

and anorectal areas. In 1993, twice as many physicians were visited for genital warts as there were herpes."

Research in Finland has shown strong evidence of how widespread genital warts are. In a study of 1,089 women at age 22, 3% were infected with genital warts. A year later 7% of these same women were infected. At this rate researchers estimate that half the sexually active women in Finland will have at least one HPV infection in the next 10 years. That means that genital warts are the most common viral STD and the third most common after gonorrhea.

Most HPV infections are diagnosed by appearance alone, but if it appears atypical a biopsy may be done.

The warts may be removed with laser surgery or cryotherapy with liquid nitrogen. With the use of liquid nitrogen the warts are simply frozen off. Although these procedures remove the warts, the infection is still there and more warts may appear. Dr. Eschenbach, professor of obstetrics and gynecology at the University of Washington, says, "It's plausible that removing the warts reduces viral shedding and transmission but there is no direct evidence." Although HPV infections are treatable with removal of warts, it is unclear whether HPV infections are curable.

For pregnant women with this STD a C-section is recommended to prevent the infant from coming into contact with warts during birth.

**HEPATITIS B**

Hepatitis B (HBV) was long thought to be spread only through contaminated blood but now the disease has been proven to also spread by sexual contact with a person who is infected. While carried in the blood this virus is also carried in the bodily fluids of semen and vaginal secretions.

"HBV infection is the most important cause of acute and chronic liver disease worldwide," according to an article in *American Family Physician* (March 1993). The Center for Disease Control estimates that 300,000 Americans are infected annually with the virus. Being infected does not mean one is ill; many people carry the virus and never know.

*American Family Physician* reported that "Any person with a positive blood test for HBV is potentially infectious to both household and sexual contacts."

The risk of becoming a carrier is highest for infants infected perinatally. Infected infants do not usually develop symptoms. Most symptomatic infections are in teenagers and adults. These symptoms may include jaundice and a tender liver.

When the infection is chronic with symptoms lasting more than six months the infected person is at increased risk of liver cirrhosis and cancer.

"There is a promising treatment for chronic HBV infections with alpha interferon (Intron), which the Food and Drug Administration has recently licensed for this purpose," the *American Family Physician* reported.

There is a vaccine for HBV and it is recommended for infants and high risk groups. High risk groups would include any sexual partners of a person with HBV infection, those in the household of an HBV infected person, and IV drug users. As yet the vaccine is not required before a child starts school, but the Center for Disease Control is pushing for legislation to make the vaccination a requirement.

**HERPES**

Herpes is often sexually transmitted and is a recurring skin condition. Herpes simplex (HSV) is on the rise now, but it is not a new virus by any means. As stated in a University of California *Berkeley Wellness Newsletter* (Sept. 1992), "The herpes virus has plagued the human race for thousands of years and between 15 and 20 million Americans have genital herpes."

Genital herpes spreads easily. Anyone with a lesion can transmit it to a sexual partner, and the virus may be present and contagious even when no sores are visible. The magazine *Men's Health* (Nov. 1993) says, "Nearly 500,000 new cases of genital herpes occur every year and about half the people who contract this usually harmless STD do not even know it."

There are five different major types of herpes viruses. Two of these are considered to cause STDs. These are herpes simplex #1 (HSV-1) which is responsible for cold sores and fever blisters, and herpes #2 (HSV-2) which is the cause of genital herpes.

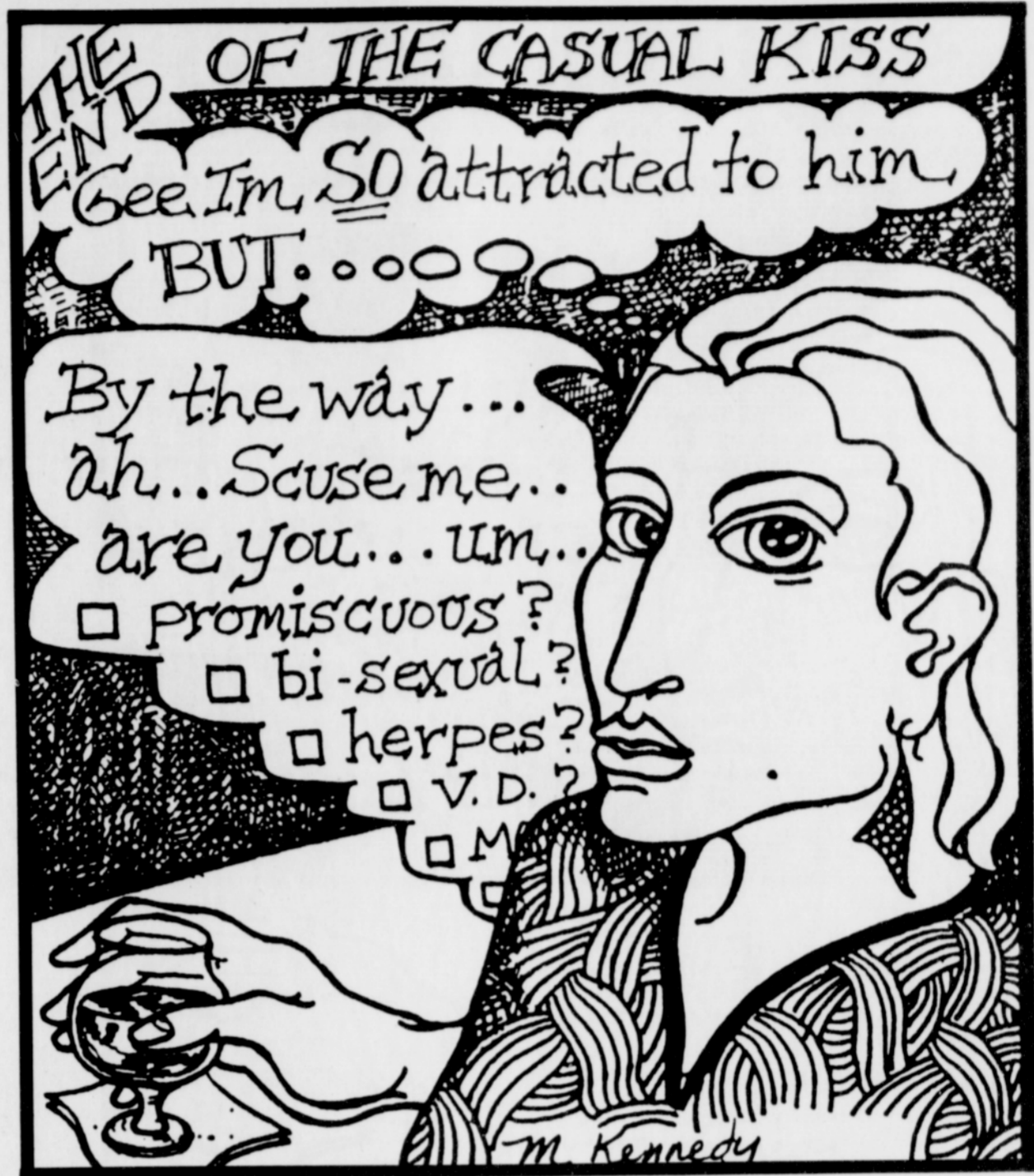
Herpes is spread by direct contact with the virus, and so through skin to skin contact when the virus is being shed. Sex is the most common way that HSV-2 (genital herpes) is spread, through genital to genital or oral to genital contact. Oral to genital contact is the most common way HSV-1 (oral herpes) is spread to the genitals.

No matter the virus type, both may cause painful blisters or lesions. Four to eight days after initial contact with HSV, the site of contact may itch and burn. These symptoms are called the prodrome and may signal recurrent future attacks. During the first attack one may also have flu-like symptoms of fever and body aches. Painful blisters may appear. These will burst and begin to heal in about one to two weeks. The outbreak will generally run its course within two to three weeks. After an outbreak the virus will retreat and live in nerve cells, but the virus will always be present in the body; it never goes away.

The immune system fights the virus, which is why future outbreaks tend to lessen in severity and duration over time.

During an outbreak the affected area is contagious because the virus is present at the surface of the skin and it is a good idea to use condoms for the first month after an outbreak.

The virus may also be present at times when no sores are visible, usually only for a few days out of the year, according to the American Social Health Association. Care must be taken to prevent spreading the virus to other areas of the infected person's body or to anyone else. To prevent the spread to other sites of the body the affected person should avoid touching the sores and should immediately wash sores that are touched with soap and hot water, which will eliminate the virus on the skin's surface.



MARION KENNEDY

Genital herpes is incurable but can be managed and treated, and one day there may be a cure. With the onset of AIDS the concern over nonlethal diseases has lessened, except for those suffering from them. There is already an effective treatment for herpes with an antiviral drug (acyclovir, sold under the trade name Zovirax) to relieve symptoms and reduce the severity and frequency of outbreaks.

On Friday, May 20, *The Oregonian* ran an article titled "FDA Asked to OK Over-the-Counter Sale of Herpes Drug." This article reports that recently a drug company asked regulators to approve over the counter sale of Zovirax. The decision rests with the Food and Drug Administration, but the Centers for Disease Control opposes approval.

Zovirax should be available over the counter because it can offer relief to millions of infected persons without the expense of a prescription.

These diseases are widespread but with proper precautions their spread may be halted. Abstinence is the only certain way to prevent these diseases, but for the sexually active abstinence is unrealistic. The next best way to prevent transmission is to always use a latex condom. The incurable STDs are caused by viruses and research shows that these viruses cannot pass through latex condoms. However, a condom for males only covers the penis; genital warts and herpes may be present on body surfaces other than the vagina. Fortunately, there is now a condom on the market for females which provides more coverage of the adjacent area. Also, use of a spermicide with nonoxynol-9 will provide an extra barrier against viruses.

Another measure to prevent transmission of these diseases is monogamy or limiting oneself to one sexual partner. There is a correlation between the number of sexual partners one has and the number of STDs one is likely to be exposed to.

Statistics show the risk of contracting an STD increases by 8% with each different sexual partner because one is essentially having sex with each partner the other had sex with. If monogamy is not possible because of unstable personal relationships, latex condoms and selectiveness are the best defenses.

Discussing sex and STDs before sexual encounters may be uncomfortable but if two people are close enough to have sex, they should be close enough to discuss sexual concerns such as preventing STDs.

The best time to discuss such matters is in a neutral setting. One should try to be natural and relaxed. Leading into such a conversation may be difficult; an example opening might be, "I really enjoy being with you, and I'm glad we're getting closer. I think it's important that we talk about sex. Can we talk now?"

The most important thing while discussing sex is to be oneself.

Not discussing sexual consequences beforehand may lead to distrust and blame within a relationship, especially if one knows they have an STP and fails to inform their partner. Prospective partners will be more likely to accept the knowledge of an STD before having sex with a person, than if told after having sex with that person. If one does have an STD and tells their partner before they have sex, their partner will at the very least respect their honesty and openness.

The psychological affects of STDs may be devastating. No one wants to contract any STD and having an incurable STD is a psychosocial burden.

Anxiety over possibly infecting another person may be the worst of the psychosocial concerns. Persons afflicted with one STD may also be afraid of catching another, and there is often a disturbance in satisfaction of sexual activity for these people.

For these and other reasons people with an incurable STD may drop all social contacts not essential to survival and become virtual recluses. Other reasons for social seclusion may be simply the fear of rejection.

Reactions to a diagnosis of an incurable STD may include feelings of dismay, denial, rage and depression. One may feel that no one will ever want to have a sexual relationship with them, that they are unworthy of love or tainted. Many individuals may even attempt suicide; the feeling that life is over may be prevalent for many victims of incurable STDs.

Life is not over for these people. Lifestyles that led to these diseases must change to deal with them and prevent the spread of these diseases to others. The first step for one with an incurable STD is to come to terms with the disease. After one accepts having an incurable disease, telling prospective partners will be a little easier. To aid in the telling and to provide the most accurate and up to date information, the National STD Hotline has pamphlets available (1-800-227-8922).

Risking rejection in relationships is a risk of exchanging sexual histories, but if a person really cares about another with an STD and has reliable information on how to avoid transmission of the disease, a mutually loving, caring relationship is possible.

Claire Trammel lives in Astoria. She originally wrote this article as a research paper for Clatsop Community College.



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