Conclusion Not using a condom in serving customers in women indirect sex workers be risk factors for STIs. Need an effort to monitor the prevalence of sexually transmitted infections continued cooperation and support of stakeholder in pressing the prevalence of STIs.

Methods 8th round serosurveillance was conducted between July and December 2007 where total 4797 FSWs in 15 cities were sampled. 9th serosurveillance was conducted between December 2010 to June 2011 where total 3568 FSWs were sampled from 13 cities of Bangladesh. Same sampling methodology followed in both the rounds. Sero-surveillance sampling site were under implementation coverage.

Results In 8th sero-surveillance, >5% active syphilis was detected in five sites namely street FSWs of Chittagong, Rangpur, Dhaka, hotels FSWs of Sylhet (8.3%) and casual FSWs in Chandpur. In 9th serosurveillance, >5% active syphilis was detected in three sites, street FSWs of Hili, Chittagong and hotel FSWs of Sylhet. Active Syphilis rate decreased in all the 5 sites except hotel FSWs in Sylhet (9.3%). Moreover, there is decreasing trends of active syphilis among FSWs in several sites in 9th round comparing to 8th.

Introduction Syphilis is an important public health problem in Paraguay. A 2006 study found high levels of syphilis (19.0%) infection and unprotected sex with most recent client (also 19.0%) and moderate level of HIV infection (1.8%) in female sex workers (FSW). Several HIV and STI prevention interventions have been put in place since then. A recent study sought to assess current infection and risk behaviours.

Methods 452 FSW were recruited from sex work locations in the greater metropolitan area of Asuncion using time-location sampling between January and May, 2012. A face-to-face survey and rapid and confirmatory biological tests in accordance with national algorithms assessed risk behaviours and syphilis and HIV infections. Weighted statistical analysis accounted for the sampling strategy and adjusted for clustering by recruitment venue. Adjusted 95% confidence intervals (CI’s) for the 2006 and 2012 studies were compared to identify significant trends.

Results Median age of participants was 25 years (interquartile range (IQR), 21–32). Median age of first sex work was 19 years (IQR, 15–23). Differences in VIH prevalence among 2006 (1.8%) and 2012 (2.5%) studies weren’t significant (P = 0.4). Prevalence syphilis (25.5%, 1C 21.3%–29.8%) were higher than 2006 estimated (P < 0.05)). Median number of clients during the past week was 15 (IQR 8–25). 40.5% (CI 35.8–45.3) reported drinking at last sex with a client. Condom use with last client was 98.1% (CI 96.2%–99.1%), increased over 2006 (P < 0.05) Among 59.3% who had a stable partner, 77.3% (CI 71.4–82.0) had not used a condom at last sex with a stable partner.

Conclusion Increasing levels of syphilis infection suggest a need to reevaluate and intensify STI prevention and control interventions, with greater emphasis on diagnosis and treatment, reducing drinking with clients as well as providing alternatives to sex work for FSW.
Background Recent data suggest sexual transmission of hepatitis C virus (HCV). However, data on the association between HCV and sexually transmitted disease (STD) prevalence are limited.

Methods This was a retrospective cohort study of treatment-naive HIV-infected adults ≥18 years first engaging at Washington University HIV Clinic from 2001 to 2009; who had routine STD and HCV antibody testing done. Gonorrhea, chlamydia, syphilis, and HCV cases were defined by positive urine nucleic acid amplification test for Neisseria gonorrhoeae, Chlamydia trachomatis, reactive serum rapid plasma reagin, and positive HCV antibody, respectively. Associations with HCV and STD using χ², Student’s t, and Wilcoxon tests were determined.

Discussion Of 926 subjects (median age 32 years, 70% African American, 44% heterosexual, 42% men-who-have-sex-with-men [MSM], 4% injection drug users [IDU]), 8% had HCV (range 5–11%/year). Baseline STD was prevalent in 27% (18–34%/year). The prevalence of gonorrhea, chlamydia and syphilis were 12% (7–21%/year), 12% (6–17%/year) and 10% (5–16%/year), respectively. Subjects with HCV were older (42 years, interquartile range [IQR 38–48] versus 31 years, [IQR 24–40]) (< 0.001) and more likely to report past IDU (30% versus 2%) (< 0.001) than those without. Male subjects with HCV were less likely to be MSM (28% vs 66%) (< 0.001) and 36% of subjects with HCV were heterosexuals without past IDU. Subjects with HCV were less likely to have STD (17% vs 26%, p = 0.06), although this finding did not reach statistical significance. Furthermore, the number and type of STDs at presentation were not associated with prevalent HCV.

Conclusion Hepatitis C was prevalent in approximately 1 in 10 persons engaging in HIV outpatient care over nine years. A high prevalence of HCV among heterosexuals without past IDU suggests a possible role for sexual transmission of HCV not reflected by STD prevalence. Continued universal HCV screening among HIV-infected adults is imperative.

Prevalence of Sexually Transmitted Infections in Multiple Sample Types Collected From HIV-1 Positive Men


F Zhang, S R Morris, L P McGowan, J I Milam, M Dube, E S Daar, D Dubson, C S Hill, R A Haubrich, C C Ginocchio
North Shore-LIJ Health System Laboratories, Lake Success, NY, United States; University of California, San Diego, CA, United States;
P3.240

G V Escota, T Taniguchi, B P Stoner and N F Onen

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