ABSTRACT #1471

A Pilot Study to Introduce Voluntary Medical Male Circumcision for HIV Prevention in Areas of High Prevalence of the Dominican Republic

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INTRODUCTION

The World Health Organization (WHO) has recommended that Voluntary Medical Male Circumcision (VMMC) be offered to men as part of a comprehensive package of HIV prevention strategies in areas of high HIV prevalence. This recommendation follows the publication of landmark trials confirming that VMMC is effective in reducing the risk of HIV acquisition.1,2 Programs to scale-up VMMC are underway in some African countries,3,4 but limited data exist on the feasibility of introducing this strategy outside that continent.

In the Dominican Republic (DR), HIV prevalence is not uniform and varies within and between geographical areas. The eastern region of the country, for instance, reports a prevalence of 1.2%,5 but the proportion is significantly higher (3.2%) in a distinct group of communities surrounding sugar cane plantations.6 A preliminary study conducted in the largest province of the eastern region suggested a VMMC acceptability of 65% after men received education about benefits of the procedure.7

We designed a pilot study to introduce VMMC in two clinics that serve men at high-risk for HIV. The objectives of this study were: to build the capacity required to offer VMMC and to assess the uptake, safety and patient satisfaction with the procedure.

METHODS

The study was conducted during February 2013 and March 2014 at two sites in DR. The training phase consisted of a one-week classroom course imparted to all study personnel. Five physicians and two nurses received surgical training over a period of 3 weeks on the Forceps Guided Method using the WHO Manual of Male Circumcision Under Local Anaesthesia.8 For inclusion in the study, men had to be uncircumcised and between 18 and 40 years of age. Exclusion criteria included foreskin covering less than half of the glans, history of bleeding disorders, history of keloid formation and any medical condition or anatomical abnormality that could increase the risk of complications during elective ambulatory surgery. All participants were tested for HIV and completed an extensive questionnaire of behaviors and sexual practices. Wound healing and adverse events were assessed once a week after circumcision. Study data were collected and managed using REDcap electronic data capture tools. Data were analyzed using SAS 9.1.3.

RESULTS

Table 1- Socio-Demographic Characteristics and Behaviors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Men recruited and consented, n (%)</th>
<th>Total circumcised, n (%)</th>
<th>BCRC (1)</th>
<th>CFIR (1)</th>
<th>National origin, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>454 (81)</td>
<td>206 (44)</td>
<td>254 (46)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dominican</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>527 (91)</td>
<td></td>
<td>Haitian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>93 (17)</td>
</tr>
<tr>
<td>Median age (range)</td>
<td></td>
<td></td>
<td>26 (18-40)</td>
<td></td>
<td>12 (10-16)</td>
</tr>
<tr>
<td>Median age at first intercourse (IQR)</td>
<td></td>
<td></td>
<td>16 (14-17)</td>
<td></td>
<td>1 (2)</td>
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<tr>
<td>Median no. of partners last 30 days (IQR)</td>
<td></td>
<td></td>
<td>342 (64)</td>
<td></td>
<td></td>
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<tr>
<td>Partnered or married, n (%)</td>
<td></td>
<td></td>
<td>85 (16)</td>
<td></td>
<td></td>
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<tr>
<td>Sex with men, n (%)</td>
<td></td>
<td></td>
<td>28 (5.2)</td>
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</table>

Approximately 952 men were approached by our outreach workers and/or attended the educational sessions for this study. Of these, 539 (57%) consented for the study (table 1). Median age of the cohort was 26 years. Median age at first sexual encounter was 16 years. 454 clients were circumcised using the Forceps Guided Method. 57 clients were excluded due to a medical or anatomical contraindication (table 2). 28 clients declined to participate after providing consent. There were 20 adverse events (table 3) that resolved promptly without complications. All clients reported being very satisfied (88%) or somewhat satisfied (12%) with the procedure.

CONCLUSION

1. Recruitment and uptake were satisfactory.
2. Client satisfaction with VMMC was high and the rate of adverse events was low.
3. The rollout of VMMC in targeted areas of the DR is feasible and should be considered.

REFERENCES

6. GSK-EMED. Randomized Controlled Trial of a Double Blind Placebo Controlled Medical Male Circumcision. 2009;666.