

AIDS in Third World countries

TO THE EDITOR: I am writing this letter in response to Dr DeHovitz's commentary, "A perspective on the heterosexual transmission of the acquired immunodeficiency syndrome (1986; 86:117-118).

Dr DeHovitz puts forth the notion that a possible reason why there is such a high incidence of AIDS in heterosexual males in Haiti and in Central Africa is because of the high incidence of sexually transmitted disease in these areas. He states that such frequent infections cause breaks in the skin of the penis, creating a portal of entry for the HTLV-III/LAV virus during coitus in which there is contact with infected vaginal secretions.

It has been observed that AIDS is primarily a heterosexual disease in Central Africa and in Haiti.^{1,2} It has also been observed that the men in whom the HTLV-III/LAV virus has been found have had contact with female prostitutes.

To my knowledge, homosexuality is not prevalent in Central Africa, nor is it prevalent in Haiti. It is now clear that homosexuals from the US traveled in the late 1970s and early 1980s to Haiti and to Brazil for the purpose of engaging in sexual activities with young black men. In my view, this is how the disease found its way to both Haiti and Brazil.

With regard to the situation in Central Africa, it is not quite clear how the problem evolved. There is, however, evidence that unsterile injection equipment may play a role. This is one way that the disease can be transmitted. There is also a high incidence of HTLV-III/LAV in blood products that are used in Central Africa. That is another possible means of transmission.

The notion that the AIDS virus had its genesis from Africa is a controversial topic. In my opinion, the data are not at all convincing as to where the virus originated.

It is my opinion that because the majority of men from Central Africa and Haiti are not circumcised, they constantly develop balanitis as a result of the heat and other problems, leading to breakage of the skin. This leads to chronic infections such as phimosis and paraphimosis. In this setting, there is frequent mini-ulceration of the foreskin of the penis. This represents an easy portal of entry for the virus during coitus with, let us say, an infected prostitute. Another possibility arises because the women in that part of the world do not shave the pubis. Thus there is the possibility of mini-lacerations occurring during coitus as the foreskin comes into contact with pubic hair. This is another possible portal of entry for the virus. This, to me, seems a more plausible explanation for female-to-male transmission in Central Africa and Haiti.

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1. Pape JW, Liautaud B, Thomas F, et al: The acquired immunodeficiency syndrome in Haiti. *Ann Intern Med* 1985; 103:674-678.

2. Biggar RJ: The AIDS problem in Africa. *Lancet* 1986; 1:79-83.

INFECTIOUS DISEASE NEWS®



6 FROM OUR readers

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Theodore C. Eickhoff, MD, Chief Medical Editor

Male circumcision and HIV/AIDS

Dear Editor:

I have been reading with interest the recent spate of articles on findings that link circumcision of men in certain African countries with the incidence of the HIV/AIDS virus. One reporter in *The New York Times Magazine* has even described male circumcision as possibly the best method of eliminating the AIDS virus – superior even to an AIDS vaccine, which may still be several years in development.

You may be interested in knowing that in August 1986, in a letter to the editor of *The New York State Journal of Medicine*, Vol. 86, page 446, I first discussed the significance of male circumcision in lowering the incidence of the HIV/AIDS virus in Africa, Haiti and other developing countries. In my published letter, I wrote in part:

“It is my opinion that because the majority of men from Central Africa and Haiti are not circumcised, they constantly develop balanitis as a result of the heat and other problems, lead-

ing to breakage of the skin. This leads to chronic infections such as phimosis and paraphimosis. In this setting, there is frequent mini-ulceration of the foreskin of the penis. This represents an easy portal of entry for the virus during coitus with, let us say, an infected prostitute. Another possibility arises because the women in that part of the world do not shave the pubis. Thus, there is the possibility of mini-lacerations occurring during coitus as the foreskin comes in contact with the pubic hair. This is another possible portal of entry of the virus. This, to me, seems a more plausible explanation for female-to-male transmission in Central Africa and Haiti.”

Later, I repeated my theory in my two books that were published in 1992, “The Status of Health of Blacks in the United States of America: A Perspective for Improvement” and “The African American Health Book.” I again described the significance of male circumcision in possibly eliminating the HIV/AIDS virus altogether in a sub-

sequent book that was published in 1994 entitled “AIDS: The Expanding Epidemic: What the Public Needs to Know: A Multi-Cultural Overview.”

I would be happy to discuss with the researchers for these most recent articles this most exciting subject in the future if needed.

Valiere Alcena, MD, FACP

WHITE PLAINS, NY

I am grateful to Dr. Alcena for his letter. He purports therein to be the first to suggest that male circumcision might somehow play a role in reducing the risk of heterosexual transmission of HIV, then known as HTLV-III. A brief search on PubMed suggests that he may indeed be correct; other authors made such suggestions several years later, in 1988 and thereafter. Thus, the spate of publications in recent years offering proof of that hypothesis represents solid support of his earlier thinking.

Theodore C. Eickhoff, MD

CHIEF MEDICAL EDITOR

Dr. Valiere Alcena did it
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circumcision and HIV prevention as #1. among the
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THURSDAY, DECEMBER 27, 2007



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By CATHERINE GUTHRIE



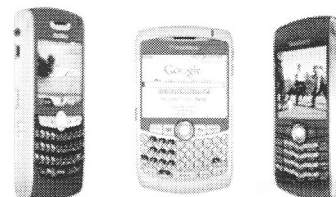
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#1. Circumcision Can Prevent HIV

In December 2006, the National Institutes of Health halted two clinical trials of male circumcision after an early review of the data showed that the procedure dramatically reduced transmission of HIV. Early this year, the details of those studies were published in the *Lancet*: In the two randomized trials, which included 7,780 HIV-negative men in Rakai, Uganda, and Kisumu, Kenya, researchers found that medically circumcised men were at least 51% less likely than uncircumcised men to acquire HIV during sex with women. The editors of the *Lancet* called the discovery "a new era for HIV prevention." Scientists don't know yet whether male circumcision can also provide protection for female partners — a new study on the hypothesis is forthcoming next year.

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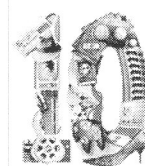
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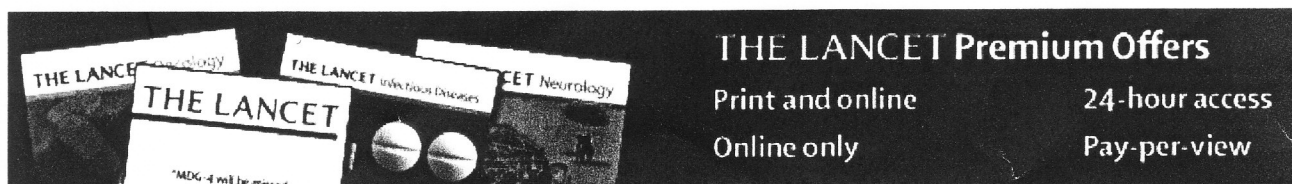
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The Lancet 2007; **369**:643-656

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DOI:10.1016/S0140-6736(07)60312-2

Articles

Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial

Prof Robert C Bailey PhD  ^a, Prof Stephen Moses MD ^c, Corette B Parker DrPh ^e, Kawango Agot PhD ^d, Ian Maclean PhD ^b, Prof John N Krieger MD ^f, Carolyn FM Williams PhD ^g, Prof Richard T Campbell PhD ^a and Prof Jeckoniah O Ndinya-Achola MBChB ^h

That male circumcision might reduce risk of HIV acquisition was first proposed in 1986.³

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3. Alcena V. AIDS in third world countries. *N Y State J Med* 1986; **86**: 446. MEDLINE