



TECHNICAL DOCUMENT

Use of online outreach for HIV prevention among men who have sex with men in the European Union/European Economic Area

An ECDC guide to effective use of digital platforms for HIV prevention

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7. Online outreach

- **Getting started:** how to begin setting up a successful online outreach.
- **Creating content:** how to create and optimise content for maximum success.
- **Targeting:** how to select platforms and target key populations effectively.
- **Budgeting and resourcing:** what costs and other resources are associated with online outreach.
- **Reporting:** how to evaluate outreach activities by selecting appropriate indicators.
- **Summary:** a brief checklist to consider before starting online outreach.

7a. Getting started

Reaching out to communities in digital spaces is also known as online outreach or online fieldwork.

The purpose of online outreach is to provide an array of services in digital meeting places where men who have sex with men (MSM) commonly spend time. Outreach work in digital communities can be effective in:

- reaching MSM typically considered at risk, invisible or hard to reach;
- identifying previously unidentified communities;
- providing contextually-relevant information to 'gated' communities based on their sexual practices, identities and HIV status.

Online outreach may include education, risk-reduction counselling and provider-based referrals to reliable information sources and other resources, including testing and treatment locations [1,2,3]. Health messages are primarily delivered to individuals (via personal profiles on websites or dating applications) and sometimes to groups of people (for instance via chatrooms or bulletin boards websites). For projects with limited resources (budget, time and trained staff or volunteers), advertising may be more cost effective than online outreach provided by paid staff members.

Table 1. Differences between online outreach and advertising on dating platforms

	Online outreach	Advertising
Provider	Staff member	Automated algorithm
Target	Individual profiles	Groups of users
Interaction	Personal, tailored, agile, real-time	Mass-media focussed, targeted, determined in advance, asynchronous
Scale and reach	Small scale, depending on staff time	Large scale, depending on budget
Required resources	Staff (paid or voluntary), time, training	Promotion budget, visual and/or animated materials, mobile-optimised online content
Expenses determined by	Time and costs of staff members	Total number of clicks or impressions

Active versus passive outreach

You can decide between two types of outreaching interactions: an 'active' (provider-initiated) or a 'passive' (user-initiated) approach. The best approach depends on your objectives. Both approaches require that you are always identifiable as a reliable source of information and support.

A passive approach involves the use of a profile on a dating platform to attract users to ask their questions. With a passive approach it is always the user that initiates the conversation. Common questions that health workers receive relate to:

- Facts about HIV and STI transmission
- Nearby testing locations
- Availability of free testing
- Nature and purpose of the health worker's online presence [4].

Case study: The Netherlands

'I created a profile with information about what our health service offers to MSM. Plus a number of provocative questions, deliberately without answers. Such as: Is pre-cum risky for HIV or not? These questions make it easier to start a conversation. I never approach men. Men are supposed to approach me, not vice versa.

(...) I intentionally invite visitors to ask questions about unsafe sex. Remarkably, I get questions on the chat that I get a little less quickly during my office hours. For example, what are the risks of water-sports, or how can I best clean my rectum before anal sex? I also receive a lot of questions from an audience that we don't see during our consultation hours enough: bisexual, 'hetero-identified' men.'

Source: *Toolkit MSM SANL* [5]

Active outreach means that you initiate conversations by sending messages to individual users. You need to acknowledge that prevention workers are always guests on the platform. Health worker's profiles usually have the same status and have to abide by the same rules as any other user with a profile.

Case study: France

'We inform guys nearby that we're currently providing free HIV testing services in their area or that a support group is taking place in the following days. We also use them to provide counselling on sexual health and inform men of existing services in their area. We have a proactive position, contacting guys and not just waiting for them to contact us.'

Source: *ECDC (2015). 'Understanding the impact of smartphone applications on STI/HIV prevention among men who have sex with men in the EU/EEA'. [6]*

Most platforms do not explicitly invite prevention workers to do online outreach. If your active approach is considered too intrusive users or website owners may complain, report and block you from the website. It can be difficult to counter this decision.

Table 2. Active versus passive approach

Approach	Active	Passive
Description	Provider takes the initiative to message one user within a group of users	Provider waits until a user takes the initiative to send a message
Objectives	Increasing awareness and use of services Sharing information with target populations Partner notification	Counselling users online Tailoring in-depth information for users Stimulating communication about sexual health
Use	Increasing provision-use	Responding to needs
Activities	Sending health-related messages to individual profiles Posting messages in discussions or chatroom sessions with multiple users Sending invitations to multiple users on bulletin boards, forums or chatrooms to join one-on-one conversations	Answering questions of individual users/profiles Answering questions in discussion threads on bulletin boards/forums Sharing information or dispelling myths in publically visible profile texts
Advantages	Large output in a short amount of time Greater visibility Targeting populations with filters Incidental or irregular activity is possible	Clients' needs central Greater acceptability among users Less likely to be blocked or reported Multi-tasking is possible In-depth
Disadvantages	First message needs to be concise and effective Less focused on needs of clients Can be considered 'spam' by users Terms of services (conditions of use) may disallow the promotion of services May compete or interfere with automated broadcast messages May have lasting effects on provider's reputation	Time and labour intensive Fast and adequate answers required Unpredictable and variable output Regular presence is needed Demands comprehensive knowledge and skills Difficult to reach users with low awareness or engagement Sensitive to abuse of service and privacy concerns.

Meeting the needs of your target population

Health promotion should always meet the needs of your target populations. Based on international literature, the following objectives match the needs of MSM in relation to HIV, sexual health and online prevention. Depending on your country's context, issues of homophobia, stigma and discrimination may require equal attention in your outreach work. ILGA's [Rainbow Europe](#) [7] resources and the European Commission's [Eurobarometer on Discrimination](#) [8] provide up-to-date information on discrimination and human rights in your region.

Potential objectives of online HIV prevention and sexual health promotion

- Stimulate open communication about sexuality
- Decrease HIV-related stigma and support respectful communication concerning HIV
- Increase awareness and perceptions of risk relating to HIV and STIs
- Increase basic knowledge and dispel myths concerning HIV and STIs (transmission, symptoms)
- Increase knowledge of local or online services for HIV and STI testing and prevention
- Increase knowledge of safe and pleasurable sex
- Recruit MSM for online or offline HIV prevention interventions
- Improve knowledge concerning consistent and correct condom use
- Increase communication concerning protective behaviour, HIV and STI testing
- Increase awareness and knowledge of new biomedical prevention strategies, including pre- and post-exposure prophylaxis (PEP/PrEP)
- Increase awareness and knowledge of HIV viral load and risk reduction strategies
- Promote harm reduction in relation to sex-related alcohol and drug use
- Promote information-seeking behaviour
- Support meaningful and fulfilling sexual and intimate relationships
- Support partner notification.

Guiding principles for online outreach

Client-centred approach

A client-centred approach means providing a non-judgemental environment of empathy and openness. Negative experiences and long waiting times are the primary reasons for MSM who have experience of online prevention work not wishing to use such services again. Confidentiality concerns stop some MSM from accessing online prevention. It is necessary to always maintain a client-centred approach that is sensitive to your clients' needs, expectations and interests, including their right to privacy.

Positive approach to sex and relationships

Gay culture is often considered as highly sexualised, but when European MSM are asked individually what they consider to be the best sex life, most of them formulate this in terms of desire for relationships and intimate connections [9]. A positive approach to sex and relationships is necessary in order to offer engaging and holistic HIV prevention work.

Greater involvement and meaningful engagement of people living with HIV

Meaningful engagement and greater involvement of people living with HIV are important principles for any prevention activity. This includes involving HIV-positive MSM in activities that aim to prevent new HIV infections as well as activities involving STI prevention, including hepatitis C [10].

Participatory quality development

Participatory quality development strives for continuous improvement of health promotion projects. It is characterised by the optimal participation of stakeholders (target populations, service providers, funding bodies and other important parties). The needs of and insights into the local situation of your 'front line' outreach workers and target populations are key to the success of the activity. As part of the Quality Action project, a handbook on participatory quality development has been developed in five languages [11].

Privacy and confidentiality

Online outreach work provides a level of anonymity not found in many other types of intervention. However, concerns relating to confidentiality and privacy are common among MSM. During the design and implementation of online outreach work, two aspects require your attention: security and confidentiality.

Secure software

Always discuss software and security issues with your IT department or IT support prior to starting online fieldwork. Some sexual networking platforms may confront you with malware or malevolent software hidden inside advertising banners. Avoid security issues by:

- Installing recommended updates to your operating system, applications and web browsers;
- installing security software on computers, laptops and mobile devices;
- working on private, password-protected Wi-Fi networks. Third parties can easily scan unprotected or public Wi-Fi traffic and steal sensitive data.

Confidentiality agreements

Organisations that conduct online outreach should have policies in place that explicitly cover online interaction and registration of information that could be used to identify clients. Ensure that:

- all staff members (outreach, IT, support staff and volunteers) have signed confidentiality agreements;
- access to sensitive data remains limited. Avoid registering names, e-mail addresses, phone numbers, IP addresses, geo-location data, profile names and other information that can be used to identify individuals.

Collaboration with dating platforms

It is advised to always contact the platform you wish to do outreach on in advance to discuss your objectives and how they can be best achieved. Endorsement from dating platforms helps to build trust in your online activities. Many global platforms do not openly support or facilitate online outreach activities. Instead, they often refer to paid advertising as an alternative to online outreach.

In many countries local platforms exist that are very popular among MSM. If you want to set up online outreach, consider collaborating with local dating platforms in your country instead. Your local partners may be more open to facilitating your outreach work.

7b. Targeting

Targeting specific populations with your intervention means you can better tailor your activity to their needs and change your message accordingly. You can target your activity in two ways:

- by choosing specific platforms;
- by using filters within platforms to reach specific groups of users.

By choosing the right platform and by filtering users, you can improve the effectiveness and reach of your work and prevent negative feedback from users for whom your message is less relevant. Moreover, there are apps and websites that specialise in specific subcultures or sexual practices.

In order to choose the best platforms in your region, you should first assess:

- which platforms are most popular in your region. Contact the platform and ask how many users they have in your region or conduct a local community assessment to find out which platforms are most popular.
- the possibilities and limitations of the platform.

Using filters to reach specific groups

Many platforms provide possibilities for selectively showing users based on physical, demographic or sexual characteristics. These filters are especially useful for active outreach work, because they allow you to send tailored messages to different subgroups.

Filters also allow you to reach more users in applications that limit the number of users visible in the grid. Use filters to send messages to narrow subsets of users, change the filter to another subset or send messages, thereby expanding your reach significantly within a short period of time.

Filters can work against you, especially when you conduct passive outreach. If a large proportion of your target audience filters out specific characteristics that match your profile, you are no longer visible to the group you aimed to reach. Therefore always involve your local community to maximise the quality of your outreach work.

Improving your visibility

Some platforms have a functionality that allows users to see which profiles recently visited theirs. This functionality can be used to make your passive outreach approach more visible among users.

7c. Creating content

In terms of online outreach, MSM voice concerns over the privacy, confidentiality and trustworthiness of online services. Since some dating platforms do not officially allow health promotion, it is important not to violate their terms and conditions of use.

The most important content you need to consider in advance:

- Information on your website
- Profile description
- Messages (when conducting active outreach).

Information on your website

Placing up-to-date and easy-to-find information about your online outreach activities on your official organisation's website improves your transparency and credibility. Information is thorough if it includes:

- Details of the platform on which you operate;
- How users can recognise your profile;
- The purpose of your intervention;
- When and how often you are online;
- A work-related phone number or e-mail address so that users can contact you if they have questions or complaints.

Profile description

It is crucial for your profile to be as authentic and professional as possible. Your profile description should include enough information for users to easily identify your organisation. You may choose to develop a mascot or persona to improve your visibility and recognisability, or connect your online presence to a campaign.

Adding a picture to your profile will attract more attention and personalise your service:

- You may choose to use images of your organisation, project staff, events or campaign pictures, or stock images bought via stock image websites.
- Consider using stock photographs instead of a profile picture if all outreach workers are female, or if male workers want to remain anonymous.
- Make sure your organisation owns the copyrights of each image you use to avoid legal issues.

However, too much information about your offers or services could violate the terms and conditions of the platform. Always review the terms and conditions of each platform prior to drafting your profile name and description.

Case study: the Netherlands

'I created a profile with information about what our health service offers to MSM. My profile contains a number of questions, deliberately without answers that invite visitors to ask questions about unsafe sex. For instance: Is pre-cum risky for HIV or not? These open questions make it easier to start a conversation. Remarkably, I get questions that I don't get during my office hours. For example, what are the risks of water-sports, or how can I best clean my rectum before anal sex? I also receive a lot of questions from bisexual and hetero-identified men, who we don't see enough during our consultation hours'.

Source: Soa Aids Nederland (2015). Toolkit Internetveldwerk voor MSM. [5]

Recommendations for profiles

Do	Don't
<ul style="list-style-type: none"> Create a unique and recognisable username Use the name of the organisation Include basic information and a profile picture Include contact information for the organisation (work-related-e-mail address and/or phone number) Include social media connections (work-related Facebook, Twitter or Instagram) 	<ul style="list-style-type: none"> Use personal email address Link to personal social media accounts Use personal phone numbers List sexual preferences or sexual statistics about the outreach worker Explicitly mention services or offers Link to paid websites or services.

Message

Users may consider personal messages actively sent out by healthcare workers to be intrusive. Make sure your message is as inviting and acceptable as possible, be careful with the tone of voice used, and ensure all essential information is given up front. Your objectives should be transparent and it should be easy for the user to find more information or share their questions and comments.

Pre-testing and improving your message

To make sure your message is of the best quality, always pre-test your message with your target population. In order to pre-test your message you should:

- invite MSM who already use your services to give feedback on your message;
- develop two or three versions of a message and let users choose their favourite;
- improve your message based on their feedback and share your experience.

It is often necessary to change your message on a regular basis to grab the attention of your audience. Before changing your message, always evaluate your previous message and improve by looking at what you have learned from past interventions.

7d. Budgeting and resourcing

Calculating staff time

There are no standard calculations for the time it takes to do online outreach. Passive outreach work generally takes more time than active outreach work, but this largely depends on frequency and duration, scale and reach, and the worker's scope for multi-tasking.

With regard to staff time, make sure that staff members with a medical, IT and communication background are available to provide technical support and feedback. If your financial resources are insufficient, consider working with volunteers to expand your reach.

Membership costs

Memberships and subscriptions are not always necessary for your online outreach. Many platforms offer free options. Others limit the number of users they show and the filtering options they provide to non-paying users. Due to the relatively low cost of monthly subscriptions, their benefits may outweigh their costs.

Resources required for online outreach

Online interventions are a cross between classic prevention work and online education and counselling [12]. They require time and perseverance.

- Individual conversations between users and professionals often entail complex questions, requiring more than just medical knowledge of HIV and STIs.
- Training is necessary to ensure staff members have adequate knowledge and skills to perform high-quality outreach work.
- Beneficial personality traits include empathy, respect, authenticity, directness, commitment, discipline, identification and open-mindedness.

Case study: Serbia

'My advice with app outreach is: be persistent! Try to be individual with everyone and get people into a personal conversation in order to reach them. It may take more time, but it will be effective.'

Source: ECDC (2015). 'Understanding the impact of smartphone applications on STI/HIV prevention among men who have sex with men in the EU/EEA'. [6]

Professional knowledge and skills

Users can disclose many questions and complex issues in a short period of time. In addition to a knowledge base in HIV and STI transmission and prevention work, providers should have the following professional skills to do online outreach work:

- Written communication
- Knowledge management and self-reflection
- Referral knowledge: when and where to refer users to other support services.

Case study: Spain

'We believe in peer education so we organised three months of training to have some prepared volunteers who are available for online counselling about sexual health. We also meet once a month to coordinate and support these volunteers. Training and supporting the people who are going to provide any service on the app is also important (it's a lonely activity, with not many chances to share experiences). And it requires knowing what health resources are available and where to refer individuals.'

Source: ECDC (2015). 'Understanding the impact of smartphone applications on STI/HIV prevention among men who have sex with men in the EU/EEA'. [6]

Written communication

Text-based communication lacks non-verbal communication, such as body language and intonation. This means you should write textual responses consciously and carefully and check if your responses match the user's needs. For practical suggestions on managing conversations during online outreach we refer to the chapters on 'Troubleshooting—Tips and tricks' in 'The Cruising Counts Guide' and 'Prolonging and ending conversations' in the manual 'We are the Sexperts!' [3,13].

Knowledge management and self-reflection

To tackle questions effectively you require in-depth knowledge of topics ranging from basic HIV and STI transmission; available services; specific sexual practices and risks to broader sexual health-related themes. It is important that outreach workers have the ability to listen, reflect and learn.

Outreach workers themselves can also use online resources to find answers to uncommon questions. This information should always be adapted to the individual's needs and capacities. Additional training may be necessary to ensure that prevention workers have sufficient knowledge and skills to provide the right information and support.

Referral knowledge

When you promote or refer to online resources, please ensure that the contents or services you promote are mobile-optimised or at least mobile-friendly. The following online resources should be available for online outreach workers:

- HIV and STI information including viral hepatitis
- Testing and treatment locations
- Safe sex and sexual risk reduction information
- Sexual health information and resources
- Mental health and substance abuse resources and counselling services
- Domestic and sexual violence information and resources
- Information and resources specifically for youth
- Information and resources specifically for transgender people.

Case study: the Netherlands

'An important part of my chat counselling is motivational interviewing. I find that men often try to reduce the risks for themselves and to put words in my mouth. My job is putting our key message to the front ('get tested') and making sure they keep their personal responsibility in their own hands. I do this by asking lots of open questions and sharing my reflections'.

Source: Soa Aids Nederland (2015) Toolkit Internetveldwerk voor MSM. [5]

Cultural communication

Outreach workers need to have sufficient understanding of the appropriate vernacular and cultural values to communicate effectively. Online communication between MSM is saturated with euphemisms, abbreviations and acronyms. The perceived anonymity of dating platforms allows MSM to interact in more open and sexually direct ways and express specific interests and fantasies. Prevention workers need to remain cautious when drawing inferences solely based on profile descriptions, such as sexual identity and risky behaviour. The importance of sexual fantasy and gratification in online communication between MSM should not be underestimated [14].

Spending time on digital platforms will help you to learn about the target population and convey messages in your own words [15].

7e. Reporting

To demonstrate the results of your work, activities must be recorded continuously and consistently.

This requires short easy-to-use registration forms that include your most important indicators and allow staff members to write open comments and observations.

The data you need to collect will depend on your objectives. Commercial platforms tend to emphasise impressions and numbers of users, whereas prevention workers value behavioural change. Funding bodies have their own requirements in terms of evaluation and reporting and stakeholders may disagree on what information is necessary.

Before you start online outreach the following steps will help to evaluate your work:

- Develop an evaluation plan with key performance indicators;
- Provide practical tools for data collection;
- Design a procedure for clients to share feedback or complaints;
- Ensure consistent and continuous data collection;
- Evaluate and give feedback to staff members;
- Engage stakeholders in your evaluation;
- Share lessons learned.

The effectiveness of your work will depend on the objectives you have defined. Performance indicators make it easier to measure the progress and results of your work. Indicators can be defined at many levels, including process and results.

Table 3. Examples of performance indicators

Examples of performance indicators			
Process/quality	Results/output	Results/outcome	Results/impact
Duration of conversations (measured in time or number of messages)	Number of messages sent	Number of MSM ever tested for HIV	HIV incidence rates among MSM
Proportion of on-topic conversations	Number of questions/messages received	Number of MSM tested for STIs in past six months	STI incidence rates among MSM
Service user satisfaction rating	Number of one-on-one conversations	Number of MSM vaccinated against hepatitis B	Level of HIV-related stigma experienced by MSM
Number of negative responses/complaints received	Number of referrals offered	Proportion of MSM always using condoms	Level of sexual satisfaction
Proportion of service providers trained in online outreach	Proportion of users reached compared to total number of users	Proportion of MSM who disclose HIV status	Quality of life
Proportion of service providers using protocols or frequently-asked question standards	Proportion of contacts in demographic categories (age, ethnicity, urban/rural)	Proportion of HIV-positive MSM on antiretroviral therapy	Proportion of HIV-positive MSM who are undetectable
Number of community members/stakeholders participating on project advisory board	Proportion of conversations resulting in service referrals		
Satisfaction of community members/stakeholders on project advisory board			

Typically, up to five 'key performance indicators' are selected which summarise the most important elements of your work and are measurable within the scope of your project.

Helpful tools

The following tools are helpful for online outreach on websites and necessary if you want to work on dating applications.

Mobile devices

Some platforms are only accessible from mobile devices and not from computers. When choosing between mobile devices, consider using tablets instead of smartphones. Tablets share most of the functionalities of smartphones, have bigger screens and can be extended with keyboards, making typing and multi-tasking easier. If your organisation cannot provide devices to staff members personally, think about including a budget in your project for the purchase of the required mobile devices, additional software and hardware, including earphones and a wireless keyboard [16,17].

Access to websites and applications

Security software such as firewalls may limit or block access to the necessary online resources. Ask the IT specialist in your office to make sure that each staff member involved in online outreach has access to specific websites, dating applications and wireless networks.

Changing your GPS location

Most geosocial networking applications automatically determine your location. Working from the same GPS locations restricts your reach, because the number of profiles that appear in the grid is often limited. To reach more profiles in the vicinity, you can change your GPS location by installing additional applications that allow you to manually select your location [18].

7f. Summary

Before starting your campaign, you need to:

- understand the opportunities and limitations of online outreach;
- understand the needs of your target groups;
- select the most appropriate platform(s) and target your outreach to groups;
- create a realistic trustworthy profile for your outreach interventions;
- implement a plan for each intervention and a strategy to avoid risks;
- understand all the associated resources required for online outreach, including funding;
- outline clear goals and key performance indicators and develop practical registration tools to measure your results.

Once you have completed these tasks you are ready to start reaching out online. The success of any activity will always depend to a certain degree on trial and error so remember to follow through at every stage and be prepared to optimise and make changes as you go.

References

1. Guidelines for Online Outreach in Ohio. Ohio Department of Health & AIDS Resource Center Ohio: 2012.
2. Reaching Florida's communities: Guidelines for traditional and internet-based HIV prevention outreach. Florida Department of Health - Bureau of HIV/AIDS: 2010.
3. The Cruising Counts Guide: A program guide for online sexual health outreach in Ontario. Gay Men's Sexual Health Alliance of Ontario: 2016.
4. Grov C, Breslow AS, Newcomb ME, Rosenberger JG, Bauermeister JA. Gay and bisexual men's use of the Internet: research from the 1990s through 2013. *Journal of Sex Research* 2014. 4:390–409.
5. Toolkit Internetveldwerk voor MSM. Soa Aids Nederland: 2015.
6. ECDC. Understanding the impact of smartphone applications on STI/HIV prevention among men who have sex with men in the EU/EEA'. Stockholm: European Center for Disease Prevention and Control; 2015.
7. Rainbow Europe. <http://www.ilga-europe.org/rainboweurope>
8. Eurobarometer on Discrimination 2015. http://ec.europa.eu/justice/discrimination/files/eurobarometer_lgbti_graphs_factsheet_national.pdf
9. Bourne A, Hammond G, Hickson F, Reid D, Schmidt AJ, Weatherburn P & EMIS Network. What constitutes the best sex life for gay and bisexual men? Implications for HIV prevention. *BMC Public Health*. 2013 Nov 20;13:1083. doi: 10.1186/1471-2458-13-1083.
10. Deutsche AIDS-Hilfe Participatory Quality Development: <http://www.pq-hiv.de/en/chapter/participatory-quality-development>
11. Miltbrett T. *Ins Netz gegangen: Schwule Männer, Sex und Prävention im Internet*. Berlin: Deutsche AIDS-Hilfe: 2009.
12. Mowlabocus S, Tooke B, Harbottle J. *Reaching out online. A report into the challenges and benefits of using digital and social media platforms for community outreach work*. London: Terrence Higgins Trust. 2014.
13. *WE ARE THE SEXPERTS! A manual on how to use Internet chatrooms and communities to promote sexual health and condom use*. RFSL. Stockholm: 2009.
14. Gabarron E, Wynn AYS, Wynn R. Is There a Weekly Pattern for Health Searches on Wikipedia and Is the Pattern Unique to Health Topics? *J Med Internet Res*. 2015 Dec; 17(12): e286.
15. Fuentes LW, Johnson ML, Holtgrave DR. An exploration of weekly patterns in HIV-related behaviors: implications for successful interventions and future research. *AIDS Care*. 2015.27 (9): 1118-1127.
16. Swendeman D, Rotheram-Borus MJ. Innovation in sexually transmitted disease and HIV prevention: internet and mobile phone delivery vehicles for global diffusion. *Current Opinion in Psychiatry*. 2010. 2:139–144.
17. Kachur R, Strona FV, Kinsey J, Collins D. *Introducing Technology into Partner Services: A Toolkit for Programs*, Atlanta (GA): Centers for Disease Control and Prevention; 2015.
18. Sun CJ, Stowers J, Miller C, Bachmann LH, Rhodes SD. Acceptability and feasibility of using established geosocial and sexual networking mobile applications to promote HIV and STD testing among men who have sex with men. *AIDS and Behavior*. 2015. 3:543–552.

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