Half-Year Report 02 2023

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

ENGLISH

Deutsche Aidshilfe

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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 | Heidelberg AH = Aidshilfe Heidelberg | Heilbronn AH = Checkpoint Aidshilfe Unterland e.V. | Jena/Weimar AH = AIDS-Hilfe Weimar und Ostthüringen e.V. | Karlsruhe AH = ZeSIA – Zentrum für sexuelle Gesundheit, Identität und Aufklärung Karlsruhe | 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. | Offenburg AH = AIDS-Hilfe Offenburg/Ortenaukreis e.V. | Pforzheim AH = AIDS-Hilfe Pforzheim 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. | Stuttgart AH = AIDS-Hilfe Stuttgart 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.

CBVCT centres in Germany

Summary

German CBVCT centres started online data collection in 2018. Since then, 80 838 counselling sessions with a valid test result were documented.
In the 2nd half of 2023, 10 909 counselling sessions with a valid test result were documented – 17.9 % more than in the same period of the previous year. These included 5484 men who have sex with men (MSM), 2013 other men (who do *not* have sex with men), 2590 women, and 527 persons with non-binary or other gender identity – corresponding to 51.7 %, 19 %, 24.4 %, and, respectively, 5 % of all CBVCT clients with information on gender identity and sexual orientation.

Overall in the 2nd half of 2023, 1138 sexually transmitted infections (STIs) were diagnosed (either syphilis, gonorrhoea or chlamydia). In 46 cases, the HIV antibody test was reactive or confirmed positive, and in 19 cases the HCV antibody test was positive. None of the groups showed evidence of a significant 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 in Germany, 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 2nd half of 2023 there were 109 807 entries in the CBVCT database. After excluding 1505 invalid data, 108 302 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 80 838 cases (74.6 %; **Table 1.3** in the appendix). Not all of them could be assigned to one of the four groups used in this report (3233 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.

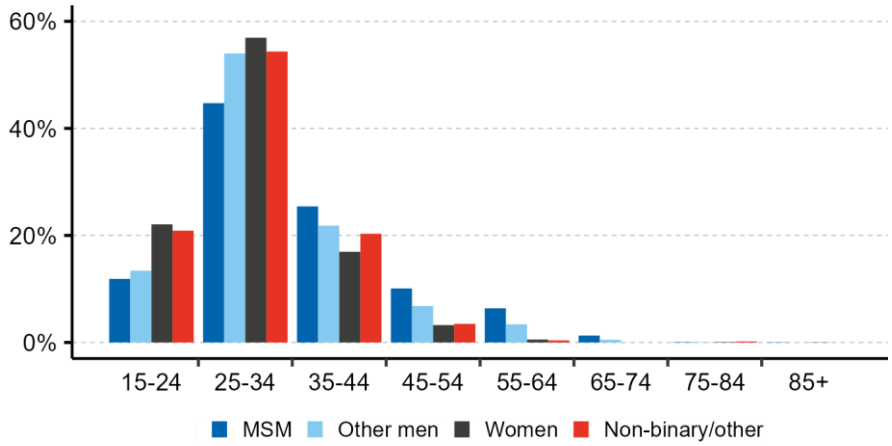
Over time

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 % 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 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 2nd 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 41.7 % of all test consultations in the 2nd half of 2023, clients reported a migration background; 11.9 % of CBVCT clients did not have health insurance in Germany. For 23 % 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 (44.0 %), or for women (30.4 %). All this underlines the importance of the low-threshold nature of this offer.

Sex work in the previous six months was reported by 3.9 % of CBVCT clients; this proportion was highest among non-binary persons (12.4 %). Paying for sex was reported by 6.2 %; this proportion was highest among men who do *not* have sex with men (15.5 %).

40 % of CBVCT clients reported being in a committed relationship. More than ten sexual partners in the previous six months were reported by 13.2 %.

13.8 % of visits were regular *screening* examinations recommended for PrEP; this concerned mainly MSM (27.1 %) and non-binary persons (10.9 %) – 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 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 in Germany 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 22.5 %, respectively.

CBVCT test results in the 2nd half of 2023

In the 2nd half of 2023, CBVCT centres recorded 109 active syphilis infections, 506 cases of gonorrhoea and 523 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. Thus, in total, 1138 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 a significant increase in STI prevalence between the 1st half of 2018 and the 2nd 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 46 persons in the 2nd half of 2023, the HIV test was reactive – of which 73.9 % 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 19 persons in the 2nd 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.

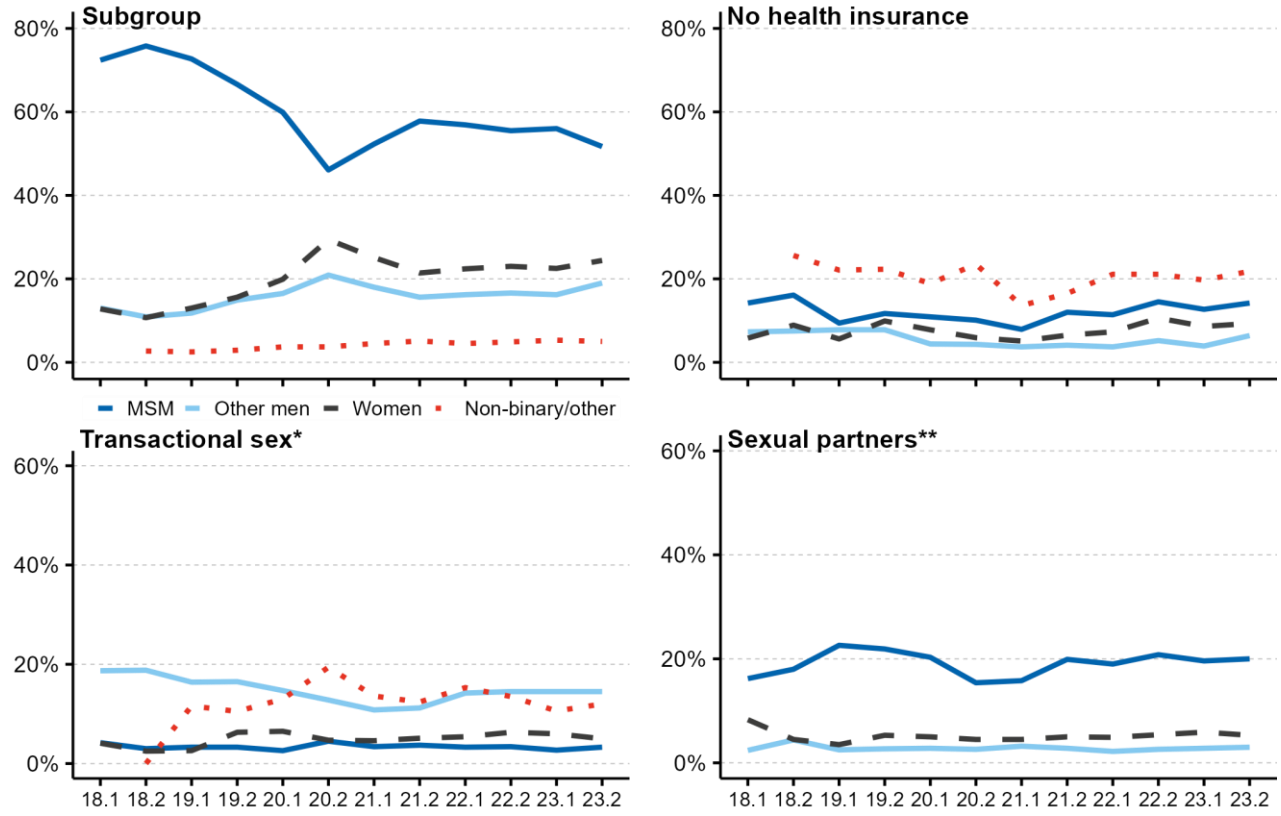
Table 1.4 in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of the 2nd half of 2023 separately for MSM, other men, women, and non-binary persons.

Table 1.1: Characteristics of clients of CBVCT centres in the 2nd half of 2023

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 484	100.0 %	2 013	100.0 %	2 590	100.0 %	527	100.0 %
Age median (IQR)	33	(28—40)	31	(27—37)	28	(25—33)	29	(25—34)
Gender identity								
Man	5 374	98.5 %	2 000	99.8 %	0	0.0 %	0	0.0 %
Trans man	84	1.5 %	4	0.2 %	0	0.0 %	0	0.0 %
Woman	0	0.0 %	0	0.0 %	2 477	96.9 %	0	0.0 %
Trans woman	0	0.0 %	0	0.0 %	79	3.1 %	0	0.0 %
Non-binary/other	0	0.0 %	0	0.0 %	0	0.0 %	527	100.0 %
Sexual identity								
Heterosexual	116	2.1 %	2 013	100.0 %	1 591	62.6 %	26	5.0 %
Bisexual	1 345	24.6 %	0	0.0 %	615	24.2 %	102	19.6 %
Gay	3 629	66.4 %	0	0.0 %	0	0.0 %	62	11.9 %
Queer	248	4.5 %	0	0.0 %	215	8.5 %	273	52.5 %
Other	0	0.0 %	0	0.0 %	40	1.6 %	10	1.9 %
Lesbian	131	2.4 %	0	0.0 %	80	3.1 %	47	9.0 %
Health Insurance								
Yes	4 537	85.4 %	1 766	93.2 %	2 178	90.0 %	393	77.4 %
No	777	14.6 %	129	6.8 %	242	10.0 %	115	22.6 %
Migration background								
Yes	2 583	47.7 %	627	32.2 %	922	37.2 %	299	57.7 %
No	2 836	52.3 %	1 323	67.8 %	1 557	62.8 %	219	42.3 %
Country/region of birth								
Germany	2 857	53.0 %	1 331	68.3 %	1 571	63.8 %	220	43.1 %
Other Europe	1 180	21.9 %	288	14.8 %	499	20.3 %	112	22.0 %
Middle East	271	5.0 %	77	4.0 %	55	2.2 %	35	6.9 %
Other Asia	306	5.7 %	101	5.2 %	83	3.4 %	11	2.2 %
Africa	108	2.0 %	61	3.1 %	45	1.8 %	13	2.5 %
Latin America	351	6.5 %	57	2.9 %	117	4.8 %	42	8.2 %
USA, CA, AU, NZ	316	5.9 %	33	1.7 %	93	3.8 %	77	15.1 %
Sex work*								
Yes	180	3.4 %	38	2.0 %	129	5.3 %	63	12.4 %
No	5 140	96.6 %	1 837	98.0 %	2 313	94.7 %	444	87.6 %
Client of sex work*								
Yes	313	5.9 %	292	15.5 %	32	1.3 %	25	4.9 %
No	5 008	94.1 %	1 590	84.5 %	2 375	98.7 %	481	95.1 %
Steady partnership								
Yes	2 046	37.7 %	926	47.2 %	1 027	41.6 %	248	47.7 %
No	3 379	62.3 %	1 035	52.8 %	1 439	58.4 %	272	52.3 %
Number of sexual partners**								
0	39	0.7 %	64	3.5 %	41	1.8 %	5	1.0 %
1–2	1 021	19.2 %	918	50.6 %	990	42.4 %	123	24.3 %
3–5	1 846	34.8 %	599	33.0 %	800	34.3 %	150	29.6 %
6–10	1 305	24.6 %	171	9.4 %	368	15.8 %	127	25.0 %
>10	1 098	20.7 %	61	3.4 %	136	5.8 %	102	20.1 %
Number CAVI partners***								
0	1 595	35.0 %	491	32.2 %	644	30.7 %	148	33.2 %
1–2	1 191	26.2 %	801	52.5 %	1 009	48.0 %	134	30.0 %
3–5	943	20.7 %	203	13.3 %	354	16.9 %	95	21.3 %
6–10	395	8.7 %	21	1.4 %	74	3.5 %	36	8.1 %
>10	430	9.4 %	10	0.7 %	19	0.9 %	33	7.4 %
Last HIV/STI test								
In the previous 6 months	3 365	61.8 %	384	19.6 %	722	28.8 %	259	49.3 %
Before	1 359	24.9 %	714	36.4 %	1 022	40.8 %	166	31.6 %
Never	723	13.3 %	862	44.0 %	761	30.4 %	100	19.0 %
PrEP								
Yes	1 388	27.1 %	5	0.3 %	18	0.9 %	52	10.9 %
No	3 732	72.9 %	1 555	99.7 %	2 074	99.1 %	424	89.1 %

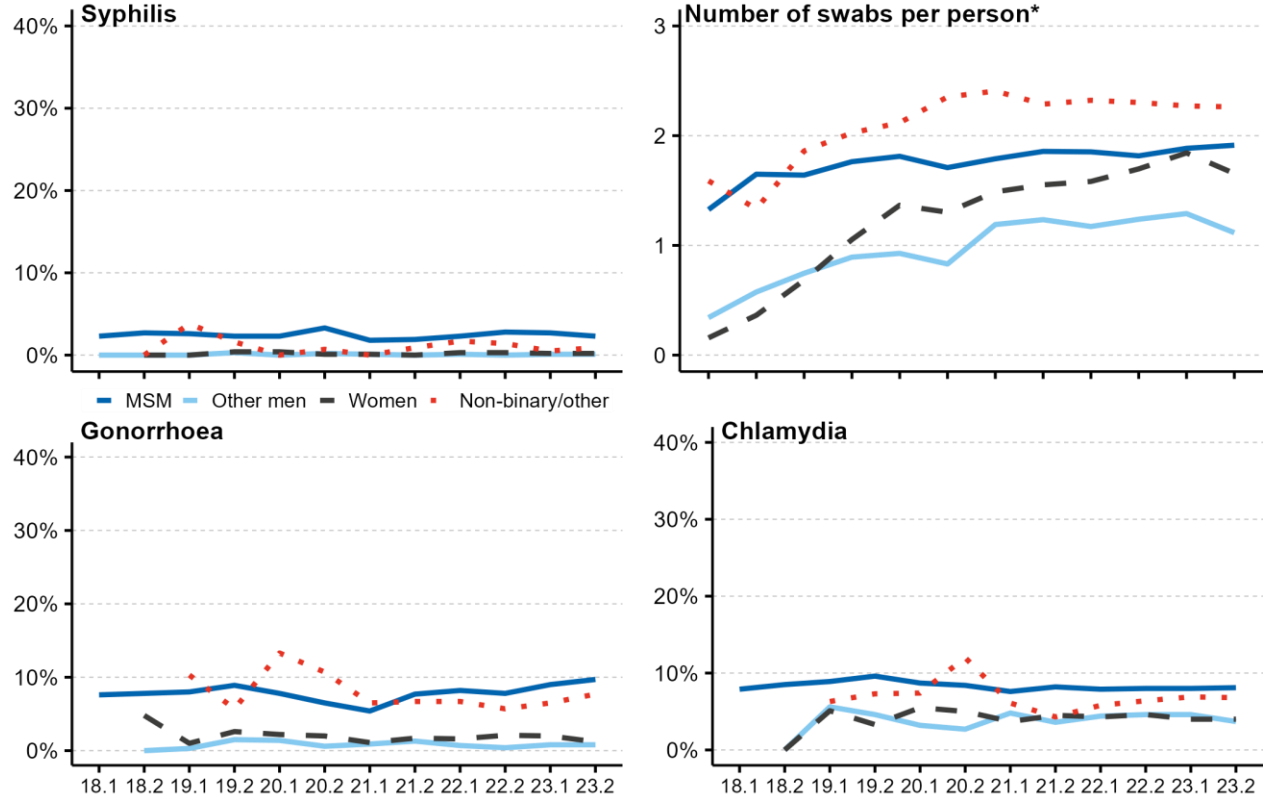
MSM: Cis and trans men who have sex with men. Other men: cis and trans men who do not have sex with men.
*In the previous six months; **Sexual partners in the previous six months; ***Sexual partners with condomless anal-vaginal intercourse in the previous six months.

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, we assumed two swabs per person.

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, 14 202 people 27 992 received valid test results, including 3402 MSM, 5065 other men (who do *not* have sex with men) and 5735 women – this equals 24 %, 36 %, and 40.4 %, respectively. The grouping corresponds to the three different test kits that are provided. 8 individuals identified as "other (e.g. trans*, intersex, non-binary)", *cf.* the note at the end of this report.

In the 2nd half of 2023, 1765 individuals received 4449 valid test results via *s.a.m health* – that is 18.3 % more tests performed than in the same period of the previous year. 230 of these tests (5.2 %) were positive for one of the three STIs included in the test kit (syphilis, gonorrhoea or chlamydia). In 2 cases the HIV test was reactive. In none of the groups we found evidence of a significant 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 2nd half of 2023, since the start of the project, 35 626 initial telephone consultations were conducted, and subsequently 30 606 *s.a.m health* test kits were delivered to clients. Of these, 27 992 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.

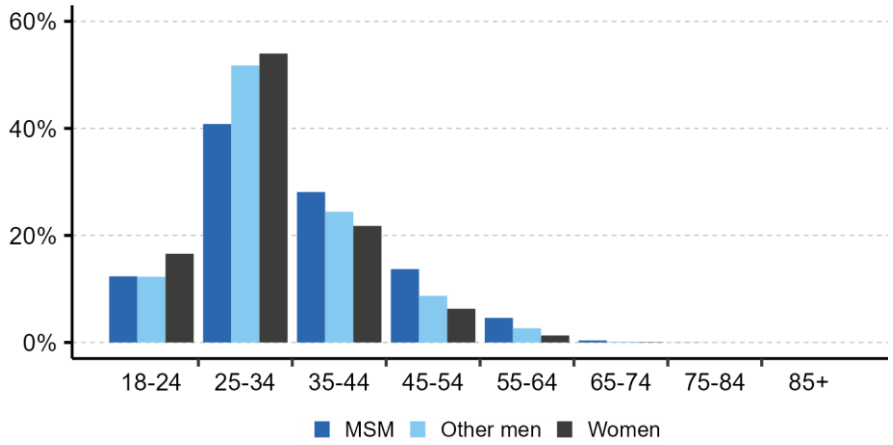
HIV-Pre-exposure Prophylaxis (PrEP)

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 2nd half of 2023, 240 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, 9.4 % of all *s.a.m health* clients reported more than five sexual partners in the previous three months. 18.2 % 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 (43.5 %), and for women (26.8 %).

2.7 % 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 2nd 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 2nd half of 2023, 27 active syphilis infections were detected via *s.a.m health*, 73 cases of gonorrhoea, and 130 chlamydia infections. Syphilis and gonorrhoea almost exclusively affected MSM. In total, 230 tests were thus positive for one of these three STIs included in the test kit (prevalence: 5.2 % – 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 a significant increase in STI prevalence between the 1st half-year 2019 and the 2nd half of 2023.

In the 2nd 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 (9.8 % 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: 8.7 % on average in *s.a.m health* vs. 7.8–10.1 % in [5]; Chlamydia: 10.4 % 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

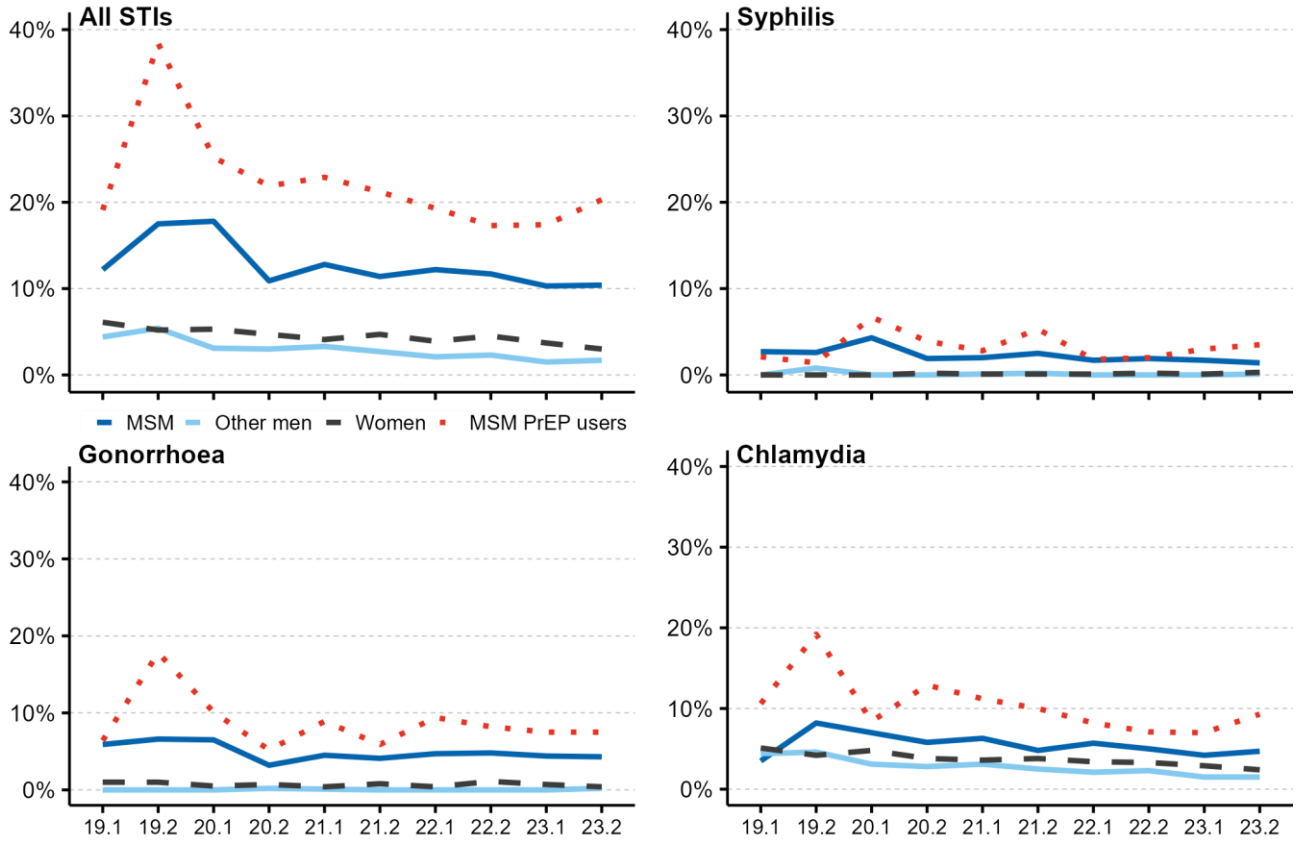
	MSM		Other men		Women	
	N	%	N	%	N	%
Total	3 402	100,0 %	5 065	100,0 %	5 735	100,0 %
First users 2/2023	361		662		742	
Age median (IQR)	33	(28—41)	31	(27—37)	30	(26—36)
City size						
Large city (100,000+)	2 069	60.8 %	3 087	60.9 %	3 731	65.1 %
Medium-size (20,000–100,000)	616	18.1 %	833	16.4 %	899	15.7 %
Small town/rural	716	21.1 %	1 145	22.6 %	1 105	19.3 %
Number of sexual partners*						
0	124	3.6 %	236	4.7 %	231	4.0 %
1–2	1 325	38.9 %	3 071	60.6 %	3 250	56.7 %
3–5	1 307	38.4 %	1 409	27.8 %	1 755	30.6 %
>5	609	17.9 %	292	5.8 %	433	7.6 %
n.a.	37	1.1 %	57	1.1 %	66	1.2 %
Condomless anal/vaginal intercourse						
Yes	1 925	56.6 %	3 122	61.6 %	3 834	66.9 %
No	1 477	43.4 %	1 943	38.4 %	1 901	33.1 %
Last HIV/STI test						
In the previous 6 months	1 255	36.9 %	475	9.4 %	852	14.9 %
Before	1 552	45.6 %	2 387	47.1 %	3 348	58.4 %
Never	595	17.5 %	2 203	43.5 %	1 535	26.8 %
PrEP						
Yes	347	10.2 %	14	0.3 %	23	0.4 %
No	3 055	89.8 %	5 051	99.7 %	5 712	99.6 %
Intranasal / intravenous drugs						
Yes	281	8.3 %	525	10.4 %	518	9.0 %
No	3 121	91.7 %	4 540	89.6 %	5 217	91.0 %

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 2023, 2 persons 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 almost exclusively concerned MSM. In about every 28th 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 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=8) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 8 "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	2023.2
All CBVCT centres	5 378	6 860	9 736	12 015	6 667	6 250	7 313	9 677	9 923	10 989	11 087	12 407
Berlin AH	800	1 013	913	1 233	616	693	670	788	981	1 063	1 073	1 025
Berlin CP	606	802	1 259	2 472	1 829	1 921	1 923	2 466	2 509	2 521	2 922	2 306
Berlin Fixpunkt	410	449	364	330	174	100	67	81	20			
Cottbus Katte	31	16	7	70	4	40	2	57	42			57
Düsseldorf AH	278	367	445	457	289	261	312	351	421	437	533	349
Erfurt AH	61	125	105	77	29			25	62	112	118	151
Freiburg CP	141	368	407	590	410	529	543	702	706	799	810	897
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	213	174	175	239	230	218	247
Jena/Weimar AH	80	114	171	139	91	112	113	126	122	95	97	89
Magdeburg AH	101	149	104	159	99	88	83	125	114	132	153	182
Mannheim CP	74	191	251	263	176	350	404	405	454	522	461	387
München CP	598											
München Sub	262	259	253	278	188	204	231	362	198			
Nürnberg CP	215	465	372	566	289	520	469	510	481	564	548	867
Pforzheim AH	13	32	15	50	46	58	40	82	33	76	55	62
Potsdam Katte	80	29	57	121	16	54	10	24	92	45		3
Regensburg CP	113	148	185	205	113	195	177	262	242	239	205	313
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	47	204
Ulm AH	67	100	110	117	166	271	260	326	296	378	431	368
Berlin MoM			2 018	2 103	893		1 094	1 838	1 896	2 235	2 307	2 412
Kiel AH			31	21	17	50	111	157	200	242	99	177
Konstanz AH			246	247	83	145	87	221	148	171	142	148
Lübeck AH				84	13	13	26	6	3			
Troisdorf AH					62	89	139	178	227	282	397	348
Augsburg AH						88	97	125	143	154	218	188
Potsdam AH						69	63	65	71	90	72	97
Heilbronn AH										4	26	102
Offenburg AH										2	37	37
Tübingen AH										229	112	283
Karlsruhe AH											4	397
Stuttgart AH											2	523
Heidelberg AH												188

[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	2023.2
All CBVCT centres	959	1 500	6 986	8 569	4 966	5 189	6 331	8 453	8 349	9 251	9 376	10 909
Berlin AH	692	888	815	1 064	548	569	603	731	926	999	1 034	1 004
Berlin CP	267	560	1 127	2 066	1 517	1 607	1 727	2 211	2 278	2 270	2 497	2 083
Berlin Fixpunkt		1	215	267	131	81	49	71	16			
Cottbus Katte		1	7	69	4	37	2	57	41			57
Erfurt AH		11	12	1				25	62	109	114	149
Freiburg CP		3	378	521	365	475	507	667	673	737	771	816
Halle AH		3	55	124	26	4	2					
Hamburg CP		5	218	2								
Jena/Weimar AH		1	157	111	69	89	99	109	96	60	88	70
Mannheim CP		3	245	249	125	179	192	199	229	297	236	318
Nürnberg CP		9	340	528	273	497	451	489	459	540	531	837
Regensburg CP		1	162	190	108	195	177	261	242	237	205	311
Saarbrücken AH		13	181	222	107	121	139	169	161	177		
Ulm AH		1	95	103	118	170	164	200	22	75	58	138
Berlin MoM			1 833	1 744	765		1 003	1 684	1 709	2 054	2 102	2 208
Düsseldorf AH			327	428	261	239	297	333	410	421	486	334
Hannover CP			180	121	103	181	157	159	221	136	215	200
Kiel AH			27	16	12	46	99	59	63	84	20	38
Konstanz AH			232	237	79	144	87	221	147	167	141	148
Magdeburg AH			77	112	66	58	60	79	68	56	50	29
München Sub			233	258	179	193	224	344	8			
Potsdam Katte			56	118	16	54	10	21	73	41		3
Schwäbisch Gmünd AH			14	18	40	38	25	31	42	174	47	196
Troisdorf AH					54	71	116	162	213	256	362	314
Augsburg AH						77	89	112	123	142	179	153
Potsdam AH						64	52	59	67	86	66	90
Heilbronn AH										1	24	98
Tübingen AH										132	111	269
Karlsruhe AH											1	372
Offenburg AH											37	37
Stuttgart AH											1	493
Heidelberg AH												144

[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 2nd half-year 2023, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH			2	11	
Berlin AH	2	2	11	30	3
Berlin CP	7	28	181	154	1
Berlin MoM	6	29	223	164	
Cottbus Katte	2	2	3	4	
Düsseldorf AH	2	3	20	20	
Erfurt AH	2	1			2
Freiburg CP		6	21	37	
Hannover CP	5	2	6	12	
Heidelberg AH		1	3	5	
Heilbronn AH			2	6	3
Karlsruhe AH		2	7	9	
Kiel AH		3		5	
Konstanz AH	1	3	2	5	
Magdeburg AH		1		2	
Mannheim CP	6	1	3	7	5
Nürnberg CP	8	12	14	25	
Potsdam AH				2	
Regensburg CP	2	3	5	11	17
Schwäbisch Gmünd AH		2			2
Stuttgart AH	3	7			1
Troisdorf AH			3	7	
Tübingen AH				7	1
Ulm AH		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 2nd half-year 2023

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
Total	5 484	100,0 %	2 013	100,0 %	2 590	100,0 %	527	100,0 %
HIV								
Reactive	23	0.4 %	6	0.3 %	3	0.1 %	0	0.0 %
Confirmed positive	11	0.2 %	0	0.0 %	3	0.1 %	0	0.0 %
Negative	3 915	71.4 %	1 736	86.2 %	2 194	84.7 %	445	84.4 %
Not tested*	1 535	28.0 %	271	13.5 %	390	15.1 %	82	15.6 %
Syphilis								
Positive**	98	1.8 %	1	0.0 %	3	0.1 %	4	0.8 %
Serological scar	407	7.4 %	1	0.0 %	3	0.1 %	26	4.9 %
Negative	3 715	67.7 %	1 456	72.3 %	1 949	75.3 %	416	78.9 %
Not tested*	1 264	23.0 %	555	27.6 %	635	24.5 %	81	15.4 %
Gonorrhoea								
Positive	426	7.8 %	11	0.5 %	24	0.9 %	36	6.8 %
Negative	3 963	72.3 %	1 363	67.7 %	1 991	76.9 %	432	82.0 %
Not tested*	1 095	20.0 %	639	31.7 %	575	22.2 %	59	11.2 %
Chlamydia								
Positive	356	6.5 %	51	2.5 %	80	3.1 %	32	6.1 %
Negative	4 031	73.5 %	1 331	66.1 %	1 936	74.7 %	436	82.7 %
Not tested*	1 097	20.0 %	631	31.3 %	574	22.2 %	59	11.2 %
HCV								
Positive (AB)	3	0.1 %	8	0.4 %	6	0.2 %	2	0.4 %
Positive (RNA)	0	0.0 %	10	0.5 %	6	0.2 %	0	0.0 %
Negative	787	14.4 %	451	22.4 %	577	22.3 %	140	26.6 %
Not tested*	4 694	85.6 %	1 544	76.7 %	2 001	77.3 %	385	73.1 %

[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. Persons with confirmed positive HIV antibodies do not appear in the 'reactive' line, and persons with detected HCV RNA do not appear in the line for the positive antibody test ('Positive (AB)'.

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	2023.2
All s.a.m health centres	157	443	700	1 302	2 453	3 459	3 385	3 804	3 760	4 080	4 449
München CP	90	254	377	495	735	758	707	704	779	819	816
München Sub	27	66	99	137	140	141	103	116	99	105	104
Nürnberg CP	26	81	155	195	261	315	273	252	239	274	293
Regensburg CP	14	42	69	99	113	119	107	112	94	108	107
Berlin AH				91	281	493	490	541	568	612	751
Bonn AH				34	80	47	33	12			
Dresden AH				38	131	204	200	218	219	213	222
Emsland AH				5	20	57	83	73	53	12	1
Frankfurt AH				107	297	475	531	623	519	499	542
Freiburg CP				17	107	175	174	166	141	163	180
Hamburg CP				25	63	87	81	79	86	85	102
Hannover CP				28	97	260	197	275	288	356	380
Magdeburg AH				10	22	71	95	101	107	164	165
Mannheim CP				21	41	11	56	193	231	313	380
Hamburg ZSG					65	246	255	310	273	285	336
Lübeck AH								29	38	48	37
Potsdam AH									26	24	33

[1] Community-based voluntary counselling and testing.

Table 2.3: Number of new *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	2023.2
All s.a.m health centres	139	294	381	785	1 630	2 267	1 791	1 894	1 576	1 680	1 765
München CP	82	164	200	224	389	382	288	287	282	276	269
München Sub	21	40	44	58	31	43	22	24	11	22	23
Nürnberg CP	22	58	97	89	134	177	96	96	77	108	108
Regensburg CP	14	32	40	49	64	49	42	32	20	33	33
Berlin AH				90	233	365	281	269	271	269	335
Bonn AH				34	56	4	2				
Dresden AH				35	107	154	126	113	102	87	94
Emsland AH				5	17	47	48	30	16	1	
Frankfurt AH				101	241	346	314	312	159	140	169
Freiburg CP				17	101	145	111	84	58	73	68
Hamburg CP				25	49	50	29	40	31	27	29
Hannover CP				27	90	209	120	155	152	163	146
Magdeburg AH				10	17	61	71	62	57	106	99
Mannheim CP				21	36	1	39	148	146	180	189
Hamburg ZSG					65	234	202	214	140	139	161
Lübeck AH								28	30	36	19
Potsdam AH									24	20	23

[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	2023.2
All s.a.m health centres	15	49	74	121	160	186	177	186	211	215	240
München CP	8	30	39	60	64	81	59	57	65	57	56
München Sub	4	9	20	25	24	23	16	18	20	17	25
Nürnberg CP	2	8	14	17	23	16	10	9	9	11	8
Regensburg CP	1	2	1	4	4	4	6	6	3	5	5
Berlin AH				5	16	16	19	17	29	29	32
Dresden AH				4	5	9	5	5	8	10	7
Frankfurt AH				5	9	12	21	23	24	25	30
Hamburg CP				1	5	5	6	13	9	7	14
Bonn AH					6	5	5	3			
Freiburg CP					1	1	3	2	3	5	3
Hannover CP					2	8	7	7	5	7	9
Magdeburg AH					1	3	8	4	9	8	9
Emsland AH						2	10	6	6	1	1
Hamburg ZSG						1		3	1		
Mannheim CP							2	11	17	31	39
Lübeck AH								2	3	2	1
Potsdam AH											1

[1] Community-based voluntary counselling and testing.

Table 2.5: Positive *s.a.m health* test results in the 2nd half of 2023, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH	1	2	13	14
Dresden AH		3	6	8
Frankfurt AH		3	10	12
Freiburg CP		2	4	2
Hamburg CP		2	2	2
Hamburg ZSG			1	11
Hannover CP		2	3	17
Lübeck AH			1	1
Magdeburg AH		1	1	4
Mannheim CP	1	6	6	10
München CP		4	14	31
München Sub			5	5
Nürnberg CP		1	4	10
Potsdam AH				1
Regensburg CP		1	3	2

[1] Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 2nd half of 2023

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	1 528	100,0 %	1 327	100,0 %	1 594	100,0 %
HIV						
Newly positive*	2	0.1 %	0	0.0 %	0	0.0 %
Known positive	37	2.4 %	1	0.1 %	0	0.0 %
Negative*	1 388	90.8 %	1 288	97.1 %	1 529	95.9 %
No result	101	6.6 %	38	2.9 %	65	4.1 %
Syphilis						
Positive**	22	1.4 %	1	0.1 %	4	0.3 %
Serological scar	149	9.8 %	3	0.2 %	6	0.4 %
Negative	1 292	84.6 %	1 297	97.7 %	1 544	96.9 %
No result	65	4.3 %	26	2.0 %	40	2.5 %
Gonorrhoea						
Positive	65	4.3 %	2	0.2 %	6	0.4 %
Negative	1 463	95.7 %	1 323	99.7 %	1 588	99.6 %
No result	0	0.0 %	2	0.2 %	0	0.0 %
Chlamydia						
Positive	72	4.7 %	20	1.5 %	38	2.4 %
Negative	1 456	95.3 %	1 305	98.3 %	1 556	97.6 %
No result	0	0.0 %	2	0.2 %	0	0.0 %

MSM: Men who have sex with men. Other men: Men who do not have sex with men. * May contain false-positive test results (external confirmation test negative). ** VDRL-confirmed. The category 'serological scar' is based on self-report, in which case a VDRL test was performed.