P2-S8.05 USE OF CELLULAR TELEPHONES IN A STUDY OF HIGH-RISK PATIENTS

doi:10.1136/sextrans-2011-050108.379

D Craig, D Hensel, J D Fortenberry, J Harezlak, K Jones. *School of Medicine, Indiana University, Indianapolis, USA*

Objectives To describe interest, uptake, advantages and problems associated with the use of cellular phones in a study of incident STDs in a high-risk population.
Methods Study participants (SP) (N=357; 18–29 yrs; 91% African American; 19.9% incident STD at enrolment: Chlamydia, Gonorrhoea and Trichomoniasis) were enrolled in a 12-week study involving weekly STD sampling and three times daily electronic diary submission via cellular phone. SPs received 3 months of free unlimited calling, texting and internet browsing as part of study and an option to retain the phone at study conclusion.
Results Eligible SPs, the majority of whom were self-referred, were placed on a waiting list (volume range: 50–150 people) until space in the study was available (avg time: 4 months). About 50% of persons on the waiting list were not enrolled; common barriers included invalid contact information and no call back. Advantages to SP cell phone use included: paperless data collection (SPs who completed the study [N=261] submitted 89.99% of expected diaries), facilitated communication between SP and study staff, free cell minutes/texting and internet, and the option to keep phone at study conclusion (about 80%) as incentives to SPs. Challenges with cell phone use included issues with actual use (most common: failing to charge phone or poor care of phone), technical problems (most common: equipment failure [11.2%] and connectivity problems [21.1%]), theft (about 10%) and equipment breakage/damage [14.8%]). Once SP reported equipment issues, the time to replacement was short (average: 2 days).
Conclusion The data support the feasibility of using cellular phones in a high-risk population. Participants were not recruited for the waiting list, but self-referred. SPs were able to complete and submit surveys correctly and work with technical issues encountered.

P2-S8.06 USING ELECTRONIC DIARIES PROSPECTIVELY TO CAPTURE STI-RELATED PHENOMENOLOGY

doi:10.1136/sextrans-2011-050108.380

D Hensel, J D Fortenberry, J Harezlak, K Jones, D Craig. *School of Medicine, Indiana University, Indianapolis, USA*

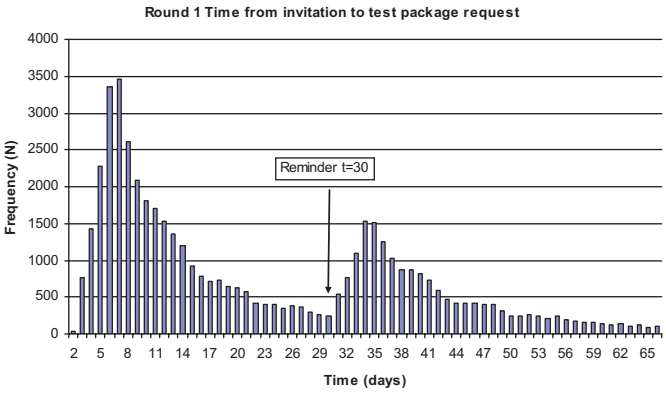
Objective To describe electronic diary study adherence, completion and sexual behaviour patterns among a high-risk sample clinically recruited for a prospective study of incident STI.
Method Participants (N=243; 18–29 yrs; 61% female; 88% African American) completed 12-weeks of weekly STI testing and 3x/day electronic diaries assessing individual and partner-specific affect, daily activities, substance use and sexual and contraceptive behaviour. We analysed event- and subject-level completion rates, and subject-level STI and behaviour response effects among subjects who had completed the study and who had not been incarcerated during study.
Results In total, 82.3% (200/243) of participants individually submitted at least 250 diaries (252 expected) during the study; as a group, participants submitted 89.7% (54 900/61 236) of the total number diaries expected. The average number of diaries weekly submitted varied between 17.03 and 19.45 (21 expected). Total and weekly submissions were similar by gender, age and race. The overall median survey completion time was 1.77 min (1.68 min: if no partners; 3.00 min: if any partners). Among those with only one partner, median completion time when no sex occurred was 2.47 min and was 3.87 min when any sex occurred. About 35% (85/243) of participants had an STI at some point in the study. Subjects reported the following sexual behaviours: vaginal sex (86.4%: 210/243), anal sex (29.6%: 72/243), giving oral sex (70.8%: 172/243) and receiving oral sex (82.7%: 201/243). Of those reporting vaginal sex, 60.4% (127/210) had only one partner and 23.3% (49/210) reported two partners. The median number of partner changes was one. Event level data suggest no response effects: sensitive behaviours, such as substance use or vaginal sex, exhibited similar stability in reports over time as compared to non-sexual activities such as eating or taking a walk.
Conclusion Data suggest excellent study protocol adherence and stable behaviour reporting among a high-risk sample. These findings demonstrate the feasibility of prospective, incident STI data collection methods, particularly in clinically recruited samples, which are often assumed to be non-compliant or unreliable around such methods.

P2-S8.07 KEEPING PARTICIPANTS ON BOARD: OPTIMISING UPTAKE BY AUTOMATED RESPONDENT REMINDERS IN AN INTERNET-BASED CHLAMYDIA SCREENING IN THE NETHERLANDS

doi:10.1136/sextrans-2011-050108.381

[1]R Koekenbier, [1]N Dokkum, [2]E Op de Coul, [3]J van Bergen, [4]E Brouwers, [1]H Fennema, [5]H Götz, [4]C Hoebe, [3]L Pars, [5]S van Ravesteijn. *[1]Amsterdam Public Health Service, Amsterdam, Netherlands; [2]RIVM, Netherlands; [3]STI AIDS Netherlands, Netherlands; [4]South-Limburg Public Health Service, Netherlands; [5]Rotterdam Rijnmond Public Health Service, Netherlands*

Background A register- and Internet-based chlamydia screening started in 2008 among 16–29 year olds in Amsterdam, Rotterdam and South-Limburg, aiming to reduce population prevalence of chlamydia infections. Automated respondent reminders by letter, email and SMS were used to encourage and optimise participation. The contribution of reminders on package request and sample return was examined in relation to characteristics of the target population.
Methods On average, 280 000 persons were annually invited by means of a personal letter. Individuals who did not respond to the invitation letter received a reminder letter after 1 month. Email- and SMS reminders were sent to individuals who requested a test kit and did not return a sample or did not check their test results online. We evaluated the effect of reminders on response and participation rates in two screening rounds. Logistic regression analyses were conducted to identify determinants of providing a GSM number, late response (requesting a test package after a reminder letter), and late participation (returning a sample after email/SMS reminders).
Results The overall package request rate in the first round increased from 12% to 20% (see Abstract P2-S8.06 Figure 1) after the reminder letter (in round 2 from 8% to 14%). The proportion of individuals returning a sample increased from 10% to 16% after email/SMS reminders (in round 2 from 7% to 11%). Of all respondents, 99% provided an email address and 72% a GSM number. Factors associated with providing a GSM number were younger age (16–24 yrs), non-Dutch background, lower educational level, symptoms of an STI, and sexual risk behaviour in the past 6 months ($p<0.05$). Determinants for late response (requesting a test package after reminder letter) were male gender, young age (16–19 yrs), non-Dutch background, having a casual partner or ≥2 sex partners in ≤6 months. The email/SMS reminders resulted in more men returning a sample. Persons with a higher sexual risk more often returned their sample before these reminders.
Conclusions Respondents' willingness to provide an email address or GSM number for communication during the screening procedure was high. Factors associated with providing a GSM number were also related to chlamydia positivity. Automated respondents reminders by letter influenced response rates (package request) and resulted in reaching more people at higher risk. Email- and SMS reminders contributed substantially to participation rates (sample return).



Abstract P2-S8.07 Figure 1 Round 1time from invitation to test package request.

P2-S8.08 REDUCING THE STIGMA OF HERPES SIMPLEX VIRUS (HSV) INFECTION THROUGH BRIEF PUBLICLY-GENERATED VIDEOS

doi:10.1136/sextrans-2011-050108.382

[1]L S Shearer, [2]L W Simmons, [3]A Mindel, [2]L R Stanberry, [2]S L Rosenthal. *[1]New York Presbyterian Hospital, Columbia University Medical Center, New York, USA; [2]Columbia University, New York, USA; [3]University of Sydney, Sydney, Australia*

Background Herpes simplex virus (HSV) is one of the most prevalent sexually transmitted infections worldwide. The stigma associated with HSV infection remains problematic and may lead to negative psychological sequelae and delayed care-seeking. Media technology is an innovative tool for countering stigma. Publicly-produced media content is not well-studied in this context, but may offer key lessons on successful de-stigmatising strategies.
Methods The Australian Herpes Management Forum and Novartis organised an online contest inviting the public to develop brief videos to de-stigmatise HSV. In the present study, content analysis was performed to identify de-stigmatising strategies employed in the videos. Two researchers independently coded each video and resolved discrepancies by consensus with a third coder.
Results Of 113 videos, 11 were excluded from analysis because they did not mention HSV, provided inaccurate information, or had no identifiable strategy. Five de-stigmatising strategies emerged from review of the remaining videos: normalising through familiarity, providing knowledge or fostering knowledge-seeking, expressing moral indignation, promoting disclosure, and negating a negative perception. Despite employing one or more of these strategies, many videos did not successfully de-stigmatise HSV infection. Coders perceived just over half of the videos as de-stigmatising but the remainder as stigmatising, neutral, or mixed. Most de-stigmatising videos shared two important characteristics: 1) they employed familiarity" as a strategy and 2) they acknowledged actual negative aspects of HSV infection but offered a successful positive counterpoint. Stigmatising videos did not offer sufficiently positive counterpoints. Neutral videos were primarily informational. Mixed videos had strong stigmatising and de-stigmatising messages. One barrier to success was communicating important negative information (such as symptomatology or transmissibility of HSV) without stigmatising the disease.
Conclusions The results emphasise that de-stigmatising HSV infection is difficult. Simultaneously acknowledging negative aspects of HSV infection while providing a sufficiently strong positive counterpoint-especially by promoting familiarity-may represent a key element in developing effective media campaigns to counter HSV stigma. Future research should evaluate the hypotheses generated in this study in target audiences such as those infected with HSV and members of the public.

P2-S8.09 WHAT ARE THEY ASKING? AN ANALYSIS OF STD RELATED CALLS TO CDC-INFO

doi:10.1136/sextrans-2011-050108.383

[1]R Kachur, [2]N Thompson, [2]S Haecker, [2]R Jones. *[1]Centers for Disease Control & Prevention, Atlanta, USA; [2]CDC, USA*

Background Launched in 2005, CDC-INFO is the Center for Disease Control and Prevention's (CDC) national contact center, which responds to health related enquiries from the general public and healthcare providers and partners 24 h a day, 7 days a week. STD-related topics have consistently been among the top ten most frequently asked questions. In order to better understand what information is being sought, telephone calls and emails to CDC-INFO were analysed for STD specific topics and topic frequencies.
Methods STD-related calls and emails made to CDC-INFO between October 2009 and September 2010 (FY2010) were analysed for topic content and frequency.
Results In FY2010, there were 44339 STD-related calls and 2123 STD-related emails to CDC-INFO. Enquiries fell into 11 main categories. The top 3 telephone enquiries were about Herpes (26%), Testing and Counselling (25%) and Human Papillomavirus (HPV) (18%). The top 3 email enquiries were about Herpes (34%), HPV (21%) and Other Sexually Transmitted Diseases (12%). The most common STD question to CDC-INFO was Can you help me locate a STD testing site in my area?", although the largest percentage of questions were about Herpes, followed by HPV, Testing and Counselling and Chlamydia. Findings from CDC-INFO correlate with findings from traffic to the Division of STD Prevention (DSTDP) website (http://www.cdc.gov/std/) which also finds that Genital Herpes and HPV are the most frequently visited pages on the website. A CDC-INFO satisfaction survey conducted between October 2009—and March 2010 found that among STD related telephone callers, 63% were female, over 65% were 34 years old or younger, 34% were White and 35% were Black/African American. Of those qualitatively interviewed, 91% (n=199) reported learning new information as a result of the call to CDC-INO and 68% indicated a desire to change a behaviour based on the new information. Reducing risky sexual behaviour was the most common type of behaviour change indicated.
Conclusions Information about Genital Herpes, HPV, and STD testing locations are the most frequently sought after topics by those accessing CDC-INFO. Regularly analysing enquiries to CDC-INFO can help the DSTDP identify topics of most concern to the general public, possibly detect emerging trends and tailor communications accordingly. Further research should be done to determine how DSTDP communication and prevention priorities correspond to general public enquiries and concerns.

P2-S8.10 MEASURING SOCIAL MEDIA EFFORTS: BEYOND CLICK THROUGHS

doi:10.1136/sextrans-2011-050108.384

[1]R Kachur, [1]L Richman, [1]M Hable, [1]R Verma, [1]A Friedman, [1]C Kapsimalis, [1]M McFarlane, [2]A Patel. *[1]Centers for Disease Control & Prevention, Atlanta, USA; [2]Planned Parenthood Federation of America, USA*

Background With the rapid expansion of social media, public health organizations have been quick to adopt these new channels to reach target populations. Typically, however, these efforts are accompanied by minimal evaluation and results are not routinely used to inform and improve programs. The GYT: Get Yourself Tested campaign, a national, US campaign to increase STD testing and decrease stigma is a case study that illustrates the challenges and the importance of evaluating social media.