

# Briefing Paper

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## Male circumcision and HIV

### Key points:

- Studies are currently being conducted which evaluate the efficacy of circumcision in MSM. Unpublished data suggests that there is some protective effect.
- On the basis of limited evidence there is no consensus to support the use of circumcision as a prevention strategy in the Australian epidemic.
- Correct and consistent condom use, not circumcision, is the most effective means of reducing male-to-male transmission, female-to-male transmission, and male-to-female transmission.
- African data on circumcision is context-specific and cannot be extrapolated to the Australian epidemic.
- The Australian HIV epidemic is driven primarily by male-to-male anal intercourse and social research has shown that men frequently practice both insertive and receptive anal intercourse.<sup>1</sup>

### Background:

Male circumcision is a surgical procedure that involves the removal of all or part of the foreskin from the head of the penis. It is an ancient practice that has been performed in some cultures for millennia – well before the advent of sterile surgery.<sup>2</sup> It has ritual significance in some cultures, and so its practice may be ceremonial, performed with non-surgical instruments by elders rather than doctors, and without anaesthesia.<sup>3</sup> It is an irreversible procedure. Different cultures have performed the rite at different stages of life: commonly in pre-adolescence as part of a ritual of becoming a man; sometimes for older adult men as a sign of status; and in more recent history, in infancy. Cultural identity may also be entwined with non-circumcision.<sup>4</sup>

During the twentieth century in industrialised countries such as Australia and the United States, circumcision became very popular for reasons that are not clear but do not appear to be directly related to religious or specific ethno-cultural affiliation. This trend was reversed in Australia in the 1980s and 90s due to increased acceptance that circumcision provided no medical benefit.

Recent data from three major trials in Africa challenges the notion that it is of no benefit. Adult male circumcision has been found to reduce the risk of acquiring HIV in men by around 55-60% in three randomised controlled studies<sup>5, 6, 7</sup>. These trials were conducted in African countries where HIV is

<sup>1</sup> In cross-sectional surveys 71 % of HIV positive and 64% of HIV negative men reported both insertive and receptive anal intercourse. Van de Van P. et al. 'In a minority of gay men, sexual risk practice indicates strategic positioning for perceived risk reduction rather than unbridled sex', *AIDS Care*, 14 (4): 471-480.

<sup>2</sup> Aggleton P. (2007) "Just a snip?": A social history of male circumcision', *Reproductive Health Matters.*; 15 (29): 15-21: 15: 20.

<sup>3</sup> Niang, Cl. & Boiro, H. (2007) "You can also cut my finger": Social construction of male circumcision in West Africa, a case study of Senegal and Guinea-Bissau'. *Reproductive Health Matters.* 15 (29): 22-32: 31: 32.

<sup>4</sup> Ibid.

<sup>5</sup> Auvert B., et al (2005) 'Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial'. *PLoS Medicine*, 2 (11) e298 doi:10.1371/journal.pmed.0020298.

<sup>6</sup> Gray H., Kigali G., Estrada D., et al. (2007) 'Male circumcision for HIV prevention in young men in Racial, Uganda: a randomised trial', *Lancet*, 369:657-66.

<sup>7</sup> Bailey C., Moses S., Parker CB., et al. (2007) 'Male circumcision for HIV prevention in young men in Kyushu, Kenya: a randomised controlled trial', *Lancet*; 369: 643-56.

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endemic – Uganda, South Africa and Kenya. Heterosexual vaginal intercourse is the predominant mode of HIV transmission in these countries. Circumcision did not provide complete protection against HIV, but researchers concluded that circumcision reduced the risk of HIV acquisition in the study groups. While there were high rates of HIV acquisition in both arms of these studies – the circumcised and the uncircumcised – rates were lower in the former group<sup>8</sup>.

Following the release of these trial results UNAIDS and the World Health Organisation held an international consultation to analyse the data and consider policy implications. Mass circumcision programs are being proposed throughout the sub-Saharan region.<sup>9</sup> While consideration is being given to making such programs culturally sensitive, the proposed implementation of male circumcision raises complex moral problems relating to cultural practice, gender equity, informed consent, and the just allocation of limited resources.

### The Australian epidemic

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In Australia, receptive anal intercourse amongst MSM is the predominant mode of HIV acquisition. There has been some research into whether circumcision status makes a difference in terms of HIV acquired through insertive anal sex, but this research has shown no difference between the two groups.<sup>10</sup> However, further research from the Health in Men (HIM) cohort, presented at the 2008 Australasian Society for HIV Medicine Conference in Perth, suggests that there might be some protective benefit for insertive partners in anal intercourse. This data is currently unpublished and unreviewed. ***On the basis of limited, and potentially conflicting, evidence there is no consensus to support the use of circumcision as a prevention strategy in the Australian epidemic.***

An Australian-born man is estimated to have a 0.02% (0.0002) risk of HIV acquisition if he does not inject drugs or have sex with men.<sup>11</sup> This very low risk means that the population health benefit of an intervention like generalised circumcision programs would be negligible. However it has been argued by Professor Alex Wodak in the mainstream press, that circumcision would play a valuable role in assisting to prevent the emergence/development of a heterosexually mediated epidemic in Australia.<sup>12</sup> This view is not currently supported by a consensus or statement from any organisation currently involved in Australia's HIV partnership.

*There has been discussion in the media about the possibility of scaling up infant circumcision in Australia as a pre-emptive strategy. Such discussion needs to be balanced with considerations of proportionality, and the problem of lack of informed consent to an irreversible procedure. Questions for consideration include:*

- *Is the intervention proportionate to the relative risk of HIV?*
- *Are the benefits (partial reduction of HIV risk) proportionate to the actual risks of the procedure (small risk of infection, possible changes to sexual sensitivity)?*
- *Given that the benefits of infant circumcision are experienced years after the procedure, do notions of convenience, utility and cost-effectiveness justify indirect consent? (indirect consent in this context refers to consent being given on the individual's behalf by a parent/guardian)*

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<sup>8</sup> The incidence in circumcised men was 0.7- 1.0 per hundred person years. 'Male circumcision for HIV prevention: Research implications for policy and programming WHO/UNAIDS technical consultation 6-8 March, conclusions and recommendations' (excerpts). (2007) *Reproductive Health Matters*, 15 (29): 11-14:12.

<sup>9</sup> 'New data on male circumcision and HIV prevention: policy and programme implications', (2007) WHO/UNAIDS.

[http://data.unaids.org/pub/Report/2007/mc\\_recommendations\\_en.pdf](http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf)

<sup>10</sup> Grulich, A., Hendry, O., Clarke, E., Kippax, S., Kaldor, J. (2001), 'Circumcision and male-to-male transmission of HIV', [Research letter] *AIDS*; 15 (9): 1188-89.

<sup>11</sup> This estimate was supplied by the National Centre in HIV Epidemiology and Clinical Research in February 2009, based on median lifetime partners, sexual acts within partnerships over time, estimated prevalence within the female population of 0.03-0.05%, and average transmission rates and condom use within partnerships

<sup>12</sup> Sydney Morning Herald website, "Doctor calls for cut to curb HIV", 24/01/09, <http://www.smh.com.au/news/national/doctor-calls-for-cut-to-curb-hiv/2009/01/23/1232471590816.html> (accessed 9/02/09)

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## Cost of circumcision in Australia

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Current estimates are that about 12% of infant males are circumcised in Australia. The procedure is covered by Medicare, with four separate MBS items which vary according to the age of the patient. In 2006-2007, there were 17,877 Medicare claims for procedures performed on boys under 6 months, 3481 for boys aged 6 months to 10 years, and 2603 for boys over 10 years.

The Medicare rebate for an infant circumcision is about \$70. The actual cost can vary and may be considerably more than this.

## Further reading

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Millet G., et al. (2008) 'Circumcision status and risk of HIV and sexually transmitted infections among men who have sex with men', *JAMA*; 300 (14): 1674-84.

Vermund SH, Qian HZ. (2008) 'Circumcision and HIV prevention among men who have sex with men: no final word', *JAMA*; 300 (14): 1698-700.