




MANAGEMENT OF RAPID SYPHILIS TESTING IN THE SÃO BORJA HEALTH NETWORK

GESTÃO DE TESTES RÁPIDOS DE SÍFILIS NA REDE DE SAÚDE DE SÃO BORJA

GESTIÓN DE LAS PRUEBAS RÁPIDAS DE SÍFILIS EN LA RED DE ATENCIÓN DE SALUD DE SAN BORJA

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ABSTRACT

Sexually transmitted infections (STIs) are a major burden of morbidity and mortality and, worldwide, millions of STI cases occur every year, such as syphilis. The delay in diagnosis is one of the factors that justifies the difficulty in controlling these infections. The rapid diagnostic tests allow the etiological treatment to be established at the first consultation, which leads to more patients, both symptomatic and asymptomatic, being treated more effectively and interrupting, without delay, the epidemiological chain of transmission. WHO includes these tests in its global strategy against STIs and, therefore, this research work seeks to assess the impact of the implementation of PR within the health area of San Borja in the diagnosis, promotion and prevention of syphilis. It aims to analyze the factors that influence the implementation and performance of the PR, discover potentialities and fragilities in the dynamics of the performance of the PR, verify the quantitative of the examinations performed and their main results in the period between 2014 and 2018 to finally perform the flowchart of the care provided to patients with the conclusions. The methodology was qualitative and quantitative, a descriptive and cross-sectional study of empirical nature. Some of the results were that the patients surveyed were mostly women 62.5% and men 37.5%. Being that the age that most attended was between 25 and 39 years old. The results of the nurse surveys showed that 92% were nurses and 8% were male nurses, most of them young. A total of 14 nurses (56%) said that they have difficulty in performing the rapid tests due to the accumulation of tasks. Finally, it was found that there is adequate infrastructure and sufficient supplies in the health units to perform the RP and that the treatment is free of charge.

Keywords: PR. Syphilis and Attention Flowchart.

RESUMO

As infecções sexualmente transmissíveis (IST) representam uma carga significativa de morbidade e mortalidade, e a nível global, a cada ano, ocorrem milhões de casos de IST, como a sífilis. O atraso no diagnóstico é um dos fatores que justifica a dificuldade no controle dessas infecções. Os testes de diagnóstico rápido permitem iniciar o tratamento

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etiológico na primeira consulta, o que leva a tratar mais pacientes, tanto sintomáticos quanto assintomáticos, de forma mais eficaz, interrompendo a cadeia epidemiológica de transmissão sem demora. A OMS inclui esses testes em sua estratégia global de combate às ISTs, e é por isso que este trabalho de pesquisa visa avaliar o impacto da implementação dos testes rápidos na área de saúde de São Borja no diagnóstico, promoção e prevenção da sífilis. Seu objetivo é analisar os fatores que influenciam a implementação e realização dos testes rápidos, descobrir potencialidades e fragilidades na dinâmica dos testes rápidos, verificar a quantidade de exames realizados e seus principais resultados no período de 2014 a 2018, e, finalmente, elaborar um fluxograma do atendimento prestado aos pacientes com conclusões. A metodologia foi qualitativa e quantitativa, um estudo descritivo e transversal de natureza empírica. Alguns dos resultados mostraram que os pacientes entrevistados eram principalmente mulheres (62,5%) e homens (37,5%). A faixa etária mais comum foi de 25 a 39 anos. Dos resultados das entrevistas com enfermeiros, constatou-se que 92% são enfermeiras e 8% são enfermeiros, na maioria jovens. Um total de 14 enfermeiros (56%) relataram ter dificuldade em realizar os testes rápidos devido à sobrecarga de tarefas. Finalmente, verificou-se que existe infraestrutura adequada e suprimentos suficientes nas unidades de saúde para realizar os testes rápidos, e o tratamento é gratuito.

Palavras-chave: Testes Rápidos. Sífilis e Fluxograma de Atendimento.

RESUMEN

Las infecciones de transmisión sexual (ITS) suponen una importante carga de morbimortalidad y a nivel mundial todos los años se producen millones de casos de ITS como la sífilis. La demora en el diagnóstico es uno de los factores que justifica la dificultad para controlar estas infecciones. Las pruebas de diagnóstico rápido permiten instaurar el tratamiento etiológico en la primera consulta, lo que lleva a tratar a más pacientes, tanto sintomáticos como asintomáticos, de forma más efectiva e interrumpir, sin demoras, la cadena epidemiológica de transmisión. La OMS incluye estas pruebas en su estrategia mundial contra las ITS y es por ello que en este trabajo de investigación se busca evaluar el impacto de la implementación de la PR dentro del área de salud de San Borja en el diagnóstico, promoción y prevención de la sífilis. Tiene como objetivo analizar los factores que influyen en la implementación y realización de las PR, descubrir potencialidades y fragilidades en la dinámica de la realización de las PR, verificar el cuantitativo de los exámenes realizados y sus resultados principales en el lapso entre 2014 y 2018 para finalmente realizar el flujograma de la atención brindada a los pacientes con las conclusiones. La metodología fue cualitativa y cuantitativa, un estudio descriptivo y transversal de naturaleza empírica. Algunos de los resultados fueron que los pacientes encuestados fueron mayormente mujeres 62,5% y hombres 37,5%. Siendo que la edad que más concurreó fue entre 25 y 39 años. Del resultado de las encuestas a los enfermeros consta que 92% son enfermeras y 8% enfermeros, en su mayoría jóvenes. Un total de 14 enfermeros (56%) dijeron que tienen dificultad para realizar las pruebas rápidas debido al acumulo de tareas. Finalmente, se comprobó que existe infraestructura adecuada e insumos suficientes en las unidades de salud para hacer las PR y el tratamiento es gratuito.

Palabras clave: Pruebas Rápidas. Sífilis y Flujograma de Atención.



1 INTRODUCTION

Syphilis is a systemic and chronic infectious disease caused by *Treponema pallidum*, classified as a sexually transmitted infection (STI), which can affect various parts of the body (Suárez Brochero, 2015; Quiñones Angulo, 2016). In addition, when not treated properly, it can cause serious complications and even lead to death, presenting different clinical phases: primary, secondary, latent and tertiary.

Transmission occurs mainly through unprotected sexual contact, as well as from mother to child during pregnancy. The disease is known as "the great imitator", as it presents varied symptoms that can be confused with other pathologies, making it difficult to diagnose early (Santos and Anjos, 2009). Often, the signs are mild or non-existent, favoring the spread of the infection.

Despite being a preventable disease, easy to diagnose and treat, syphilis remains an important global public health problem (Cazella; Pilatti; Fraporti, 2024). The gestational and congenital form is especially worrisome due to the serious consequences for the fetus and the high human and social cost (Sandoval, 2023). In addition, it is observed that, over the years, there has been a significant increase in incidence, especially in newborns, evidencing failures in control strategies (6).

Factors such as early initiation of sexual activity without guidance, substance use, difficulties in accessing health services, social stigmas, and low adherence to prenatal care contribute to the persistence of the disease (8). Thus, health education, early diagnosis, and appropriate treatment are essential to reduce its spread.

The World Health Organization (WHO) estimates that approximately 350 million new cases of curable sexually transmitted diseases (STDs) are reported annually in people aged 15 to 49 years. Doctors dealing with the control of sexually transmitted diseases are very concerned about the alarming advance of syphilis in Brazil. The number of cases of the disease has increased dramatically in the last 5 years. The Brazilian Ministry of Health estimates that about one million new cases of syphilis occur in the country each year.

In Brazil, the population most affected by syphilis is women, especially young and black women, aged between 20 and 29 years. This group alone represents 14.4% of all cases of acquired syphilis and in reported pregnant women. According to the United Nations Population Fund (UNFPA), making a comparison by sex, women aged 20 to 29 years represent 26.2% of the total reported cases, while men in this same age group

represent only 13.6%. According to 2018 epidemiological data on syphilis, published in November by the Brazilian Ministry of Health, there was an increase in the number of syphilis cases in all areas of infection in Brazil. And making a comparison with the year 2016, an increase of 28.5% was observed in pregnant women, 16.4% in the incidence of congenital syphilis and 31.8% in the incidence of acquired syphilis. According to this bulletin, the detection rate of acquired syphilis in Brazil went from 44.1 cases per 100,000 inhabitants in 2016 to 58.1 cases per 100,000 inhabitants in 2017. Acquired syphilis has worsened since 2010, when its detection rate increased from 2 cases per 100 inhabitants to 58.1 per 100,000 inhabitants in 2017, with a total of 119,800 cases reported in Brazil.

The regions with the highest incidence of syphilis cases were the Southeast, with 61,745 cases (51.5%) reported, followed by the South, with 29,169 cases (24.3%). There were also 15,295 cases (12.8%) in the Northeast region, 7,701 (6.4%) in the Central-West region, and 5,890 (4.9%) in the North region. The increase in detection rates observed in Brazil between 2016 and 2017 was also reflected in these regions.

According to previous data on the incidence of syphilis cases in Brazil, the implementation of rapid tests for the diagnosis of infection and syphilis screening in Primary Care are part of a set of strategies implemented by the Ministry of Health, with the objective of qualifying and expanding the access of the Brazilian population to syphilis detection.

This justifies the realization of this research work, as rapid tests for the detection of syphilis represent an important public policy tool to strengthen infection control. It is expected that by decentralizing the performance of rapid tests, the population will have more access and immediate treatment.

In this context, strategies such as rapid tests, adequate prenatal care, and epidemiological surveillance actions become essential for syphilis control (Fernandes; Souza, 2021). Early detection allows the avoidance of serious complications, such as neurosyphilis, cardiovascular syphilis, and congenital syphilis.

Thus, the importance of analyzing the management of rapid syphilis tests in the health care network is highlighted, aiming to improve disease prevention and control actions in the local context. The present study aims to analyze the management of these tests in the health network in the municipality of São Borja in Rio Grande do Sul (Brazil), aiming to contribute to the improvement of disease prevention and control actions.

2 MATERIAL AND METHODS

This is an empirical study, with a mixed approach (qualitative and quantitative), with a descriptive character and a cross-sectional design. The research was developed in the city of São Borja, Rio Grande do Sul State, Brazil, covering the public health care network, including the Iván Goulart Hospital, the 14 units of the Family Health Strategy (ESF), the Municipal Center for Specialized Care (CEMAE) and the Specialized Care Service (SAE) in STI/AIDS.

The study population was composed of health professionals and users of the system. The sample included 25 nurses responsible for performing rapid syphilis tests at different points of the care network, in addition to 80 patients treated in these services. The selection of participants occurred by intentional sampling, considering the direct action of professionals with testing and the availability of users to participate in the research.

Data collection was carried out in September 2018, after authorization from the local health authorities. Initially, articulation was carried out with the Municipal Health Department and other managers of the units involved. Subsequently, the professionals were invited to participate in the study, being informed about its objectives and procedures, with subsequent signing of the Informed Consent Form.

Two structured sociodemographic questionnaires were used as collection instruments, applied to nurses and patients, containing multiple-choice questions. In addition, semi-structured interviews were conducted with nurses, allowing the exploration of aspects related to the dynamics of performing rapid tests.

In addition, the participant observation technique was used, considering the observational dimensions, with the objective of understanding the work context, interactions and perceptions of the professionals involved in the process.

The variables analyzed included sociodemographic aspects of the participants, characteristics related to the execution of the rapid tests, weaknesses and potentialities in the work process, as well as data regarding the number of tests performed and the flow of care in the health network.

Data were collected through face-to-face interviews and application of questionnaires during the established period, respecting the availability of the participants.

Regarding the ethical aspects, the study was approved by the Research Ethics Committee of the School of Dentistry of the National University of the Northeast. The ethical principles of autonomy, confidentiality, and anonymity were ensured, ensuring that participation was voluntary and that the information obtained was used exclusively for academic purposes.

3 RESULTS

3.1 SOCIODEMOGRAPHIC ASPECTS OF PATIENTS

Regarding the first specific objective, the sociodemographic aspects of the patients and nurses participating in this study were analyzed.

As previously described, 80 sociodemographic questionnaires were applied to the patients, the results of which are presented below. Regarding gender, it was observed that 50 participants were female, corresponding to 62.5% of the sample, while 30 were male, representing 37.5% of the total number of interviewees. Regarding age, the data were organized considering the distribution between female and male participants, allowing a comparative analysis between the groups.

Table 1

Patient profile

Variables	Respondents	Frequency	Percentage
Gender	Male	30	37,5
	Women	50	62,5
Age	From 18 to 21 years old:	8	10,0
	From 22 to 40 years old:	55	68,75
	Aged 41 and over	17	21,25
Education level	No education	11	13,75
	Incomplete elementary school	21	26,00
	Complete elementary school	27	33,75
	Incomplete high school	12	15,00
	Complete high school	6	7,50
	Incomplete university education	2	2,50
	Complete university education	1	1,25
Employment situation	Employee with a formal contract	45	56,25
	Self-employed	21	26,25
	Merchant	12	15
	Unemployed	2	2,5

Source: survey data.

An analysis of Table 1 shows that the predominant gender is female, corresponding to 62.5% of the sample, while males totaled 30 individuals (37.5%). Regarding the age group, the participants were aged between 18 and over 41 years, with a higher concentration in the group between 22 and 40 years, indicating a predominance of young adults.

With regard to education, there was a wide variability, ranging from individuals with no formal education (11 patients; 13.75%) to those with complete higher education (1 patient; 1.25%). The higher frequency of patients with complete and incomplete primary education is noteworthy, evidencing an educational profile predominantly of basic level.

Regarding the employment situation, there was diversity in the occupations, with a predominance of individuals employed with a formal contract (45 patients; 56.25%), while a smaller portion was unemployed (2 patients; 2.5%).

Regarding the places where the Rapid Tests were performed, most of the patients were treated in the Family Health Strategies (FHS), totaling 53 individuals (66.25%). The others were distributed among CEMAE (11 patients; 13.75%), the Specialized Care Service (SAE) (10 patients; 12.5%) and the Iván Goulart Hospital (6 patients; 7.5%), evidencing the centrality of primary care in the provision of this service.

The table with the profile of the interview with the nurses is presented below. A total of 25 sociodemographic questionnaires were applied to these professionals, the results of which are described below:

Table 2

Profile of nurses

Variables	Respondents	Frequency	Percentage
Gender	Male	2	8,00
	Women	23	92,0
Age	From 25 to 29 years old	10	40,0
	From 30 to 39 years old	13	52,0
	40 years or older	2	8,00
Nurses' Graduation Years	Less than 10 years of graduation	18	72,00
	More than 10 years of graduates	7	28,00
Level of degree of nurses	Undergraduate Only	6	24,00
	Specialization	19	76,00
Time working as a nurse	Up to 5 years	12	48,00
	From 5 to 9 years old	6	24,00
	10 years or older	7	28,00
Time working in the current environment	Up to 5 years	17	68,00

From 6 to 9 years old	4	16,00
10 years or older	4	16,00

Source: survey data.

Of the total number of nurses interviewed, there was a predominance of females, with 23 participants (92%), while only 2 were male (8%). Regarding the age group, it was found that it is mostly a young group, with a higher concentration between 30 and 39 years old (52%), followed by the 25 to 29 year old group (40%).

Despite the predominantly young age profile, it is noteworthy that a significant portion of the professionals (7 nurses; 28%) have more than 10 years of experience in the function, indicating a relevant level of professional experience.

Regarding academic training, most participants (76%; n = 19) have specialization, evidencing a high level of professional qualification among the nurses interviewed.

Regarding the length of time working in the same work environment, it is observed that 32% of the nurses have remained in the same place for more than six years, which may indicate professional stability. In addition, only one participant reported having worked in the same service before obtaining nursing training.

3.2 INTERVIEW WITH THE NURSES

This section addresses the results related to the second specific objective of this study, which consists of identifying the weaknesses and potentialities in the dynamics of performing the Rapid Tests.

To this end, the answers obtained through interviews with 25 nurses were analyzed, considering the proposed questions and the objectives outlined in this research. Based on this analysis, the following results were identified.

In general, all professionals reported being responsible for carrying out the tests in their units, with availability of supplies and guaranteed access to users. In addition, they highlighted that they received some type of training and that there is prioritization of specific groups, such as pregnant women.

However, important weaknesses emerged, mainly related to work overload. Many nurses reported accumulation of functions and performance as the only professional of the category in the unit, which directly impacts the organization of the service. This situation is evidenced in the statement of Nurse 11 "*I work in an FHS and I am the only nurse in this basic unit.*"

In addition, nurse 22 highlighted *"I am the coordinator of the ESF, and I have many accumulated tasks [...] I supervise the work of health agents, I make home visits [...]"*. This overload also interferes with the time allocated to the tests, as expressed by Nurse 25 *"The Rapid Test takes approximately 30 minutes [...] there are several patients waiting."*

Another weakness identified refers to the inadequacy of the physical space, compromising the patients' privacy. As reported by Nurse 7 *"We perform the rapid tests in a room with 3 beds [...] it is not ideal because it reduces privacy."*

In addition, limitations were observed in the training process, since some professionals reported informal learning in the work environment itself. Nurse 8 states *"We receive training from our own fellow nurses during the working day."* And nurse 6 added *"I learn by watching how my fellow nurses do it [...]"*.

Weaknesses related to patient follow-up and articulation between services are also highlighted, as mentioned by nurse 13 *"It would be good to work more together with other ESFs [...] to monitor treatment."*

On the other hand, important potentialities were identified. Some professionals reported adequate conditions for performing the tests, such as an environment with privacy and availability of supplies. Nurse 21 states *"I perform the rapid tests in my office, which offers total privacy. I have enough supplies and the treatment is free."*

Formal training also appears as a positive aspect, as reported by nurse 16 *"We received training in an 8-hour course."* And by nurse 3 *"They explained to us the entire protocol for performing rapid tests for syphilis, HIV, Hepatitis C and Hepatitis B."*

Another relevant point refers to the educational work of nurses, who guide patients about prevention and treatment. According to nurse 11 *"We explain what the disease is, how it is transmitted [...] we encourage patients to share what they have learned."*

In summary, it is observed that, although there are favorable conditions for the performance of Rapid Tests, such as access, inputs and educational initiatives, weaknesses persist related to work overload, physical structure, training and integration of services, which can impact the effectiveness of this practice.

With regard to potentialities, structural, organizational and educational aspects that favor the performance of Rapid Tests in health units are highlighted.

Among the positive points, the existence of adequate conditions for carrying out the tests in some units is evidenced, especially with regard to privacy and the availability

of supplies, as reported by nurse 21 "*Where I work, in the FHS, I perform the rapid tests in my office, which offers total privacy. I have enough supplies and the treatment is free.*"

Another relevant aspect refers to professional training. Some of the nurses reported having participated in formal training promoted by specialized services, contributing to the qualification of care. Nurse 16 highlights: "Several nurses, a total of 12, were trained by the Specialized Care Service (NCS), receiving training in an 8-hour course."

In a complementary way, nurse 3 highlights the diversity and scope of these trainings "I received training from the NCS lasting 4 hours [...] and from the 12th Health Coordination, lasting 16 hours, where they explained to us the entire protocol for performing rapid tests for syphilis, HIV, Hepatitis C and Hepatitis B."

In addition, the educational work of nurses is highlighted as an important potential in the care process. The professionals not only perform the tests, but also guide patients about diseases, forms of transmission, treatment and prevention, strengthening the bond and promoting the dissemination of information. As reported by nurse 11 "We explain what the disease is [...] we encourage patients to share what they have learned [...] thus contributing to the control of this disease."

Thus, it is observed that the potentialities are mainly related to the availability of resources, professional qualification and the educational role played by nurses, factors that contribute to the effectiveness of diagnosis, care and prevention actions.

3.3 ANALYSIS OF THE QUANTITY AND RESULTS OF RAPID TESTS (2014–2018)

The third specific objective was to verify the number of Rapid Tests (RT) performed and their respective results in the period from 2014 to 2018, in the municipality of São Borja.

Table 3

Epidemiological Data of Syphilis in São Borja from 2014 to 2018

	2018	2017	2016	2015	2014
S. ACQUIRED	132	114	158	116	53
S. EMBARAZADAS	20	25	30	16	9
CONGENITAL S.	3	1	3	0	0

Source: Data provided by the SAE of São Borja.

The analysis of epidemiological data on syphilis in the municipality of São Borja, in the period from 2014 to 2018, shows a general trend of increase in the number of cases, especially in acquired syphilis.

It is observed that cases of acquired syphilis have shown significant growth over the years, from 53 cases in 2014 to 132 in 2018. Despite oscillations in the period, especially the peak in 2016 (158 cases), a high level remains in subsequent years, indicating a possible expansion of transmission or improvement in the detection of cases.

Regarding syphilis in pregnant women, there was also an increase over the period, from 9 cases in 2014 to 20 in 2018, with a peak in 2016 (30 cases). This growth may be related to both the increase in incidence and the expansion of screening during prenatal care, which is a positive aspect from the point of view of health surveillance.

As for congenital syphilis, although the absolute numbers are lower, the presence of cases from 2016 onwards is noted, with 3 records in that year and again in 2018. The occurrence of these cases indicates failures in the prevention of vertical transmission, even in the face of the identification of syphilis in pregnant women, which reinforces the need to qualify prenatal care and appropriate treatment.

In general, the data demonstrate a worrying scenario, with an increase in cases of acquired syphilis and persistence of cases of congenital syphilis, evidencing challenges both in prevention and in the proper management of the disease in the municipality.

However, an important limitation was observed in obtaining these data. None of the nurses interviewed was able to report the total number of rapid tests performed, not even monthly estimates. Although approximately 15 professionals searched for this information in records or notes, it was not possible to obtain accurate data.

In addition, only two nurses reported being aware of the number of rapid tests with positive results. Even so, these professionals did not have information regarding the total number of tests performed monthly, which makes it impossible to analyze the results proportionally.

4 DISCUSSION

The results of this research, entitled "Management of Rapid Syphilis Tests in the Health Care Network of São Borja – Brazil", in the period from 2014 to 2018, show that the performance of Rapid Tests (RT) occurs with commitment on the part of nursing professionals throughout the municipality's health network. However, despite this

involvement, important limitations were identified related to the organization of the work process, professional training and data monitoring.

The analysis of data obtained from the Health Network of the municipality of São Borja showed a predominance of female patients ($n = 50$) in relation to males ($n = 30$) among those who underwent Rapid Tests. Regarding the age group, the participants were aged between 18 years and over 40 years, with a higher concentration between 25 and 39 years.

With regard to education, it was observed that most patients have some level of formal education, although there is still a portion without schooling ($n = 11$), which may influence access to information and prevention actions. Regarding the employment situation, there was a predominantly favorable scenario, with only two patients unemployed, which may be associated with better conditions of access to health services. In this context, it is noteworthy that, regardless of socioeconomic factors, syphilis continues to be a disease of great relevance in public health. As described by Turnes (2005), syphilis is a disease of great relevance in public health, its etiological identification occurred only at the beginning of the twentieth century, after scientific advances that allowed the visualization of the causative agent (Vargas; Lobato, 2018).

Although there is currently effective and low-cost treatment, the disease remains with a high incidence, especially in developing countries. This scenario is reinforced by the data presented by Saraceni et, al. (2017), which show the persistence of syphilis as a public health problem in Latin America, including cases in children, even though it is a preventable condition.

In the analysis of this study, it was observed that, although nurses recognize the importance of rapid tests and perform this activity routinely, there are still gaps in technical knowledge. It is noteworthy that some professionals are unaware of fundamental aspects, such as compulsory notification and adequate follow-up of positive cases, which can contribute to underreporting and fragility in the continuity of care.

In addition, the findings indicate that gestational syphilis receives greater attention in health services, with pregnant women being widely monitored and prioritized in access to diagnosis and treatment. This data is relevant, considering that congenital syphilis continues to be an important public health problem, with significant impacts on the newborn, as pointed out in the literature.

Another important aspect refers to the implementation of rapid tests in health services. Studies such as that of Da Costa Pereira et al. (2020) demonstrate that the existence of regulations does not guarantee, by itself, the effectiveness of actions, requiring continuous investment in the training of professionals and in the organization of services. This reality was also observed in São Borja, where, despite the availability of tests and supplies, not all professionals have adequate training for their execution and for patient counseling.

The low performance of health promotion actions is also noteworthy, since most nurses reported not developing educational activities outside the units. This finding reinforces the need to strengthen prevention strategies, especially considering that syphilis remains an infection of high epidemiological relevance.

Regarding the profile of the professionals, there was a predominance of young nurses, mostly female, with a high level of specialization. These results are similar to those found in studies carried out in other Latin American contexts, such as that of Benítez et, al. (2021), which also identified barriers and facilitators in the implementation of rapid tests in prenatal care.

Despite the relative youth of the professionals, a significant portion has experience in the area, which can contribute positively to the quality of care. However, work overload was a recurrent aspect, with nurses accumulating multiple functions, including care, administrative, and coordination activities. This situation is also described in studies such as the one by Trindade and Montanha (2024), which point to the overload of the nursing team as a factor that compromises the effectiveness of health actions.

Another critical point refers to the structural conditions for performing the tests, including limitations in the physical space and in the privacy of the patients. In addition, it was observed that part of the professionals acquire knowledge through daily practice, without adequate formal training, which can impact the standardization of conducts.

In the context of treatment, the free offer of medication stands out as a positive aspect, as recommended by public health policies. However, episodes of shortages, such as the shortage of penicillin reported in 2016, demonstrate weaknesses in ensuring continuity of care.

In addition, the absence of systematized records on the number of tests performed was identified, and none of the nurses was able to report this data accurately. This

limitation compromises the monitoring of actions and the evaluation of results, making health planning difficult.

Finally, it is observed that there are still gaps in the care of specific groups, such as men and adolescents, as well as in the integration of health promotion programs, such as the Health at School Program. These aspects indicate the need to expand prevention strategies and strengthen primary care.

5 FINAL CONSIDERATIONS

The results of this study show that the Rapid Tests for syphilis in the municipality of São Borja are performed in an accessible and decentralized way, allowing users to request them at any Family Health Unit, regardless of their place of residence. This characteristic favors access to early diagnosis and contributes to the control of the disease.

It was found that the health units have, in general, adequate infrastructure for carrying out the tests and continuity of treatment, in addition to having sufficient availability of supplies to meet the demand. Added to this is the fact that diagnosis and treatment are offered free of charge, which represents an important advance in the field of public health.

It was also observed that the tests are often performed in conjunction with other procedures, such as the Pap smear, expanding the opportunities for screening. In addition, there is a well-defined organization of the attributions of professionals in the Basic Health Units, which contributes to the functioning of the services.

However, despite the periodic training, gaps were still identified in the training of some professionals, which can impact the quality of care. Another relevant point refers to the low adherence of the teams to promotion and prevention actions, even in the face of the existence of government programs, such as the Health at School Program, indicating the need to strengthen these strategies.

Thus, it is concluded that, although there are structural and organizational conditions favorable to the performance of Rapid Tests, challenges persist related to professional qualification and the expansion of educational and preventive actions, which are fundamental for the effective control of syphilis.

Based on the findings of this study, it is recommended to increase the number of nurses in the Family Health Strategies, with the objective of reducing work overload and

qualifying promotion, prevention and diagnosis actions. In addition, it is suggested that the performance of Rapid Tests be expanded to other sectors, such as the emergency service of the Iván Goulart Hospital, as well as the training and qualification of nursing technicians for their execution.

The importance of developing intersectoral actions that integrate the health, education and social assistance sectors is also highlighted, promoting continuous and articulated work in the community. In this sense, it is essential to strengthen the participation of managers, local leaders and community organizations in the fight against syphilis.

In addition, it is recommended to expand educational actions aimed at the population, with an emphasis on risk perception, the promotion of preventive behaviors, and the encouragement of condom use. At the same time, it is essential to invest in the continuous training of health professionals, focusing on protocols for the diagnosis, treatment, and follow-up of syphilis and other sexually transmitted infections.

Finally, the need for effective implementation of sex education programs in schools is emphasized, considering cultural and social aspects, as well as the strengthening of HIV/AIDS prevention actions and other sexually transmitted infections in the community.

The accomplishment of this study presented some limitations related to the context of the health services investigated, including the Iván Goulart Hospital, the SAE, the CEMAE and the Family Health Strategies of the municipality of São Borja.

Among the main limitations, the difficulty of access to the participants stands out, since, in several situations, it was necessary to visit the units more than once due to the nurses' work overload. In addition, there was a need to adapt to the professionals' schedules, implying prolonged waiting periods for the interviews, without interfering in the routine of the services.

Another relevant aspect refers to the frequent displacements between the different research scenarios, which required time and logistical organization. In addition, it was necessary to establish a bond of trust with the participants, considering that some showed resistance, lack of time or distrust during data collection.

These limitations do not compromise the results obtained, but should be considered in the interpretation of the findings and in the development of future studies.



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