Half-Year Report 01 2023

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

ENGLISH

Deutsche Aidshilfe

Contact

German AIDS Federation
Medicine and Health Policy Unit
Wilhelmstrasse 138
10963 Berlin
Germany

+49 30 690087-30
forschung@dah.aidshilfe.de

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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, 69 606 counselling sessions with a valid test result were documented.

In the 1st half of 2023, 9194 counselling sessions with a valid test result were documented – 10.5 % more than in the same period of the previous year. These included 5009 men who have sex with men (MSM), 1431 other men (who do *not* have sex with men), 2015 women, and 480 persons with non-binary or other gender identity – corresponding to 56.1 %, 16 %, 22.6 %, and, respectively, 5.4 % of all CBVCT clients with information on gender identity and sexual orientation.

Overall in the 1st half of 2023, 1070 sexually transmitted infections (STIs) were diagnosed (either syphilis, gonorrhoea or chlamydia). In 35 cases, the HIV antibody test was reactive or confirmed positive, and in 11 cases the HCV antibody test was positive. None of the groups showed evidence of an increase in STI diagnoses over time (2018–2023). 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 detection of HIV, Syphilis, other STIs, and hepatitis C.

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 1st half of 2023 there were 97 255 entries in the CBVCT database. After excluding 1623 invalid entries, 95 632 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 69 606 cases (72.8 %; **Table 1.3** in the appendix). Not all of them could be assigned to one of the four groups used in this report (2934 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 some 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.

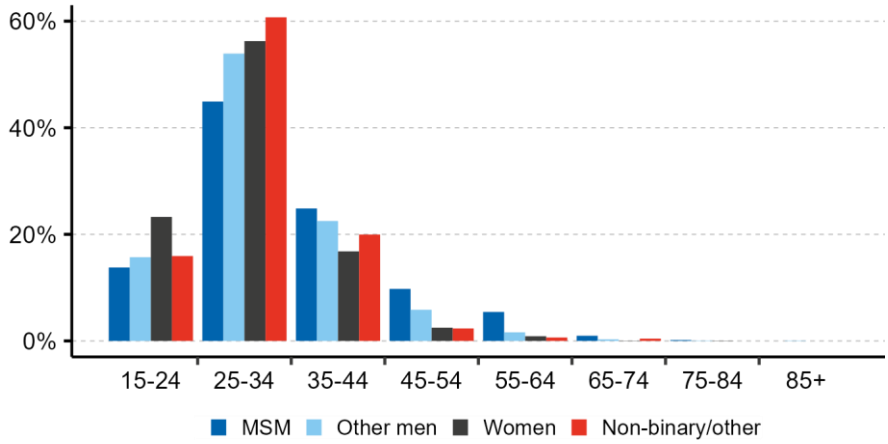
Over time

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 1st half of 2023

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 1st half of 2023



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

In 44.4 % of all test consultations in the 1st half of 2023, clients reported a migration background; 10.8 % of CBVCT clients did not have health insurance. For 20.4 % 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 (39.7 %), or for women (28.2 %). All this underlines the importance of the low-threshold nature of this offer.

Sex work in the previous six months was reported by 3.6 % of CBVCT clients; this proportion was highest among non-binary persons (11.1 %). Paying for sex was reported by 5.7 %; this proportion was highest among men who do *not* have sex with men (14.8 %).

41.5 % of CBVCT clients reported being in a committed relationship. More than ten sexual partners in the previous six months were reported by 13.8 %.

15.8 % of visits were regular *screening* examinations recommended for PrEP; this concerned mainly MSM (28.8 %) and non-binary persons (10.7 %) – 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 1st half of 2023.

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 4.9 %, 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 19.1 % and 22.8 %, respectively.

CBVCT test results in the 1st half of 2023

In the 1st half of 2023, CBVCT centres recorded 106 active syphilis infections, 467 cases of gonorrhoea and 497 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. Thus, in total, 1070 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 11 %; 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 1st half of 2023. 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 35 persons in the 1st half of 2023, the HIV test was reactive – of which 62.9 % 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 11 persons in the 1st half of 2023, 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.

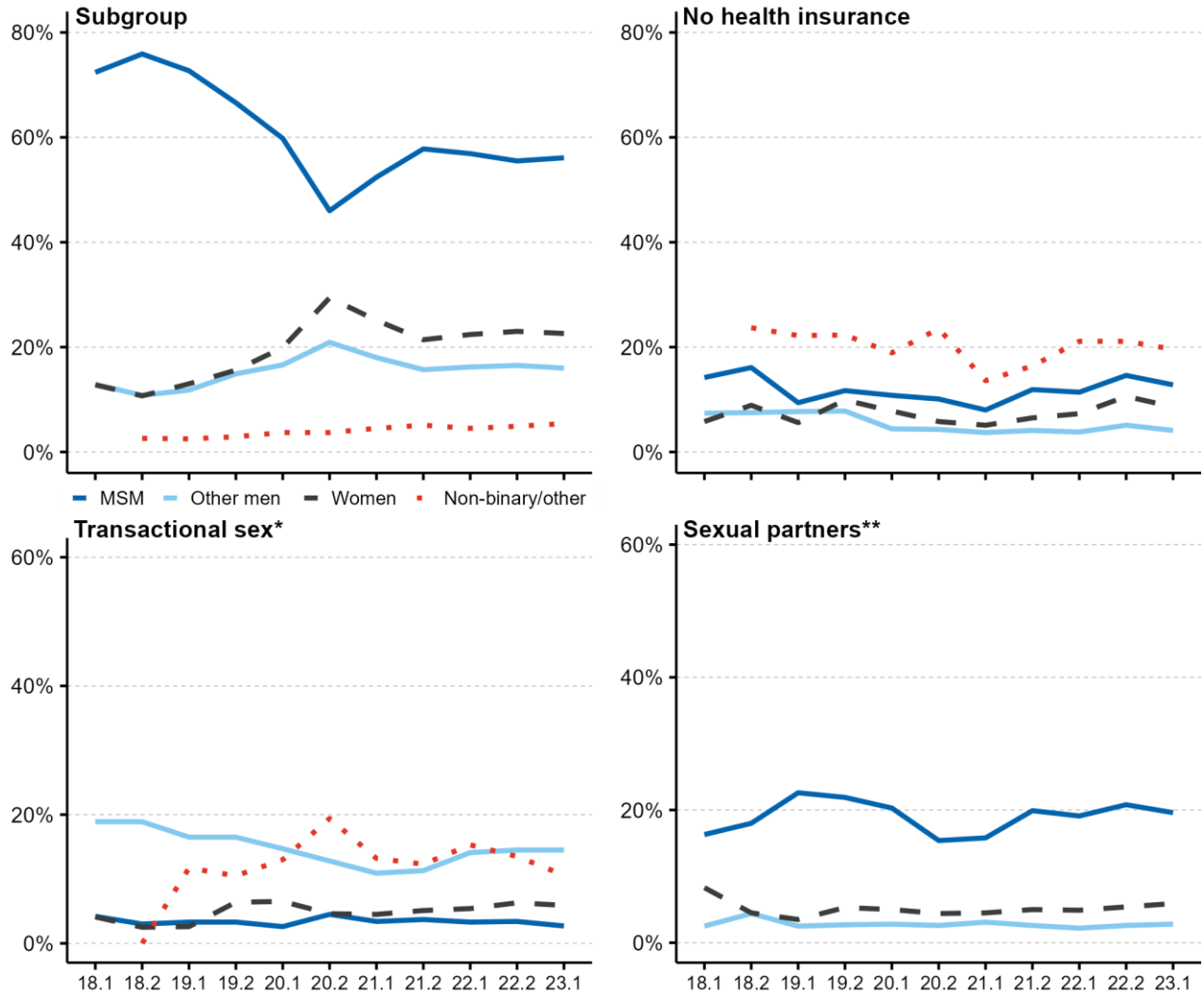
Table 1.4 in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of the 1st half of 2023 separately for MSM, other men, women, and non-binary persons.

Table 1.1: Characteristics of clients of CBVCT centres in the 1st half of 2023

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 009	100.0 %	1 431	100.0 %	2 015	100.0 %	480	100.0 %
Age median (IQR)	32	(27—40)	31	(26—36)	29	(25—33)	29	(26—34)
Gender identity								
Man	4 930	98.9 %	1 416	99.7 %				
Trans man	53	1.1 %	4	0.3 %				
Woman					1 921	97.1 %		
Trans woman					58	2.9 %		
Non-binary/other							480	100.0 %
Sexual identity								
Heterosexual	86	1.7 %	1 431	100.0 %	1 109	56.6 %	18	3.8 %
Bisexual	1 240	24.8 %			569	29.0 %	81	17.2 %
Gay	3 319	66.4 %					73	15.5 %
Queer	230	4.6 %			177	9.0 %	251	53.2 %
Other	121	2.4 %			71	3.6 %	38	8.1 %
Lesbian					35	1.8 %	11	2.3 %
Health Insurance								
Yes	4 243	86.8 %	1 336	95.8 %	1 769	91.1 %	373	79.9 %
No	643	13.2 %	58	4.2 %	173	8.9 %	94	20.1 %
Migration background								
Yes	2 452	49.5 %	440	31.2 %	782	39.4 %	292	61.5 %
No	2 498	50.5 %	971	68.8 %	1 201	60.6 %	183	38.5 %
Country/region of birth								
Germany	2 514	51.1 %	977	69.6 %	1 210	62.3 %	189	40.4 %
Other Europe	1 158	23.5 %	202	14.4 %	427	22.0 %	135	28.8 %
Middle East	248	5.0 %	54	3.8 %	42	2.2 %	23	4.9 %
Other Asia	267	5.4 %	64	4.6 %	71	3.7 %	17	3.6 %
Africa	106	2.2 %	36	2.6 %	27	1.4 %	12	2.6 %
Latin America	354	7.2 %	41	2.9 %	93	4.8 %	42	9.0 %
USA, CA, AU, NZ	274	5.6 %	30	2.1 %	71	3.7 %	50	10.7 %
Sex work*								
Yes	135	2.8 %	19	1.4 %	119	6.1 %	51	11.1 %
No	4 760	97.2 %	1 370	98.6 %	1 830	93.9 %	407	88.9 %
Client of sex work*								
Yes	263	5.4 %	207	14.8 %	22	1.2 %	16	3.5 %
No	4 631	94.6 %	1 190	85.2 %	1 888	98.8 %	447	96.5 %
Steady partnership								
Yes	1 961	39.3 %	683	47.8 %	823	42.6 %	242	51.6 %
No	3 029	60.7 %	745	52.2 %	1 110	57.4 %	227	48.4 %
Number of sexual partners**								
0	39	0.8 %	39	2.8 %	33	1.7 %	4	0.9 %
1–2	912	18.6 %	631	45.8 %	737	38.9 %	90	19.4 %
3–5	1 726	35.2 %	514	37.3 %	711	37.5 %	180	38.7 %
6–10	1 251	25.5 %	155	11.2 %	297	15.7 %	96	20.6 %
>10	980	20.0 %	40	2.9 %	118	6.2 %	95	20.4 %
Number CAVI partners***								
0	1 488	36.2 %	416	35.0 %	519	30.2 %	137	33.9 %
1–2	1 091	26.5 %	585	49.2 %	771	44.8 %	115	28.5 %
3–5	821	20.0 %	169	14.2 %	361	21.0 %	98	24.3 %
6–10	359	8.7 %	15	1.3 %	57	3.3 %	28	6.9 %
>10	355	8.6 %	4	0.3 %	12	0.7 %	26	6.4 %
Last HIV/STI test								
In the previous 6 months	3 164	63.3 %	297	20.9 %	568	28.6 %	229	48.1 %
Before	1 220	24.4 %	561	39.4 %	860	43.2 %	173	36.3 %
Never	618	12.4 %	566	39.7 %	561	28.2 %	74	15.5 %
PrEP								
Yes	1 348	28.8 %	8	0.7 %	12	0.7 %	46	10.7 %
No	3 332	71.2 %	1 155	99.3 %	1 678	99.3 %	384	89.3 %

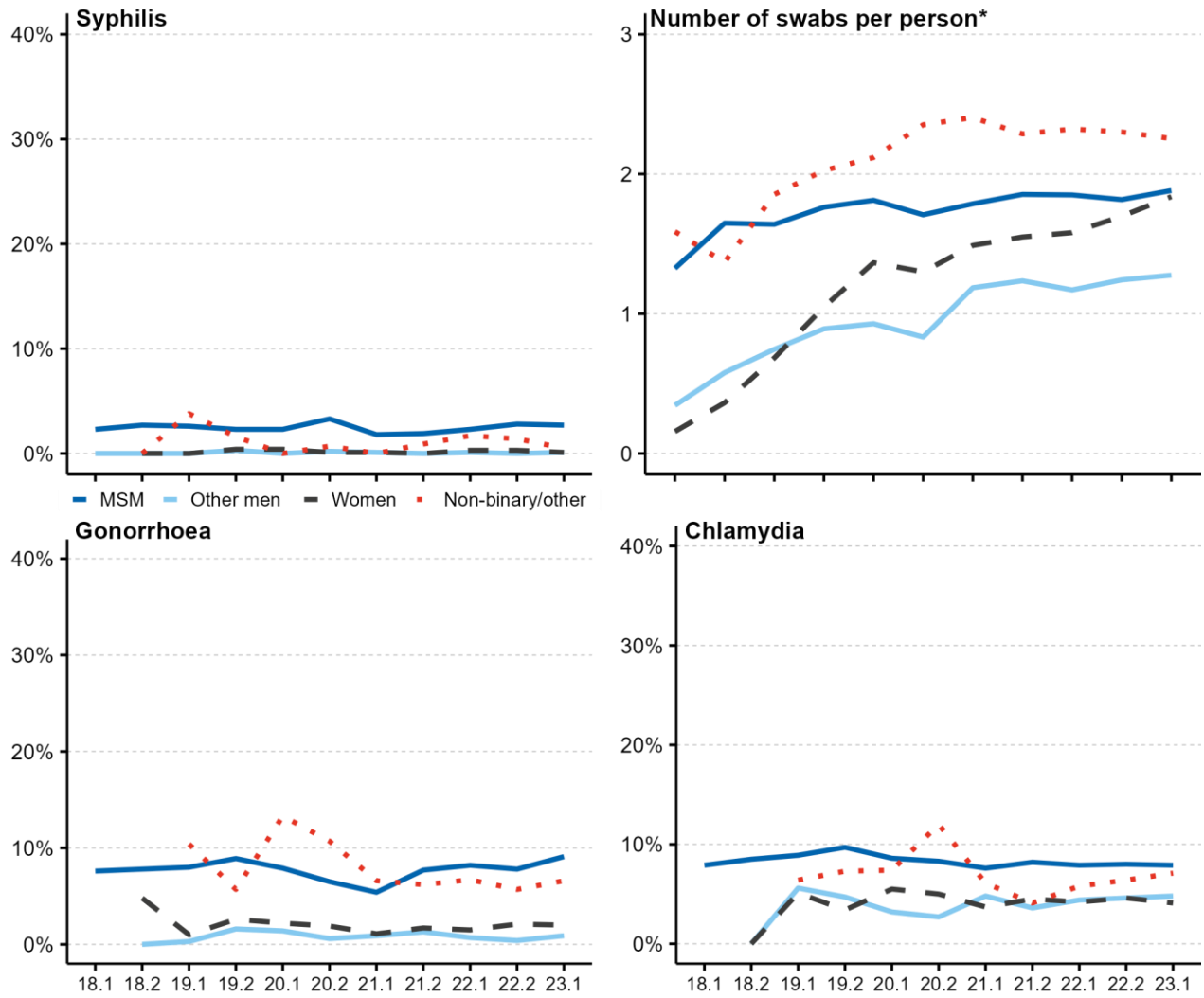
MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do not have sex with men.
*In the previous six months; **Sexual partners in the previous six months; ***Sexual partners with condomless anal-vaginal intercourse in the previous six months.

Figure 1.2: Characteristics of CBVCT clients over time, 2018–2023.



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, 2018–2023.



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.

s.a.m health

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 special-ists are currently the only persons allowed to prescribe PrEP in Germany and hence carry the burden of per-forming HIV and STI-screening every three months according to German PrEP guidelines.

Since the start of the project in the 2nd half of 2018, 12 463 people 23 586 received valid test results, including 3044 MSM, 4416 other men (who do *not* have sex with men) and 5003 women – this equals 24.4 %, 35 %, and 40.1 %, respectively. The grouping corresponds to the three different test kits that are provided. 7 individuals identified as "other (e.g. trans*, intersex, non-binary)", cf.* the note at the end of this report.

In the 1st half of 2023, 1689 individuals received 4098 valid test results via *s.a.m health* – that is 7.6 % more tests performed than in the same period of the previous year. 222 of these tests (5.4 %) were positive for one of the three STIs included in the test kit (syphilis, gonorrhoea or chlamydia). In 0 cases the HIV test was reactive. In none of the groups we found evidence of an increase in STIs (syphilis, gonorrhoea or chlamydia) over time 2019–2023.

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 1st half of 2023, since the start of the project, 30 547 initial telephone consultations were conducted, and subsequently 25 758 *s.a.m health* test kits were delivered to clients. Of these, 23 586 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 cetnres 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 15 *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.

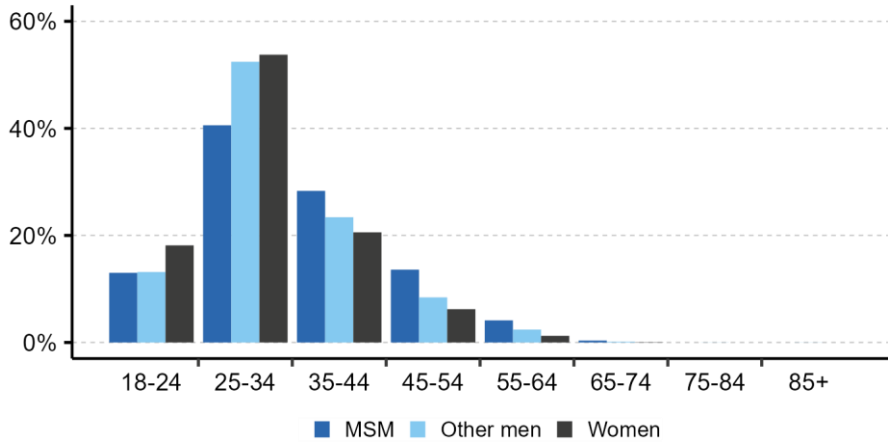
HIV-Pre-exposure Prophylaxis (PrEP)

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 1st half of 2023, 215 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 *s.a.m health* clients 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, 2018–2023



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

Overall, 9.2 % of all *s.a.m health* clients reported more than five sexual partners in the previous three months. 18.3 % reported having tested for HIV or other STIs in the six months prior to enrolling in *s.a.m health*. For 30.5 % 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 (44.0 %), and for women (27.0 %).

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; 37.5 % used condoms regularly. 9.3 % 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 1st half of 2023

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 1st half of 2023, 27 active syphilis infections were detected via *s.a.m health*, 74 cases of gonorrhoea, and 121 chlamydia infections. Syphilis and gonorrhoea almost exclusively affected MSM. In total, 222 tests were thus positive for one of these three STIs included in the test kit (prevalence: 5.4 % – due to the different composition of *s.a.m health* clients significantly lower than among CBVCT clients with swabs and syphilis test (11 %). However, when comparing the respective groups (MSM, other men and

women) shown in **Figure 2.2** and **Figure 1.3**, it becomes clear that the prevalences of the individual STIs were very similar in *s.a.m health* vs. CBVCT clients.

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-year 2019 and the 1st half of 2023.

In the 1st half of 2023, the STI prevalence among MSM (10.4 % with syphilis, gonorrhoea or chlamydia) was slightly lower compared to results from systematic studies in German-speaking countries (16.3–22.0 %) [3]; this also applies to the prevalence of past syphilis (9.9 % in *s.a.m health* vs. 13.6 % in [3]). The results for women were 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: 8.8 % on average in *s.a.m health* vs. 7.8–10.1 % in [5]; Chlamydia: 10.5 % 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, 2018–2023

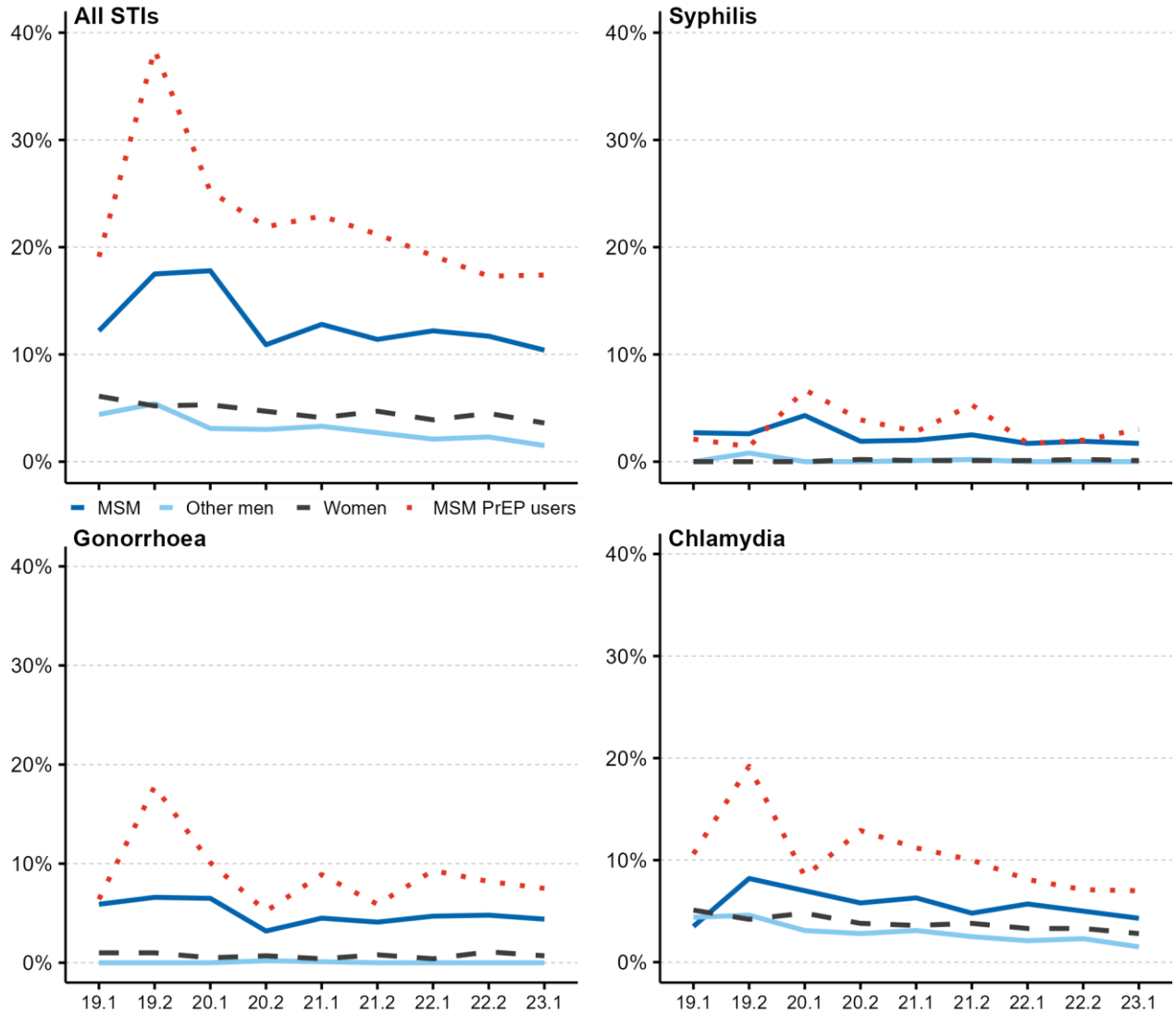
	MSM		Other men		Women	
	N	%	N	%	N	%
Total	3 044	100.0 %	4 416	100.0 %	5 003	100.0 %
Age median (IQR)	33	(28—41)	31	(27—37)	30	(25—35)
City size						
Large city (100,000+)	1 889	62.1 %	2 699	61.1 %	3 281	65.6 %
Medium-size (20,000–100,000)	536	17.6 %	713	16.1 %	769	15.4 %
Small town/rural	618	20.3 %	1 004	22.7 %	953	19.0 %
Number of sexual partners*						
0	109	3.6 %	212	4.8 %	203	4.1 %
1–2	1 194	39.2 %	2 694	61.0 %	2 872	57.4 %
3–5	1 154	37.9 %	1 213	27.5 %	1 519	30.4 %
>5	551	18.1 %	244	5.5 %	352	7.0 %
n.a.	36	1.2 %	53	1.2 %	57	1.1 %
Condomless anal/vaginal intercourse						
Yes	1 722	56.6 %	2 708	61.3 %	3 355	67.1 %
No	1 322	43.4 %	1 708	38.7 %	1 648	32.9 %
Last HIV/STI test						
In the previous 6 months	1 139	37.4 %	397	9.0 %	742	14.8 %
Before	1 397	45.9 %	2 078	47.1 %	2 909	58.1 %
Never	508	16.7 %	1 941	44.0 %	1 352	27.0 %
PrEP						
Yes	314	10.3 %	13	0.3 %	21	0.4 %
No	2 730	89.7 %	4 403	99.7 %	4 982	99.6 %
Intranasal / intravenous drugs						
Yes	256	8.4 %	456	10.3 %	444	8.9 %
No	2 788	91.6 %	3 960	89.7 %	4 559	91.1 %

Other men: cis and trans men who do not have sex with men.
*Sexual partners in the previous three months.

In the 1st half of 2023, 0 persons had a reactive HIV test. Known positive HIV infections exclusively concerned MSM. In about every 26th 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 1st half of 2023 separately for MSM, other men and women.

Figure 2.2: STI prevalences among *s.a.m health* clients over time, 2019–2023.



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 persons who ticked "other" (total N=7) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 7 "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.

If users of *s.a.m health* request a termination of the service with data deletion according to the GDPR, all personal data and test results will be deleted – this may subsequently correct the figures downwards. *AIDS-Hilfe Emsland* had to leave *s.a.m health* as a partner in 2023 for personnel reasons; active users were assigned to *Checkpoint Hannover*. For technical reasons, orders from *AIDS-Hilfe Emsland* were also deducted retroactively and added to *Checkpoint Hannover*.

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Appendix

Table 1.2: Documented counselling contacts by CBVCT[1] centre and half-year, 2018–2023

Half-year	2018.1	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1
All CBVCT centres	5 376	6 858	9 727	11 998	6 653	6 236	7 293	9 634	9 880	10 966	11 011
Berlin AH	800	1 013	913	1 233	616	693	670	788	981	1 063	1 073
Berlin CP	604	800	1 255	2 460	1 821	1 916	1 906	2 439	2 475	2 516	2 912
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	533
Erfurt AH	61	125	105	77	29			25	62	112	118
Freiburg CP	141	368	407	590	410	529	543	702	706	799	810
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	228
Magdeburg AH	101	149	104	159	99	88	83	125	114	131	153
Mannheim CP	74	191	251	263	176	350	404	405	454	522	461
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	547
Pforzheim AH	13	32	15	50	46	58	40	82	33	76	55
Potsdam Katte	80	29	57	121	16	54	10	24	92	45	
Regensburg CP	113	148	185	205	113	194	177	261	240	239	202
Saarbrücken AH	100	144	204	232	125	140	162	186	181	188	
Schwäb. Gmünd AH	11	21	15	21	44	40	25	34	42	179	47
Ulm AH	67	100	110	117	166	270	259	317	291	374	429
Weimar AH	80	114	171	139	91	112	113	126	122	95	97
Berlin MoM			2 018	2 103	893		1 094	1 838	1 896	2 235	2 307
Kiel AH			31	21	17	50	111	157	200	242	99
Konstanz AH			244	242	83	145	87	221	148	171	142
Lübeck AH				84	13	13	26	6	3		
Troisdorf AH					62	89	139	178	227	282	397
Augsburg AH						88	97	125	143	154	218
Potsdam AH						68	63	65	71	90	72
Tübingen AH										223	111

[1] Community-based voluntary counselling and testing.

Table 1.3: Documented counselling and testing contacts[1] by CBVCT[2] centre and half-year, 2018–2023

Half-year	2018.1	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1
All CBVCT centres	957	1 498	6 977	8 555	4 954	5 175	6 316	8 420	8 324	9 236	9 194
Berlin AH	692	888	815	1 064	548	569	603	731	926	999	1 034
Berlin CP	265	558	1 123	2 055	1 511	1 602	1 715	2 193	2 258	2 266	2 487
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	114
Freiburg CP		3	378	521	365	475	507	667	673	737	728
Halle AH		3	55	124	26	4	2				
Hamburg CP		5	218	2							
Mannheim CP		3	245	249	125	179	192	199	229	297	179
Nürnberg CP		9	337	528	267	492	450	483	457	539	530
Regensburg CP		1	162	190	108	194	177	260	240	237	202
Saarbrücken AH		13	181	222	107	121	139	169	161	177	
Ulm AH		1	95	103	118	169	163	192	21	73	56
Weimar AH		1	157	111	69	89	99	109	96	60	88
Berlin MoM			1 833	1 744	765		1 003	1 684	1 709	2 054	2 102
Düsseldorf AH			327	428	261	239	297	333	410	421	486
Hannover CP			180	121	103	180	156	159	221	136	215
Kiel AH			27	16	12	46	99	59	63	84	20
Konstanz AH			230	234	79	144	87	221	147	167	138
Magdeburg AH			77	112	66	58	60	79	68	55	50
München Sub			233	258	179	193	224	344	8		
Potsdam Katte			56	118	16	54	10	21	73	41	
Schwäb. Gmünd AH			14	18	40	38	25	31	42	174	47
Troisdorf AH					54	71	116	162	213	256	362
Augsburg AH						77	89	112	123	142	179
Potsdam AH						63	52	59	67	86	66
Tübingen AH										126	111

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

[2] Community-based voluntary counselling and testing.

Table 1.4: Reactive/positive test results in the 1st half-year 2023, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH	1		2	4	
Berlin AH	7	2	13	24	4
Berlin CP	10	30	224	189	4
Berlin MoM	6	45	150	134	
Düsseldorf AH	3	5	25	35	
Erfurt AH	1	4			
Freiburg CP		4	18	37	
Hannover CP			2	7	
Kiel AH			2	4	
Konstanz AH			1	6	
Magdeburg AH	1		1		
Mannheim CP	1	2	1	6	1
Nürnberg CP	1	12	16	23	
Potsdam AH			1	3	
Regensburg CP	1		9	4	
Schwäbisch Gmünd AH	1				
Troisdorf AH			1	16	
Tübingen AH		1	1	5	
Ulm AH	1				2
Weimar AH	1	1			

[1] Community-based voluntary counselling and testing.

* Antibody or PCR positive.

Table 1.5: Documented CBVCT test results of CBVCT[1] clients in the 1st half-year 2023

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 009	100.0 %	1 431	100.0 %	2 015	100.0 %	480	100.0 %
HIV								
Reactive	16	0.3 %	3	0.2 %	5	0.2 %	0	0.0 %
Confirmed positive	6	0.1 %	0	0.0 %	1	0.0 %	1	0.2 %
Negative	3 452	68.9 %	1 267	88.5 %	1 772	87.9 %	389	81.0 %
Not tested*	1 535	30.6 %	161	11.3 %	237	11.8 %	90	18.8 %
Syphilis								
Positive**	99	2.0 %	1	0.1 %	2	0.1 %	2	0.4 %
Serological scar	348	6.9 %	1	0.1 %	5	0.2 %	22	4.6 %
Negative	3 266	65.2 %	1 047	73.2 %	1 512	75.0 %	377	78.5 %
Not tested*	1 296	25.9 %	382	26.7 %	496	24.6 %	79	16.5 %
Gonorrhoea								
Positive	383	7.6 %	10	0.7 %	34	1.7 %	28	5.8 %
Negative	3 806	76.0 %	1 111	77.6 %	1 662	82.5 %	397	82.7 %
Not tested*	820	16.4 %	310	21.7 %	319	15.8 %	55	11.5 %
Chlamydia								
Positive	333	6.6 %	54	3.8 %	69	3.4 %	30	6.2 %
Negative	3 854	76.9 %	1 070	74.8 %	1 627	80.7 %	395	82.3 %
Not tested*	822	16.4 %	307	21.5 %	319	15.8 %	55	11.5 %
HCV								
Positive (AB)	3	0.1 %	2	0.1 %	2	0.1 %	1	0.2 %
Positive (RNA)	1	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Negative	676	13.5 %	227	15.9 %	342	17.0 %	107	22.3 %
Not tested*	4 329	86.4 %	1 202	84.0 %	1 671	82.9 %	372	77.5 %

[1] Community-based voluntary counselling and testing.
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 diagnostics initiated.

Table 2.2: Evaluated *s.a.m health* test kits by CBVCT[1] centre and half-year, 2018–2023

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1
All s.a.m health centres	157	443	700	1 302	2 456	3 464	3 393	3 807	3 766	4 098
München CP	90	254	377	495	735	759	708	705	783	824
München Sub	27	66	99	137	141	141	103	116	99	107
Nürnberg CP	26	81	155	195	261	315	273	252	240	276
Regensburg CP	14	42	69	99	113	119	107	112	94	108
Berlin AH				91	281	493	490	541	568	612
Bonn AH				34	80	47	33	12		
Dresden AH				38	131	204	202	218	219	214
Emsland AH				5	20	57	83	73	53	13
Frankfurt AH				107	297	475	531	624	519	499
Freiburg CP				17	107	175	174	166	141	164
Hamburg CP				25	64	89	82	79	86	86
Hannover CP				28	98	261	198	275	288	356
Magdeburg AH				10	22	72	96	101	107	165
Mannheim CP				21	41	11	57	193	232	314
Hamburg ZSG					65	246	256	310	273	287
Lübeck AH								30	38	49
Potsdam AH									26	24

[1] Community-based voluntary counselling and testing.

Table 2.3: Number of *s.a.m health* clients[1] by CBVCT[2] centre and half-year, 2018–2023

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1
All s.a.m health centres	139	294	381	785	1 633	2 270	1 795	1 896	1 581	1 689
München CP	82	164	200	224	389	383	288	287	285	277
München Sub	21	40	44	58	32	43	22	24	11	22
Nürnberg CP	22	58	97	89	134	177	96	96	78	110
Regensburg CP	14	32	40	49	64	49	42	32	20	33
Berlin AH				90	233	365	281	269	271	269
Bonn AH				34	56	4	2			
Dresden AH				35	107	154	128	113	102	88
Emsland AH				5	17	47	48	30	16	2
Frankfurt AH				101	241	346	314	313	159	140
Freiburg CP				17	101	145	111	84	58	73
Hamburg CP				25	50	51	29	40	31	28
Hannover CP				27	91	209	120	155	152	162
Magdeburg AH				10	17	62	72	62	57	107
Mannheim CP				21	36	1	40	148	147	181
Hamburg ZSG					65	234	202	214	140	140
Lübeck AH								29	30	37
Potsdam AH									24	20

[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 CBVCT[1] centre and half-year, 2018–2023

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1
All s.a.m health centres	15	49	74	121	160	186	177	187	211	215
München CP	8	30	39	60	64	81	59	57	65	57
München Sub	4	9	20	25	24	23	16	18	20	18
Nürnberg CP	2	8	14	17	23	16	10	9	9	11
Regensburg CP	1	2	1	4	4	4	6	6	3	5
Berlin AH				5	16	16	19	17	29	29
Dresden AH				4	5	9	5	5	8	10
Frankfurt AH				5	9	12	21	24	24	23
Hamburg CP				1	5	5	6	13	9	8
Bonn AH					6	5	5	3		
Freiburg CP					1	1	3	2	3	5
Hannover CP					2	8	7	7	5	7
Magdeburg AH					1	3	8	4	9	8
Emsland AH						2	10	6	6	1
Hamburg ZSG						1		3	1	
Mannheim CP							2	11	17	31
Lübeck AH								2	3	2

[1] Community-based voluntary counselling and testing.

Table 2.5: *s.a.m health* test results in the 1st half of 2023, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH		2	10	16
Dresden AH			1	6
Emsland AH			1	
Frankfurt AH		3	12	11
Freiburg CP			4	4
Hamburg CP			4	5
Hamburg ZSG		1	2	7
Hannover CP		3	6	11
Lübeck AH				2
Magdeburg AH			6	7
Mannheim CP		4	11	10
München CP		11	14	27
München Sub			1	1
Nürnberg CP		2		8
Regensburg CP		1	2	6

[1] Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 1st half of 2023

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	1 476	100.0 %	1 252	100.0 %	1 370	100.0 %
HIV						
Reactive	0	0.0 %	0	0.0 %	0	0.0 %
Known positive	33	2.2 %	0	0.0 %	0	0.0 %
Negative*	1 365	92.5 %	1 221	97.5 %	1 311	95.7 %
No result	78	5.3 %	31	2.5 %	59	4.3 %
Syphilis						
Positive**	25	1.7 %	0	0.0 %	2	0.1 %
Serological scar	146	9.9 %	4	0.3 %	5	0.4 %
Negative	1 258	85.2 %	1 233	98.5 %	1 333	97.3 %
No result	47	3.2 %	15	1.2 %	30	2.2 %
Gonorrhoea						
Positive	65	4.4 %	0	0.0 %	9	0.7 %
Negative	1 409	95.5 %	1 252	100.0 %	1 360	99.3 %
No result	2	0.1 %	0	0.0 %	1	0.1 %
Chlamydia						
Positive	63	4.3 %	19	1.5 %	39	2.8 %
Negative	1 411	95.6 %	1 233	98.5 %	1 330	97.1 %
No result	2	0.1 %	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.