

S.A.M Mein Heimtest

A new STI home testing subscription service in Germany

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Background

Germany offers a wide range of opportunities for HIV-testing in public health centers (anonymously, mostly free of charge), in community based Checkpoints (anonymously, free of charge or for a small fee), and in private doctors practices (covered by health insurance or direct patient payment). However, approximately 11.400 HIV-positive people are still undiagnosed in Germany. STI-screening is not covered by health insurance and is not offered by the public health system. Reporting obligation only exists for HIV and Syphilis, not for other STI. The reporting data shows Syphilis diagnoses have been increasing for several years, while HIV-Diagnoses are slowly declining after a peak in 2015.

There is a lack of Data for Gonorrhoea and Chlamydia-Infections. Checkpoints offer STI-tests for a small fee. Presumably many STI remain undiagnosed.

Our Assumption: A home sampling service for HIV and STI, like in the United Kingdom, could help to motivate more people to get tested on a regular bases.

Pilot Objectives

- Implementation of a home sampling service in Bavaria: "S.A.M Mein Heimtest"
- Performance analysis of the digital S.A.M platform and operationalization
- Provide recommendations for optimizing S.A.M for scaling, if so required

Project Description

After a successful feasibility study 2016 in Munich, a pilot project in a limited region (Bavaria) is now examining whether the operation of the platform and the dispatch of HIV and STI home sampling tests under German conditions are feasible. In contrast to UK, in Germany an initial personal contact of the clients with the checkpoints is mandatory. Furthermore, clients would have to pay for the service.

The pilot is a collaboration between ViiV Healthcare, Münchner Aids-Hilfe, laboratory Lademannbogen in Hamburg and Deutsche AIDS-Hilfe. After a preparatory phase (training, adaptation of the online platform) and a „soft opening“, the web-site <https://samtest.de/> was launched for the registration of clients on 19 July 2018.

After registration on samtest.de clients have to make an appointment at one of the four participating checkpoints (Münchner Aidshilfe, SUB, Aidshilfe Nürnberg and Aids Counseling Center Regensburg). The client receives and pays the first test kit in the checkpoint. From then on, the service is entirely run per mail or phone (sms). Clients take blood, urine and rectal and pharyngeal swabs at home and send the material them to the Lab. The Lab transfers the results to the SAM platform. In the case of negative results, clients receive a SMS. In the case of a reactive result, they receive an SMS with the request to call "their" checkpoint for results. The local checkpoints, Lab, and DAH communicate via the SAM platform.

DAH provides the operational management, billing, sends all follow-up test kits to the clients and answers possible queries from the clients via SMS. Only SMS queries about results are taken over by the regional checkpoints. The SAM platform and the website for registration were designed and are are hosted by SH:24. ViiV Healthcare created the initial concept for S.A.M and provides project management and funding for the pilot.

Lessons learned

Already after 5 months our first 2 objectives have been met: the service is implemented and operating without major problems. The clients are very satisfied with the service. We seem to find "the right people" and believe that increasing promotion of the service will increase uptake, but this requires additional funding. There is a need to make more people aware of the service in rural areas and smaller towns.

The initial appointment seems to be an obstacle for people that live outside of München, Nürnberg and Regensburg. Having a skype meeting for initial consultation would be beneficial, the regulations in Germany allow telemedicine only in individual cases. The price of the testkit seems to be tolerable, at least to those, who use it.

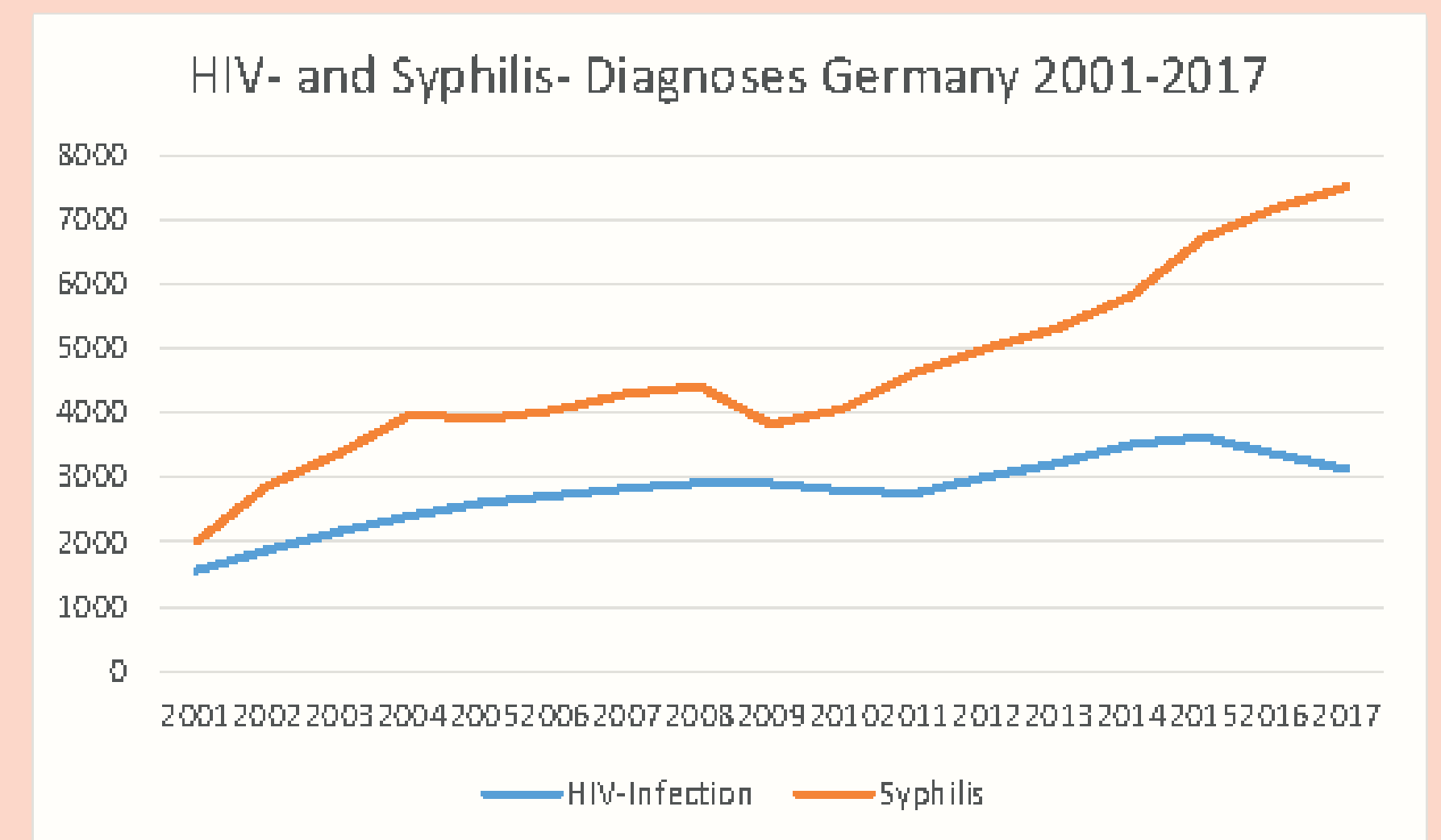
Conclusions/Next Steps

SAM as a regular service would be a useful and effective addition to the existing testing services in Bavaria and in Germany. To keep the price per testkit stable, we would need public funding to keep up the service. The next step will be to discuss funding with the Bavarian Ministry of Health. If we can find a way to finance a regular SAM homesampling service in Bavaria, this could serve as a model for financing this service in other regions of Germany.

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Bavaria pilot STI diagnosis rate			
Chlamydia	Gonorrhoea	Syphilis	HIV
6.3%	3.2%	1.9%	2.5%

Figure 1. Syphilis and HIV rates report positive reactivity, chlamydia and gonorrhoea diagnosis in the first 5.5 months of the S.A.M pilot operated in Bavaria (n=142). This interim data indicates that S.A.M service is reaching users where there is a clinical need.

Volume of users that responded yes to engaging in the following higher risk activities	
Drugs	Unprotected anal/vaginal sex
8	104
More than 2 partners	Self perceived risk: high
129	25

Figure 2. Number of S.A.M pilot users (n=163) that responded yes to engaging in any of the the above higher risk activities during the assessment consultation. Indicates that majority of S.A.M pilot users are priority for STI testing

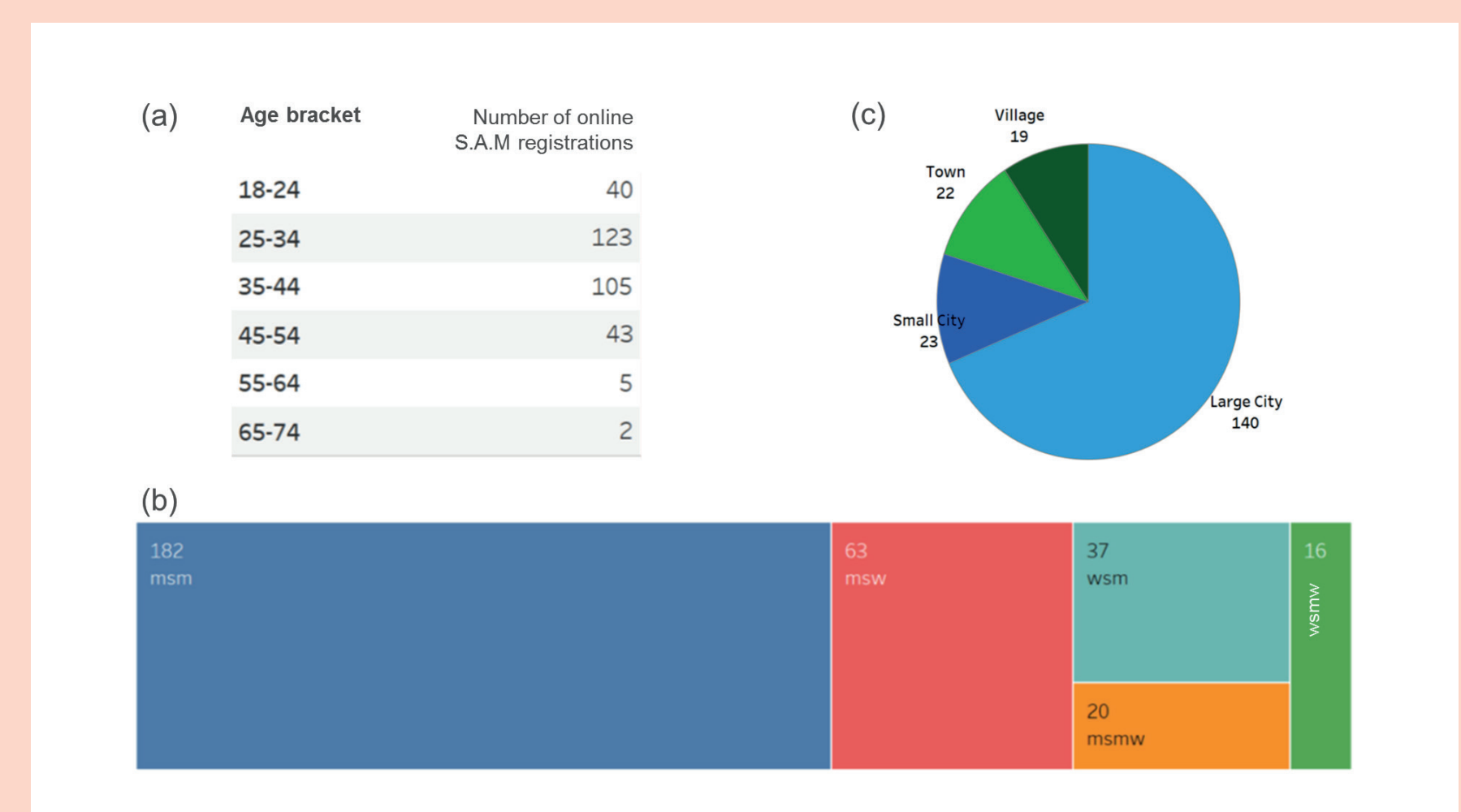


Figure 3. Number of users registering online for S.A.M by (a) age, (b) sexual preference. Number of S.A.M users attending consultation from (c) home town type. Preliminary user profile data suggests S.A.M service is non-excluding, with wide accessibility across socio-demographic groups, while still appealing to public health priority groups such as MSM

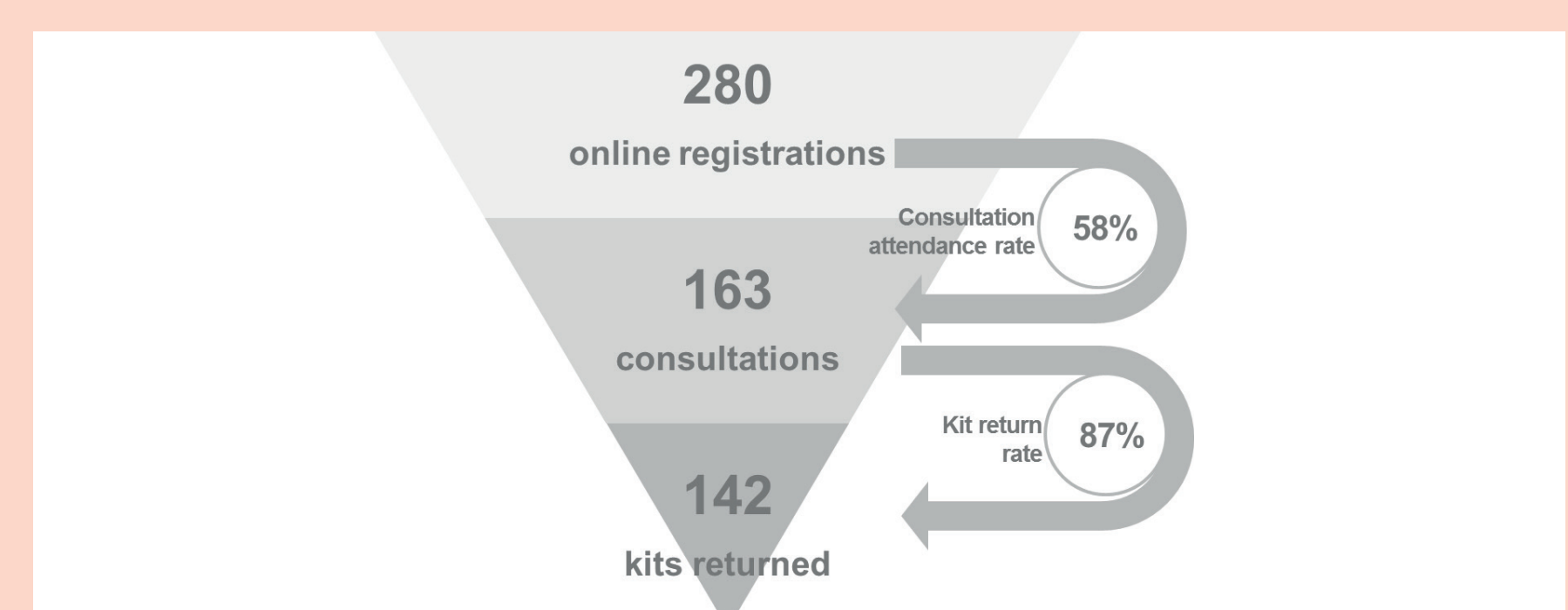


Figure 4. Funnel of S.A.M uptake for first 5.5 months of pilot operated across 4 test centres (2x Munich, 1x Regensburg, 1x Nuremberg). There is opportunity to increase online registrations and consultation attendance rates through marketing and service optimisation. None/minimal formal marketing or public health awareness campaigns undertaken to date.