

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

HALF-YEAR REPORT 1/2025

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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 = Checkpoint Aidshilfe Freiburg – Außenstelle Offenburg | Pforzheim AH = Fachstelle für sexuelle Gesundheit & Selbstbestimmung SPOTLIGHT Pforzheim | Potsdam AH = AIDS-Hilfe Potsdam | Potsdam Katte = Katte. Checkpoint Potsdam | Regensburg CP = Checkpoint Regensburg. Aidsberatungsstelle Oberpfalz | Saarbrücken AH = Aidshilfe Saar | Schleswig-Holstein AH = Aidshilfe Schleswig-Holstein | 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 | Weimar AH = AIDS-Hilfe Weimar und Ostthüringen. Beratungsstelle Weimar

CBVCT Centres in Germany

Summary

German CBVCT centres began online data collection in 2018. Since then, 93 436 counselling sessions with a valid test result have been documented.

In the 1st half of 2025, 10 036 counselling sessions with valid test results were recorded – 7 % less than in the same period of the previous year—the decrease is likely due to the withdrawal of Checkpoint BLN from the joint data collection. These sessions included 4673 men who have sex with men (MSM), 2243 other men (who do *not* have sex with men), 2526 women, and 269 persons with non-binary or other gender identities—representing 48.1 %, 23.1 %, 26 %, and 2.8 % of all CBVCT clients with information on gender identity and sexual orientation, respectively.

Overall in the 1st half of 2025, 783 sexually transmitted infections (STIs) were diagnosed (including syphilis, gonorrhoea, or chlamydia). In 40 cases, the HIV antibody test was reactive or confirmed positive, and in 32 cases the HCV antibody test was positive. None of the groups showed evidence of a significant increase in STI diagnoses over time (2020–2025). However, data from the CBVCT centres now show only a slight increase in the number of swabs performed as part of STI testing, primarily outside the MSM group.

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

Background

Early diagnosis of HIV infection is essential for timely treatment to reduce mortality, morbidity, and transmission rates. Although healthcare access 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 health care access for the most vulnerable populations concerning HIV, Syphilis, and hepatitis C.

CBVCT centres are well-positioned to enhance all aspects of HIV/STI counselling and testing—including access, provision, 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, for example, in prisons. However, further diagnostics, such as confirmatory tests, 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

From the start of nationwide data collection in 2018 until the end of the 1st half of 2025 there were 144 014 entries in the CBVCT database. After excluding 1584 invalid entries, 142 430 valid entries remained. **Table 1.2** in the appendix shows the number of valid entries over time.

For these valid counselling entries, at least one test result (rapid or laboratory tests for HIV, HCV, or syphilis, or swabs for gonorrhoea/chlamydia) was documented in 111 461 cases (78.3 %; see **Table 1.3** in the appendix).

Not all entries could be assigned to one of the four groups used in this report (4133 entries lack information on gender identity or the gender of the sexual partners). Therefore, the sum of the four groups shown in **Tables 1.1** and **1.5** is slightly smaller than the total number of persons with valid entries.

From a methodological standpoint, it should be noted that some CBVCT centres do not participate in the joint electronic data collection or have discontinued participation (**Table 1.2**). Even among participating centres, it cannot be ruled out that some test results were not recorded or were incompletely recorded electronically (**Table 1.3**). Therefore, the analysed data are not fully representative of all CBVCT clients in Germany.

Unlike the home-sampling project *s.a.m health* described below, the available CBVCT data do not allow distinguishing between individual clients and test contacts. This results in an overestimation of the characteristics of people who use CBVCT services more 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.

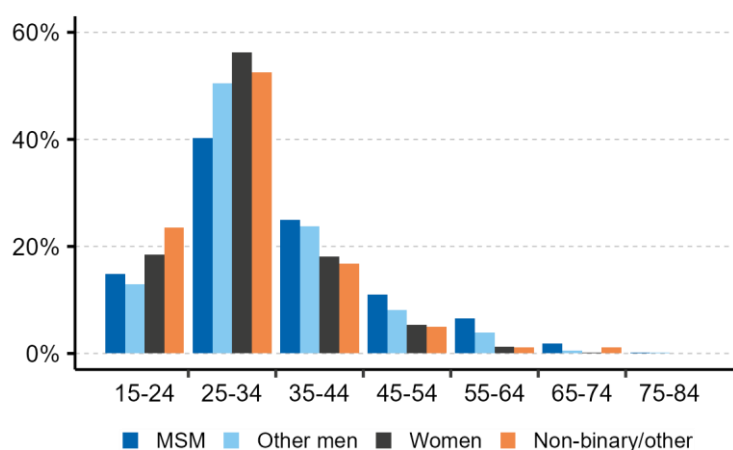
Over Time

Table 1.3 in the appendix shows the number of counselling sessions with documented test results over time. 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 centres even temporarily suspended operations (**Table 1.2**). Part of the decline was offset by the *s.a.m health* project. It was not until the second half of 2021 that the number of CBVCT visits returned to pre-pandemic levels. (Data from before 2020 are no longer shown.)

Characteristics of CBVCT Clients in the 1st half of 2025

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

Figure 1.1: Age distribution of CBVCT clients in the 1st half of 2025



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

In 44.3 % of all test consultations in the 1st half of 2025, clients reported a migration background; 11.8 % of CBVCT clients did not have health insurance in Germany. For 28.5 % of clients, the visit to a CBVCT centre was their first HIV test, especially among men who do *not* have sex with men (47,4 %) and women (40,0 %). This underlines the importance of the low-threshold nature of this service.

Sex work in the previous six months was reported by 2.6 % of CBVCT clients; this proportion was highest among non-binary persons (8,8 %). Paying for sex was reported by 6.2 %; this proportion was highest among men who do *not* have sex with men (15,9 %). More than ten sexual partners in the previous six months were reported by 11.6 %. 13 % of visits were regular *screening* examinations recommended for PrEP; this mainly concerned MSM (30,7 %) and non-binary persons (6,4 %)—for methodological reasons (*cf.* above) these proportions are overestimated if corresponding CBVCT clients attend more than once per half-year.

Table 1.1: Characteristics of clients of CBVCT centres in the 1st half of 2025

| | MSM | | Other men | | Women | | Non-binary/other | |
|------------------------|-------|---------|-----------|---------|-------|---------|------------------|---------|
| | N | % | N | % | N | % | N | % |
| Total | 4 673 | 100.0 % | 2 243 | 100.0 % | 2 526 | 100.0 % | 269 | 100.0 % |
| Gender identity | | | | | | | | |
| Man | 4 577 | 98.7 % | 2 231 | 100.0 % | 0 | 0.0 % | 0 | 0.0 % |
| Trans man | 62 | 1.3 % | 1 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| Woman | 0 | 0.0 % | 0 | 0.0 % | 2 444 | 97.8 % | 0 | 0.0 % |
| Trans woman | 0 | 0.0 % | 0 | 0.0 % | 56 | 2.2 % | 0 | 0.0 % |
| Non-binary/other | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % | 269 | 100.0 % |
| Sexual identity | | | | | | | | |
| Heterosexual | 188 | 4.1 % | 2 243 | 100.0 % | 1 657 | 68.7 % | 9 | 3.4 % |
| Bisexual | 1 154 | 25.0 % | 0 | 0.0 % | 544 | 22.6 % | 65 | 24.7 % |
| Gay | 3 061 | 66.3 % | 0 | 0.0 % | 0 | 0.0 % | 32 | 12.2 % |
| Queer | 149 | 3.2 % | 0 | 0.0 % | 127 | 5.3 % | 139 | 52.9 % |
| Lesbian | 0 | 0.0 % | 0 | 0.0 % | 57 | 2.4 % | 8 | 3.0 % |
| Other | 68 | 1.5 % | 0 | 0.0 % | 26 | 1.1 % | 10 | 3.8 % |

Table 1.1: Characteristics of clients of CBVCT centres in the 1st half of 2025 (continued)

| | MSM | | Other men | | Women | | Non-binary/other | |
|------------------------------------|-------|---------|-----------|---------|-------|---------|------------------|---------|
| | N | % | N | % | N | % | N | % |
| Total | 4 673 | 100.0 % | 2 243 | 100.0 % | 2 526 | 100.0 % | 269 | 100.0 % |
| Age median (IQR) | 33 | (27—42) | 31 | (27—38) | 29 | (26—34) | 29 | (25—34) |
| Health Insurance | | | | | | | | |
| Yes | 4 136 | 88.5 % | 2 030 | 90.5 % | 2 180 | 86.3 % | 221 | 82.2 % |
| No | 537 | 11.5 % | 213 | 9.5 % | 346 | 13.7 % | 48 | 17.8 % |
| Migration background | | | | | | | | |
| Yes | 2 445 | 54.2 % | 838 | 39.2 % | 895 | 37.8 % | 126 | 50.8 % |
| No | 2 070 | 45.8 % | 1 298 | 60.8 % | 1 471 | 62.2 % | 122 | 49.2 % |
| Country/region of birth | | | | | | | | |
| Germany | 2 581 | 57.7 % | 1 574 | 74.5 % | 1 754 | 75.1 % | 166 | 67.2 % |
| Other Europe | 876 | 19.6 % | 228 | 10.8 % | 322 | 13.8 % | 36 | 14.6 % |
| Middle East | 222 | 5.0 % | 71 | 3.4 % | 42 | 1.8 % | 13 | 5.3 % |
| Other Asia | 279 | 6.2 % | 117 | 5.5 % | 70 | 3.0 % | 7 | 2.8 % |
| Africa | 90 | 2.0 % | 67 | 3.2 % | 42 | 1.8 % | 3 | 1.2 % |
| Latin America | 239 | 5.3 % | 35 | 1.7 % | 77 | 3.3 % | 10 | 4.0 % |
| USA, CA, AU, NZ | 184 | 4.1 % | 20 | 0.9 % | 28 | 1.2 % | 12 | 4.9 % |
| Sex work* | | | | | | | | |
| Yes | 115 | 2.6 % | 25 | 1.2 % | 88 | 3.9 % | 21 | 8.8 % |
| No | 4 274 | 97.4 % | 1 996 | 98.8 % | 2 160 | 96.1 % | 218 | 91.2 % |
| Client of sex work* | | | | | | | | |
| Yes | 264 | 6.0 % | 322 | 15.9 % | 12 | 0.5 % | 8 | 3.4 % |
| No | 4 142 | 94.0 % | 1 704 | 84.1 % | 2 212 | 99.5 % | 227 | 96.6 % |
| Number of sexual partners** | | | | | | | | |
| 0–2 | 917 | 20.5 % | 1 142 | 54.7 % | 1 260 | 55.4 % | 82 | 34.3 % |
| 3–5 | 1 541 | 34.5 % | 667 | 32.0 % | 689 | 30.3 % | 75 | 31.4 % |
| 6–10 | 1 086 | 24.3 % | 201 | 9.6 % | 237 | 10.4 % | 44 | 18.4 % |
| >10 | 922 | 20.6 % | 76 | 3.6 % | 90 | 4.0 % | 38 | 15.9 % |
| Number CAVI partners*** | | | | | | | | |
| 0–2 | 2 475 | 58.5 % | 1 581 | 82.9 % | 1 750 | 82.9 % | 160 | 73.7 % |
| 3–5 | 912 | 21.6 % | 271 | 14.2 % | 286 | 13.5 % | 32 | 14.7 % |
| 6–10 | 424 | 10.0 % | 40 | 2.1 % | 54 | 2.6 % | 11 | 5.1 % |
| >10 | 419 | 9.9 % | 16 | 0.8 % | 21 | 1.0 % | 14 | 6.5 % |
| Last HIV test | | | | | | | | |
| In the previous 6 months | 1 350 | 29.6 % | 138 | 6.3 % | 132 | 5.4 % | 32 | 12.2 % |
| Before | 2 526 | 55.4 % | 1 006 | 46.3 % | 1 324 | 54.6 % | 150 | 57.0 % |
| Never | 686 | 15.0 % | 1 030 | 47.4 % | 970 | 40.0 % | 81 | 30.8 % |
| PrEP | | | | | | | | |
| Yes | 1 224 | 30.7 % | 13 | 0.9 % | 9 | 0.5 % | 13 | 6.4 % |
| No | 2 767 | 69.3 % | 1 434 | 99.1 % | 1 663 | 99.5 % | 191 | 93.6 % |
| Hep. A vaccination | | | | | | | | |
| Yes | 2 464 | 56.7 % | 726 | 36.4 % | 914 | 41.1 % | 100 | 42.7 % |
| No | 1 880 | 43.3 % | 1 269 | 63.6 % | 1 311 | 58.9 % | 134 | 57.3 % |
| Hep. B vaccination | | | | | | | | |
| Yes | 2 687 | 61.1 % | 832 | 40.7 % | 1 149 | 50.2 % | 110 | 45.8 % |
| No | 1 714 | 38.9 % | 1 210 | 59.3 % | 1 142 | 49.8 % | 130 | 54.2 % |
| HPV vaccination | | | | | | | | |
| Yes | 769 | 24.1 % | 117 | 9.9 % | 894 | 49.8 % | 71 | 40.8 % |
| No | 2 420 | 75.9 % | 1 061 | 90.1 % | 902 | 50.2 % | 103 | 59.2 % |
| Mpox vaccination | | | | | | | | |
| Yes | 1 078 | 26.4 % | 29 | 1.8 % | 30 | 1.6 % | 29 | 14.1 % |
| No | 2 999 | 73.6 % | 1 578 | 98.2 % | 1 824 | 98.4 % | 176 | 85.9 % |

CBVCT: 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. 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, as the corresponding questions were only introduced in 2024.

Vaccination against Hepatitis A and B was reported by 43.3 % and 49.2 % of clients, respectively; with the highest proportion among MSM—56.7 % and 61.1 %, 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** provides an overview of these characteristics separately for MSM, other men, women and non-binary persons in the 1st half of 2025.

Figure 1.2 illustrates selected characteristics of clients over time. Due to changes in the composition of participating CBVCT centres, the proportion of MSM among clients has declined over the years. By contrast, the proportion of clients without health insurance in Germany has remained largely stable—with a slight decrease from 2025 onwards. On average, approximately every 5th non-binary person and every 7th MSM had no health insurance.

The proportions of MSM and women reporting sex work in the previous six months remained broadly stable at 3.2 % and 5.2 %, respectively. Similarly, the proportion of “other men” who *had paid for sex* in the previous six months remained stable over time, at 13.5 %.

The proportions of MSM and non-binary individuals with more than ten sexual partners in the previous six months also remained largely stable at 19 % and 19.9 %, respectively.

CBVCT Test Results in the 1st half of 2025.

In the 1st half of 2025, CBVCT centres recorded 74 active syphilis infections, 369 cases of gonorrhoea and 340 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. In total, 783 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 7.9 %; for comparison with *s.a.m health* clients, see below).

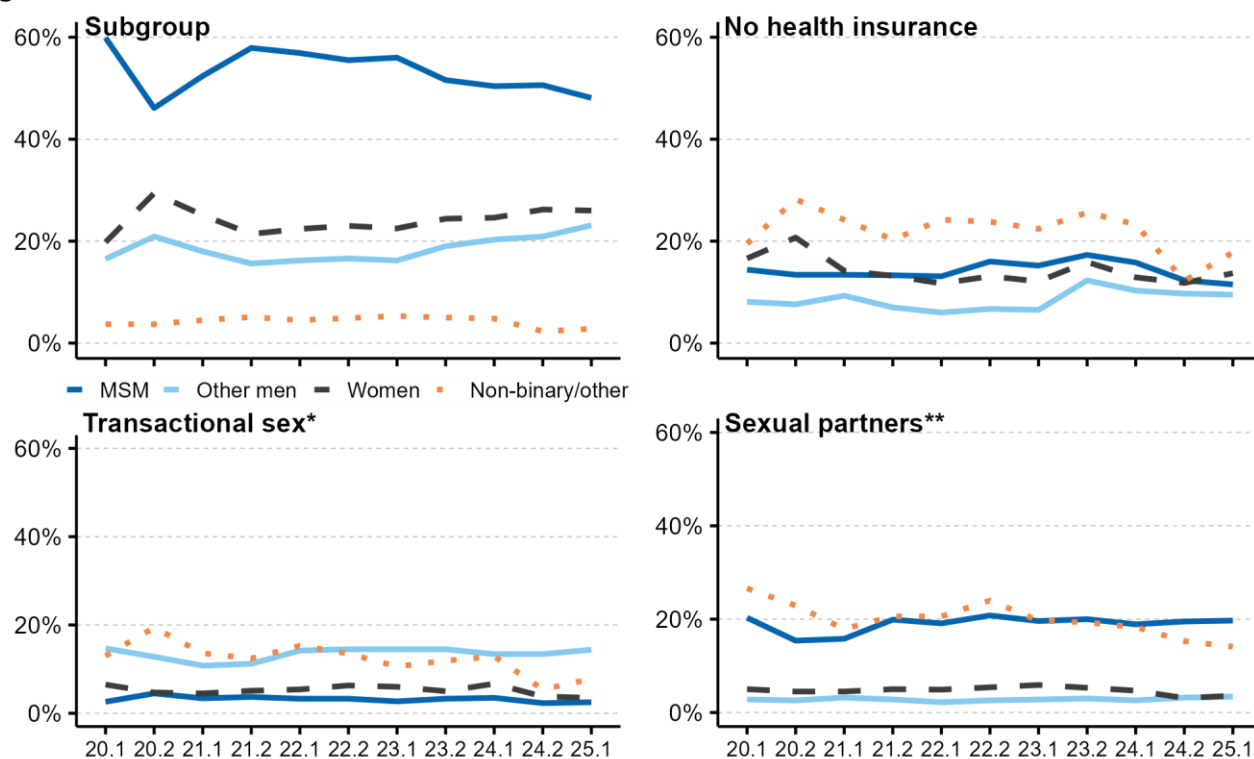
Figure 1.3 shows STI prevalences over time separately for MSM, other men, women, and non-binary persons. No evidence was found of a significant increase in STI prevalence in any of the four groups between 2020 and the 1st half of 2025. However, the average number of swabs performed per person has increased 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 in the past, 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 40 persons in the 1st half of 2025, the HIV test was reactive—of which 72.5 % were among MSM. If a reactive test result was followed by a negative confirmation (control) test, it was removed from this category and classified as *negative*. Particularly in MSM, a reactive HIV test result is likely to indicate HIV infection (due to higher pre-test probability). However, we cannot exclude that some remaining reactive HIV test results were not confirmed externally. The category “reactive” may therefore still contain false positive cases.

In 32 persons in the 1st half of 2025, present or past HCV infections were detected (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 the 1st half of 2025, 7 cases of active HBV infections were detected.

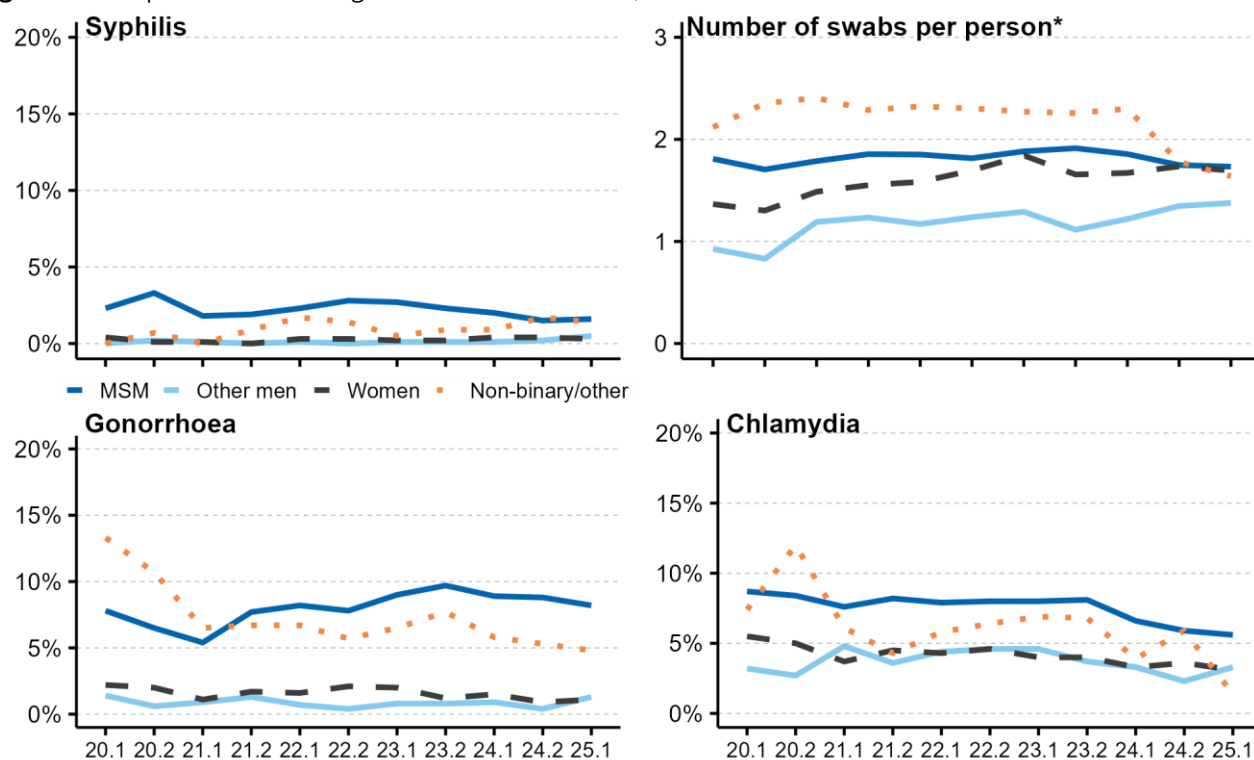
Table 1.4 in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of the 1st half of 2025 separately for MSM, other men, women, and non-binary persons.

Figure 1.2: Characteristics of CBVCT clients over time, 2020–2025



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, 2020–2025



*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 offers testing for HIV and other sexually transmitted infections (STIs) through home sample collection (*home-sampling*), combined with qualified telephone counselling (or face-to-face counselling upon request) and result notification by a CBVCT centre. Clients mail their test kits by mail to an accredited laboratory (*Medizinisches Labor Nord*), which provides validated test results for HIV, syphilis, gonorrhoea and chlamydia. This unique combination of user-friendly online ordering and medically trained individual counselling is currently unmatched in Germany, empowering adults to manage their sexual health autonomously. At the same time, it alleviates the workload of public health facilities, general practitioners, dermatologists specialising in venereology, and HIV specialists. Notably, in Germany, HIV specialists bear the main responsibility for HIV and STI screening according to national PrEP guidelines.

Since the project's launch in the second half of 2018, a total of 19 767 individuals have received 43 279 valid test results. This group included 4395 MSM, 7276 other men (who do *not* have sex with men), and 8096 women, representing 23.2 %, 38 %, and 42.7 % of the tested population, respectively. These categories correspond to the three different test kits offered. 13 individuals identified as "other (e.g. trans*, intersex, non-binary)"; see the note at the end of this report for details.

In the 1st half of 2025, 1697 individuals received 5142 valid test results through *s.a.m health*—representing 1.6 % less tests than in the same period the previous year. Of these, 214 tests (4.2 %) were positive for at least one of the three STIs included in the test kit (syphilis, gonorrhoea, or chlamydia). The HIV test was reactive in 2 cases. Across all groups, no significant increase in STI prevalence (syphilis, gonorrhoea or chlamydia) was observed over the period 2021–2025.

s.a.m health reaches a diverse range of people, including those living outside major cities. MSM—particularly those using PrEP—frequently utilise the service for regular HIV/STI testing. Additionally, *s.a.m health* offers many women and especially men who do *not* have sex with men the opportunity to test for HIV and other STIs for the first time in their lives.

Methods

By the end of the 1st half of 2025, since the project's inception, 53 044 initial telephone consultations had been conducted, followed by the delivery of 46 773 *s.a.m health* test kits to clients. Of these, 43 279 were returned to the laboratory, and CBVCT staff communicated the results to *s.a.m health* clients. Test kits that were ordered but never mailed to the laboratory—and thus not analysed—are excluded from this report.

Over Time

Table 2.2 in the appendix shows the number of *s.a.m health* test kits evaluated over time. Since Bavarian CBVCT centres developed and piloted *s.a.m health* in 2018 [2], they are listed first in the overview. The project expanded nationwide starting in the first half of 2020. During registration, clients choose from 15 *s.a.m health* CBVCT centres for their initial telephone consultation. The chosen centre subsequently provides the test results. Currently, not CBVCT centres from Bremen, Mecklenburg-Western Pomerania, North Rhine-Westphalia, Rhineland-Palatinate, Saarland, or Thuringia, participate in *s.a.m health*.

Because many clients—partly due to 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 unique clients. **Table 2.3** in the appendix shows the number of new *s.a.m health* clients over time. The number of new clients peaked during the COVID-19-related restrictions on public life. From the second half of 2021 onward, this number declined again. However, the total number of tests performed (**Table 2.2**) does not mirror this decline due ongoing follow-up testing by regular users.

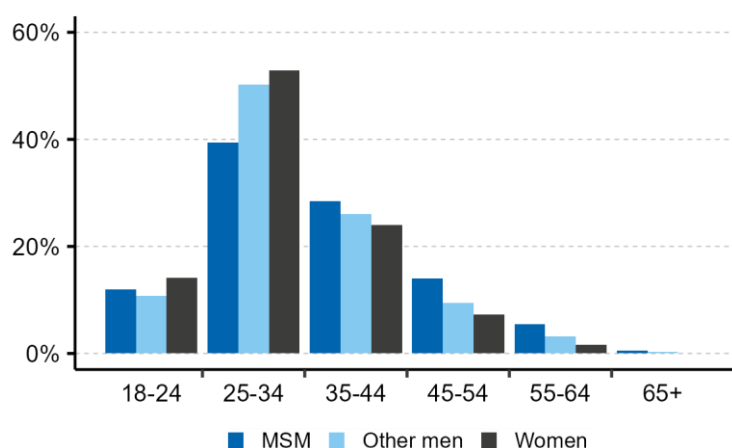
HIV-Pre-exposure Prophylaxis (PrEP)

s.a.m health provides an important option for medical support to PrEP users who are not covered by regular statutory health insurance services in Germany, as well as for those who find quarterly visits to an HIV specialist or outpatient clinic too burdensome—whether due to geographical distance or difficulties in securing appointments. In the 1st half of 2025, 249 test kits were analysed via *s.a.m health* for individuals using PrEP. **Table 2.4** in the appendix presents the number of *s.a.m health* test kits among PrEP users over time.

Characteristics of *s.a.m health* Clients

Most *s.a.m health* clients were aged between 25 and 34. MSM were also represented in older age groups (**Figure 2.1**). The majority of *s.a.m health* clients lived in large cities with populations over 100,000. However, one in 5 clients came from small towns or rural areas. This highlights *s.a.m health* as a valuable access point for regular HIV and STI testing outside urban centres.

Figure 2.1: Age distribution of *s.a.m health* clients at the first interview, 2018–2025



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

Figure 2.3 on page 12 shows the distribution of *s.a.m health* users by postcode region in Germany. *s.a.m health* is used nationwide—in every single postcode region. The fewest users (each just under 20 people) live in the areas 02xxx (Lausitz/Görlitz), 03xxx (Cottbus), and 08xxx (Zwickau); the most (1400 and 1000 respectively) are found in the areas 10xxx (Berlin city centre) and 80xxx (Munich city centre). The northern part of Hamburg (22xxx) is also notably well represented, where—possibly coincidentally—the laboratory commissioned so far is located. Also worth highlighting are the areas 60xxx (Frankfurt am Main) and 04xxx (Leipzig).

The distribution relative to the resident population shows a similar pattern: the lowest usage rates are found in West Saxony, South Brandenburg, and Lausitz, while the highest are in the inner-city areas of Munich, Hamburg, Berlin, and Frankfurt. Cologne (50xxx) and Düsseldorf (40xxx), by contrast, are in the middle range both in absolute numbers and relative to the resident population.

High usage numbers are therefore found especially in cities where a local *s.a.m health* counselling centre exists — such as *Checkpoint* and *Sub Munich*, *Berliner Aids-Hilfe*, *AIDS-Hilfe Frankfurt*, as well as *Hein & Fiete* and *CASAblanca* in Hamburg. The frequently expressed notion that *s.a.m health* usage rates are particularly high far from the CBVCT centres was not confirmed.

Overall, 9.4 % of all *s.a.m health* clients reported having had more than five sexual partners in the previous three months. In the six months prior to registering with *s.a.m health*, 16.8 % had already undergone testing for HIV or other STIs. For 31.4 %, using *s.a.m health* was the first time they had ever tested for HIV or other STIs—particularly for men who do *not* have sex with men (43.4 %) and among women (27.1 %).

At the time of their first interview, 2.4 % of *s.a.m health* clients reported taking PrEP to protect themselves against HIV, and 37.2 % stated that they used condoms regularly. A total of 9.5 % reported using intranasal or intravenous drugs. **Table 2.1** provides a breakdown of these characteristics separately for MSM, other men, and women.

s.a.m health Test Results in the 1st half of 2025

As part of *s.a.m health*, clients test for HIV, syphilis, gonorrhoea, and chlamydia. They collect capillary blood samples from their fingertips (for HIV and syphilis testing), and take swabs from the anus, pharynx, and vagina or provide a urine sample for gonorrhoea and chlamydia testing. Individuals with a penis who do *not* have sex with men are generally not provided with anal or pharyngeal swabs. Swabs (or the urine sample) are tested in a pooled fashion for each individual, meaning it is not possible to determine at which site—anus, pharynx, or urethra/vagina—an infection with gonorrhoea or chlamydia has occurred. The exception to this is among men who do *not* have sex with men, where the urethra is usually the only site tested.

In the 1st half of 2025, *s.a.m health* detected 28 active syphilis infections, 63 cases of gonorrhoea, and 123 chlamydia infections. Syphilis and gonorrhoea were diagnosed almost exclusively among MSM. In total, 214 tests kits returned a positive result for at least one of these three STIs included in the test panel—corresponding to a prevalence of 4.2 %. This is considerably lower than the prevalence among CBVCT clients who had both a swab and a syphilis test (7.9 %), largely due to differences in the composition of the client groups. However, when comparing

within the same subgroups—MSM, other men, and women—as shown in **Figure 2.2** and **Figure 1.3**, it becomes clear that STI prevalences for individual infections were very similar between *s.a.m health* users and CBVCT clients.

Figure 2.2 presents STI prevalences over time for MSM, other men, and women using *s.a.m health*. No significant increase in STI prevalence was observed in any of these three groups between 2020 and 2025.

Table 2.1: Characteristics of *s.a.m health* clients, 2018–2025

| | MSM | | Other men | | Women | |
|--|-------|---------|-----------|---------|-------|---------|
| | N | % | N | % | N | % |
| Total | 4 395 | 100.0 % | 7 276 | 100.0 % | 8 096 | 100.0 % |
| First users 1/2025 | 309 | | 681 | | 707 | |
| Age median (IQR) | 34 | (28–42) | 32 | (27–39) | 31 | (26–37) |
| City size | | | | | | |
| Large city (100,000+) | 2 643 | 60.2 % | 4 470 | 61.4 % | 5 202 | 64.3 % |
| Medium-size (20,000–100,000) | 786 | 17.9 % | 1 173 | 16.1 % | 1 263 | 15.6 % |
| Small town/rural | 965 | 22.0 % | 1 633 | 22.4 % | 1 631 | 20.1 % |
| Last HIV/STI test | | | | | | |
| In the previous 6 months | 1 526 | 34.7 % | 657 | 9.0 % | 1 140 | 14.1 % |
| Before | 2 015 | 45.8 % | 3 462 | 47.6 % | 4 762 | 58.8 % |
| Never | 854 | 19.4 % | 3 157 | 43.4 % | 2 194 | 27.1 % |
| Number of sexual partners* | | | | | | |
| 0–2 | 1 860 | 42.3 % | 4 668 | 64.2 % | 4 849 | 59.9 % |
| 3–5 | 1 724 | 39.2 % | 2 096 | 28.8 % | 2 498 | 30.9 % |
| >5 | 767 | 17.5 % | 434 | 6.0 % | 662 | 8.2 % |
| Prefer not to say | 44 | 1.0 % | 78 | 1.1 % | 87 | 1.1 % |
| Condomless anal/vaginal intercourse | | | | | | |
| Yes | 2 513 | 57.2 % | 4 507 | 61.9 % | 5 390 | 66.6 % |
| No | 1 882 | 42.8 % | 2 769 | 38.1 % | 2 706 | 33.4 % |
| PrEP | | | | | | |
| Yes | 426 | 9.7 % | 22 | 0.3 % | 34 | 0.4 % |
| No | 3 969 | 90.3 % | 7 254 | 99.7 % | 8 062 | 99.6 % |
| Intranasal / intravenous drugs | | | | | | |
| Yes | 375 | 8.5 % | 768 | 10.6 % | 738 | 9.1 % |
| No | 4 020 | 91.5 % | 6 508 | 89.4 % | 7 358 | 90.9 % |

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 the 1st half of 2025, STI prevalence among MSM using *s.a.m health* (8.5 %)—defined as testing positive for syphilis, gonorrhoea or chlamydia—was slightly lower than figures reported in systematic studies in German-speaking countries (16.3–22.0 %) [3]. This also applies to past syphilis infections (8,5 % in *s.a.m health* vs. 13.6 % in [3]). For women, the results were comparable to those observed in other systematic studies in German-speaking countries [4].

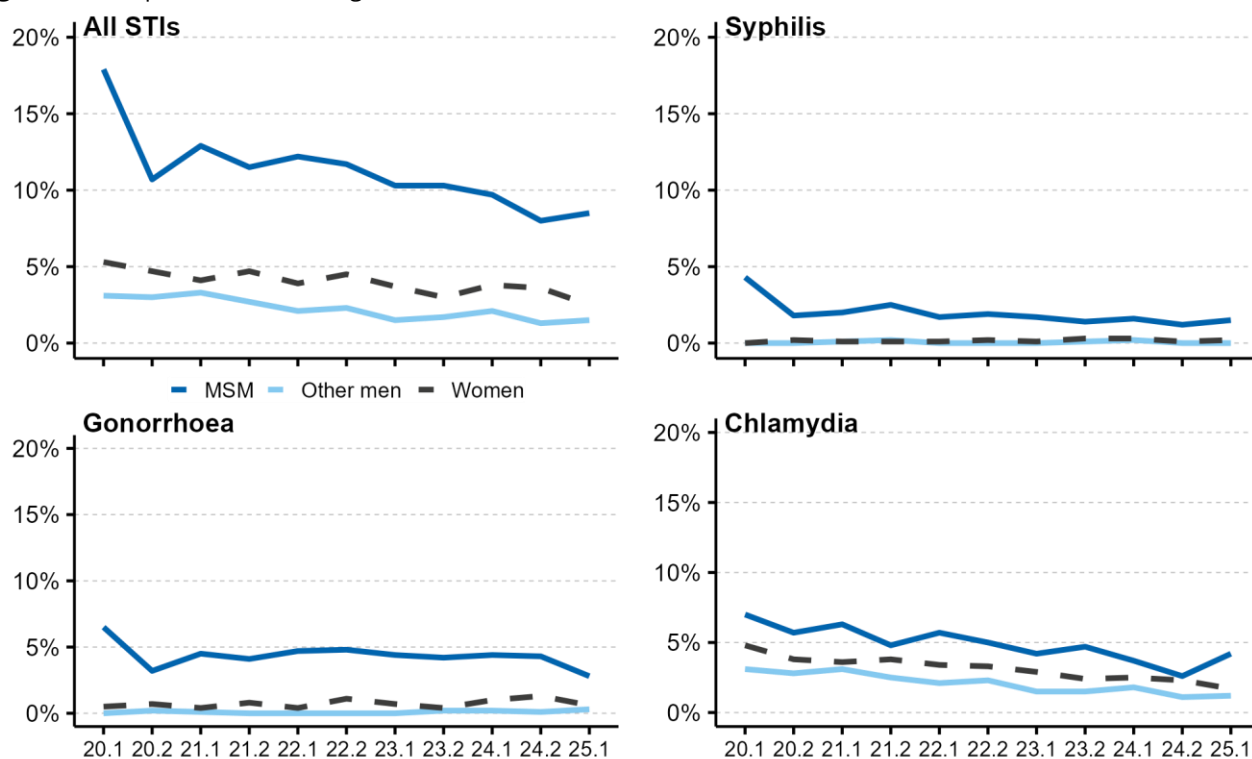
Among MSM who use PrEP, the prevalence of gonorrhoea and chlamydia was in line with other data on this group in Germany [5]—with gonorrhoea found in 7.9 % of *s.a.m health* users (vs. 7.8–10.1 % in [5], and chlamydia in 8.2 % (vs. 8.7–11.1 % in [5]; see also **Figure 2.2**).

In the same period, the 1st half of 2025, 2 persons had a reactive HIV test. If a control test did not confirm the result, the case was reclassified as *negative*. In MSM, a reactive HIV test result is more likely to indicate a true infection due to a higher pre-test probability. However, since *s.a.m health* does not track external confirmation of test results, it is possible that the remaining reactive results include false positives. Known HIV-positive results were almost exclusively reported among MSM. Approximately one in every 32 test kits returned to the laboratory contained an insufficient or missing blood sample, which meant the HIV and syphilis tests could not be carried out.

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 2025, separately for MSM, other men and women.

Figure 2.2: STI prevalences among *s.a.m* health clients over time, 2020–2025

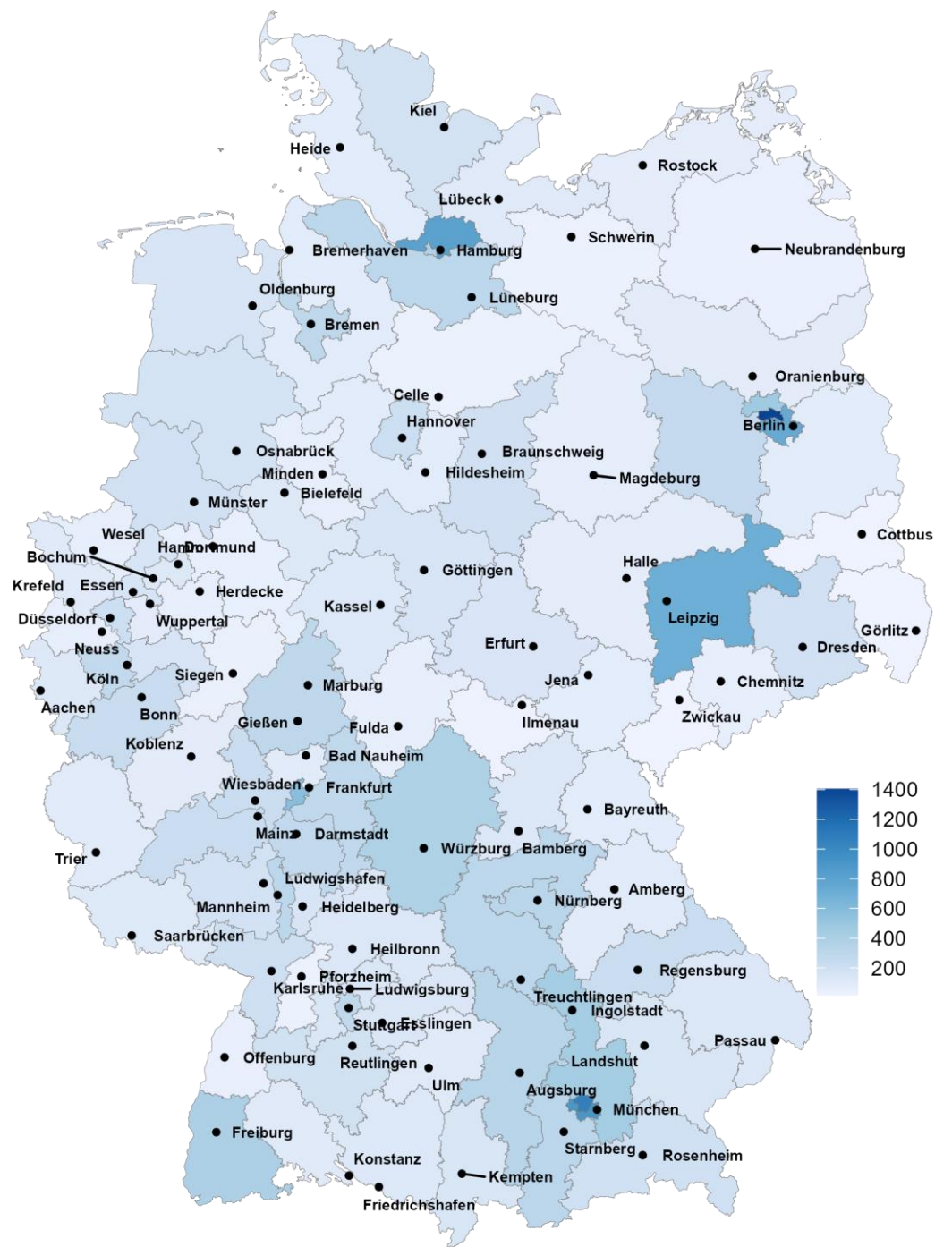


MSM: Men who have sex with men (including PrEP users). Other men: ...who do *not* have sex with men.

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Figure 2.3: *s.a.m* health users by postcode region, 2020–2025



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Appendix

Table 1.2: Documented **counselling** contacts by CBVCT¹ centre and half-year, 2020–2025

| Half-year | 2020.1 | 2020.2 | 2021.1 | 2021.2 | 2022.1 | 2022.2 | 2023.1 | 2023.2 | 2024.1 | 2024.2 | 2025.1 |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All CBVCT centres | 6 665 | 6 244 | 7 308 | 9 676 | 9 917 | 10 982 | 11 083 | 12 399 | 12 295 | 10 769 | 11 121 |
| Berlin AH | 616 | 693 | 670 | 788 | 981 | 1 063 | 1 073 | 1 024 | 1 124 | 914 | 1 062 |
| Berlin CP | 1 828 | 1 920 | 1 921 | 2 466 | 2 507 | 2 520 | 2 922 | 2 306 | 2 122 | | |
| Berlin Fixpunkt | 174 | 100 | 67 | 81 | 20 | | | | | | |
| Berlin MoM | 893 | | 1 094 | 1 838 | 1 895 | 2 235 | 2 307 | 2 412 | 2 336 | 2 478 | 2 219 |
| Cottbus Katte | 4 | 40 | 2 | 57 | 42 | | | 57 | 14 | | 14 |
| Düsseldorf AH | 289 | 261 | 312 | 351 | 421 | 435 | 532 | 348 | 476 | 473 | 461 |
| Erfurt AH | 29 | | | 25 | 62 | 112 | 118 | 151 | 186 | 127 | 134 |
| Freiburg CP | 410 | 529 | 543 | 702 | 706 | 799 | 810 | 896 | 844 | 992 | 931 |
| Halle AH | 35 | 7 | 31 | | | | | | | | |
| Hamburg CP | 731 | | | | | | | | | | |
| Hannover CP | 129 | 213 | 174 | 174 | 238 | 230 | 218 | 247 | 300 | 321 | 358 |
| Jena AH | 91 | 112 | 113 | 126 | 122 | 95 | 97 | 89 | 79 | 65 | 72 |
| Kiel AH | 16 | 50 | 111 | 157 | 200 | 242 | 99 | 177 | 181 | 393 | 344 |
| Konstanz AH | 83 | 145 | 87 | 221 | 148 | 171 | 142 | 148 | 93 | 157 | 129 |
| Lübeck AH | 13 | 13 | 26 | 6 | 3 | | | | | | |
| Magdeburg AH | 99 | 88 | 83 | 125 | 113 | 132 | 153 | 182 | 190 | 212 | 227 |
| Mannheim CP | 176 | 349 | 403 | 405 | 453 | 521 | 461 | 387 | 324 | 285 | 484 |
| München Sub | 188 | 203 | 231 | 362 | 198 | | | | | | |
| Nürnberg CP | 289 | 520 | 469 | 510 | 481 | 563 | 548 | 866 | 679 | 981 | 770 |
| Pforzheim AH | 46 | 58 | 40 | 82 | 33 | 76 | 55 | 62 | 62 | 82 | 84 |
| Potsdam Katte | 16 | 54 | 9 | 24 | 92 | 45 | | | | | 31 |
| Regensburg CP | 113 | 195 | 177 | 262 | 242 | 238 | 205 | 313 | 253 | 341 | 222 |
| Saarbrücken AH | 125 | 140 | 162 | 186 | 181 | 188 | | | | | |
| Schw.Gmünd AH | 44 | 40 | 25 | 34 | 42 | 179 | 47 | 204 | 88 | 288 | 72 |
| Troisdorf AH | 62 | 88 | 139 | 178 | 227 | 282 | 397 | 348 | 363 | 314 | 447 |
| Ulm AH | 166 | 269 | 259 | 326 | 296 | 377 | 431 | 368 | 360 | 306 | 625 |
| Augsburg AH | | 88 | 97 | 125 | 143 | 154 | 218 | 188 | 240 | 216 | 232 |
| Potsdam AH | | 69 | 63 | 65 | 71 | 90 | 72 | 97 | 95 | 143 | 139 |
| Heilbronn AH | | | | | | 4 | 25 | 102 | 113 | 110 | 97 |
| Offenburg AH | | | | | | 2 | 37 | 37 | 17 | 21 | 33 |
| Tübingen AH | | | | | | 229 | 112 | 283 | 466 | 283 | 316 |
| Karlsruhe AH | | | | | | | 2 | 397 | 531 | 426 | 428 |
| Stuttgart AH | | | | | | | 2 | 522 | 503 | 476 | 532 |
| Heidelberg AH | | | | | | | | 188 | 244 | 202 | 262 |
| Dortmund AH | | | | | | | | | 12 | 162 | 180 |
| Schleswig-Holstein AH | | | | | | | | | | 1 | 147 |
| Weimar AH | | | | | | | | | | | 69 |

¹Community-based voluntary counselling and testing.

Table 1.3: Documented counselling and **testing** contacts¹ by CBVCT² centre and half-year, 2020–2025

| Half-year | 2020.1 | 2020.2 | 2021.1 | 2021.2 | 2022.1 | 2022.2 | 2023.1 | 2023.2 | 2024.1 | 2024.2 | 2025.1 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All CBVCT centres | 4 972 | 5 194 | 6 333 | 8 456 | 8 349 | 9 254 | 9 379 | 10 908 | 10 786 | 9 769 | 10 036 |
| Berlin AH | 548 | 569 | 603 | 731 | 926 | 999 | 1 034 | 1 003 | 1 076 | 877 | 1 034 |
| Berlin CP | 1 518 | 1 606 | 1 728 | 2 211 | 2 277 | 2 275 | 2 499 | 2 085 | 1 828 | | |
| Berlin Fixpunkt | 131 | 82 | 49 | 71 | 16 | | | | | | |
| Berlin MoM | 765 | | 1 003 | 1 684 | 1 709 | 2 054 | 2 102 | 2 208 | 2 162 | 2 331 | 2 106 |
| Cottbus Katte | 4 | 37 | 2 | 57 | 41 | | | 57 | 14 | | 14 |
| Düsseldorf AH | 263 | 239 | 297 | 334 | 410 | 419 | 486 | 333 | 449 | 461 | 443 |
| Freiburg CP | 365 | 476 | 507 | 668 | 673 | 737 | 771 | 816 | 789 | 932 | 839 |
| Halle AH | 26 | 4 | 2 | | | | | | | | |
| Hannover CP | 103 | 181 | 157 | 159 | 220 | 136 | 215 | 200 | 178 | 143 | 346 |
| Jena AH | 69 | 89 | 99 | 109 | 96 | 60 | 88 | 70 | 79 | 64 | 70 |
| Kiel AH | 11 | 46 | 99 | 59 | 63 | 84 | 20 | 38 | 149 | 374 | 326 |
| Konstanz AH | 79 | 144 | 87 | 221 | 147 | 167 | 141 | 148 | 93 | 157 | 128 |
| Magdeburg AH | 66 | 58 | 60 | 79 | 67 | 56 | 50 | 29 | 58 | 139 | 152 |
| Mannheim CP | 125 | 179 | 192 | 199 | 229 | 297 | 236 | 318 | 290 | 276 | 398 |
| München Sub | 179 | 193 | 224 | 344 | 8 | | | | | | |
| Nürnberg CP | 275 | 499 | 454 | 490 | 462 | 541 | 533 | 840 | 659 | 965 | 746 |
| Potsdam Katte | 16 | 54 | 9 | 21 | 73 | 41 | | | | | 31 |
| Regensburg CP | 108 | 195 | 177 | 261 | 242 | 236 | 205 | 311 | 253 | 341 | 222 |
| Saarbrücken AH | 109 | 124 | 139 | 169 | 161 | 177 | | | | | |
| Schw.Gmünd AH | 40 | 38 | 25 | 31 | 42 | 174 | 47 | 196 | 86 | 286 | 71 |
| Troisdorf AH | 54 | 70 | 116 | 162 | 213 | 256 | 362 | 314 | 335 | 311 | 442 |
| Ulm AH | 118 | 170 | 163 | 200 | 22 | 75 | 58 | 138 | 273 | 285 | 363 |
| Augsburg AH | | 77 | 89 | 112 | 123 | 142 | 179 | 153 | 169 | 3 | 217 |
| Potsdam AH | | 64 | 52 | 59 | 67 | 86 | 66 | 90 | 91 | 134 | 127 |
| Erfurt AH | | | | 25 | 62 | 109 | 114 | 149 | 183 | 126 | 133 |
| Heilbronn AH | | | | | | 1 | 24 | 98 | 107 | 107 | 94 |
| Tübingen AH | | | | | | 132 | 111 | 269 | 278 | 267 | 310 |
| Offenburg AH | | | | | | | 37 | 37 | 16 | 20 | 31 |
| Stuttgart AH | | | | | | | 1 | 492 | 435 | 340 | 403 |
| Heidelberg AH | | | | | | | | 144 | 222 | 200 | 254 |
| Karlsruhe AH | | | | | | | | 372 | 493 | 409 | 409 |
| Dortmund AH | | | | | | | | | 1 | 142 | 167 |
| Pforzheim AH | | | | | | | | | 20 | 79 | 71 |
| Schleswig-Holstein AH | | | | | | | | | | | 21 |
| Weimar AH | | | | | | | | | | | 68 |

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

Table 1.4: Reactive/positive test results in the 1st half of 2025, by CBVCT¹ centre

| | HIV | Syphilis | Gonorrhoea | Chlamydia | HCV* |
|-----------------------|-----|----------|------------|-----------|------|
| Augsburg AH | | | 2 | 8 | |
| Berlin AH | 10 | 2 | 14 | 32 | 6 |
| Berlin MoM | 6 | 23 | 210 | 128 | |
| Cottbus Katte | 1 | | 3 | 1 | |
| Dortmund AH | 3 | 2 | 4 | 5 | |
| Düsseldorf AH | 3 | 3 | 30 | 15 | 1 |
| Erfurt AH | | 2 | | | |
| Freiburg CP | 1 | 4 | 15 | 24 | |
| Hannover CP | 2 | 2 | 7 | 8 | |
| Heidelberg AH | | 1 | 1 | 6 | 1 |
| Heilbronn AH | | | 3 | 3 | 1 |
| Karlsruhe AH | | 6 | 11 | 13 | |
| Kiel AH | 2 | 1 | 3 | 12 | |
| Konstanz AH | | | 2 | 2 | 2 |
| Magdeburg AH | 1 | | 4 | 4 | |
| Mannheim CP | 3 | 3 | 6 | 5 | 9 |
| Nürnberg CP | 1 | 12 | 28 | 31 | 1 |
| Offenburg AH | 1 | 1 | | 2 | |
| Pforzheim AH | | | 5 | 4 | |
| Potsdam AH | | 1 | | 2 | |
| Potsdam Katte | | | 6 | | |
| Regensburg CP | | | 1 | 11 | 1 |
| Schleswig-Holstein AH | 1 | | | | |
| Schw.Gmünd AH | 1 | 1 | | | |
| Stuttgart AH | 1 | 1 | | | 3 |
| Troisdorf AH | 1 | 1 | 7 | 12 | |
| Tübingen AH | 1 | 2 | | 3 | 1 |
| Ulm AH | 1 | 5 | 6 | 9 | 6 |
| Weimar AH | | 1 | 1 | | |

¹Community-based voluntary counselling and testing. *Antibody or PCR positive.

Table 1.5: Documented test results of CBVCT clients in the 1st half of 2025

| | MSM | | Other men | | Women | | Non-binary/other | |
|--------------------|-------|---------|-----------|---------|-------|---------|------------------|---------|
| | N | % | N | % | N | % | N | % |
| Total | 4 673 | 100.0 % | 2 243 | 100.0 % | 2 526 | 100.0 % | 269 | 100.0 % |
| HIV | | | | | | | | |
| Reactive | 20 | 0.4 % | 4 | 0.2 % | 3 | 0.1 % | 1 | 0.4 % |
| Confirmed positive | 9 | 0.2 % | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| Negative | 3 279 | 70.2 % | 1 985 | 88.5 % | 2 209 | 87.5 % | 226 | 84.0 % |
| Not tested* | 1 365 | 29.2 % | 254 | 11.3 % | 314 | 12.4 % | 42 | 15.6 % |
| Syphilis | | | | | | | | |
| Positive** | 56 | 1.2 % | 8 | 0.4 % | 5 | 0.2 % | 3 | 1.1 % |
| Serological scar | 245 | 5.2 % | 3 | 0.1 % | 7 | 0.3 % | 9 | 3.3 % |
| Negative | 3 211 | 68.7 % | 1 685 | 75.1 % | 1 851 | 73.3 % | 209 | 77.7 % |
| Not tested* | 1 161 | 24.8 % | 547 | 24.4 % | 663 | 26.2 % | 48 | 17.8 % |
| Gonorrhoea | | | | | | | | |
| Positive | 308 | 6.6 % | 22 | 1.0 % | 21 | 0.8 % | 10 | 3.7 % |
| Negative | 3 435 | 73.5 % | 1 641 | 73.2 % | 1 891 | 74.9 % | 194 | 72.1 % |
| Not tested* | 930 | 19.9 % | 580 | 25.9 % | 614 | 24.3 % | 65 | 24.2 % |
| Chlamydia | | | | | | | | |
| Positive | 210 | 4.5 % | 56 | 2.5 % | 59 | 2.3 % | 3 | 1.1 % |
| Negative | 3 538 | 75.7 % | 1 638 | 73.0 % | 1 863 | 73.8 % | 204 | 75.8 % |
| Not tested* | 925 | 19.8 % | 549 | 24.5 % | 604 | 23.9 % | 62 | 23.0 % |
| HCV | | | | | | | | |
| Positive (AB) | 6 | 0.1 % | 8 | 0.4 % | 7 | 0.3 % | 2 | 0.7 % |
| Positive (RNA) | 0 | 0.0 % | 0 | 0.0 % | 1 | 0.0 % | 0 | 0.0 % |
| Negative | 633 | 13.5 % | 525 | 23.4 % | 532 | 21.1 % | 55 | 20.4 % |
| Not tested* | 4 034 | 86.3 % | 1 710 | 76.2 % | 1 986 | 78.6 % | 212 | 78.8 % |
| HBV | | | | | | | | |
| Current infection | 1 | 0.0 % | 5 | 0.2 % | 1 | 0.0 % | 0 | 0.0 % |
| Past infection | 2 | 0.0 % | 0 | 0.0 % | 2 | 0.1 % | 0 | 0.0 % |
| Negative | 257 | 5.5 % | 244 | 10.9 % | 288 | 11.4 % | 20 | 7.4 % |
| Not tested* | 4 413 | 94.4 % | 1 994 | 88.9 % | 2 235 | 88.5 % | 249 | 92.6 % |

*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 CBVCT¹ centre and half-year, 2020–2025

| Half-year | 2020.1 | 2020.2 | 2021.1 | 2021.2 | 2022.1 | 2022.2 | 2023.1 | 2023.2 | 2024.1 | 2024.2 | 2025.1 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All s.a.m health centres | 1 299 | 2 448 | 3 455 | 3 378 | 3 802 | 3 752 | 4 071 | 4 438 | 5 224 | 4 970 | 5 142 |
| Berlin AH | 91 | 281 | 493 | 489 | 541 | 568 | 611 | 751 | 931 | 967 | 911 |
| Bonn AH | 34 | 80 | 47 | 33 | 12 | | | | | | |
| Dresden AH | 38 | 131 | 204 | 200 | 218 | 219 | 213 | 221 | 274 | 261 | 277 |
| Emsland AH | 5 | 20 | 57 | 83 | 73 | 53 | 12 | 1 | | | |
| Frankfurt AH | 107 | 296 | 475 | 528 | 622 | 517 | 495 | 542 | 531 | 415 | 444 |
| Freiburg CP | 17 | 107 | 175 | 174 | 166 | 141 | 161 | 180 | 231 | 240 | 228 |
| Hamburg CP | 25 | 63 | 87 | 81 | 79 | 86 | 85 | 102 | 116 | 95 | 108 |
| Hannover CP | 28 | 98 | 260 | 196 | 275 | 288 | 356 | 379 | 402 | 391 | 423 |
| Magdeburg AH | 10 | 22 | 71 | 94 | 101 | 107 | 164 | 164 | 224 | 179 | 192 |
| Mannheim CP | 21 | 41 | 11 | 56 | 193 | 231 | 313 | 379 | 665 | 631 | 668 |
| München CP | 492 | 731 | 756 | 705 | 704 | 776 | 820 | 815 | 902 | 810 | 809 |
| München Sub | 137 | 140 | 141 | 103 | 116 | 99 | 104 | 104 | 98 | 95 | 107 |
| Nürnberg CP | 195 | 261 | 314 | 273 | 251 | 237 | 273 | 292 | 283 | 285 | 289 |
| Regensburg CP | 99 | 113 | 119 | 108 | 112 | 94 | 108 | 107 | 130 | 110 | 120 |
| Hamburg ZSG | | 64 | 245 | 255 | 310 | 272 | 285 | 333 | 379 | 379 | 369 |
| Lübeck AH | | | | | 29 | 38 | 48 | 37 | 58 | 92 | 157 |
| Potsdam AH | | | | | | 26 | 23 | 31 | | 20 | 40 |

¹Community-based voluntary counselling and testing.**Table 2.3:** Number of new *s.a.m health clients*¹ by CBVCT² centre and half-year, 2020–2025

| Half-year | 2020.1 | 2020.2 | 2021.1 | 2021.2 | 2022.1 | 2022.2 | 2023.1 | 2023.2 | 2024.1 | 2024.2 | 2025.1 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All s.a.m health centres | 784 | 1 627 | 2 265 | 1 787 | 1 892 | 1 571 | 1 676 | 1 758 | 2 025 | 1 871 | 1 697 |
| Berlin AH | 90 | 233 | 365 | 280 | 269 | 271 | 268 | 335 | 428 | 437 | 328 |
| Bonn AH | 34 | 56 | 4 | 2 | | | | | | | |
| Dresden AH | 35 | 107 | 154 | 126 | 113 | 102 | 87 | 93 | 108 | 103 | 105 |
| Emsland AH | 5 | 17 | 47 | 48 | 30 | 16 | 1 | | | | |
| Frankfurt AH | 101 | 240 | 346 | 311 | 311 | 157 | 138 | 169 | 94 | 59 | 52 |
| Freiburg CP | 17 | 101 | 145 | 111 | 84 | 58 | 71 | 68 | 100 | 100 | 86 |
| Hamburg CP | 25 | 49 | 50 | 29 | 40 | 31 | 27 | 29 | 33 | 26 | 35 |
| Hannover CP | 27 | 91 | 209 | 119 | 155 | 152 | 163 | 145 | 158 | 160 | 139 |
| Magdeburg AH | 10 | 17 | 61 | 70 | 62 | 57 | 107 | 98 | 118 | 71 | 76 |
| Mannheim CP | 21 | 36 | 1 | 39 | 148 | 146 | 180 | 188 | 397 | 318 | 265 |
| München CP | 223 | 387 | 382 | 289 | 287 | 282 | 277 | 270 | 246 | 217 | 210 |
| München Sub | 58 | 31 | 43 | 22 | 24 | 11 | 22 | 23 | 15 | 20 | 19 |
| Nürnberg CP | 89 | 134 | 176 | 96 | 95 | 75 | 108 | 107 | 93 | 89 | 75 |
| Regensburg CP | 49 | 64 | 49 | 43 | 32 | 20 | 33 | 33 | 36 | 30 | 39 |
| Hamburg ZSG | | 64 | 233 | 202 | 214 | 139 | 139 | 159 | 162 | 165 | 139 |
| Lübeck AH | | | | | 28 | 30 | 36 | 19 | 37 | 62 | 107 |
| Potsdam AH | | | | | | 24 | 19 | 22 | | 14 | 22 |

¹With evaluated test results. ²Community-based voluntary counselling and testing.**Table 2.4:** Evaluated *s.a.m health test kits* among **PrEP users**, 2020–2025

| Half-year | 2020.1 | 2020.2 | 2021.1 | 2021.2 | 2022.1 | 2022.2 | 2023.1 | 2023.2 | 2024.1 | 2024.2 | 2025.1 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| All s.a.m health centres | 118 | 157 | 185 | 175 | 186 | 208 | 214 | 239 | 274 | 244 | 249 |
| Berlin AH | 5 | 16 | 16 | 19 | 17 | 29 | 29 | 32 | 37 | 38 | 33 |
| Dresden AH | 4 | 5 | 9 | 5 | 5 | 8 | 10 | 7 | 3 | 5 | 8 |
| Frankfurt AH | 5 | 9 | 12 | 21 | 23 | 24 | 25 | 30 | 38 | 27 | 28 |
| Hamburg CP | 1 | 5 | 5 | 6 | 13 | 9 | 7 | 14 | 19 | 15 | 10 |
| München CP | 57 | 61 | 80 | 57 | 57 | 63 | 57 | 55 | 78 | 65 | 62 |
| München Sub | 25 | 24 | 23 | 16 | 18 | 20 | 17 | 25 | 22 | 20 | 18 |
| Nürnberg CP | 17 | 23 | 16 | 10 | 9 | 8 | 10 | 8 | 10 | 5 | 9 |
| Regensburg CP | 4 | 4 | 4 | 7 | 6 | 3 | 5 | 5 | 3 | 2 | 2 |
| Bonn AH | | 6 | 5 | 5 | 3 | | | | | | |
| Freiburg CP | | 1 | 1 | 3 | 2 | 3 | 5 | 3 | 2 | 6 | 3 |
| Hannover CP | | 2 | 8 | 7 | 7 | 5 | 7 | 9 | 10 | 9 | 13 |
| Magdeburg AH | | 1 | 3 | 7 | 4 | 9 | 8 | 9 | 4 | 6 | 7 |
| Emsland AH | | | 2 | 10 | 6 | 6 | 1 | 1 | | | |
| Hamburg ZSG | | | 1 | | 3 | 1 | | | | 1 | 2 |
| Mannheim CP | | | | 2 | 11 | 17 | 31 | 39 | 47 | 39 | 48 |
| Lübeck AH | | | | | 2 | 3 | 2 | 1 | 1 | 5 | 5 |
| Potsdam AH | | | | | | | | 1 | | 1 | 1 |

Table 2.5: Positive *s.a.m health* test results in the 1st half of 2025, by CBVCT¹ centre

| | HIV | Syphilis | Gonorrhoea | Chlamydia |
|---------------|-----|----------|------------|-----------|
| Berlin AH | | 4 | 9 | 13 |
| Dresden AH | | 2 | 1 | 7 |
| Frankfurt AH | | | 4 | 6 |
| Freiburg CP | | 2 | 4 | 9 |
| Hamburg CP | | | 1 | 6 |
| Hamburg ZSG | | | 4 | 7 |
| Hannover CP | | 2 | 4 | 18 |
| Lübeck AH | | | 1 | 2 |
| Magdeburg AH | | 2 | 1 | 1 |
| Mannheim CP | | 5 | 10 | 18 |
| München CP | 1 | 8 | 14 | 19 |
| München Sub | | 2 | 1 | 5 |
| Nürnberg CP | 1 | 1 | 6 | 6 |
| Potsdam AH | | | 2 | |
| Regensburg CP | | | 1 | 6 |

¹Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 1st half of 2025

| | MSM | | Other men | | Women | |
|-------------------|-------|---------|-----------|---------|-------|---------|
| | N | % | N | % | N | % |
| Total | 1 703 | 100.0 % | 1 570 | 100.0 % | 1 869 | 100.0 % |
| HIV | | | | | | |
| Newly positiv* | 1 | 0.1 % | 0 | 0.0 % | 1 | 0.1 % |
| Known positive | 38 | 2.2 % | 0 | 0.0 % | 2 | 0.1 % |
| Negative | 1 549 | 91.0 % | 1 518 | 96.7 % | 1 776 | 95.0 % |
| No result | 115 | 6.8 % | 52 | 3.3 % | 90 | 4.8 % |
| Syphilis | | | | | | |
| Positive** | 25 | 1.5 % | 0 | 0.0 % | 3 | 0.2 % |
| Serological scar | 145 | 8.5 % | 6 | 0.4 % | 8 | 0.4 % |
| Negative | 1 461 | 85.8 % | 1 530 | 97.5 % | 1 803 | 96.5 % |
| No result | 72 | 4.2 % | 34 | 2.2 % | 55 | 2.9 % |
| Gonorrhoea | | | | | | |
| Positive | 47 | 2.8 % | 4 | 0.3 % | 12 | 0.6 % |
| Negative | 1 645 | 96.6 % | 1 562 | 99.5 % | 1 853 | 99.1 % |
| No result | 11 | 0.6 % | 4 | 0.3 % | 4 | 0.2 % |
| Chlamydia | | | | | | |
| Positive | 72 | 4.2 % | 19 | 1.2 % | 32 | 1.7 % |
| Negative | 1 620 | 95.1 % | 1 547 | 98.5 % | 1 833 | 98.1 % |
| No result | 11 | 0.6 % | 4 | 0.3 % | 4 | 0.2 % |

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=13) is too small to be included in a separate column. Nevertheless, in order not to exclude them from this evaluation, the 13 "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*.