days. Molecular and non-molecular STI-POCTs, including automated urine flow cytometry, may improve patient pathways, obviate the need for microscopy and personalise treatment effectively.

**Methods** This was a clinic evaluation using a rapid molecular test for CT/NG (Cepheid GeneXpert; 90 minute turnaround) combined with non-molecular POCTs for *Trichomonas* vaginalis (OSOM), Bacterial vaginosis (Alere VS-Sense) and automated urinary white cell count (WCC) for urethritis (Alere UF-100). Contacts of CT/NG, males with symptoms of urethritis, and symptomatic females provided samples immediately on arrival, prior to clinical consultation. Patients also concurrently had routine culture and microscopy.

**Results**

**Abstract P2.163 Table 1**

| | Males | Females | Total |
|---|---|---|---|
| Number of patients recruited | 19 | 39 | 58 |
| Cepheid CT positive: N (% of total) | 5 (26.3) | 0 (0) | 5 (8.6) |
| Cepheid NG positive: N (% of total) | 1 (5.3) | 0 (0) | 1 (1.7) |
| Non-gonococcal urethritis by smear: N (% of male total) | 9[a] (47.4) | N/A | 9[a] (47.4) |
| Non-gonococcal urethritis by automated urine white cell count N (% of male total) | 8[a] (42.1) | N/A | 8[a] (42.1) |
| OSOM TV positive: N (% of female total) | N/A | 4[b] (10.3) | 4[b] (10.3) |
| Microscopy TV positive: N (% of female total) | N/A | 2[b] (5.1) | 2[b] (5.1) |
| Alere BV positive: N (% of female total) | N/A | 24 (61.5) | 24 (61.5) |
| Microscopy BV positive: N (% of female total) | N/A | 7[b,c] (17.9) | 7[b,c] (17.9) |
| Waited for CT/NG test result: N (% of total) | 3 (15.8) | 12 (30.8) | 15 (25.9) |

[a] Urethral smear and WCC not done for 2 patients; Urethral smear alone was not done for 1 patient and the result was unavailable for 4 patients
[b] Microscopy was not done for 4 patients; 1 of these was positive for both the TV and BV POCTs
[c] An additional 9 were borderline

Of eighteen patients providing feedback, all but one found providing samples on arrival acceptable; waiting < 2 hours was acceptable to all, but waiting > 2 hours was seen as too long. All patients waited for the results of their non-molecular POCT but only three of nineteen men waited for the rapid GeneXpert results, despite six being positive. All positive patients were given appropriate empirical treatment. A third of women waited despite all being GeneXpert negative. The TV and BV POCTs detected more cases than microscopy, and urethral smear detected more urethritis than automated WCC.

**Conclusion** Despite the provision of genital samples on arrival being acceptable and patients liking the idea of receiving results in the same clinical visit, only a quarter of all patients waited for their GeneXpert results. Larger studies to evaluate the clinical impact of rapid molecular testing in clinic are required before any large scale implementation is considered.

## P2.164 HIGH STI RATES IN A NURSE DELIVERED OUTREACH SERVICE FOR SEX WORKERS-SWISH CLINIC

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**Background** Sex Workers into Sexual Health; the SWISH service, was established to meet the specific needs of individuals who sell sex but may not attend mainstream sexual health clinics. It is run in collaboration with the Terrence Higgins Trust, and moved to a new location in January 2012 within an NHS Primary Care practise. SWISH is run as a walk in service though individuals can also book appointments. The aim of this study was to determine the rates of sexually transmitted infections amongst individuals attending SWISH.

**Methods** Notes review of clients accessing the SWISH clinic between 1st January and 31st December 2012.

**Results** Ninety-six patients attended SWISH during the study period; 58 were male (60%), 25 were female (26%) and 13 were transgender females (14%). The overall STI prevalence was 23% (Table)

Rates of sexually transmitted infections by gender:

**Abstract P2.164 Table 1**

| | Chlamydia n (%) | Gonorrhoea n (%) | HIV n (%) | HSV n (%) | Genital warts n (%) | Total n (%) |
|---|---|---|---|---|---|---|
| Total, n = 96 | 8 (8.3) | 4 (4.2) | 2 (2.1) | 5 (5.2) | 3 (3.1) | 22 (22.9) |
| Male, n = 58 | 7 (12.1) | 2 (3.4) | 2 (3.4) | 4 (6.9) | 1 (1.7) | 16 (27.6) |
| Female, n = 25 | - | - | - | 1 (4) | 1 (4) | 2 (8.0) |
| Transgender female, n = 13 | 1 (7.7) | 2 (15.4) | - | - | 1 (7.7) | 4 (30.8) |

**Discussion** This study highlights the significant prevalence of sexually transmitted infections amongst patients who sell sex. The findings show the need to continue targeting sex workers in the community to encourage regular screening. The significantly higher rates in men and transgender female warrants further investigation, especially in relation to risk taking behaviours and associated factors.

## P2.165 10 YEARS OF EXPERIENCE: COMPREHENSIVE SEXUAL HEALTH SERVICES FOR FEMALE SEX WORKERS (FSW) IN COLOGNE

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**Background** The introduction of the new infectious diseases act in 2000 in Germany abolished compulsory STI-screening of FSW. Since then, the public health office in Cologne has been offering a comprehensive sexual health service for people without access to the regular health care system. Services are provided anonymously and free of charge and are complemented by outreach activities in female sex work venues. The staff is multi-professional and multilingual. We analysed client data to prove effectiveness and range of services.

**Methods** Since 2002 socio-demographic and clinical data of all clients visiting the counselling and medical services have been inserted in an Access data base. Data of all FSW who used the medical facilities between 2002 and 2012 were analysed using EpiInfo Software.

**Results** Between 2002 and 2012, 2217 FSW with 83 different nationalities were attended, with a mean of 355 persons per year. Mean age at first consultation was 27.5 years. The percentage of FSW of non-German origin rose from 65% to 87%. In 2002, 36% of migrant woman came from Central Europe, in 2012 72%. Per year, 48% of the patients seen were new, only 12% used the facilities for more than 5 years. In 2002, 41% had no health insurance, whereas 75% in 2012. The proportion of sexworkers tested positive was 12.6% for chlamydia infection, 4.3% for gonorrhoea, 0.9% for syphilis, and 4.3% for trichomoniasis. In 8.5% of FSW, a PAP smear IIID or higher was found. 5 FSW were newly diagnosed with HIV, 3 women were HIV-positive before first contact. At least once, 238 FSW were attended because of a pregnancy.

**Conclusions** User-friendly non-compulsory sexual health services are used by FSW considered hard-to-reach. Fluctuation is high and sexual health needs go far beyond STI-screening. Comprehensive gynaecological attention and outreach prevention as well as language skills are crucial.