

Half-Year Report

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

ENGLISH

 Deutsche
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Participating centres

Ahlen AH = Aidshilfe Ahlen e.V. | Augsburg AH = Augsburger AIDS-Hilfe e.V. | Bergisch Gladbach AH = Zentrum für Sexualität und Gesundheit. Aidshilfe RheinBerg 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 | Berlin Subway = HILFE-FÜR-JUNGS e.V. Projekt subway | Bielefeld AH = AIDS-Hilfe Bielefeld e.V. | Bonn AH = Aids-Hilfe Bonn e.V. | Braunschweig AH = Braunschweiger AIDS-Hilfe e.V. | Bremen AH = AIDS-Hilfe Bremen e.V. | Chemnitz AH = AIDS-Hilfe Chemnitz e.V. | Cottbus Katte = Katte e.V. Rat & Tat Cottbus | Darmstadt AH = AIDS-Hilfe Darmstadt e.V. | Dortmund AH = AIDS-Hilfe Dortmund e.V. Gesundheitsladen Pudelwohl | Dresden AH = Aids-Hilfe Dresden e.V. | Duisburg AH = AIDS-Hilfe Duisburg/Kreis Wesel e.V. | Düsseldorf AH = Aidshilfe Düsseldorf e.V. | Emsland AH = AIDS-Hilfe Emsland e.V. | Erfurt AH = AIDS-Hilfe Thüringen e.V. | Essen AH = Aidshilfe Essen e.V. | Frankfurt AH = AIDS-Hilfe Frankfurt e.V. | Freiburg CP = Checkpoint Aidshilfe Freiburg e.V. | Gießen AH = AIDS-Hilfe Gießen e.V. | Goslar AH = Aidshilfe Goslar e.V. | Göttingen AH = Göttinger AIDS-Hilfe e.V. | Hagen AH = AIDS-Hilfe Hagen e.V. | Halle AH = AIDS-Hilfe Halle/Sachsen-Anhalt Süd e.V. | Hamburg AH = AIDS-Hilfe Hamburg e.V. | Hamburg CP = Hein & Fiete. Der schwule Checkpoint. Prävention e.V. | Hamburg ZSG = CASAbianca. Centrum für HIV und sexuell übertragbare Infektionen in Altona | Hamm AH = Aidshilfe Hamm e.V. | Hannover CP = CheckPoint Hannover | Heidelberg AH = AIDS-Hilfe Heidelberg e.V. | Heilbronn AH = AIDS-Hilfe Unterland e.V. | Kaiserslautern AH = AIDS-Hilfe Kaiserslautern e.V. | Karlsruhe AH = ZeSIA. Zentrum für sexuelle Gesundheit, Identität und Aufklärung Karlsruhe | Kiel AH = AIDS-Hilfe Kiel e.V. | Konstanz AH = Aids-Hilfe Konstanz e.V. | Köln CP = Checkpoint Köln | Leipzig AH = aidshilfe leipzig e.V. | Lübeck AH = Aidshilfe Lübeck für sexuelle Gesundheit e.V. | Lüneburg CP = Checkpoint Queer e.V. | Magdeburg AH = Zentrum für sexuelle Gesundheit. Aidshilfe Sachsen-Anhalt Nord e.V. | Mannheim CP = KOSI.MA. Zentrum für sexuelle Gesundheit Mannheim | Märkischer Kreis AH = AIDS-Hilfe im Märkischen Kreis e.V. | München CP = Checkpoint München | München Sub = Sub. Schwules Kommunikations- und Kulturzentrum München e.V. | Münster AH = Fachstelle für Sexualität und Gesundheit. AIDS-Hilfe Münster e.V. | Neumünster AH = AIDS-Hilfe Neumünster e.V. | Nürnberg CP = AIDS-Hilfe Nürnberg-Erlangen-Fürth e.V. | Oberhausen AH = AIDS-Hilfe Oberhausen e.V. | Offenbach AH = AIDS-Hilfe Offenbach e.V. | Offenburg AH = AIDS-Hilfe Offenburg/Ortenaukreis e.V. | Oldenburg AH = AIDS-Hilfe Oldenburg e.V. | Olpe AH = AIDS-Hilfe Kreis Olpe e.V. | Osnabrück AH = AIDS-Hilfe Osnabrück e.V. | Paderborn AH = Aidshilfe Paderborn e.V. | Potsdam AH = AIDS-Hilfe Potsdam e.V. | Potsdam Katte = Katte e.V. Checkpoint Potsdam | Regensburg CP = Checkpoint Regensburg. Aidsberatungsstelle Oberpfalz | Rostock AH = Centrum für Sexuelle Gesundheit Rostock e.V. | Saarbrücken AH = Aids-Hilfe Saar e.V. | Siegen AH = AIDS-Hilfe Kreis Siegen-Wittgenstein e.V. | Soest AH = AIDS-Hilfe im Kreis Soest e.V. | Stuttgart AH = AIDS-Hilfe Stuttgart e.V. | Trier AH = AIDS-Hilfe Trier e.V. | Tübingen AH = Aidshilfe Tübingen-Reutlingen e.V. | Ulm AH = AIDS-Hilfe Ulm/Neu-Ulm/Alb-Donau e.V. | Unna AH = Aidshilfe im Kreis Unna e.V. | Weimar-Jena AH = AIDS-Hilfe Weimar & Ostthüringen e.V. | Wilhelmshaven AH = Aids-Hilfe Friesland-Wilhelmshaven-Wittmund e.V. | Wismar AH = Beratungsstelle für sexuelle Gesundheit und Aufklärung Westmecklenburg e.V. | Wuppertal AH = AIDS-Hilfe Wuppertal e.V. | Zwickau AH = AIDS-Hilfe Westsachsen e.V.

CBVCT centres in Germany

Preliminary remark

Due to a change in the data collection system, data from the counselling and testing centres in the German AIDS Federation are not available for the 1st half of 2024. Instead, we present the results of a federation-wide survey conducted in 2023. This survey aimed to map the current landscape of community-based counselling and testing across the 16 German federal states.

The German AIDS Federation (*Deutsche Aidshilfe*) was founded in 1983. In the first 25 years, the work of AIDS service organisations primarily involved supporting people living with HIV and AIDS: “Obtaining and disseminating information, supporting the sick, providing companion-ship in mourning, ensuring no one was left alone, enabling protection, and preserving sexuality.” As therapeutic options for people living with HIV improved, the importance of HIV testing for secondary prevention (early detection of disease and halting disease progression) grew. Since the Swiss Statement in 2008 [referenced in 3 & 4], which established that HIV therapy also protects against sexual transmission (U=U), HIV testing also had an indirect positive effect on primary prevention (prevention of new HIV infections). Since then, many AIDS service organisations have evolved into specialist sexual health centres, expanding their counselling and testing services. An amendment to the German Infection Protection Act (Section 24) on March 1, 2020, has allowed non-medical staff to conduct rapid tests for HIV, syphilis and hepatitis C in AIDS service organisations and drug support facilities. This chapter aims to describe the progress of this evolution among members of the German AIDS Federation.

Summary

At least three-quarters of facilities eligible for this evaluation, or at least 75 German AIDS service organisations (or associated organisations), qualify as CBVCT (community-based voluntary counselling and testing) centres because they offer low-threshold testing services. While on-site STI treatment is available at only a few centres, there is typically an established referral structure in place. Access to vaccinations or HIV-PrEP through CBVCT centres remains uncommon in Germany. Despite this, the evolution from traditional AIDS service organisations to specialised sexual health centres is well underway in the country.

Background

Early diagnosis of HIV infection is essential for timely treatment to reduce mortality, morbidity and transmission rates. Although access to healthcare is universal in most European countries, people at risk do not necessarily actively seek HIV testing or face significant testing barriers within the formal healthcare system. According to the German AIDS Federation, every HIV test should be *voluntary* and accompanied by *counselling*. Community-based voluntary counselling and testing (CBVCT) is considered an effective model for improving access to health care for the most vulnerable populations regarding HIV, Syphilis, and hepatitis C.

CBVCT centres are well-positioned to enhance all aspects of HIV/STI counselling and testing, including access, supply, uptake and effectiveness, for vulnerable individuals. Most CBVCT centres in Germany, often operating under the name *Checkpoint*, are members of the German AIDS Federation.

Since 2007, some large AIDS service centres have offered HIV rapid tests, a service quickly adopted and implemented by many other centres. A few years later, this was expanded to include rapid tests for syphilis and hepatitis C. In the 2010s, many German CBVCT centres began offering non-blood-based tests for gonorrhoea and chlamydia. A change in German law in March 2020 exempted rapid tests for HIV, syphilis, and hepatitis C from the “doctor’s prerogative”, lowering the threshold for testing. Since then, the presence of medical staff is no longer mandatory for performing rapid tests. This also makes it much easier to carry out testing as part of outreach work, e.g. in prison. However, further diagnostics, such as confirmatory test, remain the responsibility of medical doctors.

Methods

The questionnaire was developed based on a European survey conducted in 2016 [1]. Throughout 2023, 97 member organisations and 3 associated organisations offering community-based HIV counselling services were surveyed (N=97). We calculated two scores, each ranging from 0 to 8 points. The scores represent two dimensions: *testing and treatment* and *counselling and community involvement*.

These scores should not be interpreted as assessments of service quality but rather as indicators of the progress made in evolving traditional AIDS service organisations into specialised sexual health centres. For the *testing and treatment* dimension, the following aspects were taken into account and were each awarded one point: availability of rapid or laboratory tests for HIV, syphilis, or hepatitis C; availability of laboratory tests for gonorrhoea/chlamydia, possibility of on-site treatment for sexually transmitted diseases or the existence of a standardised referral structure to medical practices; offer of HIV-PrEP; vaccinations against hepatitis A/B; and vaccinations against HPV or Mpox. By definition, a score of 1 or higher in the *testing and treatment* dimension qualifies the facility as a CBVCT centre. For the *counselling and community involvement* dimension, the following aspects were considered: counselling on sexual health, mental health, drug use, health of trans and non-binary individuals, involvement of LGBTIQ people in counselling and/or treatment, outreach work (2 points), involvement in research on LGBTIQ health, drug use, or sex work.

Results

A total of 75 member organisations returned the questionnaire. Most of the organisations that did not respond are those without HIV testing services. The 100 member organisations shown on the map in **Figure 1.1** correspond to a density of 1.2 services per one million inhabitants, with the highest density in Bremen (2.9) and the lowest in Bavaria (0.4). The shading of the federal states in **Figure 1.1** indicates the density of services.

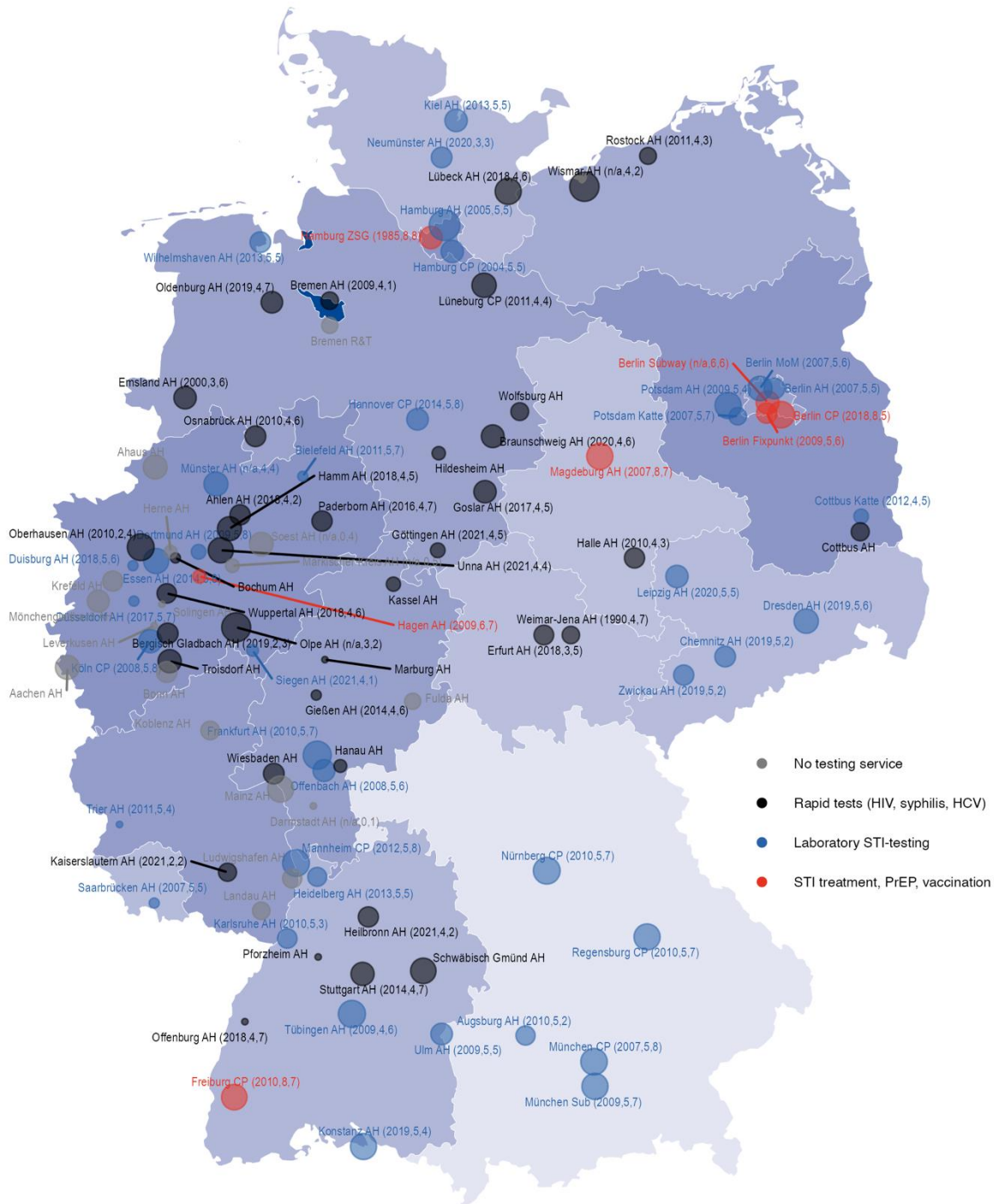
A fifth of all CBVCT centres began HIV testing before 2009, and half started between 2009 and 2018. Although only 8 centres began testing for HIV, syphilis, or hepatitis C without doctors after the change in the law on rapid tests, 51 centres reported expanding their services since then.

Of the 100 centres surveyed, 72 offer rapid tests for HIV, syphilis, or hepatitis C, 44 send swabs for gonorrhoea/chlamydia to a laboratory. 5 CBVCT centres provide on-site treatment for venereal diseases, and 64 have established standardised referral structure to medical practices. HIV-PrEP is directly available at 5 CBVCT centres. 6 CBVCT centres offer vaccinations for hepatitis A/B, 3 for HPV, and 4 for Mpox. The latter may no longer apply in 2024 due to legal restrictions on the government-purchased vaccine *Jynneos*. The average score for the dimension *testing and treatment* was 4.

Among the centres surveyed, 75 offer sexual health counselling, and 49 offer mental health counselling. Drug counselling, including Chemsex, is available at 41 centres. 46 CBVCT centres provide health counselling for trans and non-binary individuals. In 59 centres, LGBTIQ people make up at least a quarter of the staff in counselling and, where available, treatment (peer involvement). 46 CBVCT centres conduct outreach work, which was given a higher importance in scoring, earning two points instead of one, due to its significance in identifying undetected infections with HIV, syphilis and chronic viral hepatitis. 15 CBVCT centres reported involvement in studies on LGBTIQ health, drug use, or sex work. The average score for the dimension *counselling and community involvement* was 5.

Figure 1.1: shows the geographical distribution and density of CBVCT(T) centres in Germany. The year when HIV testing began and the two scores for *testing and treatment* and *counselling and community involvement* are indicated in brackets after each centre's name. If no scores are listed, it means the centre did not participate in the survey.

Figure 1.1: Scope of services, distribution, and density of CBVC(T) centres in Germany, including the year when HIV testing started



The size of the dot corresponds to the opening hours of the centre. Black, blue and red dots indicate CBVC(T) centres. In brackets after the name of the organisation: year in which HIV testing started, score (0–8) for the dimension 'testing and treatment', score (0–8) for the dimension 'counselling and community involvement'. n/a, no answer/not applicable. If no brackets/scores are shown, the centre did not participate in the survey and colours are based on internet research.

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 laboratory Medizinisches Labor Nord 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, 16 228 people 33 229 received valid test results, including 3745 MSM, 5881 other men (who do *not* have sex with men) and 6602 women – this equals 23.1 %, 36 %, and 40.7 %, respectively. The grouping corresponds to the three different test kits that are provided. 10 individuals identified as “other (e.g. trans*, intersex, non-binary)”, cf. the note at the end of this report.

In the 1st half of 2024, 2035 individuals received 5251 valid test results via *s.a.m health* – that is 28.8 % more tests performed than in the same period of the previous year. 271 of these tests (5.2 %) 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 a significant increase in STIs (syphilis, gonorrhoea or chlamydia) over time 2019–2024.

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 2024, since the start of the project, 41 819 initial telephone consultations were conducted, and subsequently 36 327 *s.a.m health* test kits were delivered to clients. Of these, 33 229 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 14 *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.

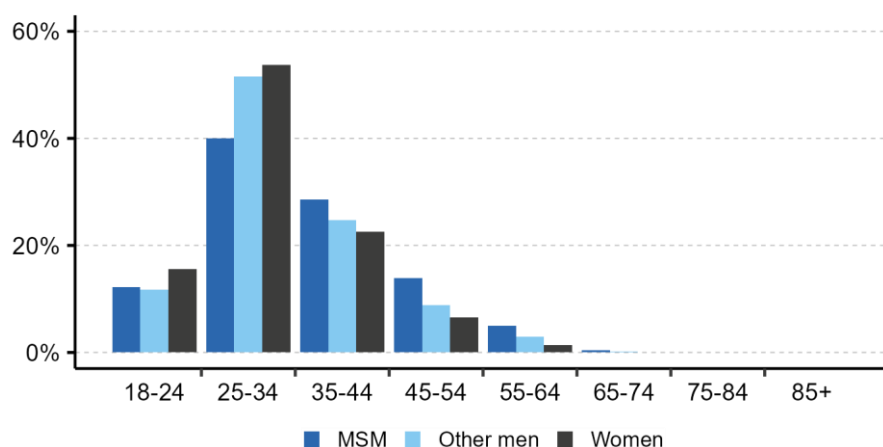
HIV-Pre-exposure Prophylaxis (PrEP)

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 2024, 275 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, 2018–2024



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

Overall, 9.6 % of all *s.a.m health* clients reported more than five sexual partners in the previous three months. 17.6 % reported having tested for HIV or other STIs in the six months prior to enrolling in *s.a.m health*. For 30.9 % 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 (43.4 %), and for women (26.9 %).

2.6 % 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; 37.3 % used condoms regularly. 9.5 % 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 2024

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 2024, 35 active syphilis infections were detected via *s.a.m health*, 95 cases of gonorrhoea, and 141 chlamydia infections. Syphilis and gonorrhoea almost exclusively affected MSM. In total, 271 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 typically lower than among CBVCT clients with swabs and syphilis test).

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 1st half of 2024.

In the 1st half of 2024, the STI prevalence among MSM (9.7 % 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 (10.0 % 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: 10.1 % 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, 2018–2024

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	3,745	100.0 %	5,881	100.0 %	6,602	100.0 %
First users 1/2024	345		822		868	
Age median (IQR)	34	(28–42)	32	(27–38)	30	(26–36)
City size						
Large city (100,000+)	2,269	60.6 %	3,595	61.1 %	4,287	64.9 %
Medium-size (20,000–100,000)	687	18.3 %	969	16.5 %	1,026	15.5 %
Small town/rural	788	21.0 %	1,317	22.4 %	1,289	19.5 %
Number of sexual partners*						
0	127	3.4 %	274	4.7 %	263	4.0 %
1–2	1,458	38.9 %	3,543	60.2 %	3,715	56.3 %
3–5	1,457	38.9 %	1,648	28.0 %	2,012	30.5 %
>5	666	17.8 %	349	5.9 %	536	8.1 %
n.a.	37	1.0 %	67	1.1 %	76	1.2 %
Condomless anal/vaginal intercourse						
Yes	2,114	56.4 %	3,639	61.9 %	4,422	67.0 %
No	1,631	43.6 %	2,242	38.1 %	2,180	33.0 %
Last HIV/STI test						
In the previous 6 months	1,355	36.2 %	555	9.4 %	951	14.4 %
Before	1,707	45.6 %	2,776	47.2 %	3,875	58.7 %
Never	683	18.2 %	2,550	43.4 %	1,776	26.9 %
PrEP						
Yes	376	10.0 %	16	0.3 %	29	0.4 %
No	3,369	90.0 %	5,865	99.7 %	6,573	99.6 %
Intranasal / intravenous drugs						
Yes	311	8.3 %	633	10.8 %	602	9.1 %
No	3,434	91.7 %	5,248	89.2 %	6,000	90.9 %

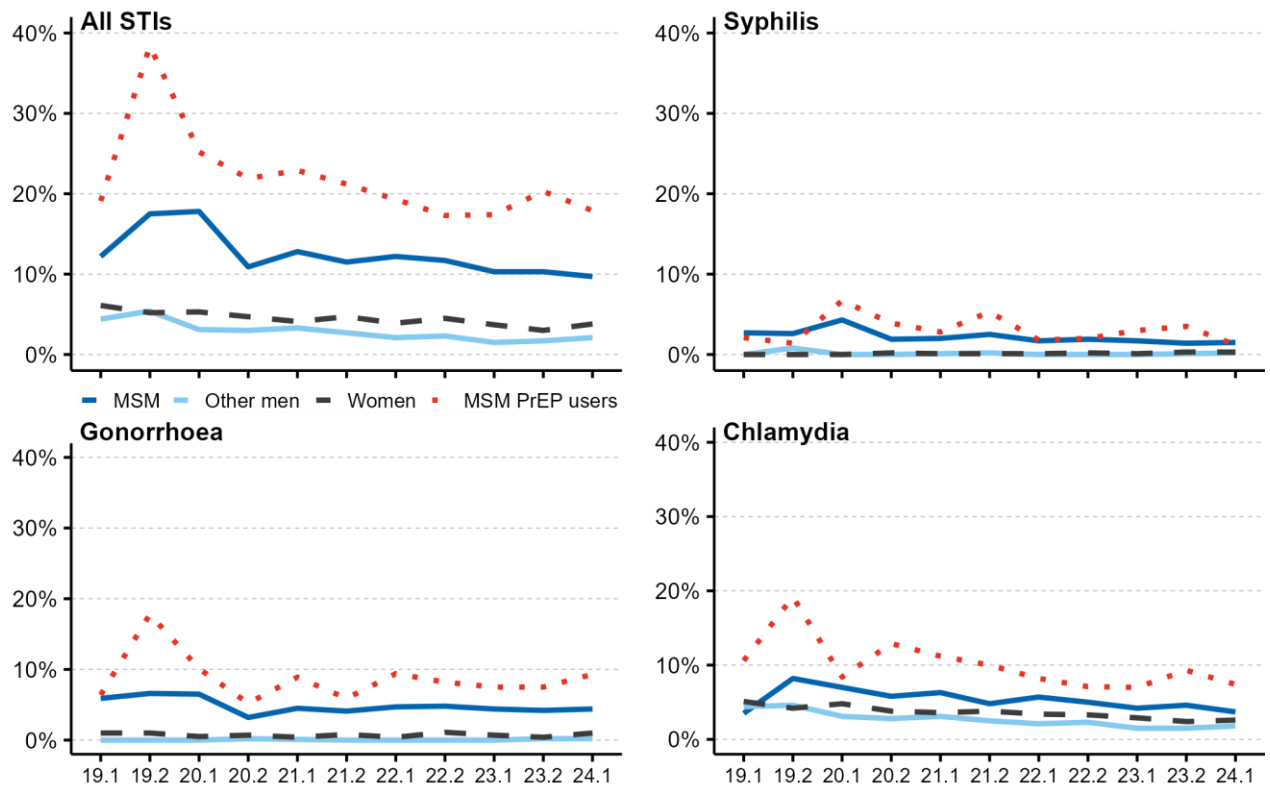
Other men: cis and trans men who do not have sex with men.

*Sexual partners in the previous three months.

In the 1st half of 2024, no new HIV infections have been detected. Known positive HIV infections almost exclusively concerned MSM. In about every 29th 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 2024 separately for MSM, other men and women.

Figure 2.2: STI prevalences among *s.a.m* health clients over time, 2019–2024.



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 are in the process of fixing this problem and it should be gone with the next report. The number persons who ticked “other” (total N=10) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 10 “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 Potsdam* had to leave *s.a.m health* as a partner in the 1st half of 2024 for personnel reasons; active users were assigned to *Berliner Aids-Hilfe*.

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Appendix

Table 2.2: Evaluated *s.a.m* health test kits by CBVCT² centre and half-year, 2018–2024

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1
All <i>s.a.m</i> health centres	157	443	700	1,302	2,453	3,458	3,384	3,804	3,758	4,076	4,443	5,251
München CP	90	254	377	495	735	758	707	704	779	820	815	905
München Sub	27	66	99	137	140	141	103	116	99	104	104	99
Nürnberg CP	26	81	155	195	261	315	273	252	238	274	292	284
Regensburg CP	14	42	69	99	113	119	108	112	94	108	107	130
Berlin AH				91	281	493	489	541	568	611	751	933
Bonn AH				34	80	47	33	12				
Dresden AH				38	131	204	200	218	219	213	221	278
Emsland AH				5	20	57	83	73	53	12	1	
Frankfurt AH				107	297	475	531	623	517	496	542	535
Freiburg CP				17	107	175	174	166	141	163	180	231
Hamburg CP				25	63	87	81	79	86	85	102	116
Hannover CP				28	97	260	197	275	288	356	380	404
Magdeburg AH				10	22	71	94	101	107	165	164	224
Mannheim CP				21	41	11	56	193	232	313	380	671
Hamburg ZSG					65	245	255	310	273	285	335	383
Lübeck AH								29	38	48	37	58
Potsdam AH									26	23	32	

Table 2.3: Number of new *s.a.m* health clients¹ by CBVCT² centre and half-year, 2018–2024

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1
All <i>s.a.m</i> health centres	139	294	381	785	1,630	2,266	1,790	1,894	1,574	1,679	1,761	2,035
München CP	82	164	200	224	389	382	288	287	282	277	269	247
München Sub	21	40	44	58	31	43	22	24	11	22	23	15
Nürnberg CP	22	58	97	89	134	177	96	96	76	108	107	94
Regensburg CP	14	32	40	49	64	49	43	32	20	33	33	36
Berlin AH				90	233	365	280	269	271	268	334	429
Bonn AH				34	56	4	2					
Dresden AH				35	107	154	126	113	102	87	93	111
Emsland AH				5	17	47	48	30	16	1		
Frankfurt AH				101	241	346	314	312	157	139	169	95
Freiburg CP				17	101	145	111	84	58	73	68	99
Hamburg CP				25	49	50	29	40	31	27	29	33
Hannover CP				27	90	209	120	155	152	163	146	159
Magdeburg AH				10	17	61	70	62	57	107	98	118
Mannheim CP				21	36	1	39	148	147	180	189	400
Hamburg ZSG					65	233	202	214	140	139	161	162
Lübeck AH								28	30	36	19	37
Potsdam AH									24	19	23	

Table 2.4: Evaluated *s.a.m* health test kits among PrEP users by CBVCT² centre and half-year, 2018–2024

Half-year	2018.2	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1
All <i>s.a.m</i> health centres	15	49	74	121	160	186	177	186	211	215	240	275
München CP	8	30	39	60	64	81	59	57	65	57	56	79
München Sub	4	9	20	25	24	23	16	18	20	17	25	22
Nürnberg CP	2	8	14	17	23	16	10	9	9	11	8	10
Regensburg CP	1	2	1	4	4	4	7	6	3	5	5	3
Berlin AH				5	16	16	19	17	29	29	32	37
Dresden AH				4	5	9	5	5	8	10	7	3
Frankfurt AH				5	9	12	21	23	24	25	30	38
Hamburg CP				1	5	5	6	13	9	7	14	19
Bonn AH					6	5	5	3				
Freiburg CP					1	1	3	2	3	5	3	2
Hannover CP					2	8	7	7	5	7	9	10
Magdeburg AH					1	3	7	4	9	8	9	4
Emsland AH						2	10	6	6	1	1	
Hamburg ZSG						1		3	1			
Mannheim CP							2	11	17	31	39	47
Lübeck AH								2	3	2	1	1
Potsdam AH											1	

¹ With evaluated test results. ² Community-based voluntary counselling and testing.

Table 2.5: Positive *s.a.m health* test results in the 1st half of 2024, by CBVCT¹ centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH		6	13	25
Dresden AH		5	6	8
Frankfurt AH		2	13	8
Freiburg CP		1	4	4
Hamburg CP		4	6	3
Hamburg ZSG			2	9
Hannover CP		1	5	19
Lübeck AH				1
Magdeburg AH			4	6
Mannheim CP		3	14	19
München CP		6	14	25
München Sub		2	6	5
Nürnberg CP		4	5	7
Regensburg CP		1	3	2

¹ Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 1st half of 2024

	MSM		Other men		Women	
	N	%	N	%	N	%
Total	1,685	100.0 %	1,693	100.0 %	1,873	100.0 %
HIV						
Newly positiv*	0	0.0 %	0	0.0 %	0	0.0 %
Known positive	37	2.2 %	1	0.1 %	1	0.1 %
Negative	1,550	92.0 %	1,650	97.5 %	1,825	97.4 %
No result	98	5.8 %	42	2.5 %	47	2.5 %
Syphilis						
Positive**	26	1.5 %	3	0.2 %	6	0.3 %
Serological scar	168	10.0 %	5	0.3 %	6	0.3 %
Negative	1,422	84.4 %	1,655	97.8 %	1,831	97.8 %
No result	69	4.1 %	30	1.8 %	30	1.6 %
Gonorrhoea						
Positive	74	4.4 %	3	0.2 %	18	1.0 %
Negative	1,607	95.4 %	1,689	99.8 %	1,853	98.9 %
No result	4	0.2 %	1	0.1 %	2	0.1 %
Chlamydia						
Positive	63	3.7 %	30	1.8 %	48	2.6 %
Negative	1,618	96.0 %	1,662	98.2 %	1,823	97.3 %
No result	4	0.2 %	1	0.1 %	2	0.1 %

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.