Method Retrospective extraction of data for all CT/GC TMA testing between 2011–2014, and analysis of selected records where TS & urogenital ± rectal sites sampled at the same visit.
Results CT was detected on TS from 1.2% of female (adding 8 extra cases), and from 0.76% of MSM (adding no extra cases) GC was detected on TS from 0.76% of females (adding 9 extra cases), and from 3.0% of males (adding 3 extra cases) In a subset of 251 females who had RS, GC was detected on TS from 3.6% adding 5 extra cases to the 4 urogenital/rectal diagnoses.
Conclusions In diagnosis of CT infection, TS find only a few extra male & female cases For GC infection TS did increase the number of diagnoses (females from 12 to 21, males from 17 to 20). Whilst GC testing by TMA adds no cost to a genital sample which is already being tested for CT, a throat swab which is an extra sample has to be charged at full price by the Laboratory. Perhaps full price testing of TS can only be justified for groups with higher than average GC diagnoses such as MSM (3.0%) or females with an indication for a rectal testing (3.6%).

P027 A QUALITATIVE STUDY EXPLORING THE POTENTIAL INFLUENCES OF SEXUALITY, GENDER IDENTITY, AND OCCUPATION ON HEALTH STATES AND ENGAGEMENT WITH HEALTHCARE AMONG LGBTQIA$^+$ SEX WORKERS IN NEW ZEALAND

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Background/introduction The stigma an individual experiences in relation to their occupation, gender identity, or sexuality adversely influences health and well-being. There is however, limited literature which explores the joint influence of both sex work (a highly stigmatised occupation), and a sexual minority identity on health states and engagement with services. Preliminary work suggested that such individuals face greater risk of ill-health, and of experiencing barriers to care.
Aim(s)/objectives To explore how LGBTQIA$^+$ sex workers perceive their occupation, sexuality, and gender identities influence their health states and access to health care.
Methods Semi-structured phone interviews were conducted with sex workers who self-identified as LGBTQIA$^+$. Purposive sampling of participants ensured individuals were diverse in their sexuality, gender identity, and type and duration of sex work experience. The data collected during these interviews was analysed using a thematic approach.
Results Seven interviews were conducted. It was apparent that continuing social stigma directed towards sex workers and members of the LGBTQIA$^+$ community perpetuates occupational hazards and acts as a barrier to accessing healthcare. The positive influences of a community of stigmatised peers in promoting engagement with health services was explored, including community information sharing networks and providing specific services inclusive to the needs of LGBTQIA$^+$ sex workers.
Discussion/conclusion Whilst decriminalisation has reduced the stigma faced by many sex workers in New Zealand, disproportionate discrimination persists among those who identify as LGBTQIA$^+$, negatively impacting health states. The utilisation of peer networks promoting access to healthcare within this community is requiring of further research.

P028 DO WE REALLY NEED TO SEND AN MSU?

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Background/introduction Midstream urine (MSU) results create a significant workload for our clinic. MSU can diagnose urinary tract infection (UTI), but detecting asymptomatic bacteriuria or contaminants confuses management. Lower UTI is common in non-pregnant women, but MSU is unnecessary as UTI can be diagnosed clinically. Local guidelines identified four indications for MSU: women with dysuria and loin pain, urinary symptoms in pregnancy, men with dysuria and frequency/urgency, and epididymo-orchitis.
Aim(s)/objectives To assess whether MSU is requested for appropriate indications, and to evaluate the usefulness of MSU in diagnosing and managing patients in a sexual health clinic.

Abstract P026 Table 1 Throat swab results

Urogenital/rectal diagnosis	Females: Throat swab results				Males: Throat swab results			
	Neg	Pos	Total	% Positive	Neg	Pos	Total	% Positive
CT Negative	2039	8	2047	0.39	240	0	240	0
CT Positive	133	18	151	11.9	21	2	23	8.6
Total urogenital/rectal	2172	26	2198	1.2	261	2	263	0.76
% Positive			6.9					8.8
GC Negative	2206	9	2215	0.41	246	3	249	1.2
GC Positive	4	8	12	67	12	5	17	29
Total urogenital/rectal	2210	17	2227	0.76	258	8	266	3.0
% Positive			0.53					6.4