

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

HALF-YEAR REPORT 1/2026

Contact

German AIDS Federation
Medicine and Health Policy Unit
Wilhelmstrasse 138
10963 Berlin
Germany

+49 (0)30 690087-30

forschung@dah.aidshilfe.de

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Participating CBVCT Centres

Aachen AH = Aidshilfe Aachen | 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 | Neumünster AH = Aidshilfe Neumünster | Nürnberg CP = AIDS-Hilfe Nürnberg-Erlangen-Fürth | Offenburg AH = Checkpoint Aidshilfe Freiburg – Außenstelle Offenburg | Olpe AH = AIDS-Hilfe Kreis Olpe | 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 | Rostock AH = ACR: Centrum für Sexuelle Gesundheit e.V. | 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, 138 321 counselling sessions with a valid test result have been documented.

In the 1st half of 2026, 13 499 counselling sessions with valid test results were recorded—34 % more 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 5745 men who have sex with men (MSM), 3553 other men (who do *not* have sex with men), 3429 women, and 540 persons with non-binary or other gender identities—representing 43%, 27%, 26%, and 4% of all CBVCT clients with information on gender identity and sexual orientation, respectively (rounded).

Overall in the 1st half of 2026, 900 sexually transmitted infections (STIs) were diagnosed (including syphilis, gonorrhoea, or chlamydia). In 49 cases, the HIV antibody test was reactive or confirmed positive, and in 25 cases the HCV antibody test was positive. **In all groups, the positivity of gonorrhoea and chlamydia testing remained broadly stable over time** (2020–2026), despite stable or increasing numbers of anatomical sites swabbed for gonorrhoea/chlamydia testing. Given that the participating CBVCT centres constitute Germany's largest published source of STI data allowing trends in diagnoses to be interpreted alongside trends in testing activity, and serve populations at comparatively high risk of STIs, these findings do *not* support the hypothesis of a substantial increase in bacterial STI incidence in Germany during the study period.

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 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 the 1st half of 2026 there were 173 361 entries in the CBVCT database. After excluding 1739 invalid entries, 171 622 valid entries remained. 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 138 321 cases (81%).

Not all entries could be assigned to one of the four groups used in this report (4668 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.

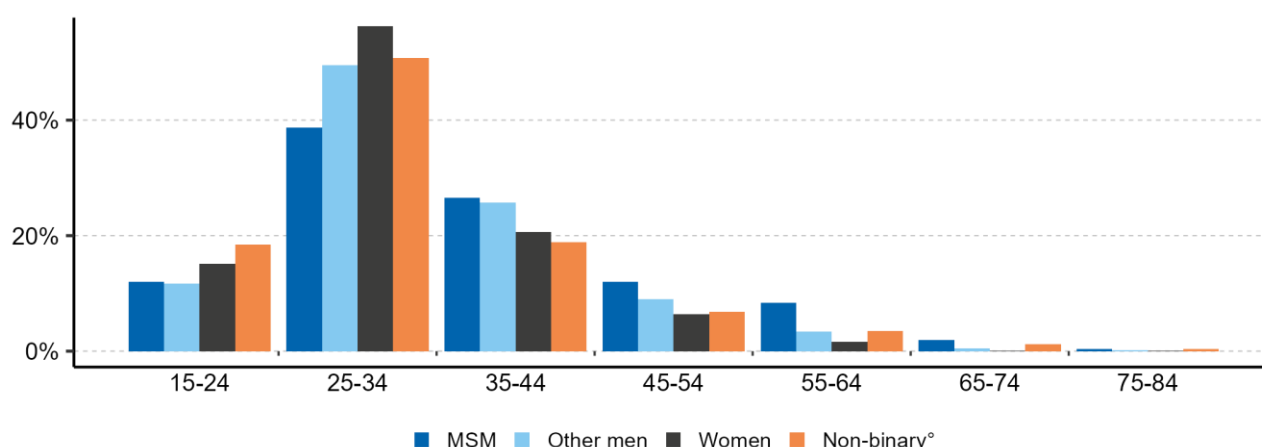
Results

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. 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 (see Half-year report 2/2024 [2]; data prior to 2020 are no longer presented in this report).

Characteristics of CBVCT Clients in the 1st half of 2026

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 2026



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 46% of all test consultations in the 1st half of 2026, clients reported a migration background; 9% of CBVCT clients did not have health insurance in Germany. For 30% of clients, the visit to a CBVCT centre was their first HIV test, especially among men who do *not* have sex with men (46%) and women (38%). This underlines the importance of the low-threshold nature of this service.

Sex work in the previous six months was reported by 2.1% of CBVCT clients; this proportion was highest among non-binary persons (6%). Paying for sex was reported by 6%; this proportion was highest among men who do *not* have sex with men (12%). More than ten sexual partners in the previous six months were reported by 10%. 14% of visits were regular *screening* examinations recommended for PrEP; this mainly concerned MSM (29%) and non-binary persons (11%)—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 2026

	MSM		Other men		Women		Non-binary ^o		All	
	N	%	N	%	N	%	N	%	N	%
Total	5 745	100.0%	3 553	100.0%	3 429	100.0%	540	100.0%	13 499	100.0%
Age median (IQR)	34	(28—43)	32	(27—38)	30	(26—36)	30	(25—36)	32	(27—40)
Health Insurance										
No	563	9.8%	190	5.3%	210	6.1%	137	25.4%	1 249	9.3%
Yes	5 182	90.2%	3 363	94.7%	3 219	93.9%	403	74.6%	12 250	90.7%
Migration background										
No	2 640	48.4%	1 985	58.3%	1 967	59.8%	226	51.0%	6 866	54.1%
Yes	2 818	51.6%	1 420	41.7%	1 321	40.2%	217	49.0%	5 819	45.9%
Country/region of birth										
Germany	3 301	61.1%	2 485	73.7%	2 432	74.5%	278	63.5%	8 548	68.1%
Other Europe	1 049	19.4%	440	13.0%	508	15.6%	80	18.3%	2 088	16.6%
Middle East	205	3.8%	92	2.7%	25	0.8%	15	3.4%	340	2.7%
Other Asia	298	5.5%	143	4.2%	113	3.5%	12	2.7%	572	4.6%
Africa	96	1.8%	84	2.5%	69	2.1%	11	2.5%	264	2.1%
Latin America	261	4.8%	84	2.5%	91	2.8%	17	3.9%	457	3.6%
USA, CA, AU, NZ	190	3.5%	45	1.3%	26	0.8%	25	5.7%	287	2.3%
Language										
German	4 870	84.8%	3 320	93.4%	3 214	93.7%	469	86.9%	12 090	89.6%
English	684	11.9%	142	4.0%	112	3.3%	56	10.4%	1 002	7.4%
Russian	54	0.9%	52	1.5%	64	1.9%	5	0.9%	180	1.3%
Spanish	55	1.0%	9	0.3%	15	0.4%	3	0.6%	83	0.6%
French	12	0.2%	7	0.2%	6	0.2%	4	0.7%	29	0.2%
Italian	18	0.3%	4	0.1%	4	0.1%	1	0.2%	27	0.2%
Polish	8	0.1%	3	0.1%	8	0.2%	0		19	0.1%
Arabic	30	0.5%	11	0.3%	2	0.1%	0		43	0.3%
Turkish	14	0.2%	5	0.1%	4	0.1%	2	0.4%	26	0.2%
Sex work*										
No	5 385	97.9%	3 415	99.3%	3 219	97.1%	412	93.6%	12 504	97.9%
Yes	113	2.1%	24	0.7%	95	2.9%	28	6.4%	263	2.1%
Client of sex work*										
No	5 196	94.3%	3 012	87.6%	3 291	99.6%	417	95.4%	11 986	93.9%
Yes	314	5.7%	426	12.4%	12	0.4%	20	4.6%	779	6.1%
Number of sexual partners**										
0–2	1 498	27.2%	2 060	59.7%	1 943	58.4%	167	38.3%	5 717	44.6%
3–5	1 954	35.4%	1 031	29.9%	1 013	30.4%	154	35.3%	4 179	32.6%
6–10	1 107	20.1%	290	8.4%	235	7.1%	57	13.1%	1 696	13.2%
>10	958	17.4%	72	2.1%	137	4.1%	58	13.3%	1 229	9.6%
Number of CAVI partners***										
0–2	3 609	65.6%	3 045	88.6%	2 929	88.8%	352	81.1%	10 009	78.5%
3–5	971	17.7%	343	10.0%	317	9.6%	46	10.6%	1 684	13.2%
6–10	447	8.1%	34	1.0%	39	1.2%	16	3.7%	537	4.2%
>10	471	8.6%	13	0.4%	15	0.5%	20	4.6%	520	4.1%
Last HIV test										
In the previous 6 months	2 637	45.9%	420	11.8%	459	13.4%	123	22.8%	3 654	27.1%
Before	2 204	38.4%	1 484	41.8%	1 677	48.9%	264	48.9%	5 804	43.0%
Never	904	15.7%	1 649	46.4%	1 293	37.7%	153	28.3%	4 041	29.9%
PrEP										
No	3 694	70.8%	3 085	99.0%	2 989	99.3%	363	89.0%	10 200	86.3%
Yes	1 521	29.2%	30	1.0%	20	0.7%	45	11.0%	1 618	13.7%

Legend. CBVCT: Community-based Voluntary Counselling and Testing. IQR: interquartile range. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

^oNon-binary, intersex, or other gender;

*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.

The vast majority of MSM identified as *gay* (69%) or *bisexual* (24%) with only 2.8% identifying as *queer*. . In contrast, sexual identities among non-binary clients were more diverse, with 36% identifying as *queer* (see **Table 1.1b**).

Table 1.1b: Identities of clients of CBVCT centres in the 1st half of 2026 (continued)

	MSM		Other men		Women		Non-binary ^a		All	
	N	%	N	%	N	%	N	%	N	%
Total	5 745	100.0%	3 553	100.0%	3 429	100.0%	540	100.0%	13 499	100.0%
Gender identity										
Man	5 682	98.9%	3 538	99.6%	0		0		9 413	69.9%
Trans man	62	1.1%	15	0.4%	0		0		77	0.6%
Woman	0		0		3 314	96.6%	0		3 314	24.6%
Trans woman	0		0		115	3.4%	0		120	0.9%
Non-binary^a	0		0		0		540	100.0%	540	4.0%
Sexual identity										
Heterosexual	99	1.8%	3 553	100.0%	2 312	72.5%	58	15.0%	6 022	47.3%
Bisexual	1 369	24.5%	0		626	19.6%	73	18.9%	2 068	16.2%
Gay	3 846	68.8%	0		0		74	19.1%	3 925	30.8%
Queer	155	2.8%	0		134	4.2%	139	35.9%	428	3.4%
Lesbian	0		0		66	2.1%	24	6.2%	95	0.7%
Other	125	2.2%	0		51	1.6%	19	4.9%	195	1.5%

Vaccination against hepatitis A and B was reported by 49% and 52% of clients, respectively; with the highest proportion among MSM—59% and 62%, 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 30% reporting having been vaccinated. **Table 1.1c** provides an overview of these characteristics separately for MSM, other men, women and non-binary persons in the 1st half of 2026.

Table 1.1c: Vaccination history among clients of CBVCT centres in the 1st half of 2026 (continued)

	MSM		Other men		Women		Non-binary ^a		All	
	N	%	N	%	N	%	N	%	N	%
Total	5 745	100.0%	3 553	100.0%	3 429	100.0%	540	100.0%	13 499	100.0%
Hep. A vaccination										
No	2 254	41.3%	2 131	62.9%	1 805	55.2%	241	55.5%	6 482	51.3%
Yes	3 202	58.7%	1 259	37.1%	1 464	44.8%	193	44.5%	6 149	48.7%
Hep. B vaccination										
No	2 085	38.2%	2 081	61.0%	1 622	49.2%	222	50.3%	6 063	47.8%
Yes	3 376	61.8%	1 332	39.0%	1 674	50.8%	219	49.7%	6 629	52.2%
HPV vaccination										
No	2 954	73.2%	1 680	86.4%	1 243	47.5%	183	56.8%	6 100	68.0%
Yes	1 082	26.8%	264	13.6%	1 373	52.5%	139	43.2%	2 866	32.0%
Mpox vaccination										
No	3 424	70.0%	2 334	96.8%	2 428	97.0%	297	84.1%	8 538	83.6%
Yes	1 469	30.0%	76	3.2%	75	3.0%	56	15.9%	1 679	16.4%

Legend. CBVCT: Community-based Voluntary Counselling and Testing. IQR: interquartile range. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

^aNon-binary, intersex, or other gender.

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.

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 2024 onwards, following *Checkpoint BLN*'s withdrawal from the joint data collection. On average, approximately every 5th non-binary person and every 8th 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 the 1st half of 2026.

In the 1st half of 2026, CBVCT centres recorded 122 active syphilis infections, 350 cases of gonorrhoea and 428 chlamydial infections. Syphilis and gonorrhoea particularly affected MSM and non-binary persons. In total, 900 tests were positive for one of these three STIs (STI prevalence among persons with swabs and syphilis test: 6%; for comparison with *s.a.m health* clients, see below).

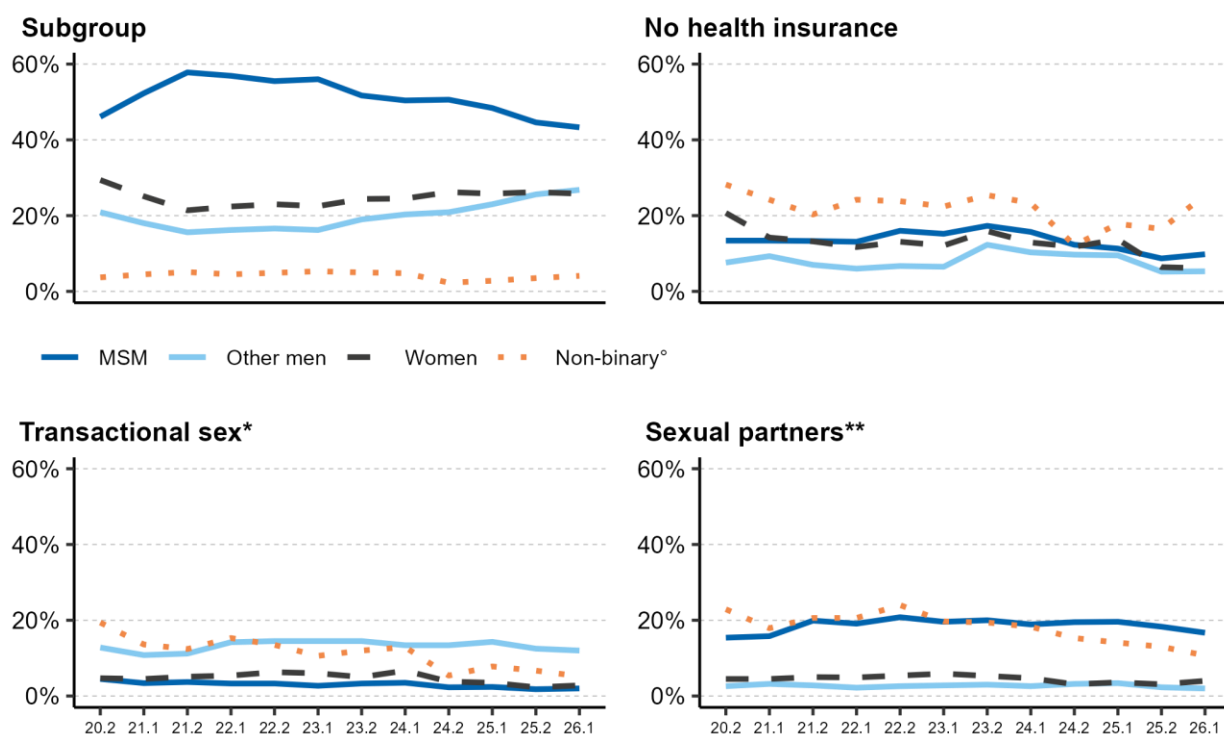
Figure 1.3 shows STI positivity over time separately for MSM, other men, women, and non-binary persons. **In all four groups, STI positivity remained broadly stable between 2020 and the 1st half of 2026 [3]**, despite stable or increasing numbers of anatomical sites swabbed for gonorrhoea/chlamydia testing. The increase in the average number of swabs performed per person occurred primarily among men who do *not* have sex with men, women, and non-binary individuals (particularly in the period 2018–2020, which is no longer shown here). Pooled swabs were counted as two and a half swabs, since many centres omit the collection of a pharyngeal swab.

In 49 persons in the 1st half of 2026, the HIV test was reactive—of which 67% 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 25 persons in the 1st half of 2026, 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 2026, 6 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 2026 separately for MSM, other men, women, and non-binary persons.

Figure 1.2: Characteristics of CBVCT clients over time, 2020–2026



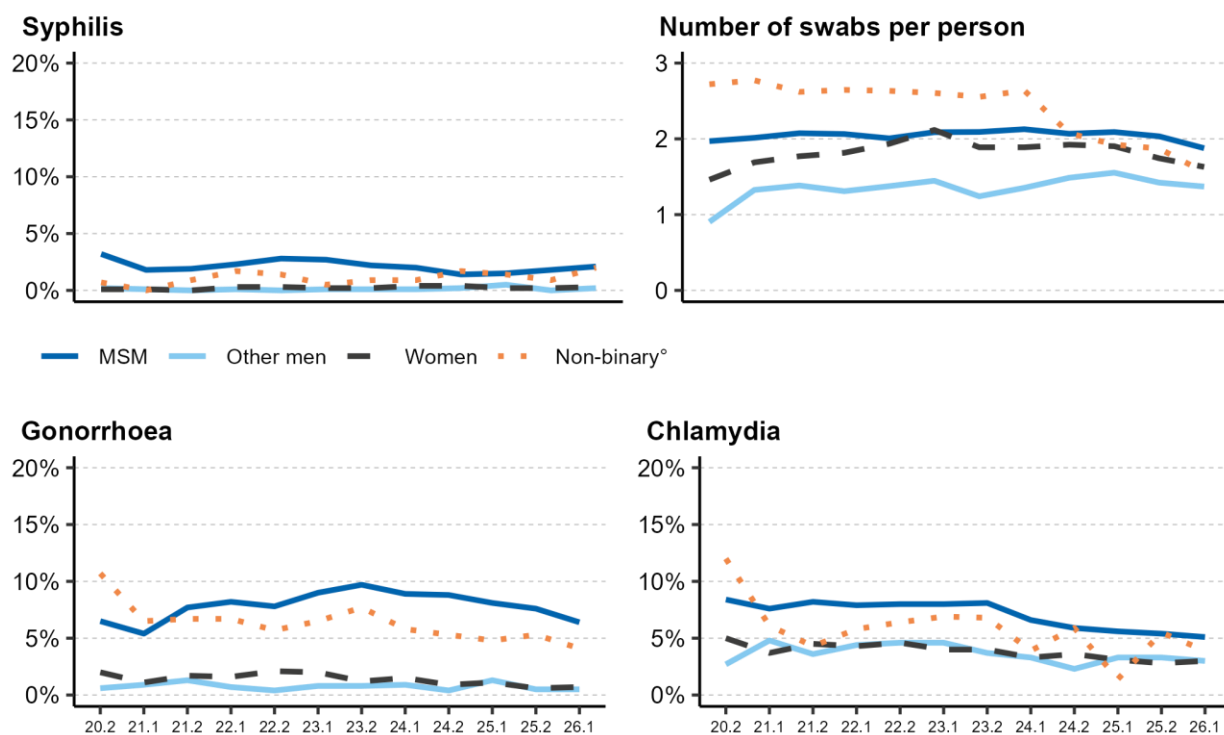
Legend. MSM: cis and trans men who have sex with men. Other men: cis and trans men who do *not* have sex with men.

°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 positivity among CBVCT clients over time, 2020–2026



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.

Spotlight question: Biotin use

Following the transition to LimeSurvey in 2025, individual testing sites are now able to include additional site-specific questions in the questionnaire. During the first half of 2026, *Checkpoint München* used this option to collect information on the regular intake of biotin (vitamin B7, also known as vitamin H).

Background: Many immunoassays, including some HIV testing systems, use biotinylated reagents. High concentrations of biotin in the blood may interfere with the performance of these assays and, in rare cases, result in false-negative or false-positive test results. For HIV screening tests, this risk has mainly been described for very high doses of biotin. In Germany, high-dose food supplements commonly contain 10,000 µg of biotin per tablet, whereas the recommended daily intake for adults is approximately 40 µg. Even at a daily intake of 10,000 µg or more, false-negative HIV test results remain rare overall; however, the risk is increased.

The proportion of the population regularly taking 10,000 µg or more of biotin per day is currently unknown. Therefore, during the first half of 2026, all clients of *Checkpoints München* were asked: “Do you regularly take biotin, also known as vitamin B7 or vitamin H?” The responses are shown in **Tabl 1.6**.

Tabelle 1.6: Biotin intake among CBVCT clients at *Checkpoint München* during the 1. half of 2026

	MSM		Other men		Women		Non-binary°		All	
	N	%	N	%	N	%	N	%	N	%
Total	548	100.0%	774	100.0%	634	100.0%	38	100.0%	2 003	100.0%
Biotin intake										
No Biotin intake	481	87.8%	656	84.8%	487	76.8%	30	78.9%	1 659	82.8%
<100 µg/day	8	1.5%	19	2.5%	27	4.3%	0		54	2.7%
100–10,000 µg/day	4	0.7%	5	0.6%	14	2.2%	0		23	1.1%
>10,000 µg/day	1	0.2%	0		1	0.2%	0		2	0.1%
Biotin, dose unknown	17	3.1%	30	3.9%	42	6.6%	3	7.9%	92	4.6%
Supplements, contents unknown	37	6.8%	64	8.3%	63	9.9%	5	13.2%	173	8.6%

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.

Only 0.1% of *Checkpoints München* clients reported taking more than 10,000 µg of biotin per day, a dose at which interference with certain HIV test systems is possible. A further 13 % reported either taking food supplements of unknown composition or being unaware of the biotin dose they were taking. Consequently, a clinically relevant biotin intake cannot be ruled out for this group.

Irrespective of its potential impact on HIV testing, it is noteworthy that 9 % reported taking biotin regularly. Women reported regular biotin intake more frequently than men. In this sample, MSM (predominantly gay men) reported regular biotin intake somewhat less frequently than other men (predominantly heterosexual men).

These findings suggest that people who undergo regular HIV testing should be advised, as a precaution, to temporarily discontinue high-dose biotin supplements before testing. Since most people do not require biotin supplementation, pausing supplementation for 24 hours before an HIV test is unlikely to cause any problems.

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 22 055 individuals have received 49 311 valid test results. This group included 4731 MSM, 8369 other men (who do *not* have sex with men), and 8920 women, representing 21%, 38%, and 41% of the tested population, respectively. 66 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 the 1st half of 2026, 1271 individuals received 3387 valid test results through *s.a.m health*—representing 34 % less tests than in the same period the previous year. Of these, 98 tests (3%) were positive for at least one of the three STIs included in the test kit (syphilis, gonorrhoea, or chlamydia). The HIV test was not reactive in any case.

Across all groups, the positivity of testing for syphilis, gonorrhoea, and chlamydia remained broadly stable over the period 2020–2026.

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 2026, since the project's inception, 53 248 *s.a.m health* test kits had been delivered to clients following telephone consultation. Of these, 49 311 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.

Results

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 14 *s.a.m health* CBVCT centres for their initial telephone consultation. The chosen centre subsequently provides the test results. In the 1st half of 2026, 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.

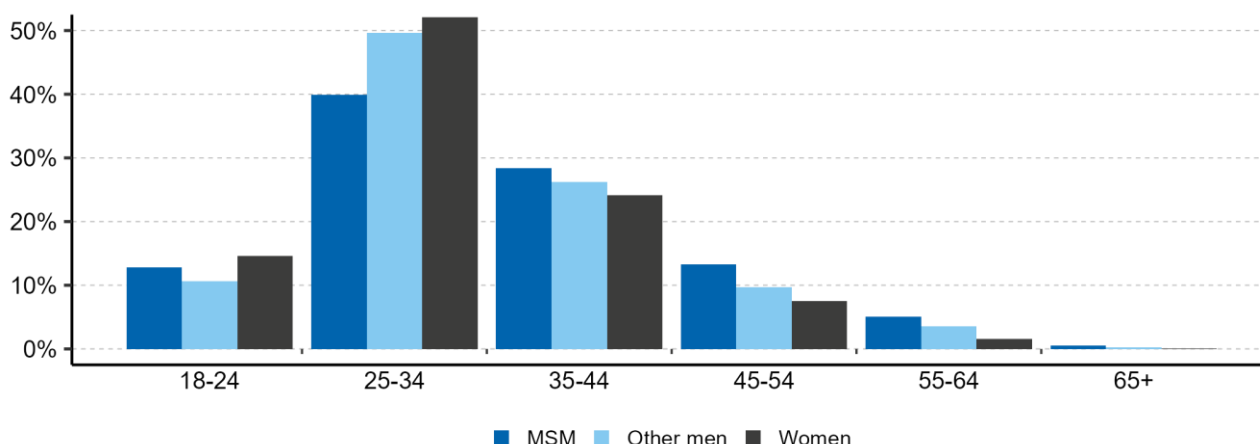
HIV-Pre-exposure Prophylaxis (PrEP)

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 the 1st half of 2026, 161 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.

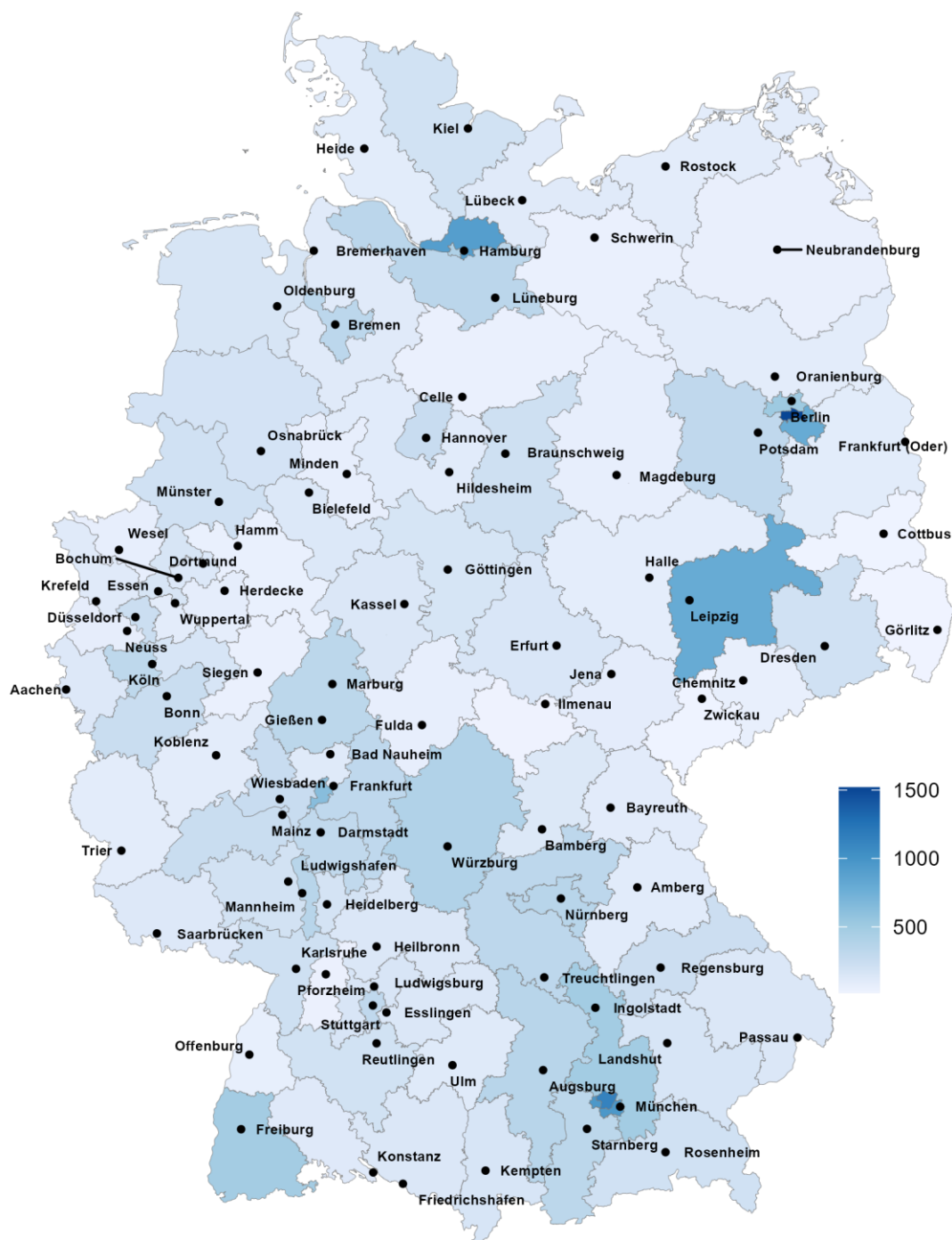
Figure 2.1: Age distribution of *s.a.m health* clients at the first interview, 2018–2026



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

Figure 2.3 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 (around 20 each) live in the 02xxx (Lausitz/Görlitz), 03xxx (Cottbus), and 08xxx (Zwickau) postcode regions, while the largest numbers (approximately 1,400 and 1,100, respectively) are found in the 10xxx (central Berlin) and 80xxx (central Munich) regions. The northern part of Hamburg (22xxx) is also particularly well represented, possibly because the laboratory commissioned to process *s.a.m health* samples had been located there. The 60xxx (Frankfurt am Main) and 04xxx (Leipzig) postcode regions are likewise notable.

Figure 2.3: Number of *s.a.m.-health* clients by postal code area, 2018–2026



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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% 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 36%, 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 (48%) and among women (31%).

At the time of their first interview, 2.4% of *s.a.m health* clients reported taking PrEP to protect themselves against HIV (MSM: 10%), and 38% stated that they used condoms regularly. A total of 8% reported using intranasal or intravenous drugs; 1.2% reported engagement in Chemsex (MSM: 2.7%). **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 2026

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 the 1st half of 2026, *s.a.m health* detected 8 active syphilis infections, 30 cases of gonorrhoea, and 60 chlamydia infections. Syphilis and gonorrhoea were diagnosed almost exclusively among MSM. In total, 98 tests kits returned a positive result for at least one of these three STIs included in the test panel—corresponding to a prevalence of 3%. This is considerably lower than the prevalence among CBVCT clients who had both a swab and a syphilis test (6 %), 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 positivity over time for MSM, other men, and women using *s.a.m health*. **No significant increase was observed in any of these three groups** between 2020 and 2026.

Table 2.1: Characteristics of *s.a.m health* clients, 2018–2026

	MSM		Other men		Women		All	
	N	%	N	%	N	%	N	%
Total	4 731	100.0%	8 369	100.0%	8 920	100.0%	22 055	100.0%
First users 1/2026	197		603		456		1 271	
Age median (IQR)	34	(28–42)	32	(28–39)	31	(26–37)	32	(27–39)
City size								
Large city (100,000+)	2 802	65.7%	5 023	67.0%	5 658	69.8%	13 501	67.8%
Medium-size (20,000–100,000)	847	19.9%	1 371	18.3%	1 393	17.2%	3 619	18.2%
Town / rural	617	14.5%	1 101	14.7%	1 060	13.1%	2 781	14.0%
Last HIV/STI test								
In the previous 6 months	1 643	34.7%	796	9.5%	1 275	14.3%	3 719	16.9%
Before	2 063	43.6%	3 549	42.4%	4 851	54.4%	10 467	47.5%
Never	1 025	21.7%	4 024	48.1%	2 794	31.3%	7 869	35.7%
Number of sexual partners*								
0–2	2 023	43.2%	5 442	65.6%	5 437	61.6%	12 926	59.2%
3–5	1 846	39.4%	2 365	28.5%	2 686	30.4%	6 905	31.6%
>5	818	17.5%	484	5.8%	710	8.0%	2 015	9.2%
Condomless anal/vaginal intercourse								
No	2 048	43.7%	3 226	39.0%	3 027	34.4%	8 320	38.2%
Yes	2 634	56.3%	5 047	61.0%	5 773	65.6%	13 470	61.8%
PrEP								
No	4 275	90.4%	8 338	99.6%	8 880	99.6%	21 528	97.6%
Yes	456	9.6%	31	0.4%	40	0.4%	527	2.4%
Chemsex								
No	327	97.3%	1 082	99.3%	813	98.9%	2 256	98.8%
Yes	9	2.7%	8	0.7%	9	1.1%	27	1.2%
Intranasal / intravenous drugs								
No	4 330	93.1%	7 525	91.5%	8 127	92.6%	20 015	92.3%
Yes	323	6.9%	697	8.5%	651	7.4%	1 673	7.7%

Legend. IQR: interquartile range. MSM: men who have sex with men. Other men: men who do *not* have sex with men.

*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.

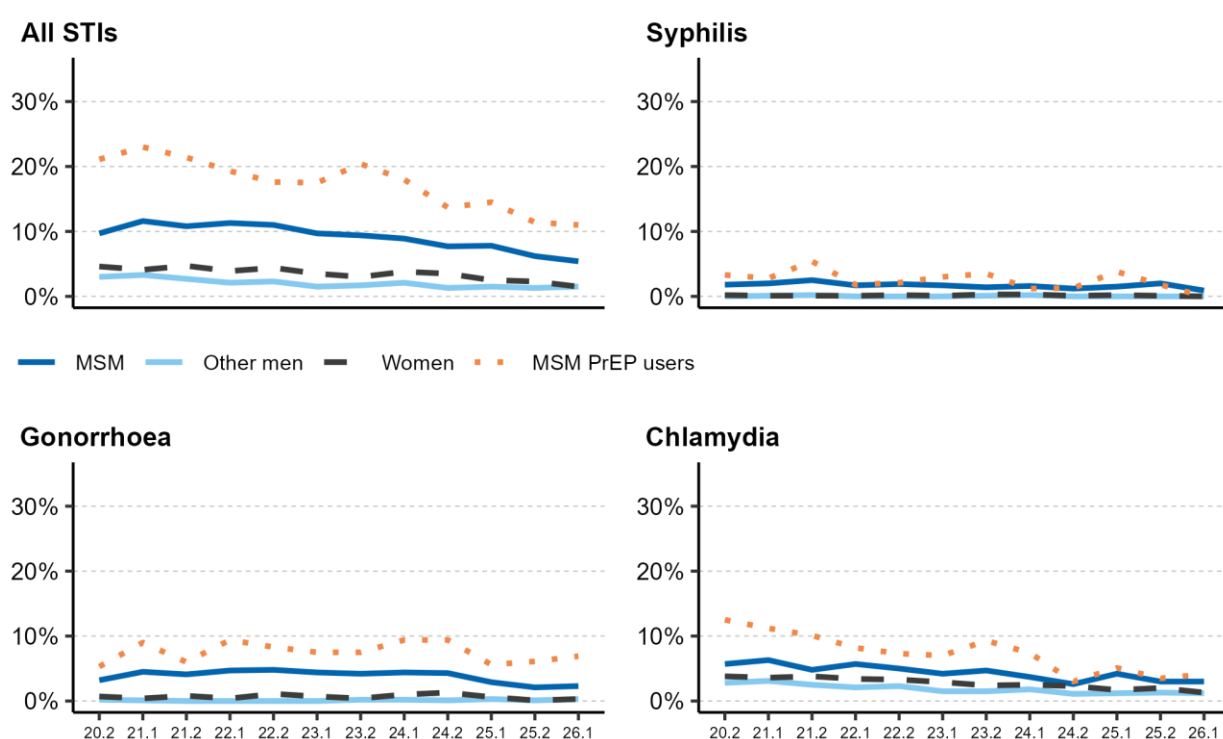
In the 1st half of 2026, STI prevalence among MSM using *s.a.m health* (5,4%)—defined as testing positive for syphilis, gonorrhoea or chlamydia—was lower than figures reported in systematic studies in German-speaking countries (16.3–22.0%) [5]. This also applies to past syphilis infections (11% in *s.a.m 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 7% (vs. 8.7–11.1% in [7]; see also **Figure 2.2**).

In the same period, the 1st half of 2026, no reactive HIV tests were recorded. 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 19 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 2026, separately for MSM, other men and women.

Figure 2.2: STI positivity among *s.a.m health* clients over time, 2020–2026



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

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Appendix

Table 1.2: Documented **counselling** contacts by CBVCT¹ centre and half-year, 2020–2026

Half-year	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2	2025.1	2025.2	2026.1
Total	6 244	7 308	9 676	9 917	10 982	11 083	12 399	12 295	10 769	11 123	14 383	14 807
Augsburg AH	88	97	125	143	154	218	188	240	216	232	226	227
Berlin AH	693	670	788	981	1 063	1 073	1 024	1 124	914	1 062	1 178	1 260
Berlin CP	1 920	1 921	2 466	2 507	2 520	2 922	2 306	2 122				
Berlin Fixpunkt	100	67	81	20								
Berlin MoM		1 094	1 838	1 895	2 235	2 307	2 412	2 336	2 478	2 219	2 304	1 959
Cottbus Katte	40	2	57	42			57	14		16	2	83
Dortmund AH								12	162	180	240	260
Düsseldorf AH	261	312	351	421	435	532	348	476	473	461	481	652
Erfurt AH			25	62	112	118	151	186	127	134	184	319
Freiburg CP	529	543	702	706	799	810	896	844	992	931	872	841
Halle AH	7	31										
Hannover CP	213	174	174	238	230	218	247	300	321	358	332	336
Heidelberg AH							188	244	202	262	349	397
Heilbronn AH					4	25	102	113	110	97	138	88
Jena AH	112	113	126	122	95	97	89	79	65	72	58	87
Karlsruhe AH						2	397	531	426	428	534	500
Kiel AH	50	111	157	200	242	99	177	181	393	344	359	506
Konstanz AH	145	87	221	148	171	142	148	93	157	129	127	89
Lübeck AH	13	26	6	3								
Magdeburg AH	88	83	125	113	132	153	182	190	212	227	246	307
Mannheim CP	349	403	405	453	521	461	387	324	285	484	465	537
München CP											2 072	2 336
München Sub	203	231	362	198							390	389
Neumünster AH												38
Nürnberg CP	520	469	510	481	563	548	866	679	981	770	1 041	768
Offenburg AH					2	37	37	17	21	33		
Paderborn AH											101	97
Pforzheim AH	58	40	82	33	76	55	62	62	82	84	92	60
Potsdam AH	69	63	65	71	90	72	97	95	143	139	144	46
Potsdam Katte	54	9	24	92	45					31	23	13
Regensburg CP	195	177	262	242	238	205	313	253	341	222	398	201
S.-Holstein AH									1	147	16	49
Saarbrücken AH	140	162	186	181	188							290
Schw.Gmünd AH	40	25	34	42	179	47	204	88	288	72	266	43
Stuttgart AH						2	522	503	476	532	520	571
Troisdorf AH	88	139	178	227	282	397	348	363	314	447	354	439
Tübingen AH					229	112	283	466	283	316	303	337
Ulm AH	269	259	326	296	377	431	368	360	306	625	399	485
Weimar AH										69	91	111
Wilhelmshaven AH											78	86

¹Community-based voluntary counselling and testing.

Table 1.3: Documented counselling and **testing** contacts¹ by CBVCT² centre and half-year, 2020–2026

Half-year	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2	2025.1	2025.2	2026.1
Total	5 193	6 330	8 454	8 346	9 253	9 377	10 906	10 790	9 770	10 105	13 297	13 499
Augsburg AH	79	89	112	123	143	179	153	169	3	217	211	215
Berlin AH	569	603	731	926	999	1 034	1 003	1 076	877	1 034	1 126	1 220
Berlin CP	1 606	1 727	2 211	2 277	2 275	2 498	2 085	1 828				
Berlin Fixpunkt	82	49	71	16								
Berlin MoM		1 003	1 684	1 709	2 054	2 102	2 208	2 162	2 331	2 106	2 198	1 856
Cottbus Katte	37	2	57	41			57	14		16	2	69
Dortmund AH								1	142	167	233	249
Düsseldorf AH	239	297	333	410	419	486	333	449	461	443	467	624
Erfurt AH			25	62	109	114	149	183	126	133	155	247
Freiburg CP	475	507	668	673	737	771	816	789	932	896	844	802
Halle AH	4	2										
Hannover CP	181	157	159	220	136	215	200	178	143	346	314	312
Heidelberg AH							144	222	200	254	237	230
Heilbronn AH					1	24	98	107	107	94	122	84
Jena AH	89	99	109	96	60	88	70	79	64	70	55	70
Karlsruhe AH							372	493	409	409	520	497
Kiel AH	46	99	59	63	84	20	38	149	374	326	346	494
Konstanz AH	144	87	221	147	167	141	148	93	157	128	127	88
Magdeburg AH	58	60	79	67	56	50	29	58	139	152	173	221
Mannheim CP	179	192	199	229	297	236	318	290	276	398	401	467
München CP											1 939	2 176
München Sub	193	224	344	8							378	373
Neumünster AH												37
Nürnberg CP	497	452	489	459	539	532	838	663	965	749	1 016	741
Offenburg AH						37	37	16	20	31		
Paderborn AH											81	74
Pforzheim AH								20	79	71	70	57
Potsdam AH	64	52	59	67	86	66	90	91	134	127	130	43
Potsdam Katte	54	9	21	73	41					31	23	12
Regensburg CP	195	177	261	242	236	205	311	253	341	222	397	200
S.-Holstein AH									1	27	16	24
Saarbrücken AH	124	139	169	161	177							283
Schw.Gmünd AH	38	25	31	42	174	47	196	86	286	71	263	43
Stuttgart AH						1	492	435	340	403	356	400
Troisdorf AH	70	116	162	213	256	362	314	335	311	442	346	431
Tübingen AH					132	111	269	278	267	310	294	334
Ulm AH	170	163	200	22	75	58	138	273	285	364	313	353
Weimar AH										68	68	90
Wilhelmshaven AH											76	83

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 2026, by CBVCT¹ centre

	HIV	Syphilis	Gonorrhoea	Chlamydia	HCV*
Augsburg AH			4	11	
Berlin AH	3	5	10	24	1
Berlin MoM	3	21	128	83	
Cottbus Katte		1	4	3	
Dortmund AH	1	1	7	7	
Düsseldorf AH	6	17	31	22	
Erfurt AH	2	2		5	
Freiburg CP	2	5	8	27	1
Hannover CP	1	2	3	12	
Heidelberg AH	1	3	4	6	
Karlsruhe AH	3	2	9	9	1
Kiel AH	2	4	3	15	
Konstanz AH	1	2	1	7	
Magdeburg AH	1		8	2	
Mannheim CP		5	5	19	7
München CP	2	10	36	64	6
München Sub	2	12	21	16	1
Neumünster AH	1	1		3	
Nürnberg CP	6	5	29	29	
Paderborn AH			2	1	1
Pforzheim AH		3	2	3	
Potsdam AH			1	1	
Potsdam Katte			2	1	
Regensburg CP	1		5	4	
S.-Holstein AH	1	2	2	1	
Saarbrücken AH	2	5	9	11	3
Stuttgart AH	3	3			4
Troisdorf AH	1	1	7	18	
Tübingen AH	1	2	4	9	
Ulm AH	2	5	2	9	
Weimar AH		1	3	2	
Wilhelmshaven AH	1	2		4	

¹Community-based voluntary counselling and testing.

*Antibody or PCR positive.

Table 1.5: Documented test results of CBVCT clients in the 1st half of 2026

	MSM		Other men		Women		Non-binary ^o		All	
	N	%	N	%	N	%	N	%	N	%
Total	5 745	100.0 %	3 553	100.0 %	3 429	100.0 %	540	100.0 %	13 499	100.0 %
HIV										
Reactive	20	0.3 %	3	0.1 %	8	0.2 %	0		33	0.2 %
Confirmed positive	13	0.2 %	1	0.0 %	1	0.0 %	1	0.2 %	16	0.1 %
Negative	4 157	72.4 %	3 071	86.4 %	2 986	87.1 %	438	81.1 %	10 843	80.3 %
Not tested*	1 555	27.1 %	478	13.5 %	434	12.7 %	101	18.7 %	2 607	19.3 %
Syphilis										
Positive**	99	1.7 %	7	0.2 %	7	0.2 %	8	1.5 %	122	0.9 %
Serological scar	314	5.5 %	5	0.1 %	8	0.2 %	10	1.9 %	341	2.5 %
Negative	3 842	66.9 %	2 745	77.3 %	2 690	78.4 %	383	70.9 %	9 798	72.6 %
Not tested*	1 490	25.9 %	796	22.4 %	724	21.1 %	139	25.7 %	3 238	24.0 %
Gonorrhoea										
Positive	301	5.2 %	14	0.4 %	18	0.5 %	16	3.0 %	350	2.6 %
Negative	4 377	76.2 %	2 788	78.5 %	2 703	78.8 %	370	68.5 %	10 374	76.9 %
Not tested*	1 067	18.6 %	751	21.1 %	708	20.6 %	154	28.5 %	2 775	20.6 %
Chlamydia										
Positive	239	4.2 %	85	2.4 %	83	2.4 %	15	2.8 %	428	3.2 %
Negative	4 438	77.2 %	2 750	77.4 %	2 651	77.3 %	371	68.7 %	10 342	76.6 %
Not tested*	1 068	18.6 %	718	20.2 %	695	20.3 %	154	28.5 %	2 729	20.2 %
HCV										
Positive (AB)	4	0.1 %	4	0.1 %	3	0.1 %	2	0.4 %	14	0.1 %
Positive (RNA)	0		0		1	0.0 %	5	0.9 %	11	0.1 %
Negative	932	16.2 %	727	20.5 %	695	20.3 %	146	27.0 %	2 581	19.1 %
Not tested*	4 809	83.7 %	2 822	79.4 %	2 730	79.6 %	387	71.7 %	10 893	80.7 %
HBV										
Current infection	3	0.1 %	1	0.0 %	0		2	0.4 %	6	0.0 %
Past infection	7	0.1 %	0		0		0		7	0.1 %
Negative	420	7.3 %	216	6.1 %	171	5.0 %	27	5.0 %	848	6.3 %
Not tested*	5 315	92.5 %	3 336	93.9 %	3 258	95.0 %	511	94.6 %	12 638	93.6 %

*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, 2020–2026

Half-year	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2	2025.1	2025.2	2026.1
Total	2 448	3 455	3 378	3 802	3 752	4 071	4 438	5 224	4 970	5 142	2 645	3 387
Aachen AH												38
Berlin AH	281	493	489	541	568	611	751	931	967	910		
Bonn AH	80	47	33	12								
Dortmund AH											84	139
Dresden AH	131	204	200	218	219	213	221	274	261	277	178	235
Emsland AH	20	57	83	73	53	12	1					
Frankfurt AH	296	475	528	622	517	495	542	531	415	444	64	
Freiburg CP	107	175	174	166	141	161	180	231	240	228	158	183
Hamburg CP	63	87	81	79	86	85	102	116	95	108	55	77
Hamburg ZSG	64	245	255	310	272	285	333	379	379	369	199	199
Hannover CP	98	260	196	275	288	356	379	402	391	423	229	314
Lübeck AH				29	38	48	37	58	92	157	85	135
Magdeburg AH	22	71	94	101	107	164	164	224	179	192	78	95
Mannheim CP	41	11	56	193	231	313	379	665	631	668	335	471
München CP	731	756	705	704	776	820	815	902	810	809	448	549
München Sub	140	141	103	116	99	104	104	98	95	107	45	56
Nürnberg CP	261	314	273	251	237	273	292	283	285	289	179	232
Olpe AH												12
Potsdam AH					26	23	31		20	41	436	517
Regensburg CP	113	119	108	112	94	108	107	130	110	120	72	130
Rostock AH												5

¹Community-based voluntary counselling and testing.

Table 2.3: Number of new *s.a.m health clients*¹ by CBVCT² centre and half-year, 2020–2026

Half-year	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2	2025.1	2025.2	2026.1
Total	1 627	2 263	1 785	1 894	1 573	1 675	1 759	2 025	1 871	1 698	1 017	1 271
Aachen AH												36
Berlin AH	233	365	279	270	271	267	336	428	437	327		
Bonn AH	56	4	2									
Dortmund AH											82	115
Dresden AH	107	154	126	113	102	87	93	108	103	105	73	63
Emsland AH	17	47	48	30	16	1						
Frankfurt AH	240	345	311	311	158	138	169	94	59	52	1	
Freiburg CP	101	145	111	84	58	71	68	100	100	86	85	88
Hamburg CP	49	50	29	40	31	27	29	33	26	35	16	30
Hamburg ZSG	64	233	202	214	139	139	159	162	165	139	78	61
Hannover CP	91	209	119	155	152	163	145	158	160	139	89	120
Lübeck AH				28	30	36	19	37	62	107	38	45
Magdeburg AH	17	61	70	62	57	107	98	118	71	76	18	23
Mannheim CP	36	1	39	148	146	180	188	397	318	265	157	236
München CP	387	381	289	288	282	277	270	246	217	211	155	179
München Sub	31	43	22	24	11	22	23	15	20	19	12	14
Nürnberg CP	134	176	95	95	76	108	107	93	89	75	71	75
Olpe AH												10
Potsdam AH					24	19	22		14	23	127	155
Regensburg CP	64	49	43	32	20	33	33	36	30	39	15	16
Rostock AH												5

¹With evaluated test results.²Community-based voluntary counselling and testing.**Table 2.4:** Evaluated *s.a.m health* test kits among **PrEP users**, 2020–2026

Half-year	2020.2	2021.1	2021.2	2022.1	2022.2	2023.1	2023.2	2024.1	2024.2	2025.1	2025.2	2026.1
Total	157	185	175	186	208	214	239	274	244	249	124	161
Aachen AH												4
Berlin AH	16	16	19	17	29	29	32	37	38	33		
Bonn AH	6	5	5	3								
Dortmund AH												1
Dresden AH	5	9	5	5	8	10	7	3	5	8	6	13
Emsland AH		2	10	6	6	1	1					
Frankfurt AH	9	12	21	23	24	25	30	38	27	28	3	
Freiburg CP	1	1	3	2	3	5	3	2	6	3	5	2
Hamburg CP	5	5	6	13	9	7	14	19	15	10	7	6
Hamburg ZSG		1		3	1				1	2	7	3
Hannover CP	2	8	7	7	5	7	9	10	9	13	3	4
Lübeck AH				2	3	2	1	1	5	5	4	4
Magdeburg AH	1	3	7	4	9	8	9	4	6	7	6	3
Mannheim CP			2	11	17	31	39	47	39	48	12	22
München CP	61	80	57	57	63	57	55	78	65	62	37	49
München Sub	24	23	16	18	20	17	25	22	20	18	6	11
Nürnberg CP	23	16	10	9	8	10	8	10	5	9	7	15
Olpe AH												2
Potsdam AH							1		1	1	15	15
Regensburg CP	4	4	7	6	3	5	5	3	2	2	6	7

Table 2.5: Positive *s.a.m health* test results in the 1st half of 2026, by CBVCT¹ centre

	HIV	Syphilis	Gonorrhoea	Chlamydia
Dortmund AH				1
Dresden AH			1	4
Freiburg CP			2	7
Hamburg ZSG			2	4
Hannover CP			1	9
Lübeck AH				4
Magdeburg AH			2	
Mannheim CP		2	4	9
München CP		2	7	8
München Sub			2	3
Nürnberg CP		2	3	2
Olpe AH				1
Potsdam AH		1	3	5
Regensburg CP		1	3	3

¹Community-based voluntary counselling and testing.

Table 2.6: *s.a.m health* test results in the 1st half of 2026

	MSM		Other men		Women		All	
	N	%	N	%	N	%	N	%
Total	1 007	100.0 %	1 244	100.0 %	1 103	100.0 %	3 387	100.0 %
HIV								
Newly positiv*	0		0		0		0	0.0 %
Known positive	22	2.2 %	0		1	0.1 %	23	0.7 %
Negative	889	88.3 %	1 200	96.5 %	1 061	96.2 %	3 183	94.0 %
No result	96	9.5 %	44	3.5 %	41	3.7 %	181	5.3 %
Syphilis								
Positive**	8	0.8 %	0		0		8	0.2 %
Serological scar	111	11.0 %	5	0.4 %	1	0.1 %	117	3.5 %
Negative	777	77.2 %	1 193	95.9 %	1 061	96.2 %	3 064	90.5 %
No result	111	11.0 %	46	3.7 %	41	3.7 %	198	5.8 %
Gonorrhoea								
Positive	23	2.3 %	4	0.3 %	3	0.3 %	30	0.9 %
Negative	975	96.8 %	1 220	98.1 %	1 091	98.9 %	3 319	98.0 %
No result	9	0.9 %	20	1.6 %	9	0.8 %	38	1.1 %
Chlamydia								
Positive	30	3.0 %	15	1.2 %	14	1.3 %	60	1.8 %
Negative	968	96.1 %	1 209	97.2 %	1 080	97.9 %	3 289	97.1 %
No result	9	0.9 %	20	1.6 %	9	0.8 %	38	1.1 %

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.