

THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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An Open Letter to the Jewish Community from the New York City Health Commissioner

You may have heard about the Health Department's recent investigation of several cases of herpes in infants. I am writing to present information on what we currently know, to clear up misinformation, and to make clear that in the Department's view there is no reasonable doubt that the practice of metzitzah b'peh ("suction by mouth") has infected several infants in New York City with the herpes virus, including one child who died and another who has evidence of brain damage.

As you may know, *metzitzah b'peh* is performed by some mohelim (religious circumcisers) as part of the circumcision. After removing the foreskin, the mohel places his mouth on the baby's cut to draw away the blood. Because oral herpes is common (most adults have it), and because it is spread by infected saliva through breaks or cuts in the skin, *metzitzah b'peh* can directly expose circumcised infants to the herpes virus. Since newborns have immature immune systems, neonatal herpes poses grave risks.

To inform parents about this public health issue, we have developed a fact sheet. It is available online in English http://www.nyc.gov/html/doh/html/std/std-bris.shtml and a copy is enclosed with this letter. It will soon be available through 311 in English, Hebrew and Yiddish, and will be distributed to parents of newborns through hospitals and others.

Background on the Department's Investigation

In 1998, the Health Department investigated two cases of neonatal herpes due to herpes simplex virus type 1 (HSV-1) – one of these infections occurred in 1988, the other in 1998. Both were associated with one mohel (Mohel A) who performed metzitzah b'peh during circumcision. Mohel A agreed to stop practicing metzitzah b'peh.

In November 2004, the Health Department was notified of 3 male infants with herpes simplex type 1 (HSV-1). All were circumcised by one mohel (Mohel B), who performed *metzitzah b'peh*. The infants developed herpes infection in the genital area 8-10 days after circumcision and were hospitalized for several weeks. One baby died from the infection. Two additional cases were reported by physicians in 2005 and both were also consistent with infection from *metzitzah b'peh*. Every case occurred in the time frame consistent with transmission from *metzitzah b'peh*.

Our investigation found Mohel B to be the source of the cases reported in 2004, and *metzitzah* b'peh to be the means of infection for these and other cases, for the following reasons:

- All infants tested culture-positive for HSV-1, which is found in the mouths of most adults.
- The location of herpes sores (on infant genitals and buttocks) is very unusual and strongly suggests that infection was introduced at the genitals.
- Infection is consistent with acquisition of herpes at circumcision. For example, two infants who were circumcised several weeks after birth showed signs of infection in the time frame that would be expected from infection acquired during circumcision.
- The medical circumstances are inconsistent with infection acquired at delivery, in the newborn nursery, or from caretakers.
- Several mothers tested negative for HSV-1, making it impossible for them to have been the source of infection.

With an estimated average of fewer than 30 cases of all forms of infant herpes infections occurring per year in New York City, the odds of one mohel being associated with 3 cases of neonatal herpes are infinitesimally small (about 6.9 million to 1). In the interest of allowing religious communities to address these health concerns first, the Health Department agreed to let rabbinical authorities ensure that the Mohel B stopped performing the practice at least until the authorities conclude an investigation.

In addition, the connection between *metzitzah b'peh* and neonatal herpes has been documented in the medical literature. Three investigations published within the past 5 years (from New York City, ¹ Israel, ² and Canada³) describe 11 males with HSV-1 infections on their genitals following *metzitzah b'peh*. There appear to be some individuals who are more likely to spread infection. Among the 11 published cases, there are 4 pairs of cases (including the 1988/1998 cases from New York City).

Health Department Recommendations with Regard to Metzizah B'peh

During *metzitzah b'peh* the mouth of the mohel comes into direct contact with the baby's circumcision cut, risking transmission of herpes simplex virus to the infant. While severe illness associated with this practice may be rare, because there is no proven way to reduce the risk of herpes infection posed by circumcision which includes *metzitzah b'peh*, the Health Department recommends that infants being circumcised not undergo *metzitzah b'peh*. To help protect their baby, parents should understand the risk of *metzitzah b'peh* – BEFORE the day of the bris, while there is time to explore other options.

The Health Department advises parents to ask the mohel **several days in advance** of the bris whether he intends to perform *metzitzah b'peh*. This offers parents a chance to weigh the risks of *metzitzah b'peh* and choose another option if they wish. While some religious authorities consider *metzitzah b'peh* the only acceptable way to draw blood away from the circumcision cut, others use different means. For example, a mohel may use a glass tube or a glass tube attached to a rubber bulb to suction the blood away from the baby's cut. Other mohelim use a sponge or sterile gauze pad to wipe the blood away. Unlike *metzitzah b'peh*, there is no evidence that any of these practices causes herpes infection.

The Department has reviewed all of the evidence and there exists no reasonable doubt that metzitzah b'peh can and has caused neonatal herpes infection. We have always maintained that it is our preference for the religious community to address these issues itself as long as the public's health is protected. While some medical professionals and others in the Jewish community have called on the Department to completely ban metzitzah b'peh at this time, it is our opinion that educating the community through public health information and warnings is a more realistic approach.

Thank you for your time and cooperation in sharing this information with your community.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.

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Commissioner

¹ Rubin LG, Lanzkowsky P. Cutaneous neonatal herpes simplex infection associated with ritual circumcision. Pediatric Infectious Diseases Journal. 2000. 19(3) 266-267.

² Distel R, Hofer V, Bogger-Goren S, Shalit I, Garty BZ. Primary genital herpes simplex infection associated with Jewish ritual circumcision. Israel Medical Association Journal. 2003 Dec;5(12):893-4

³ Gesundheit B, Grisaru-Soen G, Greenberg D, Levtzion-Korach O, Malkin D, Petric M, Koren G, Tendler MD, Ben-Zeev B, Vardi A, Dagan R, Engelhard D. Neonatal genital herpes simplex virus type 1 infection after Jewish ritual circumcision: modern medicine and religious tradition. 2004. Pediatrics. 114(2):259-63