

From vision to impact: 12 years of Brisbane's peer-led RAPID clinic

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Background/Purpose:

Responding to increased HIV diagnoses in Queensland, particularly late diagnoses among gay, bisexual and other men who have sex with men (GBMSM), gaps in accessible, acceptable and timely HIV testing were identified. Leveraging the Therapeutic Goods Administration's (TGA) approval of HIV point-of-care testing (POCT), Queensland Positive People (QPP), HIV Foundation Queensland, and Queensland Health established a peer-led testing model.

In 2014, RAPID was launched to increase testing uptake through free, walk-in, rapid HIV screening and information peer-delivered in a non-judgemental, community-based setting.

Approach:

RAPID has evolved to provide HIV/STI screening, prevention and treatment through implementing asymptomatic POCT for syphilis (2015), chlamydia and gonorrhoea (CT/NG) (2017); HIV self-testing (2016); and a Nurse Practitioner (NP) service (2025). Many initiatives were implemented through research partnerships, under ethical/clinical trial approvals, with established clinical oversight.

Outcomes/Impact:

RAPID has delivered almost 70,000 occasions of service providing 126 HIV diagnoses; and 497 syphilis, 5,125 chlamydia and 2,629 gonorrhoea reactive screening results. RAPID reduces demand on public services by providing a trusted, community-based option. Clients newly diagnosed with HIV are linked with QPP's peer navigation support. While initially focused on GBMSM, RAPID now serves a broader population who use traditional services less frequently, including people born overseas.

Our GeneXpert pooled POCT trial showed high concordance with site-specific testing at one-third the cost. In 2026, most clients with reactive results are NP-managed.

Innovation and Significance:

RAPID has made a significant impact through novel approaches to service delivery, often serving as a forerunner of new HIV technologies, research, and innovation. RAPID is one of Australia's first fully peer-led HIV testing models and demonstrates how POCT and self-testing can be effectively established in community settings.

RAPID provides transferable evidence for cost-effective peer-based care aligned with national testing targets. Regulatory constraints prohibiting peer CT/NG POCT exemplify ongoing structural barriers yet underscore the adaptability of community-led models.

Disclosure of Interest Statement:

The authors have no interests to disclose.

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