

Public health officials list other types of VD

Second of a series
Although syphilis and gonorrhea are well known as the major venereal diseases, the current VD epidemic doesn't stop there.

At least a dozen other "sexually transmitted diseases" (STDs) have become serious public health problems, according to the Texas Department of Health Resources.

The term "STD" is used in a broader sense than "VD," and thus includes syphilis and gonorrhea plus herpes simplex virus type 2, nonspecific urethritis, yeast infection, trichomonas vaginitis, venereal warts and others.

Of the STDs, herpes simplex virus type 2 has received the most publicity recently. Herpes type 2 is closely related to the common virus that causes "cold sores" and "fever blisters" — herpes virus type 1. The difference is that herpes type 2 usually occurs below the waist, most often in the genital area, and may be spread by sexual intercourse, making it a particularly frustrating and troublesome disease.

Symptoms of herpes type 2 usually appear within two to twenty days

after contact with an affected person. A small area of itching develops at the site of infection, and within a day, multiple fluid-filled blisters appear. These painful blisters break, forming superficial sores. Most patients have only local discomfort, but some develop fever, headaches, fatigue, swelling in the groin, and painful urination.

This initial episode, or primary infection, is usually over in two to four weeks. However, the disappearance of the sores does not mean that the herpes virus is gone. The virus continues to live in the patient's body, and the sores can reappear weeks, months, even years later. These recurrences are similar to the primary infection, except they are usually milder and last only one or two weeks. Since these recurrent episodes are caused by a virus already inside the body, they are not necessarily related to a new exposure.

In women infected with herpes type 2, the infection may remain entirely within the vagina where the danger is that it may go unnoticed. The cervix is frequently involved, and several studies have shown an association between herpes and cancer of the cervix. However, there is no clear evidence of a cause-and-effect relationship between the two diseases.

Herpes type 2 is a danger to newborn infants of infected mothers. The baby may contract the disease during the passage through the birth canal, although it is also possible for the fetus to be infected while in the womb. Cesarean section prevents infection in some cases.

There is currently no specific treatment for herpes type 2 infections, according to the Texas Department of Health Resources.

There is hope that a new, promising vaccine, being used in Europe, will soon become available in the United States.

Here are some of the other STDs that Department of Health Resources officials say are most prevalent:

Nonspecific urethritis (NSU) is also known as nongonococcal urethritis and includes urethral infections other than gonorrhea. It is called "nonspecific" urethritis because in 90 per cent of the cases, no specific cause of the disease can be identified. The symptoms of NSU are so similar to gonorrhea that they are easily confused.

NSU symptoms are discomfort, some pain when urinating, and a discharge that is typically less profuse than that of gonorrhea. Most women do not develop symptoms and may be carriers of the disease. NSU is one of the most common STDs, accounting for about 60 per cent of all male urethritis. It can be cured with tetracycline.

Yeast infections, caused by a yeastlike fungus called Monilia or

Candida, probably account for 40 per cent of all vaginal discharge problems. Yeast is normally present in the vaginas of 25 to 50 per cent of all healthy women. It sometimes increases to cause infection in diabetic or pregnant patients, or in women who have been on long-term antibiotic therapy. It is seen most frequently in those on "the pill"; the yeast organisms thrive in the increased vaginal moisture created by the pill. Symptoms include extreme itching and burning of the vagina and the vulva. Medication prescribed by a physician will provide relief and cure the infection within a few days.

Trichomonas vaginitis may be the most frequently acquired sexually transmitted disease in the U.S., with an estimated 2.5 million cases occurring annually. In women, the symptoms are itching of the vagina and vulva, a foul-smelling discharge, and a burning sensation on urination. The onset of these symptoms often coincides with or immediately follows menstruation.

Men can have trichomonas without symptoms, so the physician may want to treat both partners. Trichomonads, like yeast, can live in a woman's body without causing infection, but something — the pill, a menstrual period, or an emotional crisis — may cause a flare-up of infection. There are effective drugs for treating this disease.

Venereal warts are caused by a virus called Condyloma acuminatum. They are becoming more common, especially in college populations. They grow rapidly in moist, warm areas on or around the genitals and anus. Vaginal discharges, heavy perspiration, and poor personal hygiene enhance their growth. Venereal warts usually respond to treatment, but resistant warts may require surgery. About two-thirds of the sexual contacts of patients with this condition will also develop genital warts. The average incubation period is about three months. There is no evidence that genital warts are caused by contact with skin warts.

Phthirus pubis, or the crab louse, is frequently spread by sexual contact. It infests the hair and skin of the pubic region and feeds exclusively on human blood. Patients often have no symptoms, but there may be itching or irritation of the pubic area. Treatment is available. Scabies is caused by an itch mite that is spread by close personal contact. It can be transmitted sexually and affect the skin of the genital area. Itching, especially at night, is a symptom of scabies. Treatment is also available.

Anyone who thinks that there is even a chance he or she might have been exposed to a sexually transmitted disease should be examined by a physician — either in a private office or at a public health clinic.

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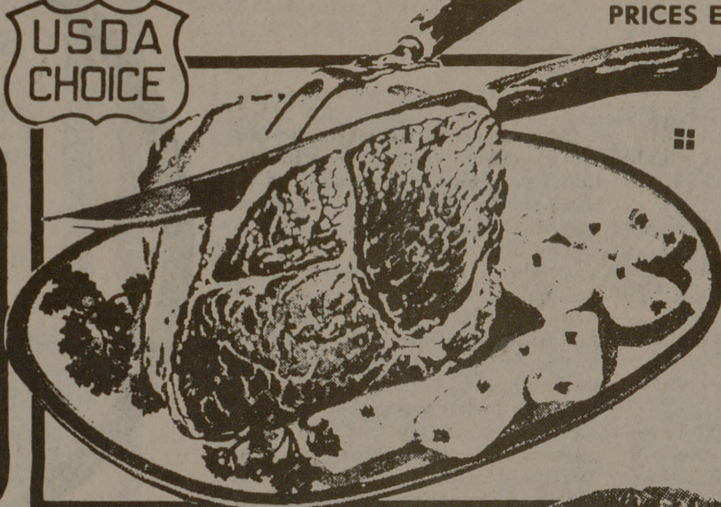
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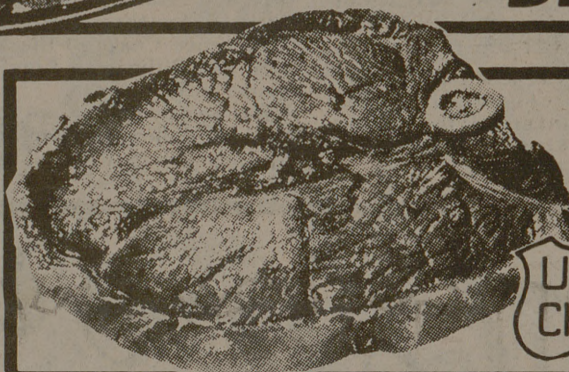
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Aggies begin a summer blood drive

A first for the Texas Aggies unfolds today and tomorrow in a summer blood drive.

The two-day drive will take donors between 9 a.m. and 6 p.m. in rooms 224-6 of the Memorial Student Center.

Aggie Blood Drives heretofore have been held in long semesters. Since the first in 1959, Aggies have volunteered more than 14,000 units of blood.

Student Government and Alpha Phi Omega chapter spokesmen feel a 300-unit drive is attainable.

Summer students who participate will join a tradition that began 17 years ago as an effort to benefit needy patients with hemophilia and leukemia. Aggies last fall gave an all-time record 1,331 units.

Drives are conducted through the blood bank of the Wadley Institute of Molecular Medicine in Dallas. Summer donors will receive by mail an Aggie Blood Club card. Wadley also will give each donor a key chain.

"The card will contain information on how to replace blood used," said Elliot Lowe, APO drive chairman. It indicates that a member only has to notify the welfare benefits coordinator at the Student Government Office, with the full name of the patient, hospital name and address, pints used and the name of the Texas A&M student, alumni or faculty member.

Student government, through Executive Director Susan Price, is coordinating the summer drive. She said a donation requires about 45 minutes.

APO members with Lowe and members of Omega Phi Alpha, sister national service group, will assist Wadley personnel in various jobs.

Are your health insurance premiums too high? Interested in low-cost coverage? For an appointment call Jess Burditt III or Phil Gibson CLU, 822-1550.

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