

J Infect Dis. 2009 Aug 1;200:370-378.

**Adult Male Circumcision Does Not Reduce the Risk of Incident *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, or *Trichomonas vaginalis* Infection: Results from a Randomized, Controlled Trial in Kenya.**

Mehta SD, Moses S, Agot K, Parker C, Ndinya-Achola JO, Maclean I, Bailey RC.

**BACKGROUND:** We examined the effect of male circumcision on the acquisition of 3 nonulcerative sexually transmitted infections (STIs).

**METHODS:** We evaluated the incidence of STI among men aged 18-24 years enrolled in a randomized trial of circumcision to prevent human immunodeficiency virus (HIV) infection in Kisumu, Kenya. The outcome was first incident nonulcerative STI during 2 years of follow-up. STIs examined were laboratory-detected *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Trichomonas vaginalis* infection.

**RESULTS:** There were 342 incident infections among 2655 men followed up. The incidences of infection due to *N. gonorrhoeae*, *C. trachomatis*, and *T. vaginalis* were 3.48, 4.55, and 1.32 cases per 100 person-years, respectively. The combined incidence of *N. gonorrhoeae* and *C. trachomatis* infection was 7.26 cases per 100 person-years (95% confidence interval, 6.49-8.13 cases per 100 person-years). The incidences of these STIs, individually or combined, did not differ by circumcision status as a time-dependent variable or a fixed variable based on assignment. Risks for incident STIs in multivariate analysis included an STI at enrollment, multiple sex partners within <30 days, and sexual intercourse during menses in the previous 6 months; condom use was protective.

**CONCLUSIONS:** Circumcision of men in this population did not reduce their risk of acquiring these nonulcerative STIs. Improved STI control will require more-effective STI management, including partner treatment and behavioral risk reduction counseling.

PMID: 19545209 [PubMed - as supplied by publisher]