Sexually Transmitted Infections and Travel

Karen Rogstad¹ and Katherine Gibney²

¹. Sheffield Teaching Hospitals Foundation Trust and University of Sheffield, UK
². The Peter Doherty Institute of Infection and Immunity, University of Melbourne, Australia

Learning objectives
• Sexual health risks taken by travellers
• STI exposures and prevalence of STIs in travellers
• Potential and proven behavioural interventions to reduce the risk in travellers
• Post travel screening for STIs
• Diagnosis and management of STIs in travellers

The Dane in Spain is mainly on the Dane

Dr Robbie Morton

Case 1: Joanna - Female traveller
• 60 years old female from USA
• Books holiday via travel agent
• Cruise on Danube
• Travelling with best friend
• Recently widowed
• Asks travel clinician: Do I need any vaccinations as I have never been out of USA before?

Travel & sex abroad, Natsal 2012
Natsal-3 Natsal-2 2000
• More than 12,000 British residents aged 16-74 (Natsal-3, 16-44y Natsal-2)
• who reported 1 or more partner in previous 5 yrs
• asked if travelled outside of UK in past 5 years
• If so: any new sexual partner(s) while outside UK
• country/region of origin of (all) new sexual partner(s)
Sex abroad Natsal-3
- 9% men, 5% women in last 5 years
- Associated
- New non-UK in UK*
- higher partner numbers
- Other sexual and risk behaviour
- No condom with new partner
- Same sex (man only)
- Overlapping partners*
- Paying for sex* and outside UK*
- Alcohol and drugs*

New partners on holiday
- UK STI clinic attendees who had been abroad past 3 months
- 25% had new partner & 2/3 not used condoms
- Medical students
- 32% had new partner on holiday
- Norway - 41% STI clinic NP in 5 years
- Sweden FPC 28%

Partner change on holiday
- New sexual encounters per week 0.098 before holiday 0.247 while away

Systematic review of travel associated casual sex
- Pooled prevalence 21%, 50% being unprotected
- More in young men, single, travelling alone/with friends, multiple partners, STIs
- Destination and country of origin affect likelihood of SI
- Travel to Peru less than to Ibiza/Tenerife
- UK residents 27% vs 16% other countries
- Travel sex and unprotected sex
- Abroad longer
- MSM
- Men and women same for unprotected SI 62%
- 33% UK residents consume more alcohol whilst on holiday abroad

Respondents reporting sexual partner(s), past 5 years & resident in Britain for 5+ years

Number of new partners while overseas, by gender (Natsal-2)
Who has sex with who? (Natsal-3)
- Non-UK partners
  - 72% men, 58% women
  - > white other/non-white vs white British
- Higher numbers of partners
- New non-UK partners in the UK
- Paying for sex (men only)

Who has sex with who? #2 (Natsal-3)

<table>
<thead>
<tr>
<th>Geographical Region</th>
<th>Men %</th>
<th>Women %</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>European</td>
<td>40</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>N America</td>
<td>12</td>
<td>6</td>
<td>sig</td>
</tr>
<tr>
<td>Australia/New Zealand</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td>12</td>
<td>4</td>
<td>sig</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S America</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Middle East/N Africa</td>
<td>2</td>
<td>6</td>
<td>sig</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Geographical region concordant with ethnicity

Ibiza data
- SI abroad associated with
  - Illicit drugs
  - More partners prior to travel
- Unprotected SI and >1 partner associated with
  - Smoking
  - More partners prior to travel
- Working abroad increases risks further

Joanna returns from holiday
- Has vaginal discharge
- Swabs show chlamydia
- Discloses 1 new sexual partner
- Woke one morning in cabin and bruised, no recollection
- What could have been done differently?
- What would you do now?

Non-consensual sex
- Unstudied anecdotally appears a risk of travel
- 38/124 sexual assault cases audited occurred abroad
  - 8/124 were on holiday
- Effects of alcohol
- Rohypnol use

British Consular help after sexual assault and rape 2009-10 % of visitors

Spain: 0.005  France: 0.007  Thailand: 0.03  Greece: 0.02  Turkey: 0.03  Egypt: 0.014  Australia: 0.0007
Additional data re sexual assault

- Of 6,000 16-35 year olds returning from holiday in Southern Europe
  - 1.5% sex against their will
  - Holiday duration mean 8.8 days

Pre-travel advice that could have been given by travel clinician

- Potential to meet new partners abroad
  - Planned or not planned
  - Condoms
  - Need for STI screen on return if sexually active
  - Risk of sexual assault
  - Associated with new place, alcohol, drugs

Case 2: Backpacker heterosexual couple (Mark and Marcia)

- Attend together at travel clinic
- Gap year, travelling through Africa and Asia
- Medical students
  - may do some volunteering
- What advice do you give?

UK university students

- Students who travelled abroad
  - more likely to use alcohol and cannabis and to have casual sex (relative risk 2.7) during holidays
  - more sexual relationships after returning
  - New partnerships during holidays associated with
    - being single, foreign travel, alcohol previously large number of partners

Backpackers in Australia

- 18-30 yrs international backpackers in Australia travelling median 4 mths
  - 67% had new partner
  - 51% had more than 1 new partner
  - 87% fellow traveller
  - 29% with local Australian
  - 40% always condoms with new partner

Backpackers in Thailand (#1)

- English-speaking excluding US or Thai citizens, travel without long-term sex partner
  - New partner 52% males, 29% female, total 39%
  - Partners
    - BP home country 40% (m 38, f 44)
    - BP foreign country 86% (m 86, f 86)
    - Local 31% (m45, f 13, p<0.001)
Backpackers Thailand (#2)

- 36% inconsistent condom associated with
  - <25yo
  - Not taking condoms from home
  - Country of origin

Risk of STIs on holiday

- Dependant on incidence in new core group
  - Sex with Stacey from Southwark in Skegness more risky than
  - Beatrice from Bakewell in Bali

- Rate of partner change
- Condom use
- Alcohol

Mark attends travel clinic on his return

- Separated from Marcia after first month, continued to travel alone
- Lumps in genital area
- Genital warts

Backpacker couple

- What advice could you have given?
- Drug and alcohol use
- PEPSE
- Take condoms with them
- Hepatitis B vacc for sexual risks
- HPV vaccination for male/female
- STI screen

<table>
<thead>
<tr>
<th>New partner %</th>
<th>Inconsistent/no condom %</th>
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<tbody>
<tr>
<td>Canada</td>
<td>53</td>
</tr>
<tr>
<td>Netherlands</td>
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</tr>
<tr>
<td>Australia</td>
<td>46</td>
</tr>
<tr>
<td>Sweden</td>
<td>44</td>
</tr>
<tr>
<td>UK</td>
<td>43</td>
</tr>
<tr>
<td>Rest of world</td>
<td>39</td>
</tr>
<tr>
<td>France</td>
<td>32</td>
</tr>
<tr>
<td>Germany</td>
<td>27</td>
</tr>
</tbody>
</table>
**Investigations for STIs**
- CT/GC DNA NAAT + 2 weeks after LSI
- Men: urine
- Women: self-taken vulvovaginal swab
- Serology baseline plus
  - Syphilis 4-6 wks post LSI
  - HIV 4-6 wks using 4th generation test but need final test at 12 wks if high risk
  - Hepatitis B (and C for some) at 12 weeks
- Ulcers/discharge/pain
  - Refer for specialist assessment
  - HSV positivity doesn’t exclude co-infection
  - Requires STS and repeat

**Case 3: 25yo male (Steve)**
- Attends his family doctor/nurse with 2 weeks severe diarrhoea
- Stool sample shows Shigella
- What do you do now?

**Steve – History**
- Other symptoms
- Sexual history
  - And if partners male/female/trans
- Travel history
  - for several months
  - from all sexual partners

**Steve tells you:**
- International travel to a gay pride festival
- Returned 48 hrs ago
- Last sexual intercourse unprotected anal 24 hrs ago

**What to look out for**
- Any genital symptoms
- Rectal symptoms
  - Bleeding, pain, tenesmus, discharge, constipation, diarrhoea
- Single painless or painful ulcer
- Inguinal nodes, general lymphadenopathy
- Rashes
  - May be unusual
  - Palms and soles of feet
  - Oral lesions
  - Wart-like lesions
- Glandular-fever like illness

**Gonorrhoea, Chlamydia, TV**
- Vaginal or penile discharge
- Dysuria
- Lower abdo pain
- Epidymo-orchitis
- Arthritis/rash
- Peri-hepatitis
Case 3 (Steve): Management

- HIV, syphilis and HCV testing with verbal consent
- Proctoscopy; / Rectal swab for GC/CT/Lymphogranuloma venereum
- Hepatitis B vaccination
  - Recent exposure in high risk situation
  - Baseline test, ultra-accelerated course 0,7,21d and 1y
  - Useful up to 6 wks after exposure and future protection
- PEP
  - LSI within 72 hrs
- Prevention advice for next holiday
- PrEP
- Hepatitis A

PEP

- Consider for all if present upto 72 hrs
- Consider
  - Type of sexual activity
  - HIV status of contact
  - Contact characteristics
    - sexual orientation, IVDU, country of origin, Viral load of contact
  - Country where SI occurred
  - Sexual assault/trauma
  - Discuss with local STI/ID specialist
    http://www.bhiva.org/PEPSE.aspx

PEP 2

- Triple drug therapy, close follow-up, repeat HIV testing at 3m post treatment end (and can do at 4-6wks)
- Treatment has risks
- Need baseline HIV test, but don’t wait for results
- Consider wishes of patient
- Truvada (tenofovir/ emtricitabine) plus raltegravir

PrEP

- Truvada (tenofovir / emtricitabine)
- Safe and effective in preventing HIV acquisition
- Daily or event-driven
- Event driven only suitable for anal sex and HBV negative
  - On demand PrEP is as effective as daily PrEP when taken correctly
  - Two tablets 2-24hrs before sex
  - One tablet every 24hrs after the first dose
  - Continue for at least 2 doses after the last risk

Gonorrhoea and resistance

- 21% global increase in GC 2005-2008
- 106 million adults
- Multi-drug resistance emerging even to extended spectrum cephalosporins
- Extensively drug resistant (XDR) emerged in Japan in CSW and in Europe in MSM
- Essential to get culture before treat
- Real threat of untreatable GC

Case 4: Male pre travel advice (Chris)

- 35 years old, German, accountant
- Previous travel to Thailand, Philippines
- Now off to Central America
- You determine all vaccinations up to date
- Anything else you would discuss?

Sex tourism

- German study
  - 30-40 years range 20-76
  - Single, well paid job
  - 30-40% used condoms
  - Thais not prostitutes but "intimate friends"
  - Other destinations: Philippines, Kenya, Brazil
  - 50% also German contacts
  - Onward transmission
  - Latin America increasingly popular with Americans
  - 215,000 men vs 142,000 women leisure trips to Thailand - ?cause

Paying for Sex (1)

- Expats
  - Dutch having casual sex abroad 59% more pay vs those staying at home
- Military personnel
  - Overseas deployment associated with casual sex with locals and paying
  - CSW associated with younger age and single/divorced
  - Lack of condoms with older age
- Backpackers
  - 4% had paid for SI (8 SE Asia, 1 Brazil, 1 Africa) and of these 75% had consistent condom use

Paying for Sex (2)

- Businessmen
  - Japanese users of CSW
  - Sense of freedom/anonymity, loneliness, peer influence, low cost
Percentage of sex workers with active syphilis (map updated 2008)

Self perception

- Qualitative study HIV positive men in Western Australia
- “Travellers” or “foreigners living abroad”; not “tourists”
- Get advice from each other through social networks

New info

- Differentiate primary vs secondary
- Use of apps in MSM – 27% had engaged in sex tourism
- MSM from middle/low income countries travel to high income – increased HIV risk

New info re female sex tourism

- Travel to eg Caribbean and Indonesia
- Women sex tourists in Jamaica and effect on the men and their community
- Debate on are they different to male sex tourists

Child sex tourism

- USA accounts for CS Tourists
- 25% worldwide
- 80% Latin America
- Re child abuse home and away
- German study, anonymous online
- >8,000 men who desire or do have sex with children
- 0.4% of these report CST
- Practice of “marrying” and “divorcing” identified in Egypt

Chris - pre travel advice

- Anything else you would discuss?
- Is he travelling for the purpose of Sex?
- Advice re hepatitis B, HIV, condoms
- Legal issues
Case 5: Military female (Juliette)

- Serves in French military
- Presents with a fever, concerned she may have malaria
- Delivered baby 2 weeks ago
- No overseas deployment for 2 years
- Rash on examination
- What do you think?

Onward transmission from male partner

- STIs that present risk to both mother and baby:
  - Syphilis
  - HIV
  - Zika
  - Ebola

Burden of foreign travel

- 18% syphilis in heterosexuals 21% males, 14% women
- 12% of gonorrhoea cases had SI abroad in previous 3 months (2008)
- 22% of these high level tet and pen resistance
- 60% resistant if travel had been to India & Far East
- Gay men in Europe 64%, USA 14% (2006)
- Heterosexual men Caribbean 62%
- 2 London GUM clinics
- 12% STIs due to SI abroad
- LGV in gay men - now home grown

HIV

- 2-6 weeks after exposure
- Glandular fever / flu symptoms
- Fever, sore throat, rash, lymphadenopathy
- Muscle and joint pain
- Mouth ulcers/candida
- Pneumonia
- Viral meningitis/other neurological symptoms
- Any age

Presentations of syphilis

- The great imitator
- Single painless genital ulcer 9 - 90 days
  - Maybe multiple and painful esp if co-infected
- Secondary 6 - 12 weeks
  - Generalised rash
  - Palms and soles of feet
  - Miliary lesions of genitals
  - Snail-trail ulcers of mouth
  - Hair loss
  - Flu, lymph nodes enlarged
  - Bone pain, joint pain
  - Liver & kidney problems
  - Viral meningitis, iritis

Secondary syphilis
Presentations of other STIs
- Herpes
  - Blisters, ulcer(s) usually painful, dysuria, systemic illness
- Tropical STIs (chancroid / donovanosis)
  - Pustule
  - Painful or painless ulcer(s)
  - Lymphadenopathy
- LGV in MSM
- Proctocolitis

NEW KIDS ON THE BLOCK
- Shigella
  - 2 outbreaks New York, London
  - Associated with MSM
  - Often resistant to antibiotics
  - Hepatitis C in MSM if HIV positive
- Mycoplasma genitalium
- Ebola virus
- Zika virus

Disease risk
- LGV, Chancroid, granuloma inguinale
- Syphilis, hepatitis B
- HTLV-1 Caribbean and Japan
- GC - resistant
- HIV 2001-2005
  - 63% UK born hetero men acquired HIV via SI abroad
  - 23% of women
  - 43% Africa, 29% from Thailand

Ebola as an STI
- RNA detected after symptom onset
  - Sperm up to 406 days (13 months)
  - Vaginal swabs - 33 days
  - Rectal - 29 days
  - Saliva - mainly when acutely ill
- Durations may not represent the longest that Ebola virus can persist

Ebola advice
- 2016 sexual transmission confirmed
- Abstinence from sex (including oral sex) or condom use is recommended until semen negative on 2 occasions
- If an Ebola survivor’s semen has not been tested, he should continue to practice safer sex for at least 12 months after the onset of symptoms

Zika as an STI
- A person with Zika can transmit the virus to his or her partner(s) through vaginal sex, anal sex, and likely oral sex.
- The sharing of sex toys may also put someone at risk. Zika has been detected in semen, vaginal fluids, saliva, urine, and breast milk.
Zika advice - pregnancy

- If pregnant woman or her partner travel to or live in endemic area
  - Abstain from sex or condoms for duration of pregnancy (US CDC)
- Pregnant women advised to avoid travel to areas

Zika sexual transmission

- If symptomatic Zika or travel to high risk area, advise:
  - Women
    - Use condoms or avoid sex for 8 weeks from symptom onset or return date
  - Men
    - Use condoms or avoid sex for 3 months from symptom onset or return date

Zika and conception

- Consequences of infection at time of conception unknown and needs to be weighed against difficulty in conceiving and consequences of delay

Risks of STIs and military

- New data shows
  - USA military
    - Most STIs in shipboard community from local not foreign ports
    - For SI with non-primary partner 30% service member, condom use 24%
    - Change to 1993? Because women now deployed
    - Condom use greater during deployment

French military

- CT rates in women 10% vs 4% men
- 18-24 women 12.7% vs 3.6% population
- No screening for women vs targeted prevention advice to men pre-deployment, condoms
- 76% have male military partners

Juliette - Management

- Other symptoms
- Sexual history and travel history
  - From her and her partner(s)
    - For several months
- Risks to baby
- Syphilitic babies increasingly common
  - From non – abroad travel
Summary

Management of travel-related STIs
- Phone for advice
- Refer to a specialist service
- Difficult to diagnose even in specialist sexual health or infectious diseases services
- Remember partners
  - When travelling
  - On return

Advice to travellers
- STI/HIV prevalence
- Safer sex – take condoms with them
- Dangers of rohypnol/alcohol
- Hep B vacc – travellers to high/intermediate prevalence areas who may place themselves at risk...including sexual activity
- Sex tourists
- Zika
  - Women and men who are planning to conceive in the near future should consider avoiding nonessential travel to areas with active Zika virus transmission.
- PEP ± PrEP info
- STI screen on return

Additional Key Points
- Travellers becoming more knowledgeable but little effect on behaviour
- Screening, prevention and initial management including knowledge of PEP is essential for those working in travel medicine
- New STIs continue to appear
- Ebola
- Zika virus
- Enteric infections
- Education of travellers/GPs/travel clinics/tourism industry

Reference #1
More likely to be male, frequent travelers, older

60% traveled to homeland in previous 5 yrs

1938 Surinamese & Antillean

9% unprotected SI in both countries

Bridge Populations - VFRs from the Netherlands

More likely to be male, frequent travelers, older

Who has sex with who?

1960s attendees for tropical check

56% were with others from developed world

Tenerife

43% women have foreign partner vs 19% men

Majority young people

Born abroad

12% living in UK in 2010

60% newly diagnosed HIV

80% of Hepatitis B in blood

12% STIs in heterosexual men

12% STIs in women

27% STIs in MSMs

Migrant Health 2011

ISTM Workshop - STI and Travellers. June 7, 2019

ISTM Workshop - STI and Travellers. June 7, 2019

ISTM Workshop - STI and Travellers. June 7, 2019

ISTM Workshop - STI and Travellers. June 7, 2019
Sexually transmitted infections

- 340 million STIs worldwide (1999)
- 33 million living with HIV in 2007
- 2.5 million new infections

Background

- 56.5 million visits abroad by UK residents in 2012
- 5.2 million 16-24 yrs (2012)
- 11 million 25-34 years (2012)
- 898 m tourists worldwide in 2007
- Sexual & unsafe activity is seasonal at Christmas and summer

UK residents visits abroad by purpose, 1992 to 2012

CDC Travel Advice

- Other preventive behaviors should be covered as well (e.g., practicing safe sex and avoiding motor vehicle accidents)

Further advice

- Health advice for travellers DH leaflet
  - HIV is more widespread... it’s a good idea to take some (condoms) with you to protect from HIV and other sexually transmitted infections.”
  - If you were bitten by an animal or risked catching a sexually transmitted infection... see your doctor

Sociodemographic variations in the prevalence of reporting new partners while overseas, by gender Natsal-2

Age, grouped

Marital status

Base: Respondents reporting sexual activity and 15 years & over (N=4,669)
Investigations for STIs

- CT/GC DNA NAAT + 2 weeks after LSIs
- Men: urine
- Women: self-taken vulvovaginal swab
- Serology baseline plus
  - syphilis 4–6 wks post LSIs
  - HIV 4–6 weeks using 4th generation test but need final test at 12 wks if high risk
  - Hepatitis B (and C for some) at 12 weeks
- Ulcers/discharge/pain
  - Refer for specialist assessment
  - HSV positivity doesn’t exclude co-infection
  - Requires STS and repeat

Prevalence of reporting new sexual partners while overseas, past 5 years, by gender

<table>
<thead>
<tr>
<th>Number of new partners while overseas</th>
<th>Men</th>
<th>Women</th>
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</thead>
<tbody>
<tr>
<td>1+</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>2+</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>3+</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>4+</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>5+</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>6+</td>
<td>0%</td>
<td>0%</td>
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</table>

Prevalence of reporting new partners while overseas by partner numbers in past 5 years & gender

<table>
<thead>
<tr>
<th>Number of sexual partner(s), past 5 years</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2%</td>
<td>50%</td>
<td>40%</td>
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<tr>
<td>2%–5%</td>
<td>20%</td>
<td>10%</td>
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<tr>
<td>5%–10%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>10%–20%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>20%–50%</td>
<td>5%</td>
<td>3%</td>
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<tr>
<td>&gt;50%</td>
<td>0%</td>
<td>0%</td>
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Prevalence of reporting new partners while overseas by STI/HIV risk behaviors & gender

<table>
<thead>
<tr>
<th>Same-sex partner(s), past 5 years</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Yes</td>
<td>40%</td>
<td>30%</td>
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<table>
<thead>
<tr>
<th>Paid for sex, past 5 years</th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td>80%</td>
<td>70%</td>
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<tr>
<td>Yes</td>
<td>20%</td>
<td>30%</td>
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<table>
<thead>
<tr>
<th>Injected non-prescribed drugs, past 5 years</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>90%</td>
<td>80%</td>
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<tr>
<td>Yes</td>
<td>10%</td>
<td>20%</td>
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<table>
<thead>
<tr>
<th>‘Break sex’, past 6 weeks</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>No</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>Yes</td>
<td>5%</td>
<td>15%</td>
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Prevalence of reporting new partners while overseas by sexual health outcomes & gender

<table>
<thead>
<tr>
<th>GUM clinic attendance, past 5 years</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>No</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Yes</td>
<td>50%</td>
<td>60%</td>
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<table>
<thead>
<tr>
<th>STI diagnosis/es, past 5 years</th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td>50%</td>
<td>40%</td>
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<tr>
<td>Yes</td>
<td>50%</td>
<td>60%</td>
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<table>
<thead>
<tr>
<th>HIV test, past 5 years</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>No</td>
<td>50%</td>
<td>40%</td>
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<tr>
<td>Yes</td>
<td>50%</td>
<td>60%</td>
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</table>
Prevalence of reporting new partners while overseas by STI/HIV risk behaviors & gender

### Natsal-2

<table>
<thead>
<tr>
<th>Risk Behavior</th>
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<th>Women</th>
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<tbody>
<tr>
<td>Same-sex partner(s), past 5 years</td>
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<td>Yes</td>
</tr>
<tr>
<td>Paid for sex, past 5 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Injected non-prescribed drugs, past 5 years</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>'Unsafe sex', past 4 weeks</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The travel industry

- Travel brochures
  - 11% have health advice in prominent position
  - 3% advice on safe sex
- Prizes for sex with new partner