excuse to refuse condom use. Asking clients for their HIV status shows awareness but may not yield truthful information.

P36.07
Hematological Profiles of HIV-infected Adults Initiating Highly Active Antiretroviral Therapy (HAART) in Uganda

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Background: Cytopenias are the most common HIV-associated hematological abnormality. Cytopenias become more prevalent as HIV progresses and are often fatal. Sex, race, geographical location and comorbidities such as tuberculosis have been associated with cytopenias. Data from resource-limited settings about the prevalence, correlates and trends in cytopenia are limited. This analysis assessed the prevalence and correlates of cytopenia at initiation of HAART and the trend in cytopenias among HAART-treated AIDS patients in Uganda.
Methods: This is a secondary analysis of hematological data of 400 adults enrolled into the Multivitamins, HAART and HIV/AIDS Trial (NCT01228578). Anemia was defined according to WHO guidelines and leucopenia and thrombocytopenia were defined using study site laboratory reference ranges for lack of generally accepted standardized definitions for these 2 cell lines. Univariate and bivariate analyses were done to describe the patient population and log-binomial regression was used to quantify the correlates of cytopenia. Multilevel mixed-effects linear regression was used to examine the change in the 3 cell lines over 18 months of HAART.
Results: Sixty five percent had at least one form of cytopenia and the prevalence was higher in females (PR 1.21 CI 1.01-1.43) and higher with decreasing CD4 count and decreasing body mass index. Anemia was the most common occurring in 47.8%. Adjusted models showed that hemoglobin values were 0.03g/dl higher with each month of HAART ($p < 0.001$) while white blood cell counts and platelets were lower by 0.01 ($p = 0.009$) and 0.15 ($p = 0.522$) units respectively with each month of HAART.
Conclusions: Cytopenias are a frequent complication in HIV-infected adults at initiation of HAART in Uganda. Females, a decreasing CD4 count and decreasing body mass index were associated with having a cytopenia. This data shows that HAART improves hemoglobin status and alters the white blood cell and platelet counts independent of sex, immunological and nutritional parameters.

P36.08
Characteristics of Clients Undergoing Repeat HIV Counseling and Testing Compared to Clients Newly Tested for HIV in Nyanza Province, Kenya

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Background: According to Kenya AIDS Indicator Survey 2007, only 35.6% of Kenyan adults had ever tested for HIV. Since then, routine HIV counseling and testing (HTC) has increased in health facilities. We compared characteristics of new and repeat clients tested for HIV to inform efforts to improve testing uptake.
Methods: This retrospective study included a proportional stratified random sample of adult clients (≥ 18 years) tested at the outpatient department from October-December, 2011 at 9 high patient volume facilities in Nyanza Province (collectively testing > 12,000 clients in one quarter). Routine data were abstracted from health facility registers through systematic selection of every 51st adult patient. Variables included age, gender, HIV status, individual vs. couples testing, test type (new/repeat) and interval to repeat test. Descriptive statistics were presented as medians or proportions. Logistic regression was used to assess differences between new and repeat HIV testers.
Results: Among the 555 clients sampled, the median age was 27 years (IQR22-35), 365 (66%) were female, 397 (71%) were repeat testers and 521 (94%) tested as individuals. Median time to repeat test was 4 months (IQR3-7). New testers were older (aOR = 1.36 per 10 year age increase; 95% CI1.17-1.58). HIV prevalence among new testers was higher than among repeat testers (27% vs. 13%, respectively) (aOR2.64; 95% CI1.65-4.21). No significant gender differences were found between new and repeat testers (OR1.31; 95% CI0.89-1.92) or individual vs. couple visit (OR1.21; 95% CI0.58-2.56).
Conclusions: The majority of adult patients seeking HIV testing have been tested previously. Those newly tested for HIV have a higher HIV prevalence than repeat testers. This may indicate that initial testing is reaching higher risk individuals and that HTC along with other preventive interventions may have led to lower HIV incidence amongst repeat testers. Further attention to behavioural differences between new and repeat testers should be examined.

P36.09
Withdrawn

P36.10
HIV and STI Incidence and the Association with Number of Lifetime Sexual Partners - Case for Combination HIV/STI Prevention Strategies

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Background: South Africa has a generalised HIV epidemic driven largely by heterosexual transmission. Multiple sexual partnerships is believed to be an important driver of the HIV epidemic. The aim of this study is to describe socio-demographic characteristics of women by the number of lifetime sexual partners and its association with incident HIV and sexually transmitted infections (STI).
Methods: The Methods for Improving Reproductive Health in Africa (MIRA) clinical trial was conducted between 2003 and