



Take back your hashtags

An infection preventionist's guide to Twitter

BY ANGELA VASSALLO, MPH, MS, CIC

“Whether we choose to be part of the conversation on social media in regards to infection prevention or not, the world’s ability to share news and get information instantaneously has already left the station, and we’re late to the train.”

HAVE YOU EVER been to Los Angeles? If you have, you probably remember the beautiful weather, the picturesque views from the canyons to the ocean, the lean and well-dressed people, and of all things—the traffic. It can take us Angelenos two hours to go 10 miles during rush hour. So as a result, we’ve become experts at finding creative and crafty ways to get where we need to go in a rush. We often start off meetings and parties comparing how attendees arrived to our new destination. *“You took the 101? Seriously. Are you mad? How long have you lived in LA? Oh, well that explains it; you’re still a new transplant. I recommend you try the Cabuenga Pass and then make a turn at...”* And so our days go, attempting to connect with one another in the City of Angels.

Now imagine you are a member of the second largest APIC chapter in the U.S.—Greater Los Angeles (GLA), chapter #3 and your monthly meetings are held on Tuesdays at noon in downtown Los Angeles. And hence, you understand our predicament. Our chapter serves Los Angeles County, which has more than 100 hospitals and more than 10 million people in a 4,000 square mile radius.¹ We have more than 200 members, including infection preventionists (IPs), epidemiologists, nurses, microbiologists, pharmacists, doctors, and vendors.

With this in mind, our chapter uses social media to engage members and others in our community around the

infection prevention conversation. Once you get the hang of it, you’ll see it’s an easy and beneficial way to obtain timely infection prevention information, engage with peers, improve communications during disasters, and ensure IPs are represented in the public eye.

GETTING CREATIVE TO IMPROVE COMMUNICATIONS

APIC GLA is constantly looking for better methods to communicate quickly and efficiently with such an expansive, diverse audience. We decided that the easiest and cheapest way for us to promote infection prevention in our community and engage our members was to improve our online presence.

By early 2014, APIC GLA was the first APIC chapter to create Facebook and Twitter accounts. As fate would have it, national APIC was in the midst of improving its online presence, as well as that of local chapters at about the same time. Thus, we worked with national APIC to develop our own APIC GLA website: <http://community.apic.org/greaterlosangeles/home>.

You don’t need to love social media to use it and benefit from it. Although I constantly refer people to our new, shiny website, I’m not a Facebook or Instagram lover. I am, however, a recent Twitter convert. I think there is a major difference in the usefulness of these applications—especially with regard to daily infection prevention work. Facebook, Instagram, and Pinterest seem



Angela's Twitter cover photo shows her during interview with comedian Judy Greer on public restrooms for the web series, "Reluctantly Healthy" at <https://screen.yahoo.com/reluctantly-healthy/dirty-truth-public-restrooms-04000010.html>.

to be most useful for communities to chat, share pictures and invitations to events, and exchange ideas. I often look at national APIC's Facebook page (www.facebook.com/APICInfectionPreventionandYou) to see what's happening in our community. But if I have a question that I need answered right now, I go to Twitter. Social media applications can be brilliant tools for staying connected in today's world.

Twitter is an immediate and concise way for people to get information. In a recent CID article, Twitter was promoted as "the only platform that allows one to connect, engage, learn, and educate oneself and others in real-time on a global scale."² When I read these words, I envisioned myself

tweeting with interesting people about exciting infection prevention/infectious disease topics while in my pajamas on the sofa at night—no make-up and minimal effort on my part. Yes, please! Sign me up *tout de suite*.

Let me give you a couple of examples to illustrate my point further. Although my hospital is only four blocks from UCLA, I found out about the recent CRE outbreak with ERCP duodenoscopes first on Twitter when UCLA tweeted the information. Several hours later when I came home from work that day, I saw it on the evening news. Keep in mind that by the time I saw it on the evening news, I had already known about it for hours and had

already communicated with my peers at UCLA to get more information and offer them a hand. Next case in point, during the 2014 Ebola outbreak in West Africa, I used Twitter to get up-to-the-minute information. Healthcare workers, governments, news agencies, and pretty much everyone who had a major stake in the outbreak were tweeting information as it happened. I remember seeing the news on Twitter that Dr. Kent Brantley and Marian Wrightbold were being flown to the U.S. as they boarded the plane. And by the time I got home that night to watch the evening news, it was, to be frank, *old news*. The Internet had already exploded with conversations about Ebola in the U.S.



Organizations to follow on Twitter

- APIC → @apic
- AJIC → @ajicjournal
- CDC → @cdcgov
- WHO → @who
- CBIC → @cbic
(They tweet CIC and SARE test questions on a weekly basis)
- APIC GLA → @apicglac
- APIC DFW → @apicdfw
- APIC Kentucky → @kyapic42
- IPS → @ips_infection
(Infection Prevention Society in the UK)
- IPAC → @ipaccanada
(Infection Prevention and Control Association in Canada)
- ID Week → @idweek2015
- SHEA → @shea_epi
- IDSA → @idsainfo

before the evening news could even air the ‘breaking’ story.

Whether we choose to be part of the conversation on social media in regards to infection prevention or not, the world’s ability to share news and get information instantaneously has already left the station, and we’re late to the train. No one really reads the newspaper anymore and most people don’t wait for the evening news to learn what is happening in the world right now. I understand how social media can seem like one more thing to do in your already overloaded life. However, social media can enhance our work as IPs. At work, I am constantly looking for information and asking questions, and I know you are, too.

The issues you are facing at work today could be easily and quickly discussed on Twitter, in addition to APIC’s IPTalk—as long as you are maintaining confidentiality and understanding that all information has limitations. Wouldn’t it be helpful to quickly write a question down and within seconds have people respond with answers? Imagine the immediate usefulness of Twitter during a survey or response to a disaster.

TOP SIX REASONS TO USE TWITTER AS AN IP

1 If used appropriately, it could be a virtual listserv available 24/7. In addition to using IPTalk (www.apic.org/MyAPIC), all you would have to do is look at Twitter to get your answers on hot topic infection prevention issues at that very moment. Warning: there is no guarantee that the answers will be accurate. So do your own research and check sources.

2 It could be used to improve communication during disasters. Right after the first plane hit the World Trade Center, I was frantically trying to call my father who works in downtown Manhattan. Cell phones were jammed for hours and families like mine sat in panic waiting to get through. It still chokes me up today. He later got through to let me know that he was fine. But I’ll say it now because I say it all the time—I wish our family had been using Twitter on 9/11.

3 Viral forecasting/digital epidemiology are changing the way we understand how diseases move and mutate. Dr. Nathan Wolfe presented the APIC 2013 Annual Conference closing plenary on this very topic.

4 You can instantly network with your peers. I’ve met some really interesting and helpful IPs in Canada and the UK



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on Twitter. Shout-out to our IP peer in Toronto, Canada (@barleychironda), the most prolific IP tweeter in the world!

- 5 **You would be staying up to date—even to the very minute—when infection prevention issues occur around the world.**
- 6 **The more IPs join and use social media sites, the more represented we’ll be in the public eye.** Perhaps you’ve heard the phrase “the world is getting smaller.” Infectious diseases that exist in one part of the world are everyone’s problems. So why not use social media to position ourselves as experts in our field and showcase the great work IPs do on the frontlines of infection prevention to control and prevent these infections?

10-STEP TWITTER 101

- 1 **Create an account with a username and password.** Go to Twitter (<https://twitter.com>) and think of a catchy username for yourself. It’s what people see when they are reading your tweets. For instance, @suegk0123 is much less compelling than @suethehandwashingIP.
- 2 **Create a compelling bio.** It will be read when someone looks at your account. Here’s an example of how mine has evolved over the past year. When I

created my account last year it was, “*following interesting things and fascinating people.*” Then, I decided to make it more interesting. So now it is, “*small but mighty epileptic epidemiologist.*” Perhaps it is a bit TMI (too much information about me), but which person would you rather follow?

- 3 **Follow people/organizations who interest you and watch what they tweet in your “timeline.”** Find Twitter mentors and follow them. Ask them questions. Watch how they engage their followers. There certainly is an art to it.
- 4 **Then, when you feel ready—send your first tweet.** Try to say something useful in a 140 characters or less. It’s not as easy as one might think, is it? Keep in mind that when Shakespeare said, “Brevity is the soul of wit,” he probably had no idea that Twitter would one day be invented. In other words, being concise is something we’ve been grappling with for generations, and Twitter is helping us achieve it.
- 5 **Tweet messages with key hashtags (This # is called a hashtag)** so that when people search a #phrase, your messages will appear. The hashtag is what I inaccurately referred to as the



Learn more at the APIC 2015 Annual Conference

Want to learn more about social media? Don’t miss this #APIC2015 session!

How the Los Angeles APIC Chapter Uses Social Media: Tweeting Our Way Through LA—One Infection at a Time

Sunday, June 28, 3–4 p.m.

- **Angela Vassallo, MPH, MS, CIC**, director, Infection Prevention/Epidemiology, Providence Saint John’s Health Center, Santa Monica, California.
- **Jessica L. Silvaggio, MPH, CDC/CSTE** Applied Epidemiology Fellow, Los Angeles County Department of Public Health, Los Angeles, California.
- **Crystal R. Moohn, BS**, associate director, Membership & Component Relations, Association for Professionals in Infection Control and Epidemiology, Washington, District of Columbia.

Visit www.apic.org/ac2015 to learn more.

'pound sign' for several months until a younger, savvier tweeter corrected me.

6 Tweet messages with meaningful links. An example would be to put a link in your tweet to the FDA's explanation for the Olympus ERCP scope outbreak. The characters used in a web address do not count toward your 140 count maximum. Isn't that awesome?

7 Retweet using "RT" and not by just clicking on the "retweet" button. This is a more advanced practice, but I thought you should know nonetheless. Start your tweet with "RT:" and then copy the person's message that you want to retweet with quotations into your new tweet. When someone searches this topic

by hashtag or looks at the original tweeter's profile, your profile will be connected and people will get exposed to you. Voilà—you are now part of the conversation.

8 Tweet messages directly to people with whom you want to engage in a conversation or who you think might follow you/share information with you. You do this by putting their @username in your message.

9 Update your photo and improve your bio from time to time to keep things fresh and interesting. I'm not suggested you pose for the perfect angle and "selfie" yourself into oblivion. But when you change things up, it makes people want to hear what you have to say.

10 Embrace the constant change!

I hope I've convinced you to create a Twitter or some sort of social media account and join us in the #infectionprevention conversation online. We need to take ownership of our own hashtags such as, #infectionprevention and #handhygiene. And remember to use the #APIC2015 hashtag this year for the annual conference in Nashville. Right now, conversations about infection prevention issues occur all day long with very few IPs involved. We are the experts, yet we have very little representation on social media. So get out there IPs and take back your hashtags!

P.S. #thanksforlettingmerantaboutsocialmedia. 

Angela Vassallo, MPH, MS, CIC, director of infection prevention/epidemiology at Providence Saint John's Health Center in Santa Monica, California, is president of the APIC Greater Los Angeles (GLA) Chapter #3. Under Vassallo's leadership, APIC GLA was the first APIC chapter to use Twitter and Facebook. Vassallo was nominated as Healthcare Manager of the Year (2014) by the Los Angeles Business Journal.

References

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2. Goff DA, Kullar R, Newland JG. Review of 'Twitter' for Infectious Diseases Clinicians: Useful or a Waste of Time? *Clin Infect Dis*. 2015 Feb 4. doi: 10.1093/cid/civ071.