Using Facebook in Communicable Disease Investigations

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WDPH CD Meeting

Public Health Goal

Prevention

In sexually transmitted diseases (STD), via
 <u>Disease Intervention</u>

Staff performing duties:
 Disease Intervention Specialist (DIS)

STD Partner Referral Services

- Services provided to partners of infected patients including:
 - intervention, prevention, referral, and education

- Disease Intervention achieved through referral and treatment of at-risk
 - sexual partners, suspects, and associates

DIS Training

- State staff and state-contracted (MHD) staff
- CDC STD Employee Module online training
 - Introduction to STD Interviewing
 - Syphilis visual case analysis training
- Face to Face training class
- Clinic and field training
 - In-house training while "shadowing" an experienced
 DIS including phlebotomy
 - Supervisor review of cases and observation in the field

Wisconsin State Statutes

252.03 Duties of Local Health Officers

- (1) Every local health officer, upon the appearance of any communicable disease in his or her territory, <u>shall immediately investigate</u> all the circumstances and make a full report to the appropriate governing body
- (4) No person may interfere with the investigation under this chapter of any place or its occupants by local health officers or their assistants.

Wisconsin State Statutes cont'd

252.05 Reports of cases.

- (1) Any health care provider ... who knows ... that a person ... has a communicable disease ... shall report [it] ... to the local health officer. ...
- The local health officer shall report this information to [state] department or shall direct the person reporting to report to the department.
- (2) Each laboratory shall report ... results that indicate ... a communicable disease, ... or that the department finds necessary for the surveillance, control, diagnosis, and prevention of communicable diseases.



Methods of Partner Referral

- Provider Referral
 - Health Department
 - Assure treatment of original patient
 - Offer testing/treatment to sex partners, suspects, and associates
 - Other agencies assist health department
 - Family planning agency
 - Private MD office
 - Tribal health clinic
 - Military hospital/clinic



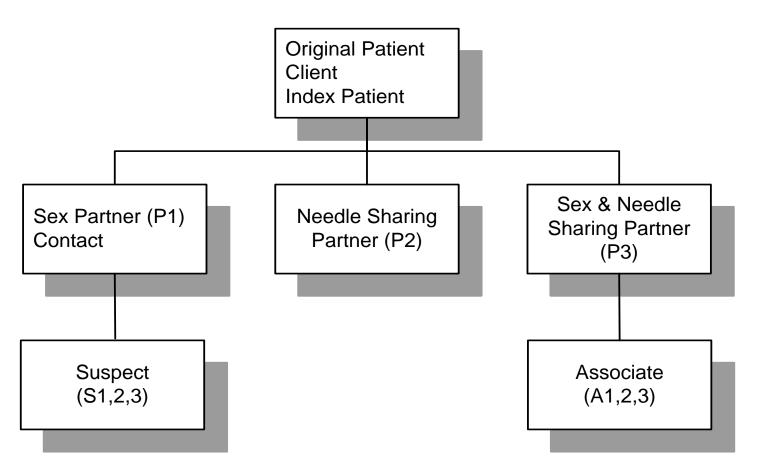
Methods of Partner Referral

- Patient (Self) Referral
 - Patient wants to take responsibility
 - to notify partners of exposure
 - refer their partners for testing/treatment
 - Assess patient's ability to perform referral
 - Referral cards may be provided to patient
 - Patients may use inSPOT (<u>www.inspot.org</u>)
 - Patients may receive EPT (expedited partner therapy) Rx or meds for their sex partners

Disease Intervention in Wisconsin

- State and state-contracted staff (MHD SER)
 - Syphilis case management
 - Clinic and field interviewing and investigation
 - Co-infected cases: Syphilis and other STDs including HIV
- MHD
 - GC and CT* case interviewing and/or investigation (partner referral) for pts < 16 yrs or pregnant
- Local Health Department Staff
 - GC and CT case interviewing and investigation

Terminology in Contact Elicitation/Partner Referral



Facebook-Augmented Partner Notification in a Cluster of Syphilis Cases in Milwaukee.

- Hunter P, Oyervides O, Grande KM, Prater D,
 Vann V, Reitl I, Biedrzycki PA.
- Public Health Reports
- 2014;129 Suppl 1: 43-49.
- http://www.publichealthreports.org/issueope
 n.cfm?articleID=3109

Challenges of investigating clusters of communicable diseases

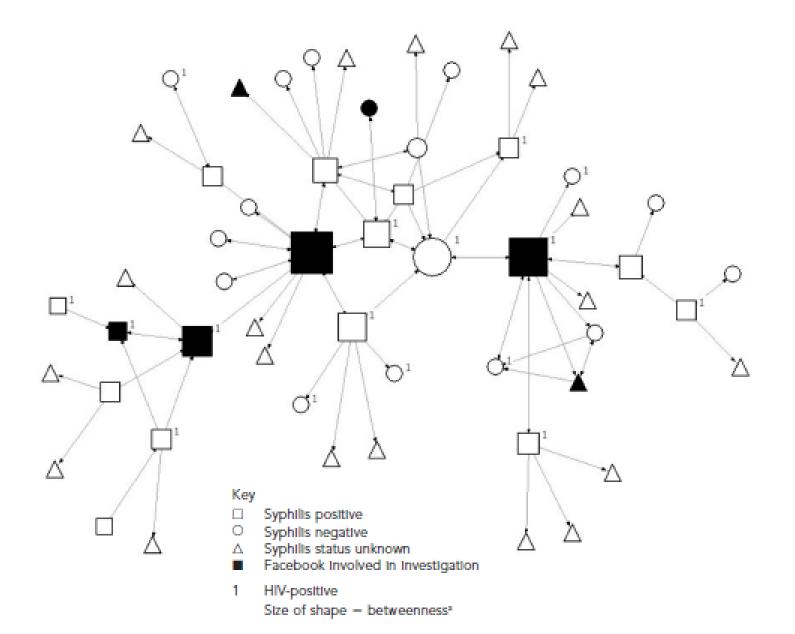
- Case identification and
- Partner notification for STDs
- Populations using social media rather than phone, postal mail, or stable residence to communicate
- Solution? Identify, link, & notify individuals via
 - Facebook and
 - Social network diagram illustration

Cluster definition

Individuals included in cluster

- if linked to index case as
 - Sexual partner named by case
 - Suspect, per report of an index case:
 - Symptomatic
 - Partner of case outside cluster
 - Pregnant females and roommates of case
 - Associate: like suspect, reported by non-infected person
- and if enough info to initiate an investigation
 - name, phone number, address, Facebook name

Social network of cases and contacts



Syphilis cluster with 17 cases

- Milwaukee, 2011–2012
- 55 individuals in cluster
- 51 known ages (17 cases)
 - 15-19 years 20 (6)
 - 20-24 years 25 (8)
 - -25-48 years 6 (3)
 - Median age 20 years

- 55 African American
- 51 Men who have sex with men (MSM)
 - 4 Women were not sexual partners of men
- HIV-positive
 - 10 of 17 index cases
 - 1 refused testing
 - 5 others in cluster

Partners, suspects, and associates

- 38 Partners named with enough information to initiate an investigation
- 11 Suspects and associates named
- 27 Partners, suspects, and associates treated

- 37 partners, suspects, and associates completed epidemiologic follow-up.
 - 17 positive for syphilis
 - 20 negative
- 18 lost to follow up
 - could not be located
 - refused clinical evaluation
 - out of jurisdiction
 - unverifiable or false information provided by cases



Performance measures (MHD goal)

- Contact rate = 67%
 - 17 infected individuals
 - + 20 tested negative
 - divided by 55
- Contact index = 2.2 (2.0)
 - 38 partners
 - divided by 17 cases

- Cluster index = 0.6 (0.5)
 - 10 suspects & associates
 - divided by 17 infected
- Treatment index = 1.6 (1.3)
 - 27 partners, suspects, and associates treated
 - divided by 17 cases

A few young MSM were very cooperative in naming partners, compared with older individuals in previous investigations.

- Early in cluster investigation, DIS staff found men used social networking sites for general communication and finding sexual partners.
- E-mail protocol (via inSPOT) passes messages thru third party: slow and less confidential
- MHD does not use text messaging for reporting test results or investigating contacts

- DIS set up Facebook account
 - Common male name in America
 - Moniker and links emphasized health promotion, not STDs or MSM community, not linked to health department.
 - Settings shielded account from internet searches

- Administrative oversight and approval obtained for
 - Sending Facebook messages to clients
 - "Call about an important issue regarding health."
- Usually did not require a social network connection
- In a few cases, privacy settings blocked messages
 - DIS "friended" individuals in cluster to send message via inbox (not public wall posting)
 - "De-friended" after
 - Phone call from individual or
 - No reply to multiple messages.
- Some Facebook policy changes since 2012 make "friending" necessary

- "Friended" one individual at a time,
- Preventing social contacts (i.e., friends) of account from viewing a list of other friends of the account.
- Turned down all unsolicited friend requests

Role of Facebook in Investigation

- 2 of 17 cases identified solely because they were Facebook friends to another case
- 5 others of 55 in cluster: Facebook augmented traditional investigation methods
 - Named as Facebook contact
 - Located via Facebook2
 - Notified via Facebook1

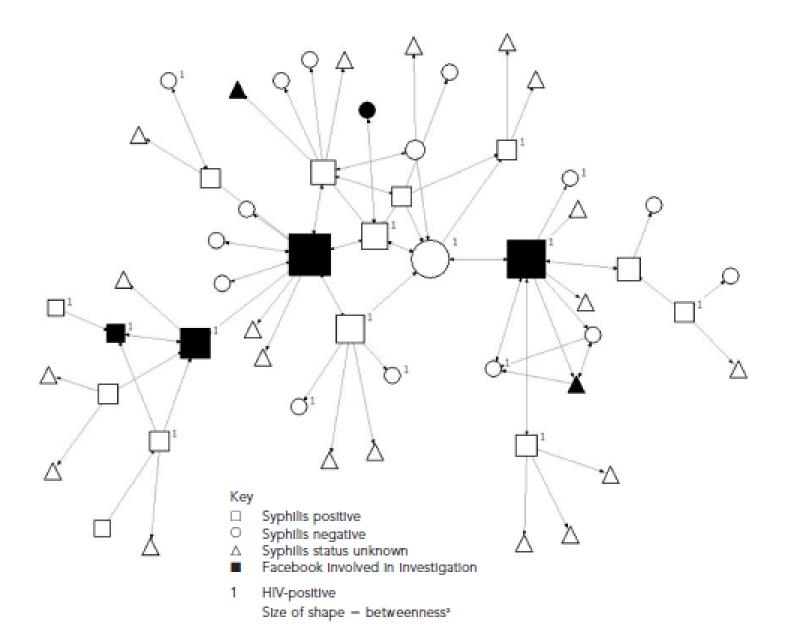
Advantages of Facebook

- Reached contacts more quickly than by phone
- Physical addresses and phone numbers changed more frequently, than Facebook accounts
- Identify individuals in person by viewing photos online
- Identify friends and family who could help contact individual in cluster.

Limitations of Facebook

- Sporadic uses of Facebook account
- Lack of response to repeated messages
- Screen names obscure identity
- Privacy settings prevent finding contacts via online searches

Social network of cases and contacts



Facebook in the social network

- 3 cases (squares) central to the social network had Facebook involved (solid) in their investigation.
- However, 1 HIV-positive, syphilis negative (circle) partner did not involve Facebook (open) yet was a key connector between otherwise unconnected parts of the cluster

Conclusions of cluster investigation

- Use of Facebook was crucial in identifying
 - 2 of 55 individuals with syphilis
- Cooperation of socially connected individuals with traditional methods
 - high number of contacts per case

Role of social media in communicable disease investigations

- Does NOT replace traditional methods (TMs)
 - Phone calls, Clinic visits, Field visits
- Reaches some contacts that TMs do not
 - Younger, More socially connected
- Gives perspective on high-risk behaviors within social and sexual networks

Epi-logue

- Ongoing interactions btwn DIS & cluster members
- More testing because
 - Increased comfort with MHD program staff
 - More regular clinic visits for screening
 - Symptom recognition due to education
- Increased awareness within MSM community
 - Community organizations and partner
- 3rd/4th generation HIV testing
 - Coming soon to an STD clinic near you