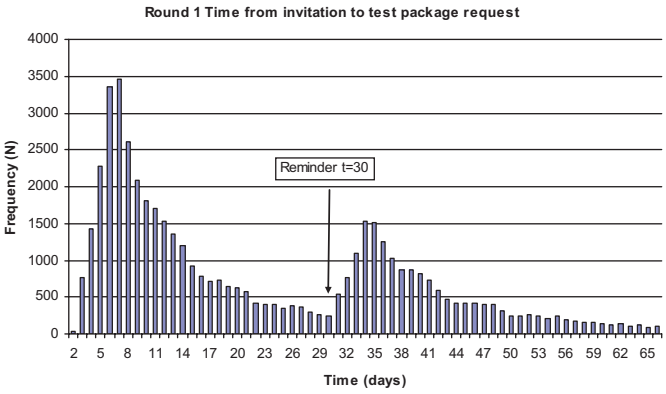

Abstract P2-S8.07 Figure 1 Round 1time from invitation to test package request.

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

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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

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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

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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.

Methods Between 1 April 2009 and 30 September 2010, metrics data for the GYT: Get Yourself Tested campaign were collected and evaluated from such social media venues as Facebook, Twitter, the GYTnow SMS code, and the GYTnow campaign website. Facebook and Twitter usage were indicators of user engagement with the campaign, and behavioural intentions were measured through use of a STD testing center locator from the GYT website and use of the GYT Short Message Service (SMS) code. A mobile phone user can send a zip code to the SMS service to receive information about local testing centers.
Results Evaluation of the GYT social media efforts allowed campaign organisers to measure campaign reach and engagement, customer sentiment, and intentions to get tested for STDs. The campaign reached over one million people in five national, social media venues. The Facebook site recruited 4177 fans, and the Twitter account had 1719 followers. The testing center locator was used by 64 000 people; 51,000 people used the SMS code to locate services. Qualitative data provided additional information about campaign sentiment as well as barriers to participation in the campaign. Analysis of the various metrics also uncovered unexpected issues such as a significant dip in participation in April as a result of a lack of participation by one of the major phone carriers.
Conclusions Evaluating social media metrics can provide an in-depth understanding of how well target audiences are being reached, how information and messages resonate with them and how efforts can be improved or changed. Findings from this analysis help illustrate the need to adequately evaluate social media efforts, guide future social media evaluations, and understand audience behaviours when engaging in social media activities. Additional web analytic studies are needed to better understand the impact of social media use for STD prevention.

P2-S8.11 CO-CREATING THE DUTCH SAFE SEX CAMPAIGN 2011: USING SOCIAL MEDIA AND MUNICIPAL HEALTH CENTRES (MHC) TO IMPROVE IMPLEMENTATION INTENTIONS OF CONDOM USE

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In the period 2008–2009 the Dutch Safe Sex Campaign (DSSC) effectively improved the attitudes and intentions among young people (18–25 yrs) to maintain condom use in a new relationship until both partners have done a STI test. The positive intentions increased from 50% (Aug 2008) to 73% (Nov 2009). However, no changes were seen in self-reported condom use in this period. Theoretical models show that in case of positive intentions a strategy aimed at improving implementation intentions can be effective on behavioural level. In line with this strategy DSSC 2011 is designed to improve implementation intentions in the chain of skills which are relevant for condom use: buying—carrying—communicating about and using condoms.
Method The campaign strategy consists of three stages. In the third stage (Sep 2011) an e-learning module will be launched which will train condom skills and help to concretely plan condom use. The first two stages are especially designed to generate content for the e-learning module in co-creation with the target group members and the MHC. In the first (awareness) stage of the campaign (Feb 2011) members of the target group were invited to report about the campaign. A kick off session was organised for editors of school magazines and popular vloggers (video weblogers). During the kick off the young reporters were facilitated to produce their own safe sex campaign materials. They were also given the opportunity to interview a Dutch celebrity about the campaign topic. The results were used to promote the campaign on YouTube, Twitter and local school magazines. At the same time discussions and polls about the campaign topic were initiated on several community sites. In the first stage, the campaign also provided a game to the MHC. This game is played in school classes with students of secondary education. The game consists of settings that are relevant for the e-learning module: a drugstore (buying condoms), schoolyard and disco (carrying condoms), bedroom (communicating and using condoms). The MHC officers invited the student to discuss the condom skills in these settings and register the advices that are most relevant to them. These advices will be used as content in the e-learning module. In the second stage (April—June 2011) the target population will be mobilised to participate in the campaign through popular social media. The target group will be asked to reflect on the results of the discussions and polls in the first stage. They will also be invited to send in their ideas for a TV-campaign. The concept of the winner will be used as input for the definite TV-commercial(s) broadcasted in September 2011.
Results Almost 200 school magazine reporters and 11 vloggers participated in the first stage of the campaign. More than 80 000 people viewed the nine vlogs that were produced in the first week.
Conclusion Social media offer good opportunities to co-create safe sex campaigns with the target group.

P2-S8.12 FEASIBILITY OF USING CELL PHONES FOR DAILY DATA COLLECTION WITHIN ADOLESCENT COHORT STUDIES

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Background It is widely recognised that adolescents are a population who encounter frequent changes in their daily lives. In order to capture these important oscillations, daily data are needed to accurately record and track changes in STD associated perceptions and behaviours that adolescents experience.
Methods Adolescent females 16-19 were enrolled in the study from a reproductive healthcare clinic. They are assigned a Palm Centro smartphone, and instructed to make daily diary entries on the phones using Pendragon software continuously for up to 18 months. Field staff meet with the participants every 2 weeks to hot sync the diary data from the phones, which is then compiled into a master database.
Results We examined the number of data points collected over all participants as compared with the costs of the phones, service plans, and person-power needed to complete data collection as well as the subjective opinions of the participants. In an ongoing study, 107 participants have received a phone, and the overall retention rate is 70%. The cost of the cell phone, voice plan and study staff support is approximately $105 per month for each participant. Participants have completed an average of 14 diary entries per month, with a total of 9916 collected. All participants who have completed 18 months in the study reported that the diary entry software was somewhat or very easy to use and 63% indicated that the cell phone was a reason that they remained in the study. Of the 185 phones that were distributed, 84 were reported broken or lost.
Conclusions Utilising this method of data collection has yielded rich data, unlike any currently available in the literature. While the cost of the data collection process may be substantial, there are distinct advantages to the use of cell phones. These benefits include, participant satisfaction, date and time stamped data, an alarm prompt, reduced participant burden, as well as affording interactive and privacy advantages similar to ACASI technology. There are several ways to tailor the collection process so that it may be accessible to a