

Half-Year Report

02
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HIV- and STI-testing in community-based VCT centres in Germany

ENGLISH

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Participating CBVCT centres

Augsburg AH = Augsburger Aidshilfe e.V. | Berlin AH = Berliner Aids-Hilfe e.V. | Berlin CP = Checkpoint BLN | Berlin Fixpunkt = Fixpunkt e.V.—Drogenhilfe und Gesundheitsförderung in Berlin | Berlin MoM = Mann-O-Meter e.V.—Berlins schwuler Checkpoint | Bonn AH = Aids-Hilfe Bonn e.V. | Cottbus Katte = Rat & Tat v. Katte e.V.—Cottbus | Dresden AH = Aids-Hilfe Dresden e.V. | Düsseldorf AH = Aidshilfe Düsseldorf e.V. | Emsland AH = AIDS-Hilfe Emsland e.V. | Erfurt AH = AIDS-Hilfe Thüringen e.V. | Frankfurt AH = AIDS-Hilfe Frankfurt e.V. | Freiburg CP = Checkpoint Aidshilfe Freiburg e.V. | Halle AH = AIDS-Hilfe Halle/Sachsen-Anhalt Süd e.V. | Hamburg CP = Checkpoint—Prävention e.V.—Hein & Fiete | Hamburg ZSG = CASAblanca—Centrum für HIV und sexuell übertragbare Infektionen in Altona | Hannover CP = CheckPoint Hannover | Kiel AH = Aidshilfe Kiel e.V. | Konstanz AH = Aids-Hilfe Konstanz e.V. | Lübeck AH = Aidshilfe Lübeck für sexuelle Gesundheit e.V. | Magdeburg AH = Zentrum für sexuelle Gesundheit — Aidshilfe Sachsen-Anhalt Nord e.V. | Mannheim CP = KOSI.MA—Zentrum für sexuelle Gesundheit Mannheim | München CP = Checkpoint München | München Sub = Sub—Schwules Kommunikations- und Kulturzentrum München e.V. | Nürnberg CP = AIDS-Hilfe Nürnberg-Erlangen-Fürth e.V. | Potsdam AH = AIDS-Hilfe Potsdam e.V. | Potsdam Katte = Rat & Tat v. Katte e.V.—Potsdam | Regensburg CP = Checkpoint Regensburg—Aidsberatungsstelle Oberpfalz | Saarbrücken AH = Aidshilfe Saar e.V. | Schwäbisch Gmünd AH = AIDS-Hilfe Schwäbisch Gmünd e.V. | Troisdorf AH = check-it—Aidshilfe Rhein-Sieg e.V.) | Tübingen AH = Aidshilfe Tübingen-Reutlingen e.V. | Ulm AH = AIDS-Hilfe Ulm/Neu-Ulm/Alb-Donau e.V. | Weimar AH = AIDS-Hilfe Weimar und Ostthüringen e.V.

CBVCT centres in Germany

Summary

German CBVCT centres started online data collection in 2018. Since then, 60,412 counselling sessions with a valid test result were documented.

In the 2nd half of 2022, 9,236 counselling sessions with a valid test result were documented – 9.7 % more than in the same period of the previous year. These included 5,030 men who have sex with men (MSM), 1,498 other men (who do *not* have sex with men), 2,083 women, and 445 persons with non-binary or other gender identity – corresponding to 55.5 %, 16.5 %, 23 %, and, respectively, 4.9 % of all CBVCT clients with information on gender identity and sexual orientation.

Overall in the 2nd half of 2022, 1,004 sexually transmitted infections (STIs) were diagnosed (either syphilis, gonorrhoea or chlamydia). In 30 cases, the HIV antibody test was reactive or confirmed positive, and in 13 cases the HCV antibody test was positive. None of the groups showed evidence of an increase in STI diagnoses over time (2018–2022). However, the data from the CBVCT centres show a clear increase in the number of swabs performed as part of STI-testing.

Testing services offered by the German CBVCT centres reach a broad and diverse spectrum of people – diverse in terms of gender identity, sexual orientation, partnership status, migration background, health insurance, sex work or its use, but also in terms of sexual and preventive behaviours.

Background

Early diagnosis of HIV infection is essential for timely treatment to reduce mortality, morbidity and transmission rates. Although access to health care is universal in most European countries, people at risk do not necessarily actively seek HIV-testing, or they face significant barriers to getting tested within the formal health care system. In the view of the German AIDS Federation, every HIV test should be voluntary and accompanied by a *counselling* service. Community-based voluntary counselling and testing (CBVCT) is considered a good model for improving access for the most vulnerable populations by promoting early HIV detection.

CBVCT centres are in an excellent position to improve all aspects of HIV/STI counselling and testing – including access, supply, uptake and effectiveness – for vulnerable and hard-to-reach people. Most CBVCT centres in Germany are – often under the name *Checkpoint* – members of the German AIDS Federation.

Since 2007, some large AIDS service centres have offered HIV rapid tests, this offer was quickly adopted and implemented by many other centres. A few years later, this offer was expanded to include rapid tests for syphilis and the hepatitis C virus. In the 2010s, non-blood-based tests for gonorrhoea and chlamydia were added. A change in the German law in March 2020 has exempted rapid tests for HIV, syphilis and hepatitis C from the so-called doctor's prerogative, in order to lower the threshold for testing for hard-to-reach populations. Since then, the presence of medical staff is no longer mandatory for the performance of a rapid test. However, further diagnostics, e.g. in the form of a confirmatory test, are still reserved for medical doctors.

In 2015, in cooperation with the *Checkpoints*, the German national epidemiological institution (Robert Koch Institute), developed a joint questionnaire [1]. Since 2018, this data has been collected directly online.

Methods

In this report we included data collected since 2018. Only those counselling contacts were analysed in which at least one test result (rapid or laboratory tests for HIV, HCV, or syphilis, or swabs for gonorrhoea/chlamydia) was documented.

From the start of nationwide data collection in 2018 until the end of the 2nd half of 2022 there were 86,024 entries in the CBVCT database. After excluding 1,402 invalid entries, 84,622 entries remained. **Table 2.2** in the appendix shows the number of valid entries over time.

For these valid counselling entries, at least one test result was documented in 60,412 cases (71.4 %; **Table 1.3** in the appendix). Not all of them could be assigned to one of the four groups used in this report (2,722 entries without information on gender identity or the gender of the sexual partners). The sum of the four groups shown in **Table 1.1** is thus slightly smaller than the total number of persons with valid entries. From a methodological point of view it should be noted that many CBVCT centres do not participate in the joint electronic data collection or have stopped doing so (**Table 1.2**). However, even among the participating facilities, we cannot rule out that some test results were not, or not completely, recorded electronically (**Table 1.3**).

The analysed data are therefore not representative for all CBVCT clients in Germany.

Unlike with the home-sampling project *s.a.m health*, which is described below, the available CBVCT data do not allow distinguishing between test contacts and individuals. This overestimates the characteristics of people who use the services of CBVCT centres more frequently than once per half-year, such as the proportion of PrEP users among MSM, or the proportion with more than ten sexual partners in the previous six months.

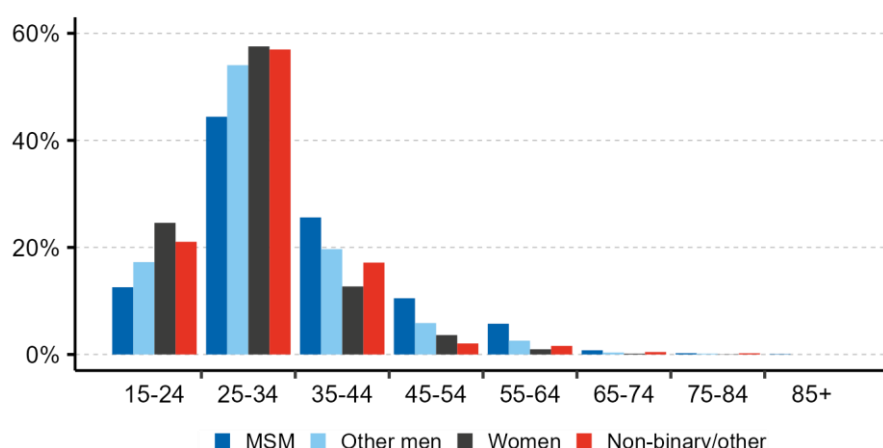
Over time

Table 1.3 in the appendix shows the number of counselling sessions with documented test results over time. The restrictions on public life during the COVID pandemic lead to a marked drop in CBVCT visits: in the first half of 2020, 42.1 % fewer testings were documented than in the previous six months; some CBVCT centres even temporarily ceased to operate (**Table 1.2**). A part of the decline could be compensated by the *s.a.m health* project. It took until the second half of 2021 that the number of CBVCT visits reached its pre-pandemic levels.

Characteristics of CBVCT clients in the 2nd half of 2022

The majority of CBVCT clients were between 25 and 34 years old. MSM were also found in older age groups (**Figure 1.1**). On average, women and persons with non-binary gender identity were younger than men.

Figure 1.1: Age distribution of CBVCT clients in the 2nd half of 2022



MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

In 44 % of all test consultations in the 2nd half of 2022, clients reported a migration background; 12.4 % of CBVCT clients did not have health insurance. For 22.2 % the visit to a CBVCT centre was the first time to test for HIV or other STIs, especially for men who do *not* have sex with men (47.6 %), or for women (33.0 %). All this underlines the importance of the low-threshold nature of this offer.

Sex work in the previous six months was reported by 3.5 % of CBVCT clients; this proportion was highest among non-binary persons (13.4 %). Paying for sex was reported by 5.5 %; this proportion was highest among men who do *not* have sex with men (14.4 %).

41.1 % of CBVCT clients reported being in a committed relationship. More than ten sexual partners in the previous six months were reported by 14.4 %.

15.4 % of visits were regular *screening* examinations recommended for PrEP; this concerned mainly MSM (27.9 %) and non-binary persons (13.2 %) – for methodological reasons (*cf.* above) these proportions are overestimated if the corresponding CBVCT clients come more frequently than once per half-year.

Table 1.1 gives an overview of the mentioned characteristics separately for MSM, other men, women and non-binary persons in the 2nd half of 2022.

Figure 1.2 shows selected characteristics over time. Due to the changing composition of the participating CBVCT centres, the proportion of MSM among the clients has decreased over time. The proportion of clients without health insurance was largely stable: one in 5 non-binary persons and one in 8 MSM did not have health insurance. The proportion of “other men” who had paid for sex in the previous six months slightly decreased over time. The proportions of MSM and women reporting sex work in the previous six months was broadly constant at 3.4 % and 3.7 %, respectively. The proportions of MSM and non-binary individuals with more than ten sexual partners in the previous six months was also largely stable at 19.0 % and 23.2 %, respectively.

CBVCT test results in the 2nd half of 2022

In the 2nd half of 2022, CBVCT centres recorded 118 active syphilis infections, 394 cases of gonorrhoea and 492 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. Thus, in total, 1004 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 17 %; for comparison with *s.a.m health* clients *cf.* below).

Figure 1.3 shows STI prevalences over time separately for MSM, other men, women, and non-binary persons. In none of the four groups we found evidence of an increase in STI prevalence between the 1st half of 2018 and the 2nd half of 2022. At the same time, however, the average number of swabs performed per person has increased over time, particularly among men who do *not* have sex with men, women, and non-binary individuals. Pooled swabbing was counted as two swabs because most centres choose not to perform pharyngeal swabs – if pooled swabbing had been counted as three swabs, the increase would be even more pronounced.

In 30 persons in the 2nd half of 2022, the HIV test was reactive – of which 86.7 % were among MSM.

If a reactive test result was not confirmed in a control test, it was removed from this category and scored as *negative*. In MSM in particular, a reactive HIV test result is likely to indicate HIV infection (higher pre-test probability). However, we cannot exclude that the remaining reactive HIV test results were not confirmed externally. The category “reactive” may therefore still contain false positive cases.

In 13 persons in the 2nd half of 2022, we detected present or past HCV infections (positive antibody test or positive PCR). If only one positive antibody test is present, it is unclear whether the infection is active or cured.

Table 1.4 in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of the 2nd half of 2022 separately for MSM, other men, women, and non-binary persons.

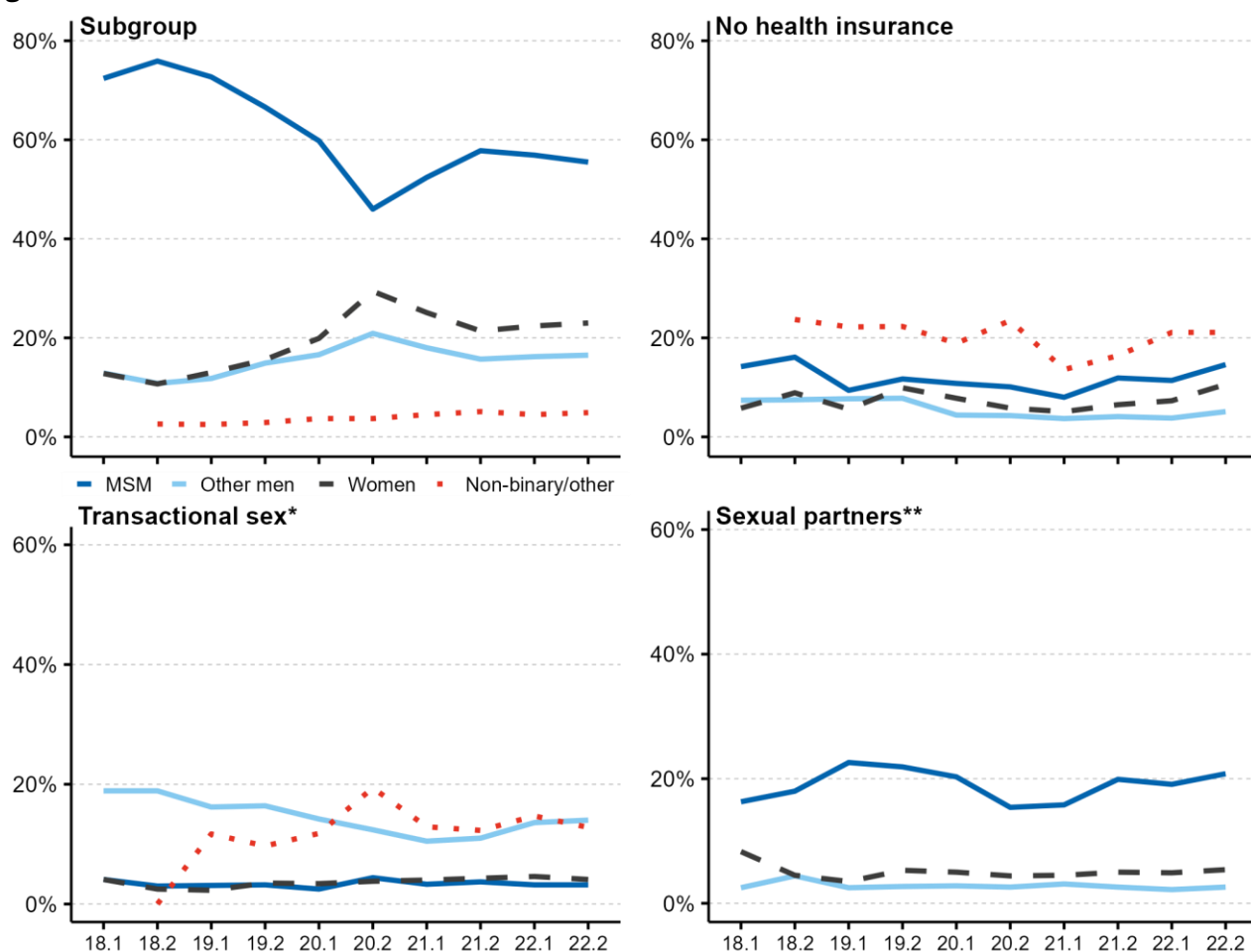
Table 1.1: Characteristics of clients of CBVCT centres in the 2nd half of 2022

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 030	100.0 %	1 498	100.0 %	2 083	100.0 %	445	100.0 %
Age median (IQR)	33	(28—40)	30	(26—35)	28	(25—33)	29	(25—33)
Gender identity								
Man	4 945	98.9 %	1 486	99.7 %				
Trans man	54	1.1 %	5	0.3 %				
Woman					1 987	96.8 %		
Trans woman					65	3.2 %		
Non-binary/other							445	100.0 %
Sexual identity								
Heterosexual	103	2.1 %	1 498	100.0 %	1 239	60.6 %	9	2.0 %
Bisexual	1 098	21.9 %			550	26.9 %	78	17.7 %
Gay	3 466	69.1 %					65	14.7 %
Queer	244	4.9 %			167	8.2 %	247	56.0 %
Other	104	2.1 %			58	2.8 %	34	7.7 %
Lesbian					31	1.5 %	8	1.8 %
Health Insurance								
Yes	4 225	85.2 %	1 398	94.8 %	1 810	89.1 %	339	78.3 %
No	732	14.8 %	77	5.2 %	221	10.9 %	94	21.7 %
Migration background								
Yes	2 448	49.0 %	486	32.7 %	793	38.8 %	260	59.8 %
No	2 547	51.0 %	1 000	67.3 %	1 250	61.2 %	175	40.2 %
Country/region of birth								
Germany	2 566	51.6 %	1 008	67.9 %	1 260	61.9 %	179	41.5 %
Other Europe	1 150	23.1 %	198	13.3 %	442	21.7 %	124	28.8 %
Middle East	221	4.4 %	54	3.6 %	49	2.4 %	24	5.6 %
Asia	284	5.7 %	94	6.3 %	75	3.7 %	13	3.0 %
Africa	95	1.9 %	51	3.4 %	19	0.9 %	4	0.9 %
Latin America	360	7.2 %	44	3.0 %	92	4.5 %	34	7.9 %
USA, CA, AU, NZ	298	6.0 %	35	2.4 %	97	4.8 %	53	12.3 %
Sex work*								
Yes	162	3.3 %	13	0.9 %	86	4.3 %	57	13.4 %
No	4 759	96.7 %	1 437	99.1 %	1 897	95.7 %	367	86.6 %
Client of sex work*								
Yes	249	5.1 %	210	14.4 %	21	1.1 %	18	4.3 %
No	4 668	94.9 %	1 247	85.6 %	1 958	98.9 %	405	95.7 %
Steady partnership								
Yes	1 933	38.6 %	714	47.9 %	871	43.4 %	205	46.9 %
No	3 075	61.4 %	778	52.1 %	1 138	56.6 %	232	53.1 %
Number of sexual partners**								
0	39	0.8 %	40	2.9 %	35	1.8 %	2	0.5 %
1–2	870	17.6 %	663	47.4 %	799	41.8 %	82	19.1 %
3–5	1 750	35.4 %	510	36.5 %	673	35.2 %	140	32.6 %
6–10	1 240	25.1 %	146	10.4 %	293	15.3 %	99	23.0 %
>10	1 047	21.2 %	39	2.8 %	113	5.9 %	107	24.9 %
Number CAVI partners***								
0	1 498	36.6 %	412	34.3 %	511	29.3 %	113	30.5 %
1–2	1 046	25.5 %	585	48.8 %	817	46.8 %	106	28.6 %
3–5	821	20.1 %	172	14.3 %	341	19.6 %	87	23.5 %
6–10	342	8.4 %	25	2.1 %	63	3.6 %	32	8.6 %
>10	387	9.5 %	6	0.5 %	12	0.7 %	32	8.6 %
Last HIV/STI test								
In the previous 6 months	3 154	62.8 %	241	16.1 %	527	25.7 %	211	47.5 %
Before	1 301	25.9 %	543	36.3 %	847	41.3 %	176	39.6 %
Never	566	11.3 %	711	47.6 %	678	33.0 %	57	12.8 %
PrEP								
Yes	1 329	27.9 %	4	0.3 %	11	0.7 %	53	13.2 %
No	3 436	72.1 %	1 194	99.7 %	1 676	99.3 %	349	86.8 %

MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

*In the previous six months; **Sexual partners in the previous six months; ***Sexual partners with condomless anal/vaginal intercourse in the previous six months.

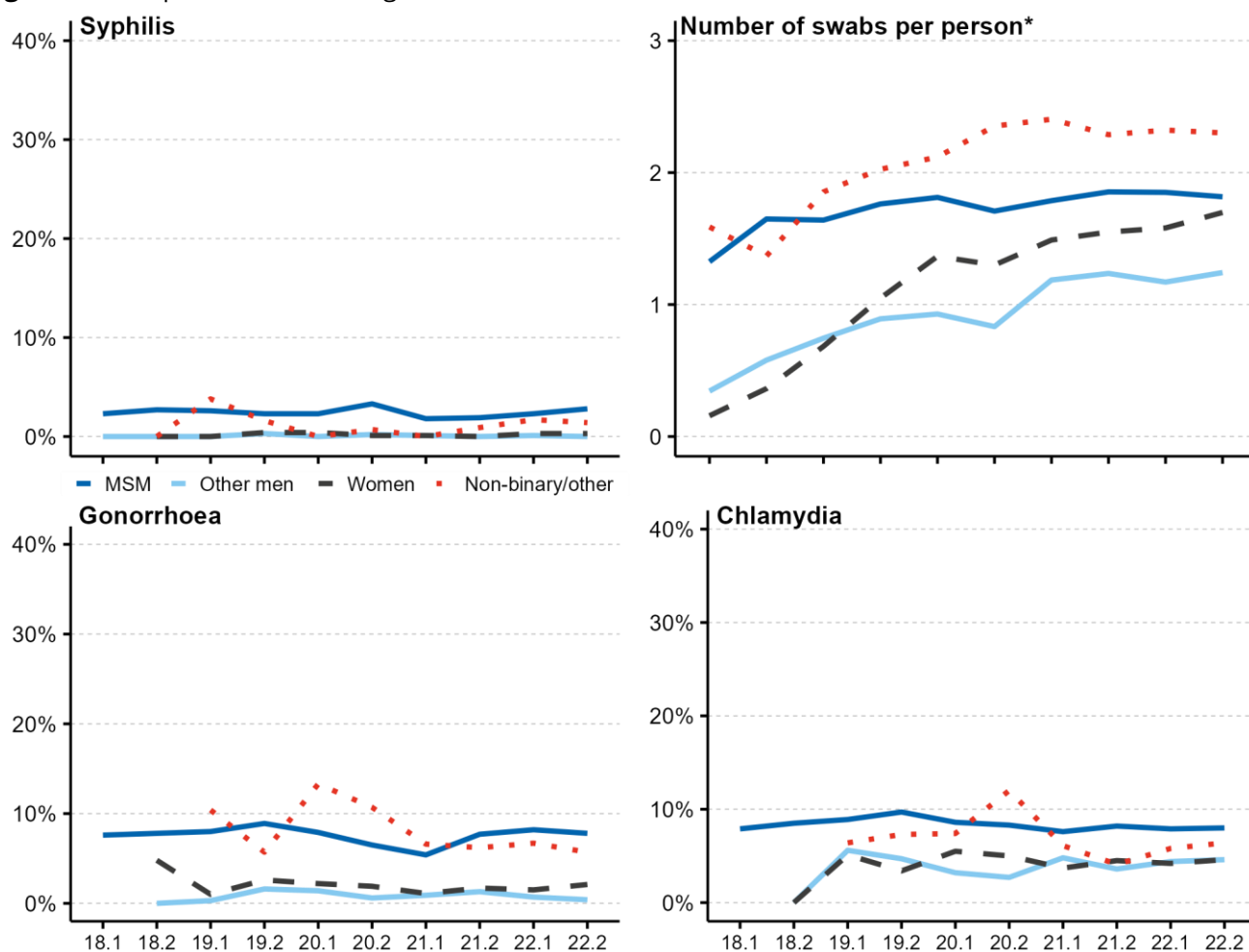
Figure 1.2: Characteristics of CBVCT clients over time, 2018–2022.



MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

*Transactional sex: MSM, women, non-binary/other: Sex work in the previous six months; Other men: client of sex work in the previous six months. **More than ten sexual partners in the previous six months.

Figure 1.3: STI prevalences among CBVCT clients over time, 2018–2022.



MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

* Average number of swabs per person in one test contact. PCR tests from urine were counted as urethral swabs. For pooled tests, two swabs per person were assumed.

Summary

S.a.m health allows testing for HIV and other sexually transmitted infections (STIs) with sample collection at home (*home-sampling*), in combination with qualified telephone (or if desired also face-to-face) counselling and result notification by a CBVCT centre. Clients send their test kits by mail to an accredited laboratory (our partner is the *Lademannbogen* laboratory in Hamburg), which provides validated test results for HIV, syphilis, gonorrhoea and chlamydia. The combination of user-friendly online ordering and medically trained individual counselling is so far unique in Germany, and enables adults to deal with their sexual health in a self-determined way. At the same time it relieves public health facilities, family doctors, dermato-venerologists, as well as HIV specialists. HIV specialists are currently the only persons allowed to prescribe PrEP in Germany and hence carry the burden of performing HIV and STI-screening every three months according to German PrEP guidelines.

Since the start of the project in the 2nd half of 2018, 10,790 people 19,519 received valid test results, including 2,687 MSM, 3,742 other men (who do *not* have sex with men) and 4,361 women – this equals 24.9 %, 35 %, and 40.4 %, respectively. The grouping corresponds to the three different test kits that are provided. 5 individuals identified as “other (e.g. trans*, intersex, non-binary)”, cf. the note at the end of this report.

In the 2nd half of 2022, 1,586 individuals received 3,776 valid test results via *s.a.m health* – that is 11.2 % less tests performed than in the same period of the previous year. 240 of these tests (6.4 %) were positive for one of the three STIs included in the test kit (syphilis, gonorrhoea or chlamydia).

In one case the HIV test was reactive. In none of the groups we found evidence of an increase in STIs (syphilis, gonorrhoea or chlamydia) over time 2019–2022.

S.a.m health reaches a broad spectrum of people, also outside big cities. MSM, especially those taking PrEP, take up the offer for performing regular HIV/STI tests. *S.a.m health* provides an opportunity for many women and especially men who do *not* have sex with men, to test for HIV and other STIs for the first time in their life.

Methods

By the end of the 2nd half of 2022, since the start of the project, 25,544 initial telephone consultations were conducted, and subsequently 21,340 *s.a.m health* test kits were delivered to clients. Of these, 19,519 arrived at the laboratory, and CBVCT staff communicated the results to *s.a.m health* clients. Test kits that were ordered but not mailed to the laboratory (and therefore not analysed) are not included in this report.

Over time

Table 2.2 in the appendix shows the number of evaluated *s.a.m health* test kits over time.

Since Bavarian CBVCT centres developed and launched *s.a.m health* as a pilot project in 2018 [2], they are listed first in the overview. The project has been running nationwide since the first half of 2020. During the registration process, clients can choose from 16 *s.a.m health* CBVCT centres for their initial telephone consultation. The chosen centre later informs about the test results. In the federal states of Bremen, Mecklenburg-Western Pomerania, North Rhine-Westphalia, Rhineland-Palatinate, Saarland and Thuringia, no CBVCT centres are currently involved in *s.a.m health*.

Since many people – not least because of the lower price for follow-up test kits – use *s.a.m health* regularly, the number of test kits evaluated is significantly higher than the number of clients. **Table 2.3** in the appendix shows the number of new *s.a.m health* clients over time. The number of new *s.a.m health* clients peaked during the restrictions on public life due to the COVID pandemic. From the second half of 2021 onwards, their numbers declined again. The total number of tests (**Table 2.2**) does not reflect this trend due to regular provision of follow-up test kits.

HIV-Pre-exposure Prophylaxis (PrEP)

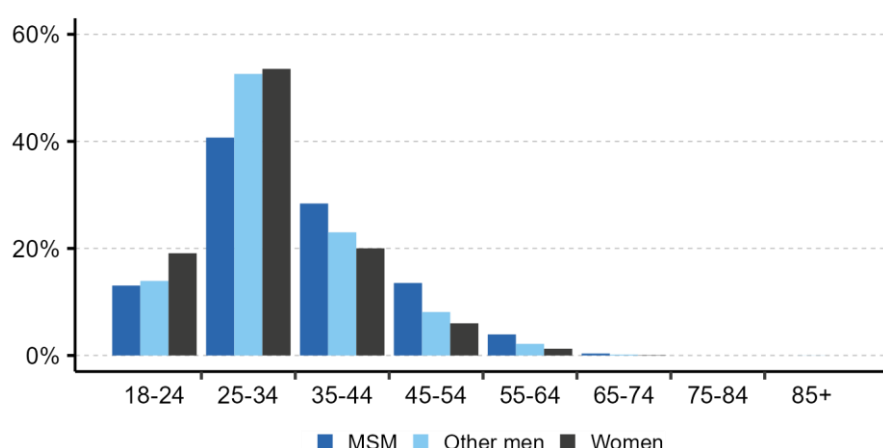
S.a.m health is a possibility of medical support for PrEP users who do not receive PrEP through the regular care of the German statutory health insurance, as well as for PrEP users for whom the quarterly visit to an HIV specialist practice or outpatient clinic is too time-consuming – either because of the spatial

distance or because of appointment difficulties. In the 2nd half of 2022, 211 test kits for PrEP users were analysed via *s.a.m health*. **Table 2.4** in the appendix shows the number of *s.a.m health* test kits among PrEP users over time.

Characteristics of *s.a.m health* clients

The majority of *s.a.m health* clients were between 25 and 34 years old. MSM were also found in older age groups (**Figure 2.1**). The majority of them lived in large cities with a population of over 100,000. One in 5 clients were from a small town or rural area. Thus, *s.a.m health* is a valuable access point to regular HIV and STI testing even in rural areas.

Figure 2.1: Age distribution of *s.a.m health* clients at the first interview, 2018–2022



MSM: Men who have sex with men. Other men: men who do *not* have sex with men.

Overall, 9.1 % of all *s.a.m health* clients reported more than five sexual partners in the previous three months. 18.7 % reported having tested for HIV or other STIs in the six months prior to enrolling in *s.a.m health*. For 30.3 % using *s.a.m health* was the first time to test for HIV or other STIs, especially for men who do *not* have sex with men (43.9 %), and for women (27.2 %).

2.8 % of all *s.a.m health* clients reported at the first interview that they were taking pre-exposure prophylaxis (PrEP) to protect themselves from HIV; 37.7 % used condoms regularly. 9 % reported using intranasal or intravenous drugs. **Table 2.1** gives an overview of the mentioned characteristics separately for MSM, other men, and women.

s.a.m health test results in the 2nd half of 2022

As part of *s.a.m health*, clients test for HIV, syphilis, gonorrhoea, and chlamydia. Clients take capillary blood from their fingertips according to the enclosed instructions (HIV, syphilis), or they take swabs from their anus, pharynx, and vagina for the diagnosis of gonorrhoea/chlamydia, or give a urine sample. People with a penis who do *not* have sex with men are usually not provided with swabs for the anus and pharynx. The swabs (or urine sample) are not evaluated separately, but pooled for each individual. Consequently, it is not possible to determine at which of the three swabbing sites gonorrhoea or chlamydia infections occurred (except for people with a penis who do *not* have sex with men – here the urethra is usually the only tested manifestation site for gonorrhoea/chlamydia).

In the 2nd half of 2022, 27 active syphilis infections were detected via *s.a.m health*, 78 cases of gonorrhoea, and 135 chlamydia infections. Syphilis and gonorrhoea almost exclusively affected MSM. In total, 240 tests were thus positive for one of these three STIs included in the test kit (prevalence: 6.4 %; for comparison with CBVCT clients cf. **Figure 1.3**).

Figure 2.2 shows STI prevalences separately for *s.a.m health*-using MSM, other men and women over time. In none of the three groups we found evidence of an increase in STI prevalence between the 1st half of 2019 and the 2nd half of 2022.

In the 2nd half of 2022, the STI prevalence among MSM (17.3 % with syphilis, gonorrhoea or chlamydia) was similar to results from systematic studies in German-speaking countries (16.3–22.0 %) [3]; this also applies to the prevalence of past syphilis (11.5 % in *s.a.m health* vs. 13.6 % in [3]).

The results for women were also of a similar magnitude as in systematic studies in German-speaking

countries [4]. Among MSM PrEP users, the prevalence of gonorrhoea and chlamydia was similar to other data on MSM PrEP users in Germany [5] (gonorrhoea: 9 % on average in *s.a.m health* vs. 7.8–10.1 % in [5]; Chlamydia: 10.9 % in *s.a.m health* vs. 8.7–11.1 % in [5]; cf. **Figure 2.2**).

Table 2.1: Characteristics of *s.a.m health* clients, 2018–2022

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	2 687	100.0 %	3 742	100.0 %	4 361	100.0 %
Age median (IQR)	33	(28–41)	31	(27–37)	29	(25–35)
City size						
Large city (100,000+)	1 696	63.1 %	2 331	62.3 %	2 878	66.0 %
Medium-size (20,000–100,000)	463	17.2 %	580	15.5 %	652	15.0 %
Small town/rural	527	19.6 %	831	22.2 %	831	19.1 %
Number of sexual partners*						
0	97	3.6 %	192	5.1 %	172	3.9 %
1–2	1 051	39.1 %	2 325	62.1 %	2 521	57.8 %
3–5	1 018	37.9 %	982	26.2 %	1 328	30.5 %
>5	489	18.2 %	198	5.3 %	295	6.8 %
n.a.	32	1.2 %	45	1.2 %	45	1.0 %
Condomless anal/vaginal intercourse						
Yes	1 496	55.7 %	2 301	61.5 %	2 925	67.1 %
No	1 191	44.3 %	1 441	38.5 %	1 436	32.9 %
Last HIV/STI test						
In the previous 6 months	1 022	38.0 %	339	9.1 %	653	15.0 %
Before	1 228	45.7 %	1 759	47.0 %	2 522	57.8 %
Never	437	16.3 %	1 644	43.9 %	1 186	27.2 %
PrEP						
Yes	270	10.0 %	10	0.3 %	18	0.4 %
No	2 417	90.0 %	3 732	99.7 %	4 343	99.6 %
Intranasal / intravenous drugs						
Yes	207	7.7 %	378	10.1 %	389	8.9 %
No	2 480	92.3 %	3 364	89.9 %	3 972	91.1 %

Other men: cis and trans men who do *not* have sex with men.

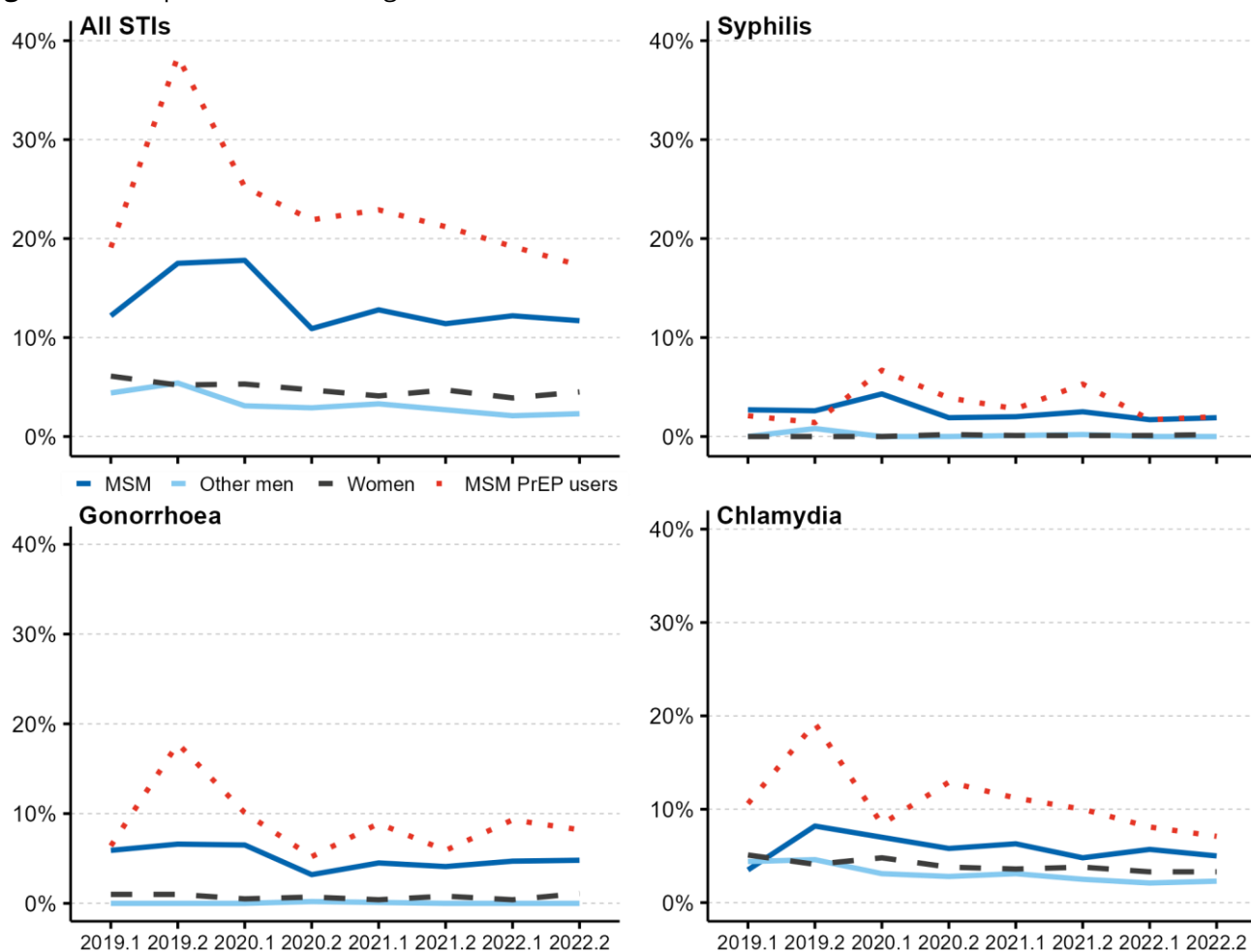
*Sexual partners in the previous three months.

In the 2nd half of 2022, one person had a reactive HIV test. If a reactive test result was not confirmed in a control examination, it was removed from this category and scored as *negative*.

In MSM in particular, a reactive HIV test result is likely to indicate HIV infection (higher pre-test probability). However, on the basis of the *s.a.m health* data, we cannot exclude that the remaining reactive HIV test results were not confirmed externally. The category “reactive” may therefore contain false positive cases. Known positive HIV infections exclusively concerned MSM. In about every 23th test kit sent to the laboratory, there was a problem with the self-collected blood sample – either because the quantity sent in was insufficient or because no blood sample was provided.

Table 2.5 in the appendix shows the *s.a.m health* test results by CBVCT centre. **Table 2.6** in the appendix gives an overview of the *s.a.m health* test results of the 2nd half of 2022 separately for MSM, other men and women.

Figure 2.2: STI prevalences among *s.a.m* health clients over time, 2019–2022.



MSM: including MSM PrEP users. Other men: Men who do *not* have sex with men.

Note

For *s.a.m health*, the components in the test kits are compiled depending on the reported genitalia and the gender of the sexual partners. The current *s.a.m health* questionnaire unfortunately automatically assigns a penis or vagina to people who do not identify as “other (e.g. trans, intersex, non-binary)” but as “men” or “women”. Only people who ticked “other” were asked about their genitals. Overall, we therefore assume an under-recording of trans persons. We will correct this problem in the next adaptation of the questionnaire. The number of persons who ticked “other” (total N=5) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 5 “others” were categorised according to their presumed target gender as “women” if they ticked “penis” when asked about their genitals, or as “men” if they ticked “vagina”. Therefore, at present, due to the available data, we unfortunately cannot avoid incorrect assignments, especially of intersex and non-binary clients.

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Appendix

Table 1.2: Documented counselling contacts by CBVCT¹ centre and half-year, 2018–2022

Half-year	2018.1	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2
All CBVCT centres	5 376	6 858	9 727	11 999	6 653	6 236	7 293	9 634	9 880	10 966
Berlin AH	800	1 013	913	1 233	616	693	670	788	981	1 063
Berlin CP	604	800	1 255	2 460	1 821	1 916	1 906	2 439	2 475	2 516
Berlin Fixpunkt	410	449	364	330	174	100	67	81	20	
Cottbus Katte	31	16	7	70	4	40	2	57	42	
Düsseldorf AH	278	367	445	457	289	261	312	351	421	437
Erfurt AH	61	125	105	77	29			25	62	112
Freiburg CP	141	368	407	590	410	529	543	702	706	799
Halle AH	22	68	57	131	35	7	31			
Hamburg CP	1 225	1 861	1 960	1 914	731					
Hannover CP	90	139	187	135	129	212	173	175	239	230
Magdeburg AH	101	149	104	159	99	88	83	125	114	131
Mannheim CP	74	191	251	263	176	350	404	405	454	522
München CP	598									
München Sub	262	259	253	278	188	204	231	362	198	
Nürnberg CP	215	465	369	566	283	515	468	504	479	563
Pforzheim AH	13	32	15	50	46	58	40	82	33	76
Potsdam Katte	80	29	57	121	16	54	10	24	92	45
Regensburg CP	113	148	185	205	113	194	177	261	240	239
Saarbrücken AH	100	144	204	232	125	140	162	186	181	188
Schwäbisch Gmünd AH	11	21	15	21	44	40	25	34	42	179
Ulm AH	67	100	110	117	166	270	259	317	291	374
Weimar AH	80	114	171	139	91	112	113	126	122	95
Berlin MoM			2 018	2 103	893		1 094	1 838	1 896	2 235
Kiel AH			31	21	17	50	111	157	200	242
Konstanz AH			244	242	83	145	87	221	148	171
Lübeck AH				84	13	13	26	6	3	
Tübingen AH				1						223
Troisdorf AH					62	89	139	178	227	282
Augsburg AH						88	97	125	143	154
Potsdam AH						68	63	65	71	90

¹ Community-based voluntary counselling and testing.

Table 1.3: Documented counselling and testing contacts¹ by CBVCT² centre and half-year, 2018–2022

Half-year	2018.1	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2
All CBVCT centres	957	1 498	6 977	8 555	4 954	5 175	6 316	8 420	8 324	9 236
Berlin AH	692	888	815	1 064	548	569	603	731	926	999
Berlin CP	265	558	1 123	2 055	1 511	1 602	1 715	2 193	2 258	2 266
Berlin Fixpunkt		1	215	267	131	81	49	71	16	
Cottbus Katte		1	7	69	4	37	2	57	41	
Erfurt AH		11	12	1				25	62	109
Freiburg CP		3	378	521	365	475	507	667	673	737
Halle AH		3	55	124	26	4	2			
Hamburg CP		5	218	2						
Mannheim CP		3	245	249	125	179	192	199	229	297
Nürnberg CP		9	337	528	267	492	450	483	457	539
Regensburg CP		1	162	190	108	194	177	260	240	237
Saarbrücken AH		13	181	222	107	121	139	169	161	177
Ulm AH		1	95	103	118	169	163	192	21	73
Weimar AH		1	157	111	69	89	99	109	96	60
Berlin MoM			1 833	1 744	765		1 003	1 684	1 709	2 054
Düsseldorf AH			327	428	261	239	297	333	410	421
Hannover CP			180	121	103	180	156	159	221	136
Kiel AH			27	16	12	46	99	59	63	84
Konstanz AH			230	234	79	144	87	221	147	167
Magdeburg AH			77	112	66	58	60	79	68	55
München Sub			233	258	179	193	224	344	8	
Potsdam Katte			56	118	16	54	10	21	73	41
Schwäbisch Gmünd AH			14	18	40	38	25	31	42	174
Troisdorf AH					54	71	116	162	213	256
Augsburg AH						77	89	112	123	142
Potsdam AH						63	52	59	67	86
Tübingen AH										126

¹ Only contacts with at least one documented test result were counted.

² Community-based voluntary counselling and testing.

Table 1.4: Documented CBVCT test results in the 2nd half of 2022, by CBVCT¹ centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH			5	4	
Berlin AH	5	3	7	36	3
Berlin CP	10	42	179	148	4
Berlin MoM	5	39	142	155	1
Düsseldorf AH		10	15	24	
Erfurt AH	1				
Freiburg CP	1	4	15	39	1
Hannover CP	1			1	
Kiel AH		1	2	1	
Konstanz AH	1	2	1	8	3
Mannheim CP	1	4	6	10	
Nürnberg CP		4	10	30	1
Potsdam AH			2	1	
Potsdam Katte		1	3		
Regensburg CP	2	1		11	
Saarbrücken AH	1	4	7	9	
Troisdorf AH				13	
Tübingen AH		2		1	
Ulm AH				1	
Weimar AH	2	1			

¹ Community-based voluntary counselling and testing.

* Antibody or PCR positive.

Table 1.5: Documented CBVCT test results in the 2nd half of 2022

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 030	100.0 %	1 498	100.0 %	2 083	100.0 %	445	100.0 %
HIV								
Reactive	23	0.5 %	3	0.2 %	1	0.0 %	0	0.0 %
Confirmed positive	3	0.1 %	0	0.0 %	0	0.0 %	0	0.0 %
Negative	3 763	74.8 %	1 353	90.3 %	1 839	88.3 %	373	83.8 %
Not tested*	1 241	24.7 %	142	9.5 %	243	11.7 %	72	16.2 %
Syphilis								
Positive**	107	2.1 %	0	0.0 %	4	0.2 %	5	1.1 %
Serological scar	347	6.9 %	1	0.1 %	3	0.1 %	14	3.1 %
Negative	3 364	66.9 %	1 027	68.6 %	1 513	72.6 %	348	78.2 %
Not tested*	1 212	24.1 %	470	31.4 %	563	27.0 %	78	17.5 %
Gonorrhoea								
Positive	322	6.4 %	4	0.3 %	36	1.7 %	23	5.2 %
Negative	3 806	75.7 %	1 111	74.2 %	1 638	78.6 %	377	84.7 %
Not tested*	902	17.9 %	383	25.6 %	409	19.6 %	45	10.1 %
Chlamydia								
Positive	332	6.6 %	52	3.5 %	77	3.7 %	26	5.8 %
Negative	3 803	75.6 %	1 079	72.0 %	1 599	76.8 %	378	84.9 %
Not tested*	895	17.8 %	367	24.5 %	407	19.5 %	41	9.2 %
HCV								
Positive (AB)	6	0.1 %	3	0.2 %	1	0.0 %	2	0.4 %
Positive (RNA)	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Negative	783	15.6 %	346	23.1 %	512	24.6 %	118	26.5 %
Not tested*	4 241	84.3 %	1 149	76.7 %	1 570	75.4 %	325	73.0 %

MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

* Not tested or result not documented in the database.

** Syphilis in need of treatment or further diagnosis initiated.

Table 2.2: Evaluated *s.a.m health* test kits by CBVCT¹ centre and half-year, 2018–2022

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2
All s.a.m health centres	158	444	702	1 304	2 459	3 469	3 396	3 811	3 776
München CP	90	254	377	495	736	760	709	705	784
München Sub	27	66	99	137	141	142	104	116	99
Nürnberg CP	26	82	157	196	262	316	274	253	244
Regensburg CP	15	42	69	100	113	120	107	113	94
Berlin AH				91	281	493	490	542	570
Bonn AH				34	80	47	33	12	
Dresden AH				38	131	204	202	218	220
Emsland AH				11	40	117	121	132	136
Frankfurt AH				107	297	476	532	624	521
Freiburg CP				17	107	175	174	166	142
Hamburg CP				25	64	89	82	79	86
Hannover CP				22	79	201	160	216	204
Magdeburg AH				10	22	72	95	102	107
Mannheim CP				21	41	11	57	193	232
Hamburg ZSG					65	246	256	310	273
Lübeck AH								30	38
Potsdam AH									26

¹ Community-based voluntary counselling and testing.

Table 2.3: Number of *s.a.m health* clients¹ by CBVCT² centre and half-year, 2018–2022

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2
All <i>s.a.m health</i> centres	140	295	382	785	1 635	2 273	1 797	1 897	1 586
München CP	82	164	200	224	390	384	289	287	285
München Sub	21	40	44	58	32	44	23	24	11
Nürnberg CP	22	59	98	89	134	177	96	96	80
Regensburg CP	15	32	40	49	64	49	42	32	20
Berlin AH				90	233	365	281	270	272
Bonn AH				34	56	4	2		
Dresden AH				35	107	154	128	113	103
Emsland AH				11	37	102	76	72	65
Frankfurt AH				101	241	347	315	313	159
Freiburg CP				17	101	145	111	84	59
Hamburg CP				25	50	51	29	40	31
Hannover CP				21	72	154	92	113	103
Magdeburg AH				10	17	62	71	62	57
Mannheim CP				21	36	1	40	148	147
Hamburg ZSG					65	234	202	214	140
Lübeck AH								29	30
Potsdam AH									24

¹ With evaluated test results.² Community-based voluntary counselling and testing.**Table 2.4:** Evaluated *s.a.m health* test kits among PrEP users by CBVCT¹ centre and half-year, 2018–2022

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2
All <i>s.a.m health</i> centres	15	49	74	121	160	186	177	187	211
München CP	8	30	39	60	64	81	59	57	65
München Sub	4	9	20	25	24	23	16	18	20
Nürnberg CP	2	8	14	17	23	16	10	9	9
Regensburg CP	1	2	1	4	4	4	6	6	3
Berlin AH				5	16	16	19	17	29
Dresden AH				4	5	9	5	5	8
Frankfurt AH				5	9	12	21	24	24
Hamburg CP				1	5	5	6	13	9
Bonn AH					6	5	5	3	
Freiburg CP					1	1	3	2	3
Hannover CP					2	8	6	5	4
Magdeburg AH					1	3	8	4	9
Emsland AH						2	11	8	7
Hamburg ZSG						1		3	1
Mannheim CP							2	11	17
Lübeck AH								2	3

¹ Community-based voluntary counselling and testing.

Table 2.5: *s.a.m health* test results in the 2nd half of 2022, by CBVCT¹ centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH		4	7	17
Dresden AH		1	5	12
Emsland AH			2	4
Frankfurt AH		4	14	15
Freiburg CP		1	2	4
Hamburg CP		3	4	3
Hamburg ZSG			1	7
Hannover CP			1	7
Lübeck AH		1		1
Magdeburg AH			9	7
Mannheim CP		4	4	15
München CP		5	21	31
München Sub		2	4	3
Nürnberg CP	1	2	1	5
Potsdam AH				2
Regensburg CP			3	2

¹ Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 2nd half of 2022

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	1 326	100.0 %	1 129	100.0 %	1 321	100.0 %
HIV						
Reactive	0	0.0 %	1	0.1 %	0	0.0 %
Known positive	34	2.6 %	0	0.0 %	0	0.0 %
Negative*	1 227	92.5 %	1 098	97.3 %	1 272	96.3 %
No result	65	4.9 %	30	2.7 %	49	3.7 %
Syphilis						
Positive**	25	1.9 %	0	0.0 %	2	0.2 %
Serological scar	152	11.5 %	4	0.4 %	6	0.5 %
Negative	1 106	83.4 %	1 109	98.2 %	1 282	97.0 %
No result	43	3.2 %	16	1.4 %	31	2.3 %
Gonorrhoea						
Positive	64	4.8 %	0	0.0 %	14	1.1 %
Negative	1 262	95.2 %	1 129	100.0 %	1 306	98.9 %
No result	0	0.0 %	0	0.0 %	1	0.1 %
Chlamydia						
Positive	66	5.0 %	26	2.3 %	43	3.3 %
Negative	1 260	95.0 %	1 103	97.7 %	1 277	96.7 %
No result	0	0.0 %	0	0.0 %	1	0.1 %

MSM: Men who have sex with men. Other men: Men who do *not* have sex with men.

* Contains *false*-positive test results (confirmation test negative).

** VDRL-confirmed. The category 'serological scar' is based on self-report, in which case a VDRL test was performed.