December 14, 2006

Circumcision Halves H.I.V. Risk, U.S. Agency Finds

By DONALD G. McNEIL Jr.

Correction Appended

Circumcision appears to reduce a man's risk of contracting AIDS from heterosexual sex by half, United States government health officials said yesterday, and the directors of the two largest funds for fighting the disease said they would consider paying for circumcisions in high-risk countries.

The announcement was made by officials of the National Institutes of Health as they halted two clinical trials, in Kenya and Uganda, on the ground that not offering circumcision to all the men taking part would be unethical. The success of the trials confirmed a study done last year in South Africa.

AIDS experts immediately hailed the finding. “This is very exciting news,” said Daniel Halperin, an H.I.V. specialist at the Harvard Center for Population and Development, who has argued that circumcision slows the spread of AIDS in the parts of Africa where it is common.

In an interview from Zimbabwe, he added, “I have no doubt that as word of this gets around, millions of African men will want to get circumcised, and that will save many lives.”

Uncircumcised men are thought to be more susceptible because the underside of the foreskin is rich in Langerhans cells, sentinel cells of the immune system, which attach easily to the human immunodeficiency virus, which causes AIDS. The foreskin also often suffers small tears during intercourse.

But experts also cautioned that circumcision is no cure-all. It only lessens the chances that a man will catch the virus; it is expensive compared to condoms, abstinence or other methods; and the surgery has serious risks if performed by folk healers using dirty blades, as often happens in rural Africa.

Circumcision is “not a magic bullet, but a potentially important intervention,” said Dr. Kevin M. De Cock, director of H.I.V./AIDS for the World Health Organization.

Sex education messages for young men need to make it clear that “this does not mean that you have an absolute protection,” said Dr. Anthony S. Fauci, an AIDS researcher and director of the National Institute of Allergy and Infectious Diseases.
Circumcision should be used with other prevention methods, he said, and it does nothing to prevent spread by anal sex or drug injection, ways in which the virus commonly spreads in the United States.

The two trials, conducted by researchers from universities in Illinois, Maryland, Canada, Uganda and Kenya, involved nearly 3,000 heterosexual men in Kisumu, Kenya, and nearly 5,000 in Rakai, Uganda. None were infected with H.I.V. They were divided into circumcised and uncircumcised groups, given safe sex advice (although many presumably did not take it), and retested regularly.

The trials were stopped this week by the N.I.H. Data Safety and Monitoring Board after data showed that the Kenyan men had a 53 percent reduction in new H.I.V. infection. Twenty-two of the 1,393 circumcised men in that study caught the disease, compared with 47 of the 1,391 uncircumcised men.

In Uganda, the reduction was 48 percent.

Those results echo the finding of a trial completed last year in Orange Farm, a township in South Africa, financed by the French government, which demonstrated a reduction of 60 percent among circumcised men.

The two largest agencies dedicated to fighting AIDS said they would now be willing to pay for circumcisions, which they have not before because there was too little evidence that it worked.

Dr. Richard G. A. Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has almost $5 billion in pledges, said in a television interview that if a country submitted plans to conduct sterile circumcisions, “I think it’s very likely that our technical panel would approve it.”

Dr. Mark Dybul, executive director of President Bush's $15 billion Emergency Plan for AIDS Relief, said in a statement that his agency “will support implementation of safe medical male circumcision for H.I.V./AIDS prevention” if world health agencies recommend it.

He also warned that it was only one new weapon in the fight, adding, “Prevention efforts must reinforce the A.B.C. approach — abstain, be faithful, and correct and consistent use of condoms.”

Researchers have long noted that parts of Africa where circumcision is common — particularly the Muslim countries of West Africa — have much lower AIDS rates, while those in southern Africa, where circumcision is rare, have the highest.

But drawing conclusions was always confounded by other regional factors, like strict Shariah law in some Muslim areas, rape and genocide in East Africa, polygamy, rites that require widows to have sex with a relative, patronage of prostitutes by miners, and men’s insistence on dangerous “dry sex” — with the woman’s vaginal walls robbed of secretions with desiccating herbs.

Outside Muslim regions, circumcision is spotty. In South Africa, for example, the Xhosa people circumcise
teenage boys, while Zulus do not. AIDS is common in both tribes.

Nelson Mandela’s autobiography, “Long Walk to Freedom,” contains an unnerving but hilarious account of his own Xhosa circumcision, by spear blade, as a teenager. Although he was supposed to shout, “I am a man!” he grimaced in pain, he wrote.

But not all initiation ceremonies are laughing matters. Every year, some South African teenagers die from infections, and the use of one blade on many young men may help spread AIDS.

In recent years, as word has spread that circumcision might be protective, many southern African men have sought it out. A Zambian hospital offered $3 circumcisions last year, and Swaziland trained 60 doctors to do them for $40 after waiting lists at its national hospital grew.

“Private practitioners also do it,” Dr. Halperin said. “In some places, it’s $20; in others, much more. Lots of the wealthy elite have already done it. It prevents S.T.D.’s, it’s seen as cleaner, sex is better, women like it. I predict that a lot of men who can’t afford private clinics will start clamoring for it.” (S.T.D.’s are sexually transmitted diseases.)

Male circumcision also benefits women. For example, a study of the medical records of 300 Ugandan couples last year estimated that circumcised men infected with H.I.V. were about 30 percent less likely to transmit it to their female partners.

Earlier studies on Western men have shown that circumcision significantly reduces the rate at which men infect women with the virus that causes cervical cancer. A study published in 2002 in The New England Journal of Medicine found that uncircumcised men were about three times as likely as circumcised ones with a similar number of sexual partners to carry the human papillomavirus.

The suspected mechanism was the same — cells on the inside of the foreskin were also more susceptible to that virus, which is not closely related to H.I.V.

**Correction: Dec. 18, 2006**

Because of an editing error, a front-page article on Thursday about the effectiveness of circumcision in slowing the spread of AIDS misstated the source of a comment by Dr. Richard G. A. Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, who said that his organization would now be likely to approve countries’ plans for sterile circumcision. He spoke by telephone to The New York Times; the comment was not taken from a television interview.