Opportunities and challenges in implementing active syphilis point-of-care testing and self-testing: a qualitative study of Australian healthcare providers

Authors:
Halliwell F[1], Ryan B[1], Draper B[1,2], Williams E[1], Zheng S[1], Ong JJ[3], Harney B[1], Drummer HE[1,4,5], Stoové MA[1,2,6*], Traeger MW[1,2*]

1 Burnet Institute, Melbourne, VIC, Australia, 2 School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia, 3 Melbourne Sexual Health Centre, Bayside Health, Melbourne, VIC, Australia, 4 Department of Microbiology and Immunology, Peter Doherty Institute for Infection and Immunity, University of Melbourne, Melbourne, Victoria, Australia, 5 Department of Microbiology, Monash University, Clayton, Victoria, Australia, 6 Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Victoria, Australia

Background:
Emerging point-of-care tests (POCT) that can reliably distinguish active syphilis from past-treated infection have the potential to address key limitations of existing testing pathways. Additionally, the introduction of syphilis self-testing raises important questions about its integration with current models of sexual healthcare. Understanding healthcare providers' perspectives is essential to inform effective implementation. We explored healthcare providers' attitudes toward integrating active syphilis POCT and self-testing into the Australian sexual health landscape.

Methods:
We conducted semi-structured interviews with healthcare providers working across diverse settings relevant to the Australian syphilis response. Data were analysed using inductive thematic analysis.

Results:
Fifteen healthcare providers participated (6 general-practitioners, 3 nurses, 2 sexual health physicians, 2 peer testers, 1 nurse practitioner, 1 obstetrician-gynaecologist), predominantly working across primary care, community health and sexual health services. Participants viewed active syphilis POCT as a valuable addition to existing testing pathways, particularly in settings with limited capacity or where same-day diagnosis and treatment could reduce inequities in care. Use was envisioned on a case-by-case basis, shaped by clinical factors (e.g., diagnostic uncertainty), client factors (e.g., anticipated loss to follow-up, barriers to venipuncture), and service-delivery factors (e.g., client triaging, outreach testing, task shifting). Syphilis self-testing was broadly supported, provided equitable linkage to care could be ensured. Participants emphasised the need for clear follow-up pathways, institutional and guideline support for treating based on self-test results, and workforce preparedness, particularly in primary care. Anticipated benefits included increased testing autonomy and reach to underserved populations, while concerns focused on potential impact on engagement with comprehensive sexual healthcare and service capacity.

Conclusion:
Healthcare providers supported the targeted integration of active syphilis POCT and the carefully planned implementation of syphilis self-testing within the Australian context. Successful implementation will require clear clinical guidance, low-cost and targeted distribution strategies, and system-level supports to ensure timely treatment and equitable linkage to care.

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