Reporting new sex partners while overseas was associated with sexual risk behaviors

International travel has increased considerably. People are traveling more often and to a wider range of destinations.

People travel, for example, for leisure, business, study, to visit family and friends, and to have sex. Even if sex is not the reason for travel, sexual encounters may be facilitated from opportunities to meet new people, the loosening of social control of sexual expression, and the sense of anonymity.

STI risk depends on traits of sex partners and STI prevalence in the location of sex. Hence, having sex while overseas may act as a bridge between areas of low and high STI prevalence.

This study examined the prevalence of, and factors associated with, reporting new sexual partner(s) while overseas.

Methodology
Data were from 12,530 men and women aged 16-74 years reporting one or more new sexual partner(s) in the past 5 years in Britain’s third National Survey of Sexual Attitudes and Lifestyles (NatSAL-3).

Sex was defined as vaginal, oral, or anal, with the other sex, and oral, and anal (for men) or genital contact (for women) with the same sex. Data were collected via computer-assisted personal interviews and computer-assisted interviews for sensitive questions.

Outcomes of the Study
Major findings include:
- 9% of men and 5% of women reported new sexual partner(s) while overseas in the past 5 years.
- Among those forming new partnerships overseas, 35% and men and 25% of women had begun new partnerships while overseas.
- The median number of partners overseas was one for men and one for women.
- Younger men and women (aged 16-34 years) were more likely to report forming new relationships while overseas.
- Younger age, unmarried relationship status, being a student, living in the London area were associated with forming new overseas partner(s).
- Forming new overseas partner(s) was associated with having sex with one or more partner(s) without using a condom, having larger number of partners, overlapping partnerships, same-sex partners (men), and both same and other sex partners (women).
- Strong associations were found for paying for sex in past 5 years.
- Men and women who reported attending a sexual health clinic, having had an HIV test or STI diagnosis/ies, were more likely to report a new overseas partner.
- For the majority of those persons with new overseas partners, at least one of these partners lived outside of United Kingdom.

Implications for Prevention
This analysis found that men and women reporting new partner(s) while overseas were more likely to report a range of harmful health behaviors, including sexual risk and substance abuse.

Sexual health advice should be included as part of holistic health advice for all travelers, regardless of destination or reasons for travel.

SOURCE:
Saliva use as lubricant for anal sex may be risky for GC

Apart from penile-anal intercourse, other anal sex behaviors such as rimming, fingering and saliva use as a lubricant for anal sex are common among men who have sex with men. This study evaluated whether these anal sex behaviors are risk factors for rectal gonorrhea in MSM.

Data were from 1312 MSM attending Melbourne Sexual Health Clinic. Gonorrhea cases were identified by culture.

4% had rectal gonorrhea, 71% experienced receptive rimming, 84% receptive fingering or penis sucking, and 69% used partner’s saliva as a lubricant for anal sex.

Saliva as a lubricant was significantly associated with rectal gonorrhea. Attributable fraction of rectal gonorrhea associated with use of partner’s saliva as a lubricant for anal sex was 49%.

The study found that saliva use is common among MSM and that it may play an important role in gonorrhea transmission.


Rapid partner change common after new GC or CT infection

To maintain sexually transmitted infections in a population sex partner change is necessary. However, most individuals change partners relatively infrequently. The timing of partner change is not well understood.

272 participants without STI at enrollment (126 men; 146 women) from a high STI population completed at 12-week study of daily reports of partner-specific behaviors. None reported commercial sex work. Weekly vaginal swabs and urine samples were tested at end of 12 weeks for *C. trachomatis*, *N. gonorrhoeae*, and *T. vaginalis*.

15, 12, and 23 participants acquired an incident CT+, GC+, or TV+. Partner change after first test was seen for 7 (46%), 6 (50%), and 3 (13%) with CT+, GC+, or TC+, respectively.

The study found that persons with incident STI have higher rates of partner change than those without incident STI. Rapid partner change was common following a new CT or GC infection. Interventions should focus on short-term partner change.


Genital warts decline after advent of HPV vaccination

A national human papillomavirus vaccination (16/18 types only) programs were introduced in genitourinary clinics in England in 2008. A decrease in genital warts was not anticipated. However, a decrease occurred between 2009 and 2014: 31% for young women aged 15-19 years and 25% for same age heterosexual young men.


Zika outbreak to end in 2 to 3 years

British scientists predict that the Zika virus epidemic in Latin America will likely burn itself out in the next 2 to 3 years based on the fact that people develop immunity to the virus after the initial infection. This occurs when high percentage of the populations develop he'd immunity or through vaccination.