Introduction Men are not routinely tested for *Trichomonas vaginalis* (Tv) and *Mycoplasma genitalium* (Mg) in the Netherlands and, therefore, their prevalence and/or role in urogenital complaints in the Dutch male population is unknown. Our aim was to describe the age-specific prevalence of Tv and Mg and the possible association of Tv and Mg infections with male urogenital complaints, ethnicity, high-risk sexual behaviour and co-infections with *Chlamydia trachomatis* (Ct), in men attending the Sexually Transmitted Infection (STI) clinic in Amsterdam, the Netherlands.

Methods Urine samples and clinical data were collected from 526 heterosexual men and 678 men who had sex with men (MSM) attending the STI clinic. To investigate age as a risk factor, we oversampled older men. Urine samples were tested for Tv and Mg using TMA (Hologic) and in-house PCR.

Results Tv infection was rare in heterosexual men (1.1%) and non-existent in MSM attending the STI clinic, whereas Mg infection was equally common in both groups (3.1%). Most Tv cases were older than 40, of non-Dutch ethnicity and associated with low-risk sexual behaviour. No age or ethnic trends were observed for Mg infection; however, high-risk sexual behaviour in MSM did correlate with Mg infection. Co-infections of Tv or Mg with Ct were very rare (< 0.5%). Of the patients with Mg infection 21.6% reported urogenital symptoms.

Conclusion Tv infection is rare and asymptomatic among men attending the STI clinic in Amsterdam. Our results support previous findings that Tv prevalence increases with age. Mg is quite common in men, but also remains mostly asymptomatic. While the outcome of this study does not encourage general testing for Tv in men, it does, however, suggest that some male urogenital symptoms – not caused by gonorrhoea or Ct - could be explained by Mg infection.

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Background Data on *Mycoplasma genitalium* (MG) in female sex workers (FSW) is scarce. FSW without regular contact to public health services may be at high risk for STI. Amongst other STI, we measured prevalence of MG among FSW at their workplace to identify most vulnerable subgroups and to plan effective interventions.

Methods Outreach-workers screened FSW in Berlin, Hamburg, and North Rhine-Westphalia for MG using self-collected vaginal swabs. Swabs were analysed by TMA (APTIMA® *Mycoplasma genitalium* assay, RUO). We collected data on sociodemographics, duration of sex work and access to medical care through cultural mediators. We fitted multivariate logistic regression models to calculate adjusted odds ratio (aOR) and 95% confidence intervals (95 CI) for diagnosis of MG.

Results Overall, 1,445 FSW working at 292 places were enrolled. 88% of FSW were born abroad, 28% in Romania, 21% in Bulgaria. 41% of non-Germans had no German skills. German and non-German FSW differed regarding existing health insurance (89% vs. 21%, p < 0.01) and ever attending low threshold STI clinics (70% vs. 43%, p < 0.01). FSW worked in brothels (26%), clubs/bars (20%), rented rooms inside brothels (18%), apartments (14%), saunacubs (9%) and on the street (7%).