

**QUICK LINKS**

- Sexually Transmitted Infections—TRAVELER INFORMATION**
- [Introduction](#) • [Incubation Period](#) • [Risk](#) • [Typical Symptoms](#) • [Prevention](#)
  - [Need for Medical Assistance](#)

## Traveler Information

**SEXUALLY TRANSMITTED INFECTIONS****INTRODUCTION**

Because travelers sometimes feel less inhibited when away from home, they may be more likely to engage in risky sexual practices. Travelers who engage in unprotected sexual activity are at risk for sexually transmitted infections (STIs). The most common STIs are gonorrhea, chlamydial urethritis, syphilis, chancroid, and herpes. Hepatitis B and C, human papillomavirus (HPV), and HIV also occur.

**INCUBATION PERIOD**

The incubation periods of most STIs are relatively short, ranging from a few days to a few weeks. Notable exceptions include hepatitis B, HPV, and HIV infections, which can remain asymptomatic for long periods of time.

**RISK**

Travelers who are more apt to engage in risky sexual practices while traveling include young adults, long-term travelers, men who have sex with men, persons traveling alone or with partners other than their family members, and business travelers. However, any traveler who engages in unprotected sexual activity or has contact with commercial sex workers is at high risk for STIs.

In general, the incidence of STIs is highest in sub-Saharan Africa, followed by South/Southeast Asia, Latin America/the Caribbean, and Eastern Europe/Central Asia.

Not surprisingly, risk increases with the number of contacts with an infected sex partner, as well as with the number of sexual partners.

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

**TYPICAL SYMPTOMS**

Symptoms of STIs are extremely varied. However, these infections can be classified according to the most common symptoms, as shown below.

Symptom	Infection
Vaginal discharge	Chlamydia, gonorrhea, trichomoniasis, cervical lesions (chancere, HPV, HSV)
Pelvic pain	Trichomoniasis
Urethral discharge	Chlamydia, gonorrhea
Scrotal swelling	Chlamydia, gonorrhea
Genital ulcers	Syphilis, chancroid, herpes, granuloma inguinale
Inguinal mass	Lymphogranuloma venereum

## PREVENTION

### Preventive Behaviors

- The best prevention is to abstain from sexual activity.
- Travelers 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 situations of high risk, 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.

### Preventive Vaccines

There are only 2 vaccines available for prevention of STI-related infections: hepatitis B and HPV vaccines.

- Travelers should consider vaccination against hepatitis B virus. Hepatitis B vaccine is a routine vaccine for persons younger than age 19 years in the U.S. and is recommended for certain unvaccinated travelers; travelers should ask a health care provider whether hepatitis B vaccination is recommended.
- HPV vaccine is routinely recommended for certain unvaccinated persons in the U.S., regardless of travel plans; travelers should ask a health care provider whether this vaccine is recommended.

### 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 might want to 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 post-exposure drugs, especially in developing countries, where HIV treatment drugs may not be readily available.

## NEED FOR MEDICAL ASSISTANCE

Travelers with genital lesions or who have been involved in a high-risk situation (even if there are no symptoms) should seek medical attention. Persons with initial negative lab results should be rechecked 12 weeks later for syphilis, hepatitis B, and HIV.

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