

**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**

doi:10.1136/sextrans-2011-050108.385

F Zimbile, E Fisser. *STI Aids The Netherlands, Amsterdam, Netherlands*

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 webloggers). 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**

doi:10.1136/sextrans-2011-050108.386

C Malotte, A Cutting, S Huettner, P Matson, J Ellen. *Johns Hopkins University, Baltimore, USA*

**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