



## *Sexually Transmitted infections (STI) and HIV-AIDS*

### **General:**

The chance of casual sexual contact is higher when travelling abroad and STIs can therefore be a serious problem for travellers. Unprotected sex is risky. Even a single unprotected sexual contact can be enough to become infected.

Studies show that mainly people travelling without partner are at risk; many of the unsafe sexual contacts were unscheduled beforehand.

International studies show that approximately 5% (and sometimes up to 50%) of international travellers have 'casual' sex; on average only 1 in 8 use a condom correctly; and condom use occasionally fails.

### **Clear rules for safe sex:**

- Avoid sexual encounters
- Only have sex with one, reliable partner
- Use a **condom** correctly

If you do have sex with a new sexual partner while travelling, use of a condom is absolutely essential. Studies show time and time again that the use of condoms by travellers or expatriate residents is largely inadequate (in more than half of cases). It is therefore important to discuss this subject during a pre-travel consultation. Condoms are best purchased in the home country as the quality of locally bought condoms is often less good. If the condom is used with a water-based lubricant (e.g. Gynintim<sup>®</sup> or KY<sup>®</sup> jelly, the chance of the condom breaking is much lower.

- Vaccination against **hepatitis B** is strongly recommended!
- **Remember too** that the safety rules listed above are often ignored when **drink is involved**. A lot of unplanned and above all unsafe sexual contacts occur under the **influence of alcohol!**

Consult a doctor in any case if you have taken a risk, even if there are no symptoms.

Follow-up consultations are needed after 3 and 6 months, covering the period during which the lab tests can still become positive after a possibly infective contact. An earlier consultation is obviously needed if there are any symptoms. Use of a condom is essential while waiting for the different STIs to be completely ruled out.

## ***HIV-AIDS:***

The traveller should understand that HIV cannot be transmitted by normal social contact, via insects, via normal skin contact or via toilets.

The different transmission routes are:

(1) The most important route of infection is without doubt unprotected **sexual contact** (see above). Dividing the world into areas of higher or lower risk for HIV

([http://data.unaids.org/pub/GlobalReport/2006/2006GR-PrevalenceMap\\_en.pdf](http://data.unaids.org/pub/GlobalReport/2006/2006GR-PrevalenceMap_en.pdf)) is of no use for the traveller and could result in people who visit areas with a lower incidence of HIV indulging in unsafe sexual behaviour.

(2) Next the traveller runs the risk of HIV infection via infected **needles** (unnecessary intramuscular injections, intravenous drug use, but also tattooing, acupuncture, ear (or other) piercing, razor blades, etc). An injection should only be accepted if administration by mouth or by suppository is absolutely impossible. When travelling for long periods in underdeveloped areas, it is wise to have some sterile needles (SC and IM) and syringes (2 and 5 ml) in the travel health pack in case an injection is needed. This is best accompanied by a short medical certificate stating that the needles are for medical use and not for intravenous drug use.

(3) Blood transfusions should be avoided in most developing countries as donors are seldom tested for HIV antibodies. The chance of having a serious accident which would necessitate a **blood transfusion** is extremely small. There is therefore no point in taking blood or blood products with you when travelling (blood needs to be stored at 4°C and only keeps for a few weeks). Companies with foreign personnel can provide an emergency box with plasma expanders (such as cristaloid or macro-molecular solutions). Good travel insurance will also ensure the fast transport of any products that are needed, or even of the patient himself, at short notice.

In the future, specialist companies (such as the Blood Care Foundation in the UK, for example) will further develop a system for sending blood products quickly to persons (usually attached to a company) who will have paid a set premium beforehand. A minimum requirement would be knowledge of the blood group of all travellers (blood group card carried at all times). All this has to be handled with some delicacy as acceptability as a blood donor is also dependent on risk behaviour or carrier status for certain diseases, explanations for which cannot be given to fellow travellers.

(4) Health workers who work in developing countries should ensure that they have speedy access to HAART (highly active antiretroviral therapy) in case of possible HIV infection while carrying out their work (see the CDC website for detailed guidelines: <http://www.cdc.gov/mmwr/PDF/rr/rr5409.pdf> & <http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>).

N.B. There are some countries that require an HIV test for people wishing to stay for long periods or to work. For further information see: <http://www.hivtravel.org>.

N.B. Website on sex tourism relating to the sexual exploitation of children: <http://www.ecpat.be>