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.

Conclusion High active syphilis rate highlight the need for ongoing programme intensification to decline STI trend. Evidence with good programmatic implication extrapolated and translated through serosurveillance could tailor-made the ongoing intervention and also designing the future programme.

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