Raising awareness of the risk of sexually transmitted infection among overseas travellers

A significant proportion of STIs in the UK are contracted abroad. Travel health consultations offer an ideal opportunity to advise people on how to cut their risks.
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 (Homer et al, 2006).

Emergency contraception can be difficult to access, particularly in countries where religioudiscouragesitsuse. 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 genitourinarymedicine 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 thembecauseofpersonalpreference. 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, particularlyinaconsultation 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 discussingsexualhealthwithpatients/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 beagoodidea to recommend that they attend 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’
destinations should be considered when assessing their risk. For example, a traveller to Asia should be educated about the high infection rate of the disease (see Fig 1). Hepatitis B immunisation is essential for people who frequently change sexual partners, and for those staying for long periods in a country where it is endemic (Department of Health, 2006).

Highlighting this risk and recommending vaccination can then lead into a discussion about the risk of other STIs, raising HIV awareness and recommending condom use. Interestingly, many people who understand the advantages of using condoms also admit to not using them with new partners when abroad (Gagneux et al, 2006).

Although travellers are aware of the benefits of using condoms with a new partner abroad, they may not have access to them when required. Therefore, supplying all travellers with free condoms before departure would mean they have them to hand if needed.

**IMPLICATIONS FOR PRACTICE**

Although sexual health is a specialist area, it extends into every area of nursing. While the Royal College of Nursing (2001) said different skills were needed for specific areas of practice, it is unrealistic to educate and train every nurse as a specialist sexual health provider.

Nonetheless, it is important that all nurses realise that, with some knowledge, they can offer prevention such as immunisation and advice on condom use and refer clients to a specialist service if necessary.

Ideally, all travel health clinics should offer free condoms to every client. The World Health Organization (2000) demonstrated that government promotion of 100% condom use among commercial sex workers in Thailand led to an increase in use from 14% to 94% over four years.

Vaccination should be offered to travellers at risk of hepatitis A and B and education should be given about the availability of PEP and emergency contraception. Giving people information about where to find these services is extremely helpful.

It would be useful for nurses to have guidelines on how to recognise professional boundaries, as advised by the Nursing and Midwifery Council (2008), while creating a supportive and caring environment to discuss clients’ sexual health. It is important to consider and protect clients’ personal lives and avoid asking overly intrusive questions (RCN, 2001).

Finally, many young people travel with friends, and this presents an excellent opportunity to ask them to recommend that their friends also use condoms while abroad. This especially applies in travel clinics where condoms are available for free. This may encourage clients’ friends to attend not only for free condoms but also for travel health advice.

**CONCLUSION**

All travellers are at risk of STIs if they develop sexual relationships while away. Since it is impossible to predict which clients might meet a new partner overseas, all those attending for travel health consultations should be given the opportunity to discuss sexual health risks, prompted with simple and direct questions.

Education and awareness will help reduce risk of infection. The nurses’ role is therefore to advise clients to consider social and lifestyle choices that may put their sexual health at risk, such as having concurrent partners, as well as the significance of their partner’s previous sexual experiences.

Immunisation and condoms are effective methods of reducing the risk of contracting STIs. All travel clinics should advise travellers to take condoms with them when planning a trip, and on how to ensure they buy safe ones when abroad. Ideally, all travel clinics should provide free condoms to clients if requested. If more travellers use condoms, this may reduce the UK rate of STIs that are contracted abroad.

**REFERENCES**


Foreign and Commonwealth Office. tinyurl.com/rape-overseas


