

# **HIV- and STI-testing in community-based VCT centres in Germany.**

HALF-YEAR REPORT 2/2024

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## Participating CBVCT centres

Augsburg AH = Augsburger Aidshilfe | Berlin AH = Berliner Aids-Hilfe | Berlin CP = Checkpoint BLN | Berlin Fixpunkt = Fixpunkt. Drogenhilfe und Gesundheitsförderung in Berlin | Berlin MoM = Mann-O-Meter. Berlins schwuler Checkpoint | Bonn AH = Aids-Hilfe Bonn | Cottbus Katte = Katte. Rat & Tat Cottbus | Dortmund AH = aidshilfe dortmund | Dresden AH = Aids-Hilfe Dresden | Düsseldorf AH = Aidshilfe Düsseldorf | Emsland AH = AIDS-Hilfe Emsland | Erfurt AH = AIDS-Hilfe Thüringen | Frankfurt AH = AIDS-Hilfe Frankfurt | Freiburg CP = Checkpoint Aidshilfe Freiburg | Halle AH = AIDS-Hilfe Halle/Sachsen-Anhalt Süd | Hamburg CP = Hein & Fiete. Der schwule Checkpoint. Prävention | Hamburg ZSG = CASAbianca. Centrum für HIV und sexuell übertragbare Infektionen in Altona | Hannover CP = CheckPoint Hannover | Heidelberg AH = Aidshilfe Heidelberg | Heilbronn AH = Checkpoint Aidshilfe Unterland | Jena AH = AIDS-Hilfe Weimar & Ostthüringen. Beratungsstelle Jena | Karlsruhe AH = ZeSIA. Zentrum für sexuelle Gesundheit, Identität und Aufklärung Karlsruhe | Kiel AH = Aidshilfe Kiel | Konstanz AH = Aids-Hilfe Konstanz | Lübeck AH = Aidshilfe Lübeck für sexuelle Gesundheit | Magdeburg AH = Zentrum für sexuelle Gesundheit. Aidshilfe Sachsen-Anhalt Nord | Mannheim CP = KOSI.MA. Zentrum für sexuelle Gesundheit Mannheim | München CP = Checkpoint München | München Sub = Sub. Schwules Kommunikations- und Kulturzentrum München | Nürnberg CP = AIDS-Hilfe Nürnberg-Erlangen-Fürth | Offenburg AH = AIDS-Hilfe Offenburg/Ortenaukreis | Pforzheim AH = AIDS-Hilfe Pforzheim | Potsdam AH = AIDS-Hilfe Potsdam | Potsdam Katte = Katte. Checkpoint Potsdam | Regensburg CP = Checkpoint Regensburg. Aidsberatungsstelle Oberpfalz | Saarbrücken AH = Aidshilfe Saar | Schw.Gmünd AH = AIDS-Hilfe Schwäbisch Gmünd | Stuttgart AH = AIDS-Hilfe Stuttgart | Troisdorf AH = check-it. Aidshilfe Rhein-Sieg | Tübingen AH = Aidshilfe Tübingen-Reutlingen | Ulm AH = AIDS-Hilfe Ulm/Neu-Ulm/Alb-Donau

# CBVCT centres in Germany

## Summary

German CBVCT centres started online data collection in 2018. Since then, 98 968 counselling sessions with a valid test result were documented.

In 2024, 20 557 counselling sessions with a valid test result were documented – 1.3 % more than in the previous year. These included 10 104 men who have sex with men (MSM), 4114 other men (who do *not* have sex with men), 5070 women, and 726 persons with non-binary or other gender identity – corresponding to 50.5 %, 20.6 %, 25.3 %, and, respectively, 3.6 % of all CBVCT clients with information on gender identity and sexual orientation.

Overall in 2024, 1812 sexually transmitted infections (STIs) were diagnosed (either syphilis, gonorrhoea or chlamydia). In 75 cases, the HIV antibody test was reactive or confirmed positive, and in 70 cases the HCV antibody test was positive. None of the groups showed evidence of a significant increase in STI diagnoses over time (2019–2024). 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 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.

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 2024 there were 132 798 entries in the CBVCT database. After excluding 1498 invalid data, 131 300 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 101 427 cases (77.2 %; **Table 1.3** in the appendix). Not all of them could be assigned to one of the four groups used in this report (3820 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.

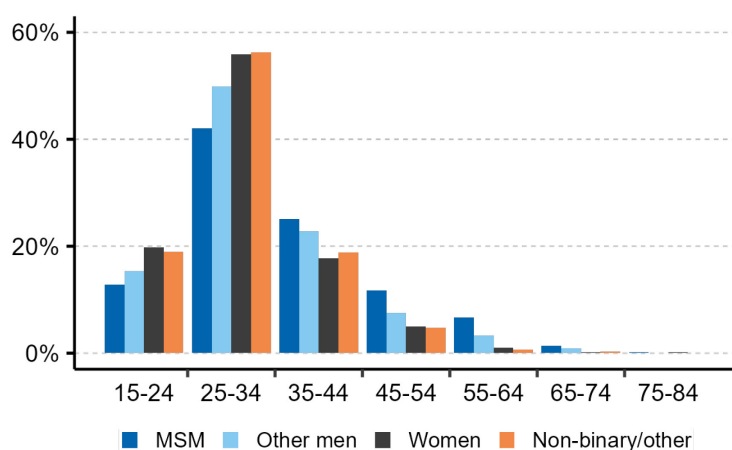
## Over time

**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 resulted in a significant decline in CBVCT visits. In the first half of 2020, the number of tests conducted dropped by 42 % compared to the previous six months. Some CBVCT centers even temporarily suspended operations (**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 2024

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 2024



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

In 42.8 % of all test consultations in 2024, clients reported a migration background; 15.7 % of CBVCT clients did not have health insurance in Germany. For 26.1 % the visit to a CBVCT centre was the first time to test for HIV, especially for men who do *not* have sex with men (47,9 %), or for women (37,1 %). All this underlines the importance of the low-threshold nature of this offer.

Sex work in the previous six months was reported by 3.5 % of CBVCT clients; this proportion was highest among non-binary persons (11,3 %). Paying for sex was reported by 6.1 %; this proportion was highest among men who do *not* have sex with men (14,5 %). More than ten sexual partners in the previous six months were reported by 11.9 %. 13.6 % of visits were regular *screening* examinations recommended for PrEP; this concerned mainly MSM (28,9 %) and non-binary persons (14,0 %) – 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:** Characteristics of clients of CBVCT centres in 2024

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
<b>Total</b>	10 104	100.0 %	4 114	100.0 %	5 070	100.0 %	726	100.0 %
<b>Gender identity</b>								
<b>Man</b>	9 909	98.8 %	4 098	99.9 %	0	0.0 %	0	0.0 %
<b>Trans man</b>	124	1.2 %	5	0.1 %	0	0.0 %	0	0.0 %
<b>Woman</b>	0	0.0 %	0	0.0 %	4 868	97.1 %	0	0.0 %
<b>Trans woman</b>	0	0.0 %	0	0.0 %	146	2.9 %	0	0.0 %
<b>Non-binary/other</b>	0	0.0 %	0	0.0 %	0	0.0 %	726	100.0 %
<b>Sexual identity</b>								
<b>Heterosexual</b>	320	3.2 %	4 114	100.0 %	3 264	66.3 %	18	2.5 %
<b>Bisexual</b>	2 473	24.7 %	0	0.0 %	1 128	22.9 %	150	20.9 %
<b>Gay</b>	6 634	66.2 %	0	0.0 %	0	0.0 %	95	13.2 %
<b>Queer</b>	419	4.2 %	0	0.0 %	335	6.8 %	399	55.5 %
<b>Lesbian</b>	0	0.0 %	0	0.0 %	112	2.3 %	8	1.1 %
<b>Other</b>	168	1.7 %	0	0.0 %	86	1.7 %	49	6.8 %

**Table 1.1:** Characteristics of clients of CBVCT centres in 2024 (continued)

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
<b>Total</b>	10 104	100.0 %	4 114	100.0 %	5 070	100.0 %	726	100.0 %
<b>Age median (IQR)</b>	33	(28–42)	31	(26–37)	29	(25–34)	29	(25–34)
<b>Health Insurance</b>								
<b>Yes</b>	7 333	76.6 %	3 478	91.5 %	4 218	90.5 %	553	80.3 %
<b>No</b>	2 245	23.4 %	325	8.5 %	442	9.5 %	136	19.7 %
<b>Migration background</b>								
<b>Yes</b>	4 993	50.7 %	1 355	34.6 %	1 817	37.4 %	404	57.4 %
<b>No</b>	4 862	49.3 %	2 563	65.4 %	3 042	62.6 %	300	42.6 %
<b>Country/region of birth</b>								
<b>Germany</b>	5 491	56.2 %	2 837	72.8 %	3 456	71.9 %	343	49.1 %
<b>Other Europe</b>	1 943	19.9 %	522	13.4 %	783	16.3 %	153	21.9 %
<b>Middle East</b>	490	5.0 %	127	3.3 %	93	1.9 %	45	6.4 %
<b>Other Asia</b>	624	6.4 %	173	4.4 %	148	3.1 %	16	2.3 %
<b>Africa</b>	199	2.0 %	101	2.6 %	62	1.3 %	15	2.1 %
<b>Latin America</b>	580	5.9 %	91	2.3 %	176	3.7 %	54	7.7 %
<b>USA, CA, AU, NZ</b>	445	4.6 %	47	1.2 %	91	1.9 %	72	10.3 %
<b>Sex work*</b>								
<b>Yes</b>	296	3.1 %	54	1.4 %	267	5.6 %	77	11.3 %
<b>No</b>	9 301	96.9 %	3 747	98.6 %	4 493	94.4 %	607	88.7 %
<b>Client of sex work*</b>								
<b>Yes</b>	574	6.0 %	551	14.5 %	63	1.3 %	35	5.1 %
<b>No</b>	9 063	94.0 %	3 259	85.5 %	4 635	98.7 %	648	94.9 %
<b>Number of sexual partners**</b>								
<b>0–2</b>	2 017	20.8 %	2 088	55.4 %	2 304	50.9 %	191	27.8 %
<b>3–5</b>	3 336	34.5 %	1 195	31.7 %	1 520	33.6 %	238	34.6 %
<b>6–10</b>	2 382	24.6 %	364	9.7 %	503	11.1 %	132	19.2 %
<b>&gt;10</b>	1 939	20.0 %	119	3.2 %	199	4.4 %	126	18.3 %
<b>Number CAVI partners***</b>								
<b>0–2</b>	5 257	60.4 %	2 808	84.1 %	3 411	81.3 %	417	69.7 %
<b>3–5</b>	1 814	20.8 %	450	13.5 %	661	15.8 %	110	18.4 %
<b>6–10</b>	820	9.4 %	60	1.8 %	89	2.1 %	28	4.7 %
<b>&gt;10</b>	811	9.3 %	21	0.6 %	32	0.8 %	43	7.2 %
<b>Last HIV test</b>								
<b>In the previous 6 months</b>	4 309	43.3 %	446	11.1 %	651	13.3 %	264	36.9 %
<b>Before</b>	4 282	43.0 %	1 640	40.9 %	2 427	49.6 %	325	45.5 %
<b>Never</b>	1 369	13.7 %	1 919	47.9 %	1 813	37.1 %	126	17.6 %
<b>PrEP</b>								
<b>Yes</b>	2 599	28.9 %	12	0.4 %	29	0.8 %	88	14.0 %
<b>No</b>	6 407	71.1 %	2 929	99.6 %	3 837	99.2 %	542	86.0 %
<b>Hep. A vaccination</b>								
<b>Yes</b>	5 290	55.8 %	1 282	34.4 %	1 918	41.7 %	277	40.7 %
<b>No</b>	4 196	44.2 %	2 444	65.6 %	2 678	58.3 %	403	59.3 %
<b>Hep. B vaccination</b>								
<b>Yes</b>	5 661	59.2 %	1 433	37.8 %	2 312	48.8 %	313	45.4 %
<b>No</b>	3 898	40.8 %	2 363	62.2 %	2 422	51.2 %	376	54.6 %
<b>HPV vaccination</b>								
<b>Yes</b>	857	21.2 %	120	9.3 %	1 084	49.4 %	64	34.8 %
<b>No</b>	3 178	78.8 %	1 164	90.7 %	1 112	50.6 %	120	65.2 %
<b>Mpox vaccination</b>								
<b>Yes</b>	1 398	26.4 %	26	1.4 %	43	1.8 %	20	8.3 %
<b>No</b>	3 889	73.6 %	1 858	98.6 %	2 361	98.2 %	220	91.7 %

MSM: Cis and trans men who have sex with men. Other men: ...who do *not* have sex with men. IQR: interquartile range. \*In the previous six months; \*\*Sexual partners in the previous six months; \*\*\*Sexual partners with condomless anal or vaginal intercourse in the previous six months. Column totals may differ from the overall total due to missing data, particularly for vaccinations against HPV and Mpox, which were only introduced during 2024.

43.8 % and 48.6 %, respectively, reported vaccination against Hepatitis A and B; this proportion was highest among MSM with 55.8 % and 59.2 %, respectively. The proportion of individuals vaccinated against HPV was significantly lower among men than among women and non-binary persons. Mpox vaccinations primarily involved MSM, with 26.4 % reporting having been vaccinated. **Table 1.1** gives an overview of the mentioned characteristics separately for MSM, other men, women and non-binary persons in 2024.

**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 3.3 % and 5.2 %, 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 19.5 % and 21.5 %, respectively.

### CBVCT test results in 2024.

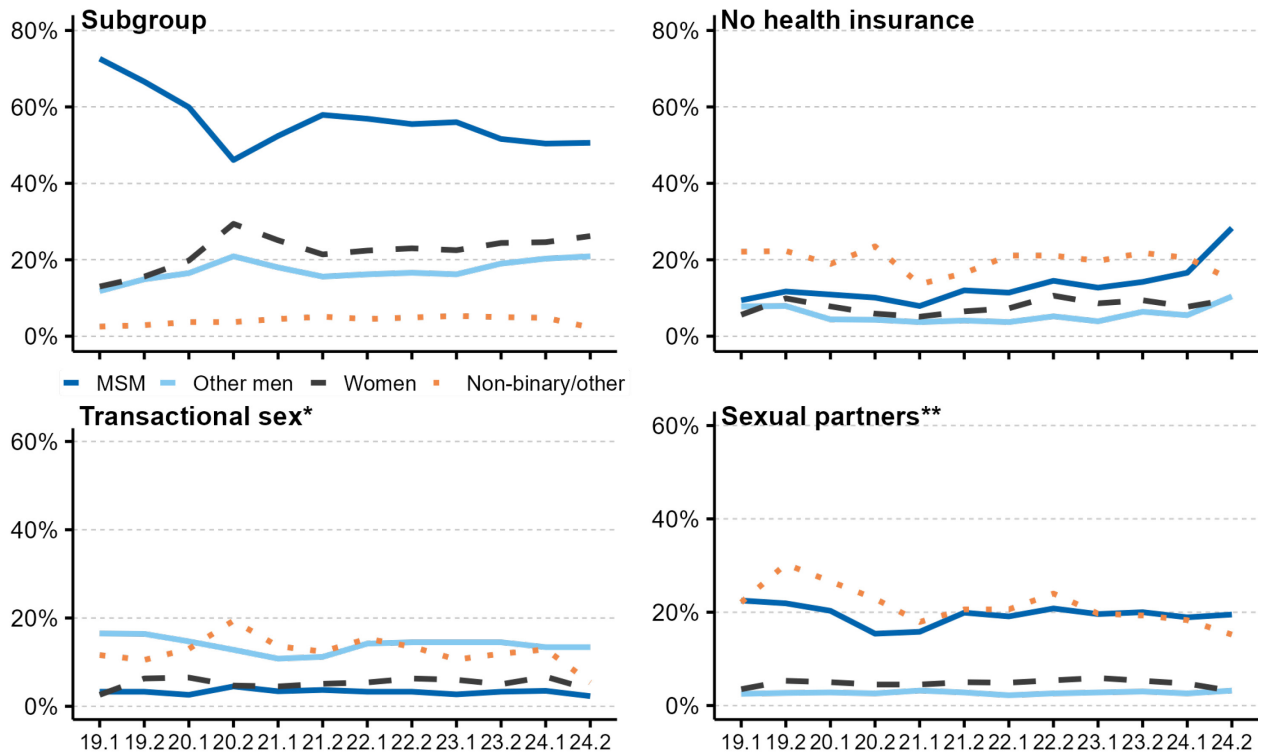
In 2024, CBVCT centres recorded 173 active syphilis infections, 853 cases of gonorrhoea and 786 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. Thus, in total, 1812 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 8.9 %; 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 2019 and 2024. 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 75 persons in 2024, the HIV test was reactive – of which 73.3 % 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 70 persons in 2024, 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. A few centres, particularly in the context of PrEP monitoring, also offer tests for hepatitis B. In 2024, 13 cases of active HBV infections were detected.

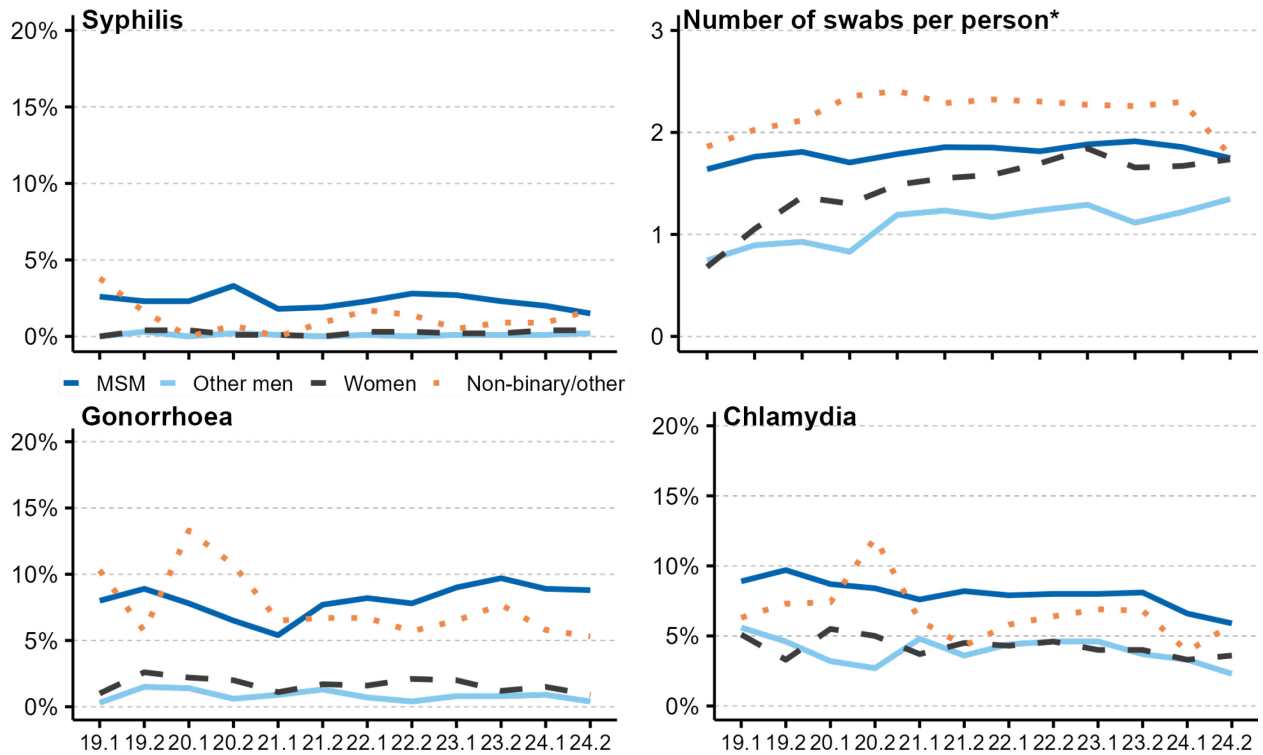
**Table 1.4** in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of 2024 separately for MSM, other men, women, and non-binary persons.

**Figure 1.2:** Characteristics of CBVCT clients over time, 2019–2024



MSM: Cis and trans men who have sex with men. Other 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, 2019–2024



\*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 laboratory *Medizinisches Labor Nord*, 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-venereologists, 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 according to German PrEP guidelines.

Since the project's launch in the second half of 2018, a total of 18 087 people received 38 174 valid test results. This included 4089 MSM, 6605 other men (who do *not* have sex with men) and 7393 women, accounting for 22.8 %, 37 %, and 41.2 % of the tested population, respectively. The grouping corresponds to the three different test kits that are provided. 11 individuals identified as "other (e.g. trans\*, intersex, non-binary)", cf. the note at the end of this report.

In 2024, 3905 individuals received 10 219 valid test results via *s.a.m health* – that is 20 % more tests performed than in the same period of the previous year. 486 of these tests (4.8 %) were positive for one of the three STIs included in the test kit (syphilis, gonorrhoea or chlamydia). In 4 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 2020–2024.

*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 2024, since the start of the project, 47 840 initial telephone consultations were conducted, and subsequently 41 733 *s.a.m health* test kits were delivered to clients. Of these, 38 174 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 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)

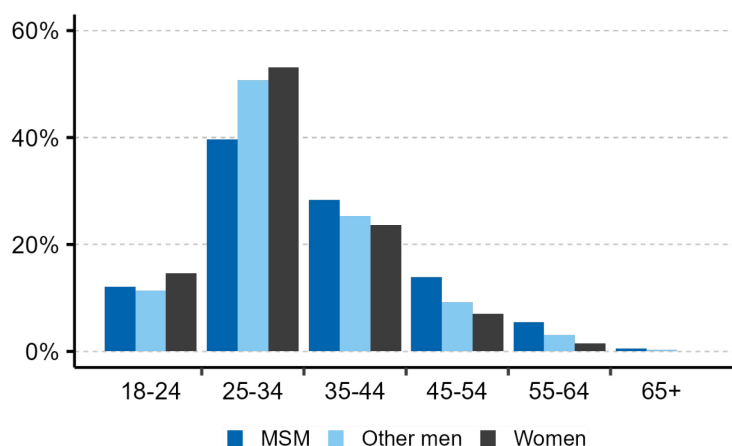
*s.a.m health* is a possibility of medical support for PrEP users who do not receive PrEP through the regular care of the German statutory health insurance, as well as for PrEP users for whom the quarterly visit to an HIV specialist practice or outpatient clinic is too time-consuming – either because of the spatial distance or because of appointment difficulties. In 2024, 518 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: ...who do *not* have sex with men.

Overall, 9.5 % of all *s.a.m health* clients reported more than five sexual partners in the previous three months. 17.2 % reported having tested for HIV or other STIs in the six months prior to enrolling in *s.a.m health*. For 31.2 % 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 (27.2 %).

2.5 % 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; 37.1 % used condoms regularly. 9.6 % 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 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 2024, 55 active syphilis infections were detected via *s.a.m health*, 190 cases of gonorrhoea, and 241 chlamydia infections. Syphilis and gonorrhoea almost exclusively affected MSM. In total, 486 tests were thus positive for one of these three STIs included in the test kit (prevalence: 4.8 % – due to the different composition of *s.a.m health* clients significantly lower than among CBVCT clients with swabs and syphilis test (8.9 %)). 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 2019 and 2024.

**Table 2.1:** Characteristics of *s.a.m health* clients, 2018–2024

	MSM		Other men		Women	
	N	%	N	%	N	%
<b>Total</b>	4 089	100.0 %	6 605	100.0 %	7 393	100.0 %
<b>First users 2024</b>	691		1 552		1 662	
<b>Age median (IQR)</b>	34	(28–42)	32	(27–38)	30	(26–36)
<b>City size</b>						
<b>Large city (100,000+)</b>	2 474	60.5 %	4 047	61.3 %	4 792	64.8 %
<b>Medium-size (20,000–100,000)</b>	735	18.0 %	1 085	16.4 %	1 134	15.3 %
<b>Small town/rural</b>	879	21.5 %	1 473	22.3 %	1 467	19.8 %
<b>Last HIV/STI test</b>						
<b>In the previous 6 months</b>	1 444	35.3 %	609	9.2 %	1 050	14.2 %
<b>Before</b>	1 869	45.7 %	3 132	47.4 %	4 334	58.6 %
<b>Never</b>	776	19.0 %	2 864	43.4 %	2 009	27.2 %
<b>Number of sexual partners*</b>						
<b>0–2</b>	1 737	42.5 %	4 232	64.1 %	4 434	60.0 %
<b>3–5</b>	1 590	38.9 %	1 900	28.8 %	2 277	30.8 %
<b>&gt;5</b>	721	17.6 %	401	6.1 %	604	8.2 %
<b>Prefer not to say</b>	41	1.0 %	72	1.1 %	78	1.1 %
<b>Condomless anal/vaginal intercourse</b>						
<b>Yes</b>	2 321	56.8 %	4 100	62.1 %	4 955	67.0 %
<b>No</b>	1 768	43.2 %	2 505	37.9 %	2 438	33.0 %
<b>PrEP</b>						
<b>Yes</b>	397	9.7 %	18	0.3 %	31	0.4 %
<b>No</b>	3 692	90.3 %	6 587	99.7 %	7 362	99.6 %
<b>Intranasal / intravenous drugs</b>						
<b>Yes</b>	342	8.4 %	714	10.8 %	680	9.2 %
<b>No</b>	3 747	91.6 %	5 891	89.2 %	6 713	90.8 %

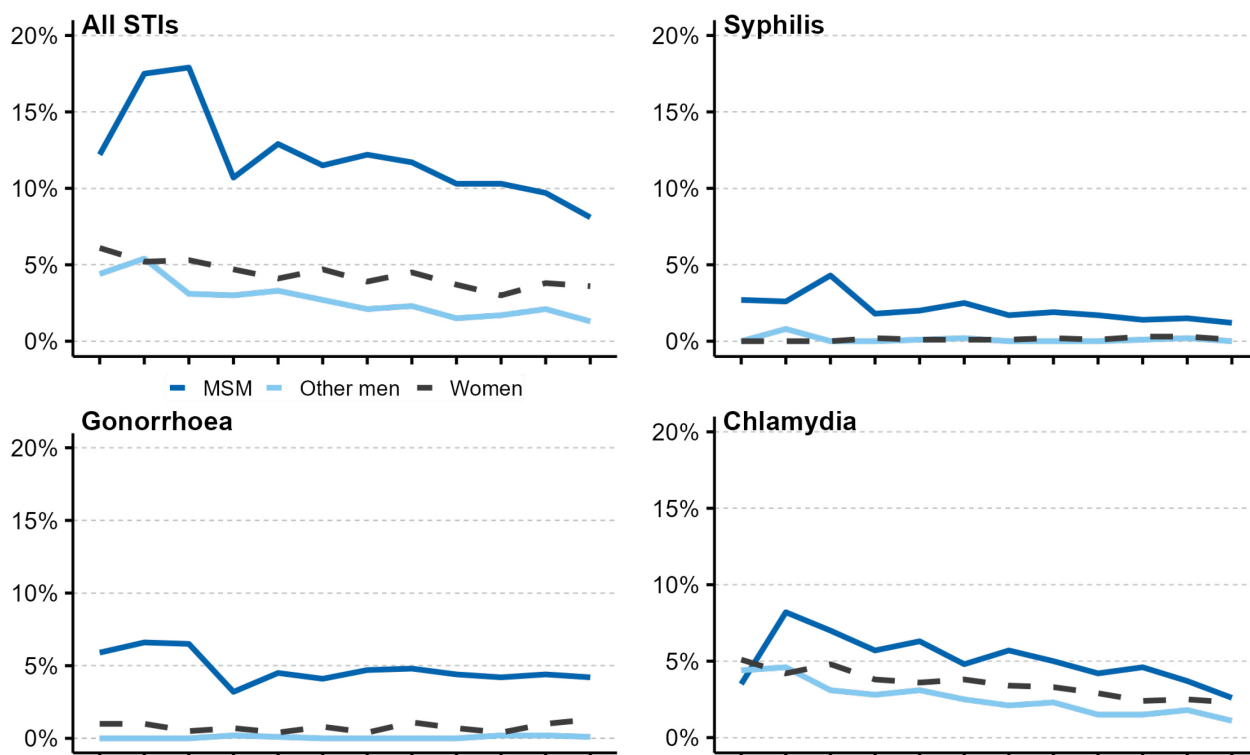
MSM: Men who have sex with men. Other men: ...who do *not* have sex with men. IQR: interquartile range. \*Sexual partners in the previous three months.

In 2024, the STI prevalence among MSM (8.9 % 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 ( 9,3 % 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: 9.5 % in *s.a.m health* vs. 8.7–11.1 % in [5]; cf. **Figure 2.2**).

In 2024, 4 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, a reactive HIV test result is likely to indicate HIV infection (higher pre-test probability). However, *s.a.m health* data does not include information on whether the remaining reactive HIV test results were externally confirmed. The category “reactive” may therefore contain false positive cases. Known positive HIV infections almost exclusively concerned MSM. Approximately one in every 31 test kits sent to the laboratory encountered an issue with the self-collected blood sample, either due to insufficient quantity or the absence of a blood sample altogether.

**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 2024, separately for MSM, other men and women.

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



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

## References

1. Schink SB, Schafberger A, Tappe P, Marcus U (2018). *Gemeinsames Teststellenprojekt 2017. Zeittrends 2015–2017*. Berlin: Robert-Koch-Institut
2. Schwarzkopf L, Hulm M, Carr C, Wullinger P (2022). *Evaluation Förderung Psychosozialer AIDS-Beratungsstellen in der AIDS-Prävention in Bayern*. München: IFT Institut für Therapieforchung München gGmbH
3. Schmidt AJ, Rasi M, Esson C, Christinet V, Ritzler M, Lung T, Hauser CV, Stoeckle M, Jouinot F, Lehner A, Lange K, Konrad T, Vernazza P (2020). *The Swiss STAR trial – an evaluation of target groups for sexually transmitted infection screening in the sub-sample of men*. *Swiss Med Wkly*; 150:w20392
4. Vernazza P, Rasi M, Ritzler M, Dost F, Stoffel M, Aebi-Popp K, Hauser CV, Esson C, Lange K, Risch L, Schmidt AJ (2020). *The Swiss STAR trial – an evaluation of target groups for sexually transmitted infection screening in the sub-sample of women*. *Swiss Med Wkly*; 150:w20393
5. Jansen K, Steffen G, Potthoff A, Schuppe AK, Beer D, Jessen H, Scholten S, Spornraft-Ragaller P, Bremer V, Tiemann C (2020). *MSM Screening Study group. STI in times of PrEP: high prevalence of chlamydia, gonorrhoea, and mycoplasma at different anatomic sites in men who have sex with men in Germany* *BMC Infect Dis*; 20(1):110

## Appendix

**Table 1.2:** Documented **counselling** contacts by CBVCT<sup>1</sup> centre and half-year, 2019–2024

Half-year	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2
<b>All CBVCT centres</b>	9 730	12 008	6 665	6 244	7 308	9 676	9 917	10 982	11 083	12 399	12 288	10 767
<b>Berlin AH</b>	913	1 231	616	693	670	788	981	1 063	1 073	1 024	1 124	914
<b>Berlin CP</b>	1 258	2 471	1 828	1 920	1 921	2 466	2 507	2 520	2 922	2 306	2 122	
<b>Berlin Fixpunkt</b>	364	329	174	100	67	81	20					
<b>Berlin MoM</b>	2 017	2 103	893		1 094	1 838	1 895	2 235	2 307	2 412	2 336	2 478
<b>Cottbus Katte</b>	7	70	4	40	2	57	42			57	14	
<b>Düsseldorf AH</b>	445	457	289	261	312	351	421	435	532	348	476	473
<b>Erfurt AH</b>	105	76	29			25	62	112	118	151	186	127
<b>Freiburg CP</b>	407	590	410	529	543	702	706	799	810	896	844	992
<b>Halle AH</b>	57	131	35	7	31							
<b>Hamburg CP</b>	1 957	1 914	731									
<b>Hannover CP</b>	187	135	129	213	174	174	238	230	218	247	300	321
<b>Jena AH</b>	171	139	91	112	113	126	122	95	97	89	79	65
<b>Kiel AH</b>	31	21	16	50	111	157	200	242	99	177	181	393
<b>Konstanz AH</b>	246	247	83	145	87	221	148	171	142	148	93	157
<b>Magdeburg AH</b>	104	159	99	88	83	125	113	132	153	182	190	212
<b>Mannheim CP</b>	250	263	176	349	403	405	453	521	461	387	324	285
<b>München Sub</b>	253	278	188	203	231	362	198					
<b>Nürnberg CP</b>	372	565	289	520	469	510	481	563	548	866	679	981
<b>Pforzheim AH</b>	15	50	46	58	40	82	33	76	55	62	62	82
<b>Potsdam Katte</b>	57	121	16	54	9	24	92	45				
<b>Regensburg CP</b>	185	205	113	195	177	262	242	238	205	313	253	341
<b>Saarbrücken AH</b>	204	231	125	140	162	186	181	188				
<b>Schw.Gmünd AH</b>	15	21	44	40	25	34	42	179	47	204	88	288
<b>Ulm AH</b>	110	117	166	269	259	326	296	377	431	368	353	305
<b>Lübeck AH</b>		84	13	13	26	6	3					
<b>Troisdorf AH</b>			62	88	139	178	227	282	397	348	363	314
<b>Augsburg AH</b>				88	97	125	143	154	218	188	240	216
<b>Potsdam AH</b>				69	63	65	71	90	72	97	95	143
<b>Heilbronn AH</b>								4	25	102	113	110
<b>Offenburg AH</b>								2	37	37	17	21
<b>Tübingen AH</b>								229	112	283	466	283
<b>Karlsruhe AH</b>									2	397	531	426
<b>Stuttgart AH</b>									2	522	503	476
<b>Heidelberg AH</b>										188	244	202
<b>Dortmund AH</b>											12	162

<sup>1</sup>Community-based voluntary counselling and testing.

**Table 1.3:** Documented counselling and **testing** contacts<sup>1</sup> by CBVCT<sup>2</sup> centre and half-year, 2019–2024

Half-year	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2
<b>All CBVCT centres</b>	6 993	8 573	4 972	5 194	6 333	8 456	8 349	9 254	9 379	10 908	10 786	9 771
<b>Berlin AH</b>	815	1 063	548	569	603	731	926	999	1 034	1 003	1 076	877
<b>Berlin CP</b>	1 126	2 065	1 518	1 606	1 728	2 211	2 277	2 275	2 499	2 085	1 828	
<b>Berlin Fixpunkt</b>	215	269	131	82	49	71	16					
<b>Berlin MoM</b>	1 832	1 744	765		1 003	1 684	1 709	2 054	2 102	2 208	2 162	2 331
<b>Cottbus Katte</b>	7	69	4	37	2	57	41			57	14	
<b>Düsseldorf AH</b>	328	428	263	239	297	334	410	419	486	333	449	462
<b>Erfurt AH</b>	12	1				25	62	109	114	149	183	126
<b>Freiburg CP</b>	380	522	365	476	507	668	673	737	771	816	789	932
<b>Halle AH</b>	55	124	26	4	2							
<b>Hamburg CP</b>	218	2										
<b>Hannover CP</b>	180	121	103	181	157	159	220	136	215	200	178	143
<b>Jena AH</b>	157	111	69	89	99	109	96	60	88	70	79	64
<b>Kiel AH</b>	27	16	11	46	99	59	63	84	20	38	149	374
<b>Konstanz AH</b>	232	237	79	144	87	221	147	167	141	148	93	157
<b>Magdeburg AH</b>	77	112	66	58	60	79	67	56	50	29	58	139
<b>Mannheim CP</b>	245	250	125	179	192	199	229	297	236	318	290	277
<b>München Sub</b>	233	258	179	193	224	344	8					
<b>Nürnberg CP</b>	343	530	275	499	454	490	462	541	533	840	659	965
<b>Potsdam Katte</b>	56	119	16	54	9	21	73	41				
<b>Regensburg CP</b>	162	190	108	195	177	261	242	236	205	311	253	341
<b>Saarbrücken AH</b>	182	221	109	124	139	169	161	177				
<b>Schw.Gmünd AH</b>	14	18	40	38	25	31	42	174	47	196	86	286
<b>Ulm AH</b>	97	103	118	170	163	200	22	75	58	138	273	284
<b>Troisdorf AH</b>			54	70	116	162	213	256	362	314	335	311
<b>Augsburg AH</b>				77	89	112	123	142	179	153	169	3
<b>Potsdam AH</b>				64	52	59	67	86	66	90	91	134
<b>Heilbronn AH</b>								1	24	98	107	107
<b>Tübingen AH</b>								132	111	269	278	267
<b>Offenburg AH</b>									37	37	16	20
<b>Stuttgart AH</b>									1	492	435	340
<b>Heidelberg AH</b>										144	222	200
<b>Karlsruhe AH</b>										372	493	409
<b>Dortmund AH</b>											1	142
<b>Pforzheim AH</b>											20	80

<sup>1</sup>Only contacts with at least one documented test result were counted. <sup>2</sup>Community-based voluntary counselling and testing.

**Table 1.4:** Reactive/positive test results in 2024, by CBVCT<sup>1</sup> centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH	1	1	2	8	
Berlin AH	9	1	28	53	7
Berlin CP	8	35	154	96	5
Berlin MoM	15	45	437	248	2
Cottbus Katte			1	1	
Dortmund AH	1		9	5	
Düsseldorf AH	7	7	54	52	1
Erfurt AH	2	11			
Freiburg CP	3	10	38	65	1
Hannover CP	3	8	6	10	1
Heidelberg AH	2		6	12	1
Heilbronn AH		2	3	4	6
Karlsruhe AH	4	4	16	25	1
Kiel AH		4	6	24	3
Konstanz AH	1	3	5	10	2
Magdeburg AH	2		6	13	
Mannheim CP		3	10	20	1
Nürnberg CP	6	17	39	71	2
Offenburg AH		2			
Pforzheim AH		3	9	8	
Potsdam AH			5	6	
Regensburg CP	3	1	10	14	15
Schw.Gmünd AH		1			5
Stuttgart AH	7	3			15
Troisdorf AH			5	23	
Tübingen AH		3	2	10	1
Ulm AH	1	9	2	8	1

<sup>1</sup>Community-based voluntary counselling and testing. \*Antibody or PCR positive.

**Table 1.5:** Documented CBVCT test results of CBVCT<sup>1</sup> clients in 2024

	MSM		Other men		Women		Non-binary/other	
	N	%	N	%	N	%	N	%
<b>Total</b>	10 104	100.0 %	4 114	100.0 %	5 070	100.0 %	726	100.0 %
<b>HIV</b>								
Reactive	33	0.3 %	4	0.1 %	9	0.2 %	2	0.3 %
Confirmed positive	22	0.2 %	0	0.0 %	2	0.0 %	0	0.0 %
Negative	7 202	71.3 %	3 596	87.4 %	4 397	86.7 %	585	80.6 %
Not tested*	2 847	28.2 %	514	12.5 %	662	13.1 %	139	19.1 %
<b>Syphilis</b>								
Positive**	140	1.4 %	4	0.1 %	15	0.3 %	7	1.0 %
Serological scar	683	6.8 %	5	0.1 %	16	0.3 %	40	5.5 %
Negative	6 970	69.0 %	3 016	73.3 %	3 749	73.9 %	571	78.7 %
Not tested*	2 311	22.9 %	1 089	26.5 %	1 290	25.4 %	108	14.9 %
<b>Gonorrhoea</b>								
Positive	729	7.2 %	20	0.5 %	48	0.9 %	37	5.1 %
Negative	7 451	73.7 %	2 949	71.7 %	3 926	77.4 %	614	84.6 %
Not tested*	1 924	19.0 %	1 145	27.8 %	1 096	21.6 %	75	10.3 %
<b>Chlamydia</b>								
Positive	517	5.1 %	84	2.0 %	138	2.7 %	29	4.0 %
Negative	7 703	76.2 %	2 919	71.0 %	3 849	75.9 %	625	86.1 %
Not tested*	1 884	18.6 %	1 111	27.0 %	1 083	21.4 %	72	9.9 %
<b>HCV</b>								
Positive (AB)	10	0.1 %	22	0.5 %	13	0.3 %	3	0.4 %
Positive (RNA)	5	0.0 %	12	0.3 %	2	0.0 %	1	0.1 %
Negative	1 516	15.0 %	957	23.3 %	1 156	22.8 %	171	23.6 %
Not tested*	8 573	84.8 %	3 123	75.9 %	3 899	76.9 %	551	75.9 %
<b>HBV</b>								
Current infection	5	0.0 %	5	0.1 %	2	0.0 %	1	0.1 %
Past infection	12	0.1 %	5	0.1 %	2	0.0 %	1	0.1 %
Negative	635	6.3 %	436	10.6 %	587	11.6 %	97	13.4 %
Not tested*	9 452	93.5 %	3 668	89.2 %	4 479	88.3 %	627	86.4 %

<sup>1</sup>Community-based voluntary counselling and testing. MSM: Cis and trans men who have sex with men. Other 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<sup>1</sup> centre and half-year, 2019–2024

Half-year	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2
All <i>s.a.m</i> health centres	443	700	1 299	2 449	3 456	3 380	3 804	3 753	4 074	4 440	5 232	4 987
München CP	254	377	492	732	756	705	704	776	820	815	903	813
München Sub	66	99	137	140	141	103	116	99	104	104	99	98
Nürnberg CP	81	155	195	261	315	273	252	238	274	292	283	285
Regensburg CP	42	69	99	113	119	108	112	94	108	107	130	110
Berlin AH			91	281	493	489	541	568	611	752	932	970
Bonn AH			34	80	47	33	12					
Dresden AH			38	131	204	200	218	219	213	221	274	262
Emsland AH			5	20	57	83	73	53	12	1		
Frankfurt AH			107	296	475	529	623	517	495	542	532	416
Freiburg CP			17	107	175	174	166	141	162	180	231	242
Hamburg CP			25	63	87	81	79	86	85	102	116	95
Hannover CP			28	98	260	197	275	288	356	379	403	392
Magdeburg AH			10	22	71	94	101	107	165	164	224	179
Mannheim CP			21	41	11	56	193	231	313	380	667	632
Hamburg ZSG				64	245	255	310	272	285	333	380	379
Lübeck AH							29	38	48	37	58	92
Potsdam AH								26	23	31		22

<sup>1</sup>Community-based voluntary counselling and testing.

**Table 2.3:** Number of new *s.a.m* health clients<sup>1</sup> by CBVCT<sup>2</sup> centre and half-year, 2019–2024

Half-year	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2
All <i>s.a.m</i> health centres	294	381	784	1 628	2 265	1 789	1 894	1 572	1 677	1 759	2 026	1 879
München CP	164	200	223	388	381	289	287	282	277	270	246	218
München Sub	40	44	58	31	43	22	24	11	22	23	15	20
Nürnberg CP	58	97	89	134	177	96	96	76	108	107	93	89
Regensburg CP	32	40	49	64	49	43	32	20	33	33	36	30
Berlin AH			90	233	365	280	269	271	268	335	429	437
Bonn AH			34	56	4	2						
Dresden AH			35	107	154	126	113	102	87	93	108	104
Emsland AH			5	17	47	48	30	16	1			
Frankfurt AH			101	240	346	312	312	157	138	169	94	60
Freiburg CP			17	101	145	111	84	58	72	68	99	102
Hamburg CP			25	49	50	29	40	31	27	29	33	26
Hannover CP			27	91	209	120	155	152	163	145	158	160
Magdeburg AH			10	17	61	70	62	57	107	98	118	71
Mannheim CP			21	36	1	39	148	146	180	189	398	319
Hamburg ZSG				64	233	202	214	139	139	159	162	165
Lübeck AH							28	30	36	19	37	62
Potsdam AH								24	19	22		16

<sup>1</sup>With evaluated test results. <sup>2</sup>Community-based voluntary counselling and testing.

**Table 2.4:** Evaluated *s.a.m* health test kits among PrEP users, 2019–2024

Half-year	2019.1	2019.2	2020.1	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2
All <i>s.a.m</i> health centres	49	74	118	158	185	175	186	209	215	239	274	244
München CP	30	39	57	62	80	57	57	63	57	55	78	65
München Sub	9	20	25	24	23	16	18	20	17	25	22	20
Nürnberg CP	8	14	17	23	16	10	9	9	11	8	10	5
Regensburg CP	2	1	4	4	4	7	6	3	5	5	3	2
Berlin AH			5	16	16	19	17	29	29	32	37	38
Dresden AH			4	5	9	5	5	8	10	7	3	5
Frankfurt AH			5	9	12	21	23	24	25	30	38	27
Hamburg CP			1	5	5	6	13	9	7	14	19	15
Bonn AH				6	5	5	3					
Freiburg CP				1	1	3	2	3	5	3	2	6
Hannover CP				2	8	7	7	5	7	9	10	9
Magdeburg AH				1	3	7	4	9	8	9	4	6
Emsland AH					2	10	6	6	1	1		
Hamburg ZSG					1		3	1				1
Mannheim CP						2	11	17	31	39	47	39
Lübeck AH							2	3	2	1	1	5
Potsdam AH										1		1



**Table 2.5:** Positive *s.a.m health* test results in 2024, by CBVCT<sup>1</sup> centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH	1	9	33	41
Dresden AH		5	11	13
Frankfurt AH		5	22	9
Freiburg CP	1	4	6	10
Hamburg CP		4	8	4
Hamburg ZSG	1		6	17
Hannover CP		1	11	28
Lübeck AH	1		2	7
Magdeburg AH		1	10	15
Mannheim CP		6	21	29
München CP		6	35	40
München Sub		5	10	12
Nürnberg CP		5	9	14
Potsdam AH		1	1	
Regensburg CP		3	5	2

<sup>1</sup>Community-based voluntary counselling and testing.

**Table 2.6:** *s.a.m health* test results in 2024

	MSM		Other men		Women	
	N	%	N	%	N	%
<b>Total</b>	3 305	100.0 %	3 193	100.0 %	3 721	100.0 %
<b>HIV</b>						
Newly positiv*	2	0.1 %	0	0.0 %	2	0.1 %
Known positive	74	2.2 %	1	0.0 %	3	0.1 %
Negative	3 045	92.1 %	3 110	97.4 %	3 621	97.3 %
No result	184	5.6 %	82	2.6 %	95	2.6 %
<b>Syphilis</b>						
Positive**	45	1.4 %	3	0.1 %	7	0.2 %
Serological scar	308	9.3 %	11	0.3 %	16	0.4 %
Negative	2 820	85.3 %	3 127	97.9 %	3 640	97.8 %
No result	132	4.0 %	52	1.6 %	58	1.6 %
<b>Gonorrhoea</b>						
Positive	143	4.3 %	5	0.2 %	42	1.1 %
Negative	3 155	95.5 %	3 186	99.8 %	3 675	98.8 %
No result	7	0.2 %	2	0.1 %	4	0.1 %
<b>Chlamydia</b>						
Positive	105	3.2 %	47	1.5 %	89	2.4 %
Negative	3 193	96.6 %	3 144	98.5 %	3 628	97.5 %
No result	7	0.2 %	2	0.1 %	4	0.1 %

MSM: Men who have sex with men. Other 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.

## 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=11) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 11 "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 temporarily 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*.