

Perspective on Circumcision and HIV Transmission

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One of the most controversial and potentially effective means of controlling the spread of HIV/AIDS appears to be circumcision. The issue was catapulted to the fore during the recent International AIDS Conference in Toronto, following news that a French research group's randomized controlled trial (RCT) was stopped prematurely after the study showed that circumcision provided a substantial protective effect against HIV infection.¹ In the study, 3,274 uncircumcised men from a South African district were recruited and randomized to either an intervention or control group. In the intervention group, subjects were offered immediate circumcision, while in the control group, subjects were offered circumcision after the observation period of the study. Baseline data on sexual history and HIV status was obtained, and subjects were to be followed after 3, 12, and 21 months. The trial was stopped prematurely after interim results showed 20 new HIV infections in the intervention group compared with 49 in the control group, meaning that approximately 60% of HIV infections were prevented in the intervention group. The results were the same after controlling for reported changes in sexual behavior between the treatment groups. The report has led to the advocacy of a variety of responses, ranging from rapid adoption² to more cautious approaches calling for more evidence;³ two additional RCTs are set to end in 2007.

In view of the devastation wrought by the pandemic thus far, it is difficult to see what could be gained by waiting another year for more confirmatory evidence. Circumcision is the most performed surgical procedure in history⁴ and well-tolerated in many African communities.⁵ A single, well-designed RCT with overwhelming results should be sufficient to begin implementing routine circumcision in communities which deem it culturally appropriate. As Stephen Lewis said in his final address at AIDS 2006 Toronto, "Circumcision, as a preventive intervention, should not be subject to bureaucratic contemplation forever. We have enough information now to know that it is an intervention worth pursuing."²

References

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