lockdown (67%). Singles who continued to have sex more often reported casual regular partner during the first (58%) and second lockdown (60%), than pre lockdown (28%) and between lockdowns (33%). STI testing uptake decreased from 9% pre-lockdown to 1% during the first and 3% during the second lockdown. Self-tests were used almost twice as often during the pandemic (13%) as before (7%). Among the reasons for not testing, corona-related reasons (e.g., STI clinics are closed, or health care providers are too busy) decreased between the first (47%) and second lockdown (27%). Furthermore, youths mental health has weakened since the first lockdown up until the end of 2020.

Conclusion COVID-19 pandemic significantly impacts the sexual health of Dutch youth, especially during lockdown periods, but also in periods of relaxation of pandemic control measures. Therefore, it is extremely important for healthcare providers to make their facilities accessible and find for alternatives for face-to-face testing.

P345 TEST AND TREAT, OR TEST AND WAIT?: MANAGING SEXUAL PARTNERS AT RISK FOR STI

¹F van den Heuvel*, ¹E Tahar-Kooijman, ^{1,2}H de Vries, ¹T Heijman. ¹Public Health Service of Amsterdam, Department of Infectious Diseases, Amsterdam, The Netherlands; ²Department of Dermatology, Amsterdam Institute for Infection and Immunity (AlandII), Amsterdam University Medical Centers, location Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands

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Background Treatment of sexual partners notified for Chlamydia trachomatis (CT) or Neisseria gonorrhoeae (NG) is needed to prevent ongoing transmission. To prevent the emergence of Anti-Microbial resistance, antibiotics should be used prudently. Therefore, in 2020, the STI clinic of the Public Health service of Amsterdam (STI clinic) went from treating all confirmed notified sexual partners (before test results) to a selection of the notified partners i.e. only those who received confirmed notification from a steady sex partner, with whom they had sex in the last 2 months. We evaluated STI outcomes before and after implementation of this policy.

Methods Routine data from confirmed notified partners attending the clinic for CT/NG from 01-09-2019 to 01-03-2020 were compared with similar data from 01-03-2020 to 01-10-2020.

Results CT: of the 132 partners notified before policy change, 64% (84/132) had a negative test result, all received treatment before results were available. After policy change 71% (163/230) had a negative result, 17% (39/230) of them received treatment before results were available and 14% (32/230) positive for CT had to return to the clinic to receive treatment.

NG: of the 131 partners notified before policy change 72% (94/131) had a negative test result, all received treatment before results were available. After policy change 71% (215/304) had a negative test result, 27% (59/215) of them received treatment before results were available and 57% (51/89) of the patients positive for NG had to return to the clinic for treatment.

Discussion Unnecessary treatment with antibiotics decreased substantially when introducing the new policy. A limited amount of partners had a delay in treatment and had to return to the clinic. The cost of a second visit and the delay to treatment will be assessed in order to improve services and decrease the risk of distribution of CT/NG by untreated partners.

P346 REACHING SEXUAL PARTNERS AT RISK FOR STI THROUGH SOCIAL MEDIA

¹E Tahar-Kooijman*, ¹F van den Heuvel, ^{1,2}H de Vries, ¹T Heijman. ¹Public Health Service of Amsterdam, Department of Infectious Diseases, Amsterdam, The Netherlands; ²Department of Dermatology, Amsterdam Institute for Infection and Immunity (AlandII), Amsterdam University Medical Centers, location Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands

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Background At the STI clinic of the Public Health service of Amsterdam (STI clinic) partner notification (PN) seems successful in the early diagnosis and treatment of STI's in sexual partners. Together with the healthcare staff, and upon consent of the index patient, sexual partners at risk are identified and the PN methods discussed: patient or provider referral, by phone, mail or an online PN service. However, in a substantial number of cases, contact details are missing because of the anonymity of the partner, e.g. in case of social media (SM) use. We therefore explored the willingness and opinion of patients to use SM for online PN.

Methods From December 17 2020 to February 1 2021 we invited all patients visiting the STI clinic for treatment to fill in an anonymous online questionnaire on the use of SM for online PN: 1) using SM for meeting and notifying sexual partners, and 2) to be approached themselves as a notified partner. Lastly, they were asked to comment on a series of potential texts messages to be used for online PN.

Results 180 patients participated in the study: 68% males, 32% females and 0,6% transgender persons. 80% indicated they met a sexual partner via SM and 57% of them only had SM contact details. 59% would like to use a message via SM for PN purposes, and 73% would want to receive a PN via SM. 40% would want to be informed when involving HIV. The majority would choose a format containing the logo of the public health service and the online PN service because this appeared more trustworthy.

Discussion Preliminary analyses show the potential of online PN through SM. However safety and trustworthiness are concerns when developing the intervention and effectiveness should be analysed.

P347 DEVELOPMENT AND EXTERNAL VALIDATION OF A PROGNOSTIC MODEL FOR SURVIVAL OF PEOPLE LIVING WITH HIV/AIDS INITIATING ANTIRETROVIRAL THERAPY

^{1,2}J Wang, ³T Yuan*, ⁴H Ding, ⁴J Xu, ¹W Keusters, ⁵X Ling, ³L Fu, ³Q Zhu, ⁵Q Li, ⁵X Tang, ⁵W Cai, ^{6,7,8}H Hong, ⁵L Li, ^{3,10}H Zou. ¹Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands; ²Division of Pharmacoeconomics and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht, The Netherlands; ³School of Public Health (Shenzhen), Sun Yat-sen University, Shenzhen, China; ⁴NHC Key Laboratory of AIDS Immunology, Department of Laboratory Medicine, First Affiliated Hospital of China Medical University, Shenyang, China; ⁵Eighth People's Hospital, Guangzhou Medical University, Guangzhou, China; ⁶Key Laboratory of AIDS Immunology of National Health Commission, Department of Laboratory Medicine, the First Affiliated Hospital of China Medical University, Shenyang, China; ⁷National Clinical Research Center for Laboratory Medicine, the First Affiliated Hospital of China Medical University, Shenyang, China; ⁸Collaborative Innovation Center for Diagnosis and Treatment of Infectious Diseases, Hangzhou, China; ⁹Key Laboratory of AIDS Immunology, Chinese Academy of Medical Sciences, Shenyang, China; ¹⁰Kirby Institute, the University of New South Wales, Sydney, Australia

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