GetaKit is a University of Ottawa study to evaluate an online assessment and mail-out system for sexual health services. Here's what we found.

Comparing the Uptake of HIV Self-Testing to HIV Serology: Findings from GetaKit—A Prospective Open Cohort Study in Ontario, Canada

What we found

GetaKit is a real-world study that evaluates access to sexual health services through a digital platform. While we've shown that there is good uptake of the HIV self-test we wanted to know participant preference when offered a choice between the self-test and bloodwork.

Between October 11, 2023 and June 30, 2025, we co-offered the HIV self-test and serology in 3,611 orders. In these orders, 28% of participants reported being unwilling to attend a lab. Among those willing to visit a lab, nearly 20% chose only the self-test, suggesting the barrier was specific to serologic testing rather than HIV testing itself.

BIPOC participants were less likely to report willingness to visit a lab, whereas individuals reporting sex work or injection drug use were more likely to do so. Among participants willing to attend a lab, first-time testers chose only the self-test at higher rates, while gbMSM and individuals involved in sex work or injection drug use were less likely to rely solely on the self-test. Result reporting was just over half for the self-test and was comparable to lab completion rates, yielding an overall test completion rate of roughly two-thirds of all co-offered orders.

What does this tell us?

The HIV self-test is useful for specific subgroups—especially first-time testers who may face personal or structural barriers to clinic-based testing. For these individuals, HIVSTs functioned as an effective "hook," facilitating initial engagement with sexual health services and enabling stepwise access to comprehensive HIV and STI care.

Second, while the HIV self-test helps reach those unwilling to attend a lab, most participants ultimately preferred, or at least accepted, laboratory-based testing. Nearly three-fifths of participants completed serology, including two-thirds of BIPOC individuals and high proportions of gbMSM, sex workers, and people who use drugs. For many participants who selected only the self-test despite being willing to visit a lab, declining all serology suggests aversion to blood-based testing rather than a positive preference for self-testing.

Ultimately, this suggests that HIVSTs are best positioned, not as diagnostic tools for "finding the undiagnosed," but as strategic entry points into broader sexual health services, including PrEP initiation. By functioning as a low-barrier "hook," HIVSTs can bring individuals with HIV risk factors into ongoing prevention and care pathways, even when serology remains the gold standard for diagnosis.

We strongly support open access, which is why you can read the full article here.

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O'Byrne, Patrick; Orser, Lauren; Musten, Alexandra; Lindsay, Jennifer

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Original Research Article

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Patrick O'Byrne[1,2], Lauren Orser[1,2], Alexandra Musten[1] and Jennifer Lindsay[1]

Abstract

Background: HIV self-tests (HIVSTs) have been promoted as one way to increase testing.
Methods: We extracted data from the GetaKit study for October 11, 2023 to June 30, 2025, focusing on participants to whom we co-offered an HIVST and serology.
Results: We co-offered HIVST and serology to 3611 persons; 71.9% agreed to go to a lab and 19.4% opted for only the HIVST. Participants who were Black, Indigenous, or Persons of Color were less willing to attend a lab; participants who were men who have sex with men or reported injection drug use or sex work were more willing to attend a lab. First-time testers opted for the HIVST at a higher rate. HIVST did not yield new diagnoses.
Conclusions: HIVSTs were an entry point to testing for some but were not the preferred modality for most. Promoting HIVSTs too broadly would not align with patient preference.

Plain Language Title

Comparing the uptake of HIV self-testing to HIV serology in the GetaKit study

Plain Language Summary

HIV testing is the first step in getting treatment and prevention. HIV self-tests may help people do testing. We wanted to see people's real-world uptake of HIV self-tests compared to serology when both were made equally available to them. We found that people who were Black, Indigenous, or Persons of Color were less willing to attend a lab for testing, but that gay, bi, and other men who have sex with men were more willing to attend a lab. People who reported sex work and injection drug use were also more willing to attend a lab for testing. First-time testers were more likely to opt for the self-test. No one tested positive through the self-test, suggesting that the self-test might be better suited for targeted use to identify people who could use prevention strategies.

Keywords

HIV testing, self-testing, rapid testing, priority populations, computer-assisted sexual health interview

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Introduction

In recent years, HIV prevention has advanced dramatically. Antiretroviral medications can eliminate sexual transmission when an HIV-positive person has an undetectable viral load (ie, undetectable equals untransmittable, or U = U).[1] Antiretroviral medications can also be given to HIV-negative persons as pre-exposure prophylaxis (PrEP), with preventive

[1]School of Nursing, University of Ottawa, Ottawa, Canada
[2]Sexual Health Clinic, Ottawa Public Health, Ottawa, Canada

Corresponding Author:
Patrick O'Byrne, School of Nursing, University of Ottawa, 125 University Private, Ottawa, Canada.
Email: pjobyrne@uOttawa.ca