transmission of LGV is particularly high in Africa.

Some sexual practices can increase the risk of STIs. Hepatitis A and B can be transmitted through the oroanal route (Edwards and Carne, 1998) and it is advisable to highlight the risk of this practice in endemic areas.

**Post exposure measures**
A consideration for travellers at risk of STIs is post exposure care and the consequences of delays in treatment. Post exposure prophylaxis (PEP) can reduce the risk of HIV infection after exposure and immunoglobulin therapy can reduce hepatitis B infection risk. PEP can have side effects and be unpleasant to take, and should not replace condom use and hepatitis vaccination as primary methods of prevention.

It is essential to advise clients that action can be taken if they have been exposed to an STI. Prompt diagnosis is essential as delayed treatment can lead to complications, especially in conditions such as chlamydia where delays in treatment can lead to pelvic inflammatory disease and infertility (Horner et al, 2006).

Emergency contraception can be difficult to access, particularly in countries where religion discourages its use. Publications such as the Back Pocket Travel Guide to Sexual Health Around the World (Marie Stopes International, 2009) offer advice on where to access contraception services abroad.

People who are sexually assaulted overseas often do not report these crimes as they feel there is no benefit in doing so. However, this is not the case; the Foreign and Commonwealth Office takes assaults extremely seriously and has produced useful advice leaflets (FCO, 2009).

Travellers should be given information about where to find help overseas and advised to have comprehensive medical insurance with an emergency contact number to help identify their closest and safest medical service.

**PREVENTING STIs**
Although the most effective method of preventing STIs is by immunisation, there are no vaccines available for most infections. As such, condoms are the most effective method of prevention.

Vaccination is available against hepatitis A and hepatitis B, as is immunisation against human papillomavirus 6, 11, 16 and 18. Hepatitis B vaccination is available in genitourinary medicine clinics for certain risk groups such as MSM and partners of people infected with the virus.

Consistent condom use can reduce the risk of HIV transmission by 90–95% (Varghese et al, 2002). This clearly highlights the benefit of condoms for HIV prevention, but they also protect against other STIs and unintended pregnancy.

Travellers may be aware of the benefits of using condoms, but may not do so because of inconvenience, such as lack of availability when needed, or they may choose not to use them because of personal preference. Cabada et al (2002) found that only 24% of overseas travellers used condoms consistently, with 20% using them sometimes.

**BROACHING THE SUBJECT**
Sexual health is an intimate and personal subject that can be difficult to discuss with patients/clients, particularly in a consultation that is not obviously related to it, such as a travel health risk assessment.

Nurses carry out the majority of pre travel assessments and consultations in the UK, and many find it difficult to initiate conversations about clients’ sex lives. It is, therefore, essential that nursing staff receive training and education to give them the confidence to discuss sexual risks during travel with their patients/clients. In my own experience, clients rarely raise the issue during travel health consultations, which suggests that nurses should do so.

Asking simple, direct questions is the most effective method of assessing an individual’s risk. A useful question is: “Is there any possibility you might meet a new sexual partner while you are away?”

Nurses should be cautious about discussing sexual health with patients/clients who are accompanied during their consultation, such as young people who attend with a parent. A follow up appointment, such as one to complete a course of vaccination, may present an opportunity to initiate the discussion. It may be a good idea to recommend that the young person attends alone if this is possible. Giving young people written information, including that about the risk of contracting STIs while travelling, may also be beneficial.

**RISK ASSESSMENTS**
Having established that many travellers are likely to be sexually active while abroad and that there is a high risk of contracting an STI, what can be done to prevent them returning with an infection?

An individual risk assessment is essential to personalise the consultation and ensure the advice given is relevant to that individual. Since people can be sensitive about discussing their sexual health, it is worth deciding on an appropriate way to broach the subject. For example, one way is to mention the risk of hepatitis B transmission when recommending vaccines for the trip.

Hepatitis B is on the increase and its epidemiology is variable. Travellers’