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Circumcision’s Anti-AIDS Effect Found Greater Than First Thought

By DONALD G. McNEIL JR.

Circumcision may provide even more protection against AIDS than was realized when two clinical trials in Africa were stopped two months ago because the results were so clear, according to studies being published today.

The trials, in Kenya and Uganda, were stopped early by the National Institutes of Health, which was paying for them, because it was apparent that circumcision reduced a man’s risk of contracting AIDS from heterosexual sex by about half. It would have been unethical to continue without offering circumcision to all 8,000 men in the trials, federal health officials said.

That decision, announced on Dec. 13, made headlines around the world and led the two largest funds for fighting AIDS to say they would consider paying for circumcisions in high-risk countries. But the final data from the trials, to be published today in the British medical journal The Lancet, suggest that circumcision reduces a man’s risk by as much as 65 percent.

The December announcement described only the follow-up on the men as originally divided into two groups: those who agreed to be circumcised and those who agreed not to. But some in the first group never went to the circumcision clinic, and some in the second had private circumcisions before the study ended.

Re-evaluating the data, excluding a few men whose H.I.V. status was misdiagnosed during the trial and combining the results of three trials — those in Uganda and Kenya as well as one in South Africa that was stopped in 2005 when the protective effect became apparent — produces a protection rate of about 65 percent.

Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, which paid for the trials, said he planned to keep saying officially that circumcision cuts a man’s risk by about half, not by 65 percent, because the validity of clinical trials depends on following randomized groups of patients, not selected ones.

“But, yes, the 65 percent makes me feel better,” he conceded.

“Look,” he added. “This is a one-time, permanent intervention that’s safe when done under the appropriate medical conditions. If we had an AIDS vaccine that was performing as well as this, it would be the talk of the town.”
He said President Bush’s $15 billion AIDS initiative and the World Health Organization were considering paying for circumcisions in high-risk countries, but must work out what training and equipment they would require circumcisers to have.

Daniel Halperin, an AIDS expert at the Harvard Center for Population and Development, noted that the world’s highest rates of infection with H.I.V., the virus that causes AIDS, are in southern African countries like Botswana, Swaziland and South Africa, which are relatively wealthy by African standards and the best prepared to offer safe circumcisions in public hospitals.

Acceptance of circumcision is growing among African men, Dr. Halperin said. Muslims in East and West Africa have long practiced it, as have some ethnic groups.

A review of 13 surveys in different African communities published last year in the journal AIDS and Behavior found that 29 percent to 87 percent of uncircumcised men said they would be willing to be circumcised if it protected them against AIDS.