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

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

Notes: *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

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.

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 1).

Rates of sexually transmitted infections by gender:

Abstract P2.164 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhoea</th>
<th>HIV</th>
<th>HSV</th>
<th>Genital warts</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, n = 25</td>
<td>8 (3.3)</td>
<td>4 (4.2)</td>
<td>2 (2.1)</td>
<td>5 (5.2)</td>
<td>3 (3.1)</td>
<td>22 (22.9)</td>
</tr>
<tr>
<td>Female, n = 25</td>
<td>7 (12.1)</td>
<td>2 (3.4)</td>
<td>2 (3.4)</td>
<td>4 (6.9)</td>
<td>1 (1.7)</td>
<td>16 (27.6)</td>
</tr>
<tr>
<td>Transgender female, n = 13</td>
<td>1 (7.7)</td>
<td>2 (15.4)</td>
<td>-</td>
<td>-</td>
<td>1 (7.7)</td>
<td>4 (30.8)</td>
</tr>
</tbody>
</table>

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