FACHPORTAL BERATUNG

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

Half-Year Report 2/2025

Deutsche Aidshilfe

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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 = CASAblanca. 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 | Paderborn AH = Aidshilfe Paderborn | 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 | S.-Holstein AH = Aidshilfe Schleswig-Holstein | 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 | Weimar AH = AIDS-Hilfe Weimar und Ostthüringen. Beratungsstelle Weimar | Wilhelmshaven AH = Aids-Hilfe Friesland-Wilhelmshaven-Wittmund

CBVCT Centres in Germany

Summary

German CBVCT centres began online data collection in 2018. Since then, 124 823 counselling sessions with a valid test result have been documented.

In 2025, 23 403 counselling sessions with valid test results were recorded—14 % more than in the previous year—the decrease is likely due to the withdrawal of Checkpoint BLN from the joint data collection. These sessions included 10 532 men who have sex with men (MSM), 5577 other men (who do *not* have sex with men), 5934 women, and 731 persons with non-binary or other gender identities—representing 46%, 24%, 26%, and 3% of all CBVCT clients with information on gender identity and sexual orientation, respectively (rounded).

Overall in 2025, 1738 sexually transmitted infections (STIs) were diagnosed (including syphilis, gonorrhoea, or chlamydia). In 86 cases, the HIV antibody test was reactive or confirmed positive, and in 99 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 placed to support HIV/STI counselling and testing for people at higher risk, as they work closely with the community and have experience with access, service provision and uptake. Most CBVCT centres in Germany are members of the German AIDS Federation and often operate under the familiar name **Checkpoint**.

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 2025 there were 158 541 entries in the CBVCT database. After excluding 1703 invalid entries, 156 838 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, HBV, HCV, or syphilis, or swabs for gonorrhoea/chlamydia) was documented in 124 823 cases (80%; see **Table 1.3** in the appendix).

Not all entries could be assigned to one of the four groups used in this report (4471 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**). The analysed data are therefore not representative of all CBVCT clients in Germany, but only of those who attended the participating centres.

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. In contrast to the official notification

figures, the datasets used here allow diagnoses to be related to the number of tests performed. This makes them particularly valuable for analysing trends in infection frequencies independently of changes in testing volume.

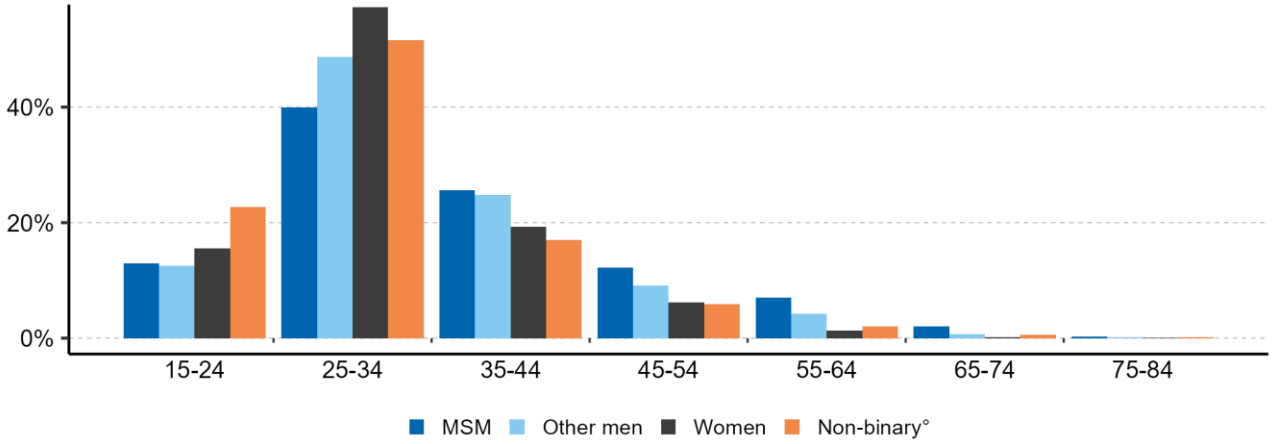
Over Time

In Table 1.3 in the appendix, the number of counselling contacts with a documented test result over time is shown. During the government-imposed restrictions on public life in the COVID-19 pandemic, a marked decline was observed—42% fewer tests were documented in the first half of 2020 than in the preceding half-year, and some centres temporarily suspended their services (see Half-year report2/2024 [2]; data prior to 2020 are no longer presented in this report). The pre-pandemic level was only reached again in the second half of 2021. Part of the decline could be compensated for by the *s.a.m health* project.

Characteristics of CBVCT Clients in 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 2025



Legend. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men. °Non-binary, intersex, or other gender.

In 48% of all test consultations in 2025, clients reported a migration background; 11% of CBVCT clients did not have health insurance in Germany. For 32% of clients, the visit to a CBVCT centre was their first HIV test, especially among men who do *not* have sex with men (50%) and women (41%). This underlines the importance of the low-threshold nature of this service.

Sex work in the previous six months was reported by 2.3% of CBVCT clients; this proportion was highest among non-binary persons (8%). Paying for sex was reported by 6%; this proportion was highest among men who do *not* have sex with men (14%). More than ten sexual partners in the previous six months were reported by 11%. 16% of visits were regular *screening* examinations recommended for PrEP; this mainly concerned MSM (30%) and non-binary persons (9%)—for methodological reasons (*cf.* above) these proportions are overestimated if corresponding CBVCT clients attend more than once per half-year.

Table 1.1b: Identities of clients of CBVCT centres in 2025

	MSM		Other men		Women		Non-binary°		All	
	N	%	N	%	N	%	N	%	N	%
Total	10 532	100.0%	5 577	100.0%	5 934	100.0%	731	100.0%	23 403	100.0%
Gender identity										
Man	10 363	98.7%	5 558	99.9%	0		0		16 224	70.5%
Trans man	134	1.3%	8	0.1%	0		0		144	0.6%
Woman	0		0		5 758	97.6%	0		5 759	25.0%
Trans woman	0		0		144	2.4%	0		152	0.7%
Non-binary°	0		0		0		731	100.0%	731	3.2%
Sexual identity										
Heterosexual	362	3.5%	5 577	100.0%	3 979	70.9%	61	10.0%	9 985	45.0%
Bisexual	2 593	25.1%	0		1 185	21.1%	134	21.9%	3 924	17.7%
Gay	6 869	66.6%	0		0		107	17.5%	6 985	31.5%
Queer	333	3.2%	0		252	4.5%	258	42.2%	852	3.8%
Lesbian	0		0		135	2.4%	21	3.4%	165	0.7%
Other	163	1.6%	0		64	1.1%	31	5.1%	261	1.2%

Table 1.1: Characteristics of clients of CBVCT centres in 2025 (continued)

	MSM		Other men		Women		Non-binary°		All	
	N	%	N	%	N	%	N	%	N	%
Total	10 532	100.0%	5 577	100.0%	5 934	100.0%	731	100.0%	23 403	100.0%
Age median (IQR)	34	(28—42)	32	(27—39)	29	(26—35)	29	(25—35)	32	(27—39)
Health Insurance										
No	1 039	9.9%	385	6.9%	564	9.5%	124	17.0%	2 508	10.7%
Yes	9 493	90.1%	5 192	93.1%	5 370	90.5%	607	83.0%	20 895	89.3%
Migration background										
No	4 681	45.7%	3 121	58.2%	3 413	60.3%	321	48.8%	11 643	52.4%
Yes	5 562	54.3%	2 246	41.8%	2 249	39.7%	337	51.2%	10 571	47.6%
Country/region of birth										
Germany	5 909	58.3%	3 835	72.2%	4 182	74.7%	430	66.1%	14 488	66.0%
Other Europe	2 006	19.8%	727	13.7%	854	15.3%	106	16.3%	3 731	17.0%
Middle East	464	4.6%	161	3.0%	70	1.3%	22	3.4%	740	3.4%
Other Asia	609	6.0%	250	4.7%	174	3.1%	20	3.1%	1 082	4.9%
Africa	209	2.1%	169	3.2%	97	1.7%	13	2.0%	518	2.4%
Latin America	526	5.2%	114	2.1%	166	3.0%	28	4.3%	838	3.8%
USA, CA, AU, NZ	411	4.1%	58	1.1%	56	1.0%	32	4.9%	563	2.6%
Language										
German	8 616	81.8%	5 193	93.1%	5 510	92.9%	627	85.8%	20 497	87.6%
English	1 502	14.3%	224	4.0%	144	2.4%	88	12.0%	2 005	8.6%
Russian	124	1.2%	98	1.8%	209	3.5%	5	0.7%	445	1.9%
Spanish	99	0.9%	16	0.3%	35	0.6%	7	1.0%	159	0.7%
French	40	0.4%	11	0.2%	20	0.3%	0		73	0.3%
Italian	34	0.3%	11	0.2%	5	0.1%	1	0.1%	53	0.2%
Polish	15	0.1%	2	0.0%	4	0.1%	0		22	0.1%
Arabic	69	0.7%	9	0.2%	4	0.1%	2	0.3%	98	0.4%
Turkish	33	0.3%	13	0.2%	3	0.1%	1	0.1%	51	0.2%
Sex work*										
No	9 905	97.8%	5 217	99.2%	5 350	97.0%	596	92.0%	21 284	97.7%
Yes	221	2.2%	42	0.8%	168	3.0%	52	8.0%	490	2.3%
Client of sex work*										
No	9 543	94.1%	4 518	85.9%	5 460	99.5%	615	95.2%	20 336	93.5%
Yes	593	5.9%	740	14.1%	25	0.5%	31	4.8%	1 417	6.5%
Number of sexual partners**										
0–2	2 397	23.5%	3 055	57.4%	3 112	56.4%	242	37.1%	8 928	40.7%
3–5	3 537	34.6%	1 670	31.4%	1 712	31.0%	209	32.0%	7 197	32.8%
6–10	2 287	22.4%	444	8.3%	492	8.9%	104	15.9%	3 352	15.3%
>10	1 991	19.5%	152	2.9%	198	3.6%	98	15.0%	2 453	11.2%
Number of CAVI partners***										
0–2	6 199	62.4%	4 357	85.4%	4 516	85.2%	478	76.2%	15 710	74.2%
3–5	1 910	19.2%	631	12.4%	648	12.2%	85	13.6%	3 298	15.6%
6–10	888	8.9%	90	1.8%	97	1.8%	27	4.3%	1 107	5.2%
>10	941	9.5%	26	0.5%	39	0.7%	37	5.9%	1 047	4.9%
Last HIV test										
In the previous 6 months	4 878	46.3%	647	11.6%	679	11.4%	192	26.3%	6 452	27.6%
Before	3 909	37.1%	2 167	38.9%	2 844	47.9%	323	44.2%	9 532	40.7%
Never	1 745	16.6%	2 763	49.5%	2 411	40.6%	216	29.5%	7 419	31.7%
PrEP										
No	6 562	69.7%	4 302	99.1%	4 531	99.3%	535	90.7%	16 095	84.3%
Yes	2 859	30.3%	40	0.9%	30	0.7%	55	9.3%	2 995	15.7%

CBVCT: Community-based Voluntary Counselling and Testing. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men. °Non-binary, intersex, or other gender. 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 48% and 53% of clients, respectively; with the highest proportion among MSM—57% and 60%, 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 28% reporting having been vaccinated. **Table 1.1c** provides an overview of these characteristics separately for MSM, other men, women and non-binary persons in 2025.

Table 1.1c: Vaccination history among clients of CBVCT centres in 2025 (continued)

	MSM		Other men		Women		Non-binary°		All	
	N	%	N	%	N	%	N	%	N	%
Total	10 532	100.0%	5 577	100.0%	5 934	100.0%	731	100.0%	23 403	100.0%
Hep. A vaccination										
No	4 299	42.9%	3 305	63.4%	3 099	56.7%	365	56.7%	11 231	52.1%
Yes	5 711	57.1%	1 910	36.6%	2 368	43.3%	279	43.3%	10 340	47.9%
Hep. B vaccination										
No	3 980	39.5%	3 127	59.1%	2 738	49.2%	346	53.1%	10 344	47.4%
Yes	6 106	60.5%	2 161	40.9%	2 822	50.8%	306	46.9%	11 477	52.6%
HPV vaccination										
No	5 506	75.1%	2 639	89.2%	2 155	49.5%	266	60.3%	10 691	70.2%
Yes	1 830	24.9%	318	10.8%	2 198	50.5%	175	39.7%	4 538	29.8%
Mpox vaccination										
No	6 630	71.7%	3 902	97.8%	4 339	98.3%	462	86.2%	15 492	84.4%
Yes	2 611	28.3%	88	2.2%	75	1.7%	74	13.8%	2 863	15.6%

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% and 5%, respectively. Similarly, the proportion of "other men" who *had paid for sex* in the previous six months remained stable over time, at 13%.

The proportions of MSM with more than ten sexual partners in the previous six months also remained largely stable at 19%.

CBVCT Test Results in 2025.

In 2025, CBVCT centres recorded 169 active syphilis infections, 779 cases of gonorrhoea and 790 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. In total, 1738 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 8%; for comparison with *s.a.m health* clients, see below).

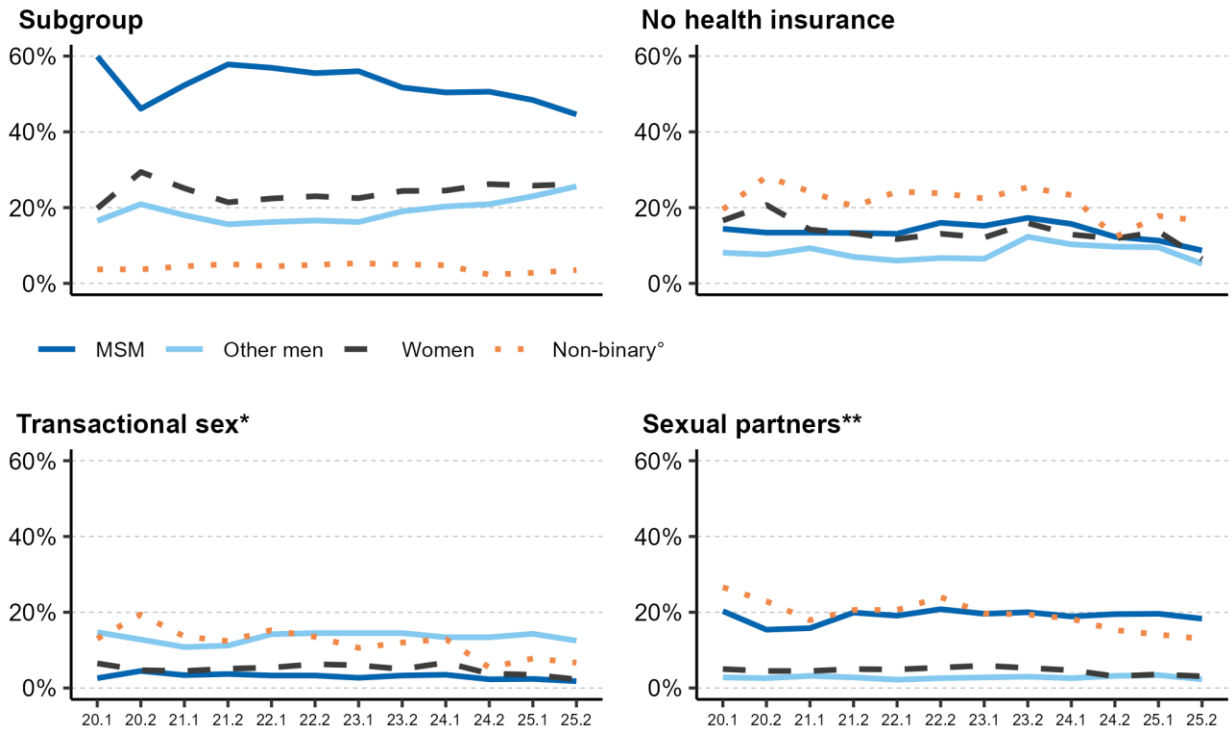
Figure 1.3 shows STI prevalences over time separately for MSM, other men, women, and non-binary persons. **No evidence was found of a significant increase in STI prevalence in any of the four groups** between 2020 and 2025 [3]. At the same time, the average number of swabs performed per person increased over time (particularly in the period 2018–2020, which is no longer shown here), primarily among men who do *not* have sex with men, women, and non-binary individuals. Pooled swabs were counted as two and a half swabs, since many centres omit the collection of a pharyngeal swab.

In 86 persons in 2025, the HIV test was reactive—of which 66% 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 99 persons in 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 2025, 7 cases of active HBV infections were detected.

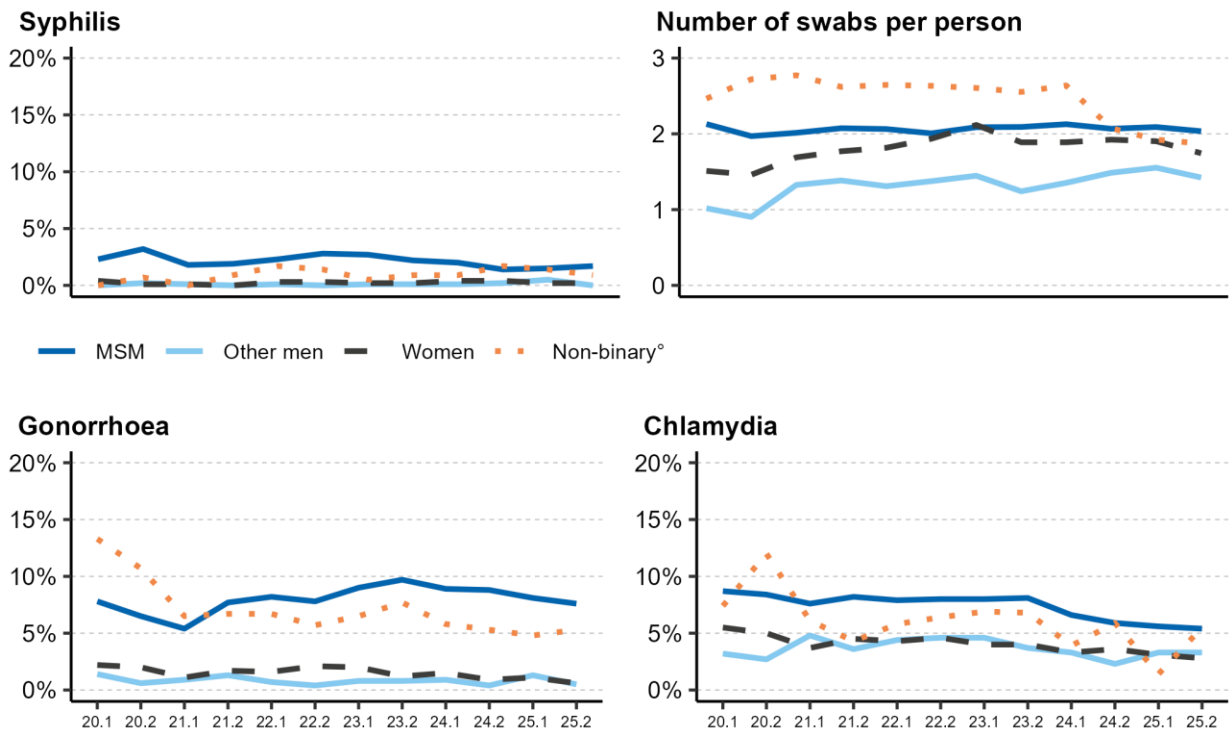
Table 1.4 in the appendix shows test results by CBVCT centres. **Table 1.5** in the appendix gives an overview of the CBVCT test results of 2025 separately for MSM, other men, women, and non-binary persons.

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



Legend. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men. °Non-binary, intersex, or other gender. *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



Legend. *Average number of swabs per person in one test contact. PCR tests from urine were counted as urethral swabs. For pooled tests, 2.5 swabs per person were assumed.

s.a.m health

Summary

s.a.m health provides 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 on request, and result notification via a CBVCT centre. Clients send their test kits by post to an accredited laboratory, which delivers validated test results for HIV, syphilis, gonorrhoea and chlamydia (from mid-2025 Labor Krone; previously Medizinisches Labor Nord). 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 20 794 individuals have received 45 949 valid test results. This group included 4537 MSM, 7768 other men (who do *not* have sex with men), and 8469 women, representing 22%, 37%, and 41% of the tested population, respectively. 41 individuals identified as "other (*e.g.*, trans, intersex, non-binary)" or—since mid 2025—as trans or non-binary. Since mid-2025, the database has allowed the proper identification of transgender clients and those with a non-binary gender identity.

In 2025, 2725 individuals received 7812 valid test results through *s.a.m health*—representing 23 % less tests than in the same period the previous year. Of these, 303 tests (4%) 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 0 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 2025, since the project's inception, 49 561 *s.a.m health* test kits had been delivered to clients following telephone consultation. Of these, 45 949 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 therefore not analysed—are excluded from this report. If clients request a termination of the service with data deletion according to the GDPR, all personal data and test results are deleted—this may subsequently correct the figures downwards.

Over Time

Table 2.2 in the appendix shows the number of *s.a.m health* test kits evaluated over time. Bavarian CBVCT centres developed and piloted *s.a.m health* in 2018 [4]. The project expanded nationwide starting in the first half of 2020. During registration, clients choose from 16 *s.a.m health* CBVCT centres for their initial telephone consultation. The chosen centre subsequently provides the test results. In 2025, no CBVCT centres from Bremen, Mecklenburg-Western Pomerania, Rhineland-Palatinate, Saarland, or Thuringia, participated in *s.a.m health*.

Because many clients 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. In the second half of 2025, the number of tests ordered declined, as the transition to a new software platform and the laboratory change disrupted test delivery for several weeks.

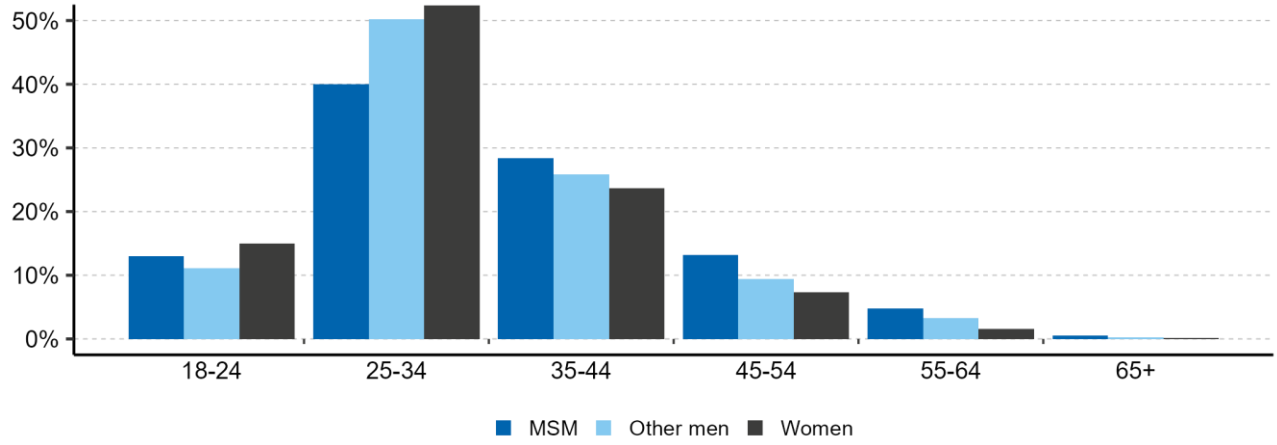
HIV-Pre-exposure Prophylaxis (PrEP)

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 2025, 375 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 8 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



Legend. MSM: men who have sex with men. Other men: men who do *not* have sex with men. °Non-binary, intersex, or other gender.

Overall, 9% 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*, 17% had already undergone testing for HIV or other STIs. For 33%, 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 (46%) and among women (29%).

At the time of their first interview, 2.4% of *s.a.m health* clients reported taking PrEP to protect themselves against HIV, and 38% stated that they used condoms regularly. A total of 8% reported using intranasal or intravenous drugs; 1.8% reported engagement in Chemsex (MSM: 3.5%). Table 2.1 provides a breakdown of these characteristics separately for MSM, other men, and women.

s.a.m health Test Results in 2025

As part of *s.a.m health*, clients test for asymptomatic infections with HIV, syphilis, gonorrhoea, and chlamydia. Participants collect capillary blood from their fingertip themselves (HIV, syphilis) following the provided instructions. For testing gonorrhoea and chlamydia, they take swabs from the rectum and throat and also provide a urine sample. The swabs and urine samples are not analysed individually but pooled together. Consequently, it is not possible to determine at which of the three swab sites a gonorrhoea or chlamydia infection occurred.

This means that a positive test result for gonorrhoea or chlamydia may occasionally reflect an infection that has already cleared naturally and no longer requires treatment. This is a general limitation of modern diagnostic methods and not specific to *s.a.m health*.

In 2025, *s.a.m health* detected 44 active syphilis infections, 84 cases of gonorrhoea, and 175 chlamydia infections. Syphilis and gonorrhoea were diagnosed almost exclusively among MSM. In total, 303 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%. This is considerably lower than the prevalence among CBVCT clients who had both a swab and a syphilis test (8 %), 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		All	
	N	%	N	%	N	%	N	%
Total	4 537	100.0%	7 768	100.0%	8 469	100.0%	20 794	100.0%
First users 2025	452		1 173		1 080		2 725	
Age median (IQR)	34	(28—42)	32	(27—39)	31	(26—37)	32	(27—39)
City size								
Large city (100,000+)	2 707	65.8%	4 730	67.6%	5 408	70.0%	12 856	68.2%
Medium-size (20,000–100,000)	812	19.8%	1 255	17.9%	1 319	17.1%	3 389	18.0%
Town / rural	592	14.4%	1 014	14.5%	1 003	13.0%	2 611	13.8%
Last HIV/STI test								
In the previous 6 months	1 583	34.9%	724	9.3%	1 210	14.3%	3 521	16.9%
Before	2 037	44.9%	3 500	45.1%	4 796	56.6%	10 335	49.7%
Never	917	20.2%	3 544	45.6%	2 463	29.1%	6 938	33.4%
Number of sexual partners*								
0–2	1 928	42.9%	4 997	65.0%	5 111	61.0%	12 050	58.5%
3–5	1 777	39.6%	2 236	29.1%	2 588	30.9%	6 604	32.1%
>5	788	17.5%	457	5.9%	683	8.1%	1 931	9.4%
Condomless anal/vaginal intercourse								
No	1 960	43.7%	2 979	38.8%	2 852	34.1%	7 801	38.0%
Yes	2 530	56.3%	4 696	61.2%	5 501	65.9%	12 737	62.0%
PrEP								
No	4 102	90.4%	7 743	99.7%	8 432	99.6%	20 297	97.6%
Yes	435	9.6%	25	0.3%	37	0.4%	497	2.4%
Chemsex								
No	137	96.5%	485	99.0%	364	98.1%	1 005	98.2%
Yes	5	3.5%	5	1.0%	7	1.9%	18	1.8%
Intranasal / intravenous drugs								
No	4 150	93.0%	6 953	91.2%	7 700	92.5%	18 822	92.1%
Yes	311	7.0%	669	8.8%	628	7.5%	1 609	7.9%

Legend. MSM: men who have sex with men. Other men: men who do *not* have sex with men. °Non-binary, intersex, or other gender. IQR: interquartile range. *Sexual partners in the previous three months. Percentages in each row are based on valid responses. Missing data may result in totals that differ from the overall number indicated in the header—for instance, for Chemsex, since this question was only added in the second half of 2025.

In 2025, STI prevalence among MSM using *s.a.m health* (6,9%)—defined as testing positive for syphilis, gonorrhoea or chlamydia—was lower than figures reported in systematic studies in German-speaking countries (16.3–22.0%) [5]. This also applies to past syphilis infections (9% in *s.a.m health* vs. 13.6% in [5]). For women, the results were comparable to those observed in other systematic studies in German-speaking countries [6].

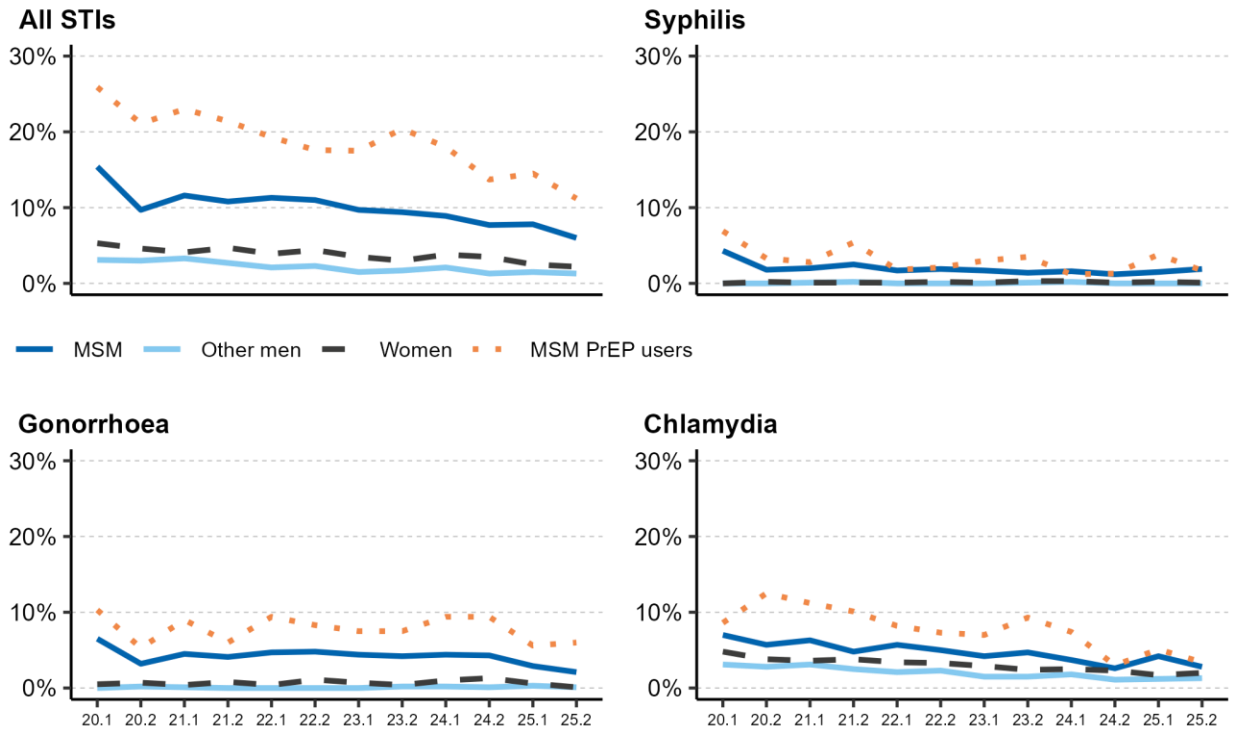
Among MSM who use PrEP, the prevalence of gonorrhoea and chlamydia was in line with other data on this group in Germany [7]—with gonorrhoea found in 8% of *s.a.m health* users (vs. 7.8–10.1% in [7]), and chlamydia in 8% (vs. 8.7–11.1% in [7]; see also **Figure 2.2**).

In the same period, 2025, 0 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 30 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 2025, separately for MSM, other men and women.

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



Legend. MSM: men who have sex with men (including PrEP users). Other men: men who do *not* have sex with men. °Non-binary, intersex, or other gender.

Appendix

Table 1.2: Documented **counselling** contacts by CBVCT[1] 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	2025.2
Total	6 665	6 244	7 308	9 676	9 917	10 982	11 083	12 399	12 295	10 769	11 123	14 406
Augsburg AH		88	97	125	143	154	218	188	240	216	232	226
Berlin AH	616	693	670	788	981	1 063	1 073	1 024	1 124	914	1 062	1 178
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	2 304
Cottbus Katte	4	40	2	57	42			57	14		16	2
Dortmund AH									12	162	180	240
Düsseldorf AH	289	261	312	351	421	435	532	348	476	473	461	481
Erfurt AH	29			25	62	112	118	151	186	127	134	184
Freiburg CP	410	529	543	702	706	799	810	896	844	992	931	872
Halle AH	35	7	31									
Hamburg CP	731											29
Hannover CP	129	213	174	174	238	230	218	247	300	321	358	332
Heidelberg AH								188	244	202	262	349
Heilbronn AH						4	25	102	113	110	97	137
Jena AH	91	112	113	126	122	95	97	89	79	65	72	58
Karlsruhe AH							2	397	531	426	428	534
Kiel AH	16	50	111	157	200	242	99	177	181	393	344	357
Konstanz AH	83	145	87	221	148	171	142	148	93	157	129	127
Lübeck AH	13	13	26	6	3							
Magdeburg AH	99	88	83	125	113	132	153	182	190	212	227	246
Mannheim CP	176	349	403	405	453	521	461	387	324	285	484	465
München CP												2 071
München Sub	188	203	231	362	198							390
Nürnberg CP	289	520	469	510	481	563	548	866	679	981	770	1 041
Offenburg AH						2	37	37	17	21	33	
Paderborn AH												100
Pforzheim AH	46	58	40	82	33	76	55	62	62	82	84	91
Potsdam AH		69	63	65	71	90	72	97	95	143	139	144
Potsdam Katte	16	54	9	24	92	45					31	23
Regensburg CP	113	195	177	262	242	238	205	313	253	341	222	398
S.-Holstein AH										1	147	16
Saarbrücken AH	125	140	162	186	181	188						
Schw.Gmünd AH	44	40	25	34	42	179	47	204	88	288	72	266
Stuttgart AH							2	522	503	476	532	520
Troisdorf AH	62	88	139	178	227	282	397	348	363	314	447	354
Tübingen AH						229	112	283	466	283	316	303
Ulm AH	166	269	259	326	296	377	431	368	360	306	625	399
Weimar AH											69	91
Wilhelmshaven AH												78

[1]Community-based voluntary counselling and testing.

Table 1.3: Documented counselling and **testing** contacts[1] by CBVCT[2] 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	2025.2
Total	4 970	5 193	6 330	8 454	8 346	9 253	9 377	10 906	10 790	9 770	10 105	13 298
Augsburg AH		79	89	112	123	143	179	153	169	3	217	211
Berlin AH	548	569	603	731	926	999	1 034	1 003	1 076	877	1 034	1 126
Berlin CP	1 518	1 606	1 727	2 211	2 277	2 275	2 498	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	2 198
Cottbus Katte	4	37	2	57	41			57	14		16	2
Dortmund AH									1	142	167	234
Düsseldorf AH	263	239	297	333	410	419	486	333	449	461	443	468
Erfurt AH				25	62	109	114	149	183	126	133	155
Freiburg CP	365	475	507	668	673	737	771	816	789	932	896	844
Halle AH	26	4	2									
Hannover CP	103	181	157	159	220	136	215	200	178	143	346	314
Heidelberg AH								144	222	200	254	237
Heilbronn AH						1	24	98	107	107	94	122
Jena AH	69	89	99	109	96	60	88	70	79	64	70	55
Karlsruhe AH								372	493	409	409	520
Kiel AH	11	46	99	59	63	84	20	38	149	374	326	344
Konstanz AH	79	144	87	221	147	167	141	148	93	157	128	127
Magdeburg AH	66	58	60	79	67	56	50	29	58	139	152	173
Mannheim CP	125	179	192	199	229	297	236	318	290	276	398	402
München CP												1 941
München Sub	179	193	224	344	8							378
Nürnberg CP	273	497	452	489	459	539	532	838	663	965	749	1 016
Offenburg AH							37	37	16	20	31	
Paderborn AH												80
Pforzheim AH									20	79	71	71
Potsdam AH		64	52	59	67	86	66	90	91	134	127	131
Potsdam Katte	16	54	9	21	73	41					31	23
Regensburg CP	108	195	177	261	242	236	205	311	253	341	222	397
S.-Holstein AH										1	27	13
Saarbrücken AH	109	124	139	169	161	177						
Schw.Gmünd AH	40	38	25	31	42	174	47	196	86	286	71	263
Stuttgart AH							1	492	435	340	403	356
Troisdorf AH	54	70	116	162	213	256	362	314	335	311	442	346
Tübingen AH						132	111	269	278	267	310	294
Ulm AH	118	170	163	200	22	75	58	138	273	285	364	313
Weimar AH											68	68
Wilhelmshaven AH												76

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

Table 1.4: Reactive/positive test results in 2025, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH			3	16	
Berlin AH	14	3	30	57	9
Berlin MoM	10	43	423	238	1
Cottbus Katte	1		4	2	
Dortmund AH	4	3	16	10	
Düsseldorf AH	7	10	58	36	2
Erfurt AH		5			
Freiburg CP	2	11	25	52	
Hannover CP	5	5	13	19	1
Heidelberg AH		3	9	19	2
Heilbronn AH			3	8	9
Karlsruhe AH	2	8	15	24	
Kiel AH	2	1	8	23	
Konstanz AH		2	2	4	2
Magdeburg AH	1		12	8	
Mannheim CP	4	5	7	13	20
München CP	2	8	34	84	1
München Sub	1	8	8	21	
Nürnberg CP	9	30	57	69	2
Offenburg AH	1	1		2	
Paderborn AH	1				2
Pforzheim AH			5	7	
Potsdam AH		1	3	6	1
Potsdam Katte		1	11	2	
Regensburg CP	3	2	4	23	17
S.-Holstein AH	2			1	
Schw.Gmünd AH	2	1			4
Stuttgart AH	5	4			12
Troisdorf AH	1	2	9	19	
Tübingen AH	2	3	3	8	4
Ulm AH	3	6	15	15	10
Weimar AH	2	2	1	1	
Wilhelmshaven AH		1	1	3	

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

Table 1.5: Documented test results of CBVCT clients in 2025

	MSM		Other men		Women		Non-binary°		All	
	N	%	N	%	N	%	N	%	N	%
Total	10 532	100.0 %	5 577	100.0 %	5 934	100.0 %	731	100.0 %	23 403	100.0 %
HIV										
Reactive	43	0.4 %	9	0.2 %	8	0.1 %	3	0.4 %	67	0.3 %
Confirmed positive	14	0.1 %	2	0.0 %	2	0.0 %	0		19	0.1 %
Negative	7 438	70.6 %	4 818	86.4 %	5 155	86.9 %	594	81.3 %	18 537	79.2 %
Not tested*	3 037	28.8 %	748	13.4 %	769	13.0 %	134	18.3 %	4 780	20.4 %
Syphilis										
Positive**	139	1.3 %	8	0.1 %	10	0.2 %	6	0.8 %	169	0.7 %
Serological scar	528	5.0 %	6	0.1 %	14	0.2 %	19	2.6 %	573	2.4 %
Negative	7 189	68.3 %	4 092	73.4 %	4 376	73.7 %	540	73.9 %	16 646	71.1 %
Not tested*	2 676	25.4 %	1 471	26.4 %	1 534	25.9 %	166	22.7 %	6 015	25.7 %
Gonorrhoea										
Positive	667	6.3 %	34	0.6 %	37	0.6 %	29	4.0 %	779	3.3 %
Negative	7 855	74.6 %	4 172	74.8 %	4 552	76.7 %	536	73.3 %	17 459	74.6 %
Not tested*	2 010	19.1 %	1 371	24.6 %	1 345	22.7 %	166	22.7 %	5 165	22.1 %
Chlamydia										
Positive	471	4.5 %	142	2.5 %	135	2.3 %	23	3.1 %	790	3.4 %
Negative	8 049	76.4 %	4 094	73.4 %	4 470	75.3 %	546	74.7 %	17 498	74.8 %
Not tested*	2 012	19.1 %	1 341	24.0 %	1 329	22.4 %	162	22.2 %	5 115	21.9 %
HCV										
Positive (AB)	11	0.1 %	28	0.5 %	24	0.4 %	10	1.4 %	82	0.4 %
Positive (RNA)	2	0.0 %	8	0.1 %	2	0.0 %	3	0.4 %	17	0.1 %
Negative	1 341	12.7 %	1 142	20.5 %	1 166	19.6 %	139	19.0 %	3 995	17.1 %
Not tested*	9 178	87.1 %	4 399	78.9 %	4 742	79.9 %	579	79.2 %	19 309	82.5 %
HBV										
Current infection	1	0.0 %	5	0.1 %	1	0.0 %	0		8	0.0 %
Past infection	6	0.1 %	0		2	0.0 %	0		8	0.0 %
Negative	451	4.3 %	452	8.1 %	440	7.4 %	39	5.3 %	1 438	6.1 %
Not tested*	10 074	95.7 %	5 120	91.8 %	5 491	92.5 %	692	94.7 %	21 949	93.8 %

*Not tested or result not documented in the database. **Syphilis in need of treatment, or further diagnostics initiated. Persons with confirmed positive HIV antibodies do not appear in the 'reactive' line, and persons with detected HCV RNA do not appear in the line for the positive antibody test ('Positive (AB)').

Table 2.2: Evaluated *s.a.m health* **test kits** by CBVCT[1] centre and half-year, 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	2025.2
Total	1 299	2 448	3 455	3 378	3 802	3 752	4 071	4 438	5 224	4 970	5 142	2 670
Berlin AH	91	281	493	489	541	568	611	751	931	967	910	
Bonn AH	34	80	47	33	12							
Dortmund AH												87
Dresden AH	38	131	204	200	218	219	213	221	274	261	277	179
Emsland AH	5	20	57	83	73	53	12	1				
Frankfurt AH	107	296	475	528	622	517	495	542	531	415	444	64
Freiburg CP	17	107	175	174	166	141	161	180	231	240	228	160
Hamburg CP	25	63	87	81	79	86	85	102	116	95	108	55
Hamburg ZSG		64	245	255	310	272	285	333	379	379	369	199
Hannover CP	28	98	260	196	275	288	356	379	402	391	423	231
Lübeck AH					29	38	48	37	58	92	157	86
Magdeburg AH	10	22	71	94	101	107	164	164	224	179	192	78
Mannheim CP	21	41	11	56	193	231	313	379	665	631	668	338
München CP	492	731	756	705	704	776	820	815	902	810	809	453
München Sub	137	140	141	103	116	99	104	104	98	95	107	45
Nürnberg CP	195	261	314	273	251	237	273	292	283	285	289	181
Potsdam AH						26	23	31		20	41	440
Regensburg CP	99	113	119	108	112	94	108	107	130	110	120	74

[1]Community-based voluntary counselling and testing.

Table 2.3: Number of new *s.a.m health* **clients**[1] by CBVCT[2] centre and half-year, 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	2025.2
Total	783	1 627	2 263	1 785	1 894	1 573	1 675	1 759	2 025	1 871	1 698	1 027
Berlin AH	90	233	365	279	270	271	267	336	428	437	327	
Bonn AH	34	56	4	2								
Dortmund AH												85
Dresden AH	35	107	154	126	113	102	87	93	108	103	105	73
Emsland AH	5	17	47	48	30	16	1					
Frankfurt AH	101	240	345	311	311	158	138	169	94	59	52	1
Freiburg CP	17	101	145	111	84	58	71	68	100	100	86	86
Hamburg CP	25	49	50	29	40	31	27	29	33	26	35	16
Hamburg ZSG		64	233	202	214	139	139	159	162	165	139	78
Hannover CP	27	91	209	119	155	152	163	145	158	160	139	90
Lübeck AH					28	30	36	19	37	62	107	38
Magdeburg AH	10	17	61	70	62	57	107	98	118	71	76	18
Mannheim CP	21	36	1	39	148	146	180	188	397	318	265	158
München CP	222	387	381	289	288	282	277	270	246	217	211	156
München Sub	58	31	43	22	24	11	22	23	15	20	19	12
Nürnberg CP	89	134	176	95	95	76	108	107	93	89	75	72
Potsdam AH						24	19	22		14	23	128
Regensburg CP	49	64	49	43	32	20	33	33	36	30	39	16

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

Table 2.4: Evaluated *s.a.m health* test kits among **PrEP users**, 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	2025.2
Total	118	157	185	175	186	208	214	239	274	244	249	126
Berlin AH	5	16	16	19	17	29	29	32	37	38	33	
Bonn AH		6	5	5	3							
Dresden AH	4	5	9	5	5	8	10	7	3	5	8	6
Emsland AH			2	10	6	6	1	1				
Frankfurt AH	5	9	12	21	23	24	25	30	38	27	28	3
Freiburg CP		1	1	3	2	3	5	3	2	6	3	5
Hamburg CP	1	5	5	6	13	9	7	14	19	15	10	7
Hamburg ZSG			1		3	1				1	2	7
Hannover CP		2	8	7	7	5	7	9	10	9	13	3
Lübeck AH					2	3	2	1	1	5	5	5
Magdeburg AH		1	3	7	4	9	8	9	4	6	7	6
Mannheim CP				2	11	17	31	39	47	39	48	12
München CP	57	61	80	57	57	63	57	55	78	65	62	38
München Sub	25	24	23	16	18	20	17	25	22	20	18	6
Nürnberg CP	17	23	16	10	9	8	10	8	10	5	9	7
Potsdam AH								1		1	1	15
Regensburg CP	4	4	4	7	6	3	5	5	3	2	2	6

Table 2.5: Positive *s.a.m health* test results in 2025, by CBVCT[1] centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Berlin AH		4	9	13
Dortmund AH				1
Dresden AH		2	2	11
Frankfurt AH			5	8
Freiburg CP		5	6	15
Hamburg CP			1	6
Hamburg ZSG			4	9
Hannover CP		2	5	20
Lübeck AH			2	3
Magdeburg AH		2	2	3
Mannheim CP		8	13	24
München CP		11	20	32
München Sub		2	3	7
Nürnberg CP		5	8	11
Potsdam AH		3	2	4
Regensburg CP			2	8

[1]Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in 2025

	MSM		Other men		Women		All	
	N	%	N	%	N	%	N	%
Total	2 529	100.0 %	2 511	100.0 %	2 742	100.0 %	7 812	100.0 %
HIV								
Newly positiv*	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Known positive	43	1.7 %	6	0.2 %	9	0.3 %	58	0.7 %
Negative	2 369	93.7 %	2 453	97.7 %	2 643	96.4 %	7 495	95.9 %
No result	117	4.6 %	52	2.1 %	90	3.3 %	259	3.3 %
Syphilis								
Positive**	40	1.6 %	0	0.0 %	4	0.1 %	44	0.6 %
Serological scar	235	9.3 %	9	0.4 %	12	0.4 %	256	3.3 %
Negative	2 179	86.2 %	2 468	98.3 %	2 671	97.4 %	7 348	94.1 %
No result	75	3.0 %	34	1.4 %	55	2.0 %	164	2.1 %
Gonorrhoea								
Positive	66	2.6 %	5	0.2 %	13	0.5 %	84	1.1 %
Negative	2 463	97.4 %	2 506	99.8 %	2 727	99.5 %	7 726	98.9 %
No result	0	0.0 %	0	0.0 %	2	0.1 %	2	0.0 %
Chlamydia								
Positive	95	3.8 %	31	1.2 %	49	1.8 %	175	2.2 %
Negative	2 434	96.2 %	2 480	98.8 %	2 691	98.1 %	7 635	97.7 %
No result	0	0.0 %	0	0.0 %	2	0.1 %	2	0.0 %

Legend. MSM: Men who have sex with men. Other men: men who do *not* have sex with men. °Non-binary, intersex, or other gender. *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.

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