest forms of STI?

In developing countries gonorrhoea, hepatitis B, and syphilis are common, but vary depending on geographical area. HIV, though seriously common especially in sub-Saharan Africa and amongst commercial sex workers, is 100 times less infectious than hepatitis B. Any form of genital sore or ulceration may indicate you have an STI but this also makes picking up other infections easier, especially HIV.

Travellers are at high risk of Chlamydia. This is common but under diagnosed in developing countries, meaning travellers are at risk both from local inhabitants and from within their own cultural group.

All these factors mean, in practice, that those working and living away from their own country are at high risk from a wide range of STIs.

What are the symptoms?

These differ between different STIs but you need to take the following symptoms seriously. Urethral discharge, vaginal discharge (though many of these will have other causes), genital ulcers and genital or pelvic pain.

Some STI's especially Chlamydia may show no symptoms and only be discovered later when symptoms of pelvic infection or infertility occur- the latter a largely preventable tragedy.

Typical symptoms of common STIs include the following:

- **Gonorrhoea:** pain on urinating and pale yellow discharge from the penis or female urethra
- **Chlamydia.** The same but usually symptom free in early stages.
- **Herpes.** Sores and vesicles around the genitals, or sometimes the mouth, accompanied by pain or itching especially with a first infection. Symptoms tend to recur. It is more common in women
- **Genital warts** caused by human papilloma virus (HPV). These tend to develop on the skin in the genital or anal area. HPV infection is associated with an increased risk of developing cervical cancer at a later stage.
- **HIV.** This will often be symptom free for many weeks or months but some people develop signs of a primary infection within 3-6 weeks after infection. This may include fever, swollen glands and a 'flu-like illness, sometimes with a rash, joint pain and ulcers in the mouth or on the genitals. It can take up to 90 days after an infected contact before an HIV antibody test shows positive. This is the 'window period' during which the immune system is adapting to the presence of the virus by producing antibodies to it, but the process may take up to 3 months. There is great variation in the speed and the way in which immune deficiency develops as a result of HIV infection.
- **Hepatitis B.** Many people, especially those brought up in developing countries, have this infection without realizing it. About 2 billion people, that's almost one third of the world population have had this illness. Amongst adult travellers it can cause serious and severe symptoms of hepatitis usually 6 weeks to 6 months after infection. That's jaundice, with severe tiredness, nausea and abdominal pain. For travellers, sex with a hepatitis B carrier, whether ill or not, and infected needles and needle sharing, are the commonest causes of spread. It is especially common in Africa and Asia (see the hepatitis B information sheet).

How can STI's be treated?

Some of the above infections can be treated by antibiotics. Those that are caused by viruses, such as HIV, Hep B, HPV and Herpes, do not respond to antibiotics. The best thing to do is to see a competent doctor, and get properly diagnosed and fully treated with an antibiotic known to be effective. If this is not possible, eg you are in a remote location or there is no medical care, the following antibiotics may cure you of some of the above infections: either tetracycline 500mg four times daily for 7 days, or doxycycline 100mg twice daily for 7 days (if you are taking doxy as an antimalarial just take 2 for 7 days then continue as usual on one per day). Ciprofloxacin 500mg as a single dose can be used, and so can azithromycin 2 grams as a single dose. These drugs are not suitable in pregnancy. There is also varying resistance to them, so they are not cure-alls and self-treatment must not replace getting checked out as soon as possible by a reliable doctor. Make sure anyone with whom you have had sex also sees a doctor and gets treatment.

And when you get home?

If you have symptoms or have been at risk see your doctor. In the UK attend a GUM clinic. Make sure any sexual partner also gets checked. You can also speak to InterHealth for advice. Please don't leave it, and hoping for the best, hop on a plane for a holiday or the next assignment. These infections are serious and should be treated as soon as possible. And, please be more careful next time.

Further Information and Guidance

More information can be found in: 'The Traveller's Good Health Guide', Ted Lankester; 3rd Edition 2006.



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