

## **Draft CDC Recommendations for Providers Counseling Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection, STIs, and Other Health Outcomes**

CDC is requesting public comment on draft counseling recommendations about elective male circumcision for the prevention of HIV, sexually transmitted infections (STIs), and other health outcomes in the United States. The guidance is designed to help health care providers provide accurate information to individual men, as well as to parents, to help them make informed decisions about circumcision.

These draft recommendations will undergo a 45-day public comment period and a formal external peer review. Comments provided by these various groups and individuals will be considered before recommendations are finalized.

### **Draft Guidance for Consideration**

CDC developed the draft guidance based on a systematic review of all evidence on the health risks and benefits of circumcision, consultation with a broad range of experts in HIV prevention and related fields, and consideration of the implications on the HIV epidemic in the United States.

The draft guidance states that all uncircumcised at-risk heterosexual male patients and parents of newborn males should receive comprehensive counseling on the risks and benefits of circumcision. In addition, the recommendations state that all uncircumcised heterosexually active adolescent and adult males should receive basic information on the key risks and benefits. Men who have sex with men should be informed that male circumcision has not been proven effective in reducing the risk for HIV or STIs during anal sex.

Specific guidance is provided for each population, along with key issues to consider:

#### **Uncircumcised heterosexually active adolescent and adult males (including bisexual males):**

Health care providers should inform all uncircumcised adolescent and adult males that male circumcision reduces, but does not eliminate, the risk of acquiring HIV and some STIs during heterosexual sex. Additionally, they should be informed of the potential risks associated with the procedure. Health care providers should assess the sexual risk behaviors of their male patients, and those at increased risk of HIV infection should be counseled with more comprehensive information about voluntary male circumcision as another potential strategy for HIV risk reduction. Those who choose to be circumcised should be offered high-quality circumcision services and HIV risk-reduction counseling. Heterosexual men at increased risk for HIV include:

- Men who are in sexual relationships with HIV-infected female partners
- Men with multiple female partners
- Those in relationships with women who are at high risk for HIV (e.g., commercial sex workers, injection drug users, and women in defined populations with HIV prevalence of 1 percent or higher)

**Men who have sex with men:** Providers should inform men who exclusively have sex with men that male circumcision has not been proven to reduce the risk for HIV or STIs during anal sex.

**Parents and guardians of male newborns, children, and adolescents:** Parents should be informed of the medical benefits – including reduced risk of future HIV infection – and the risks of male circumcision and should make decisions in consultation with a health care provider. When counseling parents about male circumcision for an adolescent minor, the adolescent should be included in the decision-making process.

## **Key considerations:**

The draft recommendations note a number of key issues that should be taken into account during the decision-making process:

**Health benefits:** Male circumcision can dramatically reduce a man's risk of acquiring HIV infection by 50 to 60 percent during sex with HIV infected female partners. Circumcised men have been shown in clinical trials to be approximately 30 to 45 percent less likely to acquire genital herpes and 30 percent less likely to be infected with high-risk strains of human papillomavirus (HPV) associated with cancers. While male circumcision has not been shown to reduce the risk of HIV transmission to female partners, rates of other sexual transmitted infections such as bacterial vaginosis, trichomoniasis and HPV infection were reduced in female partners of circumcised men in clinical trials. In observational studies, circumcision has been shown to lower the risk of other STIs, penile cancer, cervical cancer in female sexual partners, and infant urinary tract infections in male infants.

**Health risks:** The overall risk of adverse events associated with male circumcision is low, with minor bleeding and inflammation cited as the most common complications. A recent CDC analysis found that the rate of adverse events for medically attended male circumcision is less than 0.5 percent for newborns, about 9 percent for children, and about 5 percent for adults. More severe complications can occur but are exceedingly rare. Adult men who undergo circumcision generally report minimal or no change in sexual satisfaction or function.

**Stage of life:** Circumcision is simpler, safer and less expensive for newborns and infants than for adult males. However, delaying circumcision until adolescence or adulthood enables the male to participate in -- or make -- the decision.

**Informed Choice:** Male circumcision is a voluntary procedure. The decision regarding circumcision should be made in consultation with a health care provider, taking into account personal, cultural religious and ethical beliefs.

## **Implications for HIV Prevention in the United States**

Given the urgency of the HIV epidemic in the United States, CDC believes it is essential to maximize the impact of all available prevention options and is working to provide clinicians the best possible information on the full range of proven approaches. Male circumcision is one strategy that may help reduce the continued spread of HIV in the U.S.

At an individual level, male circumcision may help reduce the risk of HIV acquisition among men through heterosexual sex, and may be combined with other proven risk reduction strategies to provide even greater protection. While the benefits of circumcision for uninfected men at risk for HIV infection can be high, the overall public health benefit in the entire U.S. population may be limited due to the lack of proven benefit among people who are infected through the major routes of transmission at a national level (i.e., male-to-male and male-to-female HIV transmission). The greatest benefit will be among uncircumcised heterosexual men living in geographic areas with a high prevalence of HIV.

Ultimately, the degree to which male circumcision affects overall HIV transmission in the United States in the future will depend on a number of factors whose impact are not yet known. Those factors include the future contribution of heterosexual transmission to the number of new HIV infections that occur each year; future rates of infant male circumcision; the percentage of heterosexual men at high risk who elect to be circumcised; and whether the approach can be effectively integrated with other proven HIV prevention strategies.

Data on the cost-effectiveness of male circumcision to prevent HIV in the United States are limited, but suggest that newborn circumcision would offer long-term cost-savings by reducing the lifetime risk of HIV infection.

CDC is committed to ensuring that health care providers have the information they need to make informed decisions about circumcision and other approaches that may reduce the risk of HIV and STIs.

*For more information, please visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv) or to view of a copy of the draft recommendations, please see [www.regulations.gov](http://www.regulations.gov), docket number CDC-2014-0012.*

# # #

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES