monitoring across three themed visits every 4 months was created using three new proformas.

**Results** In 2011 smoking history, vaccinations, alcohol use, STI screening and mental health issues were poorly documented failing to meet standards. There was an overall improvement in those areas in 2012 with the updated proforma and continued improvement when three themed visits were created (smoking 37% to 96%, alcohol use 35% to 88%, and Influenza vaccine recommendation 63% to 94%). Areas with initial higher results such as cardiovascular risk and urinalysis achieved even higher outcomes (80% to 100%, 92% to 96% respectively).

**Discussion** Updating proformas to produce three themed reviews each year increased standards further in most areas and has had a positive effect on the HIV clinic with staff stating it feels less rushed, feels more focused and easier to keep to time.

### Abstract P81 Table 1 HIV testing in lymphoma

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of newly diagnosed lymphoma cases</th>
<th>Number tested for HIV</th>
<th>Number positive for HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>61</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>55</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Discussion/conclusion** Local haematology guidelines from 2014 indicate HIV and HCV/HBV testing for patients prior to Rituximab chemotherapy for lymphoma. The results indicate that since implementing guidelines, more HIV testing occurred, but without an increasing identification of undiagnosed HIV. A 2003 study investigating HIV positivity in newly diagnosed NHL identified HIV positive patients had more aggressive lymphoma histology and increased B symptoms. Continued testing for HIV in lymphoma, especially if presenting with B symptoms, is recommended.

### Abstract P82

**Factors associated with delayed diagnosis in HIV late presenters**

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**Background** Despite presenting indicator conditions, HIV diagnoses are often delayed resulting in higher mortality and morbidity.

**Aim(s)/objectives** To review the rate of late HIV diagnosis locally and identify factors associated with delayed diagnosis.

**Methods** Retrospective GUM and hospital case note review of all 31 newly diagnosed HIV patients attending the Norwich GUM clinic in 2013.

**Results** 12/31 (38%) were late presenters with CD4 count persistently below 350 cells/mm³. At diagnosis 3/12 had no symptoms or indicator conditions; 2/12 had symptoms that were immediately acted upon; 7/12 had indicators illnesses not acted upon in a timely fashion hence the diagnoses were delayed from between 2 months to 2 years. Of these 7 delayed diagnoses 2 presented to GUM and declined testing initially although they were men who had sex with men (MSM). 5/7 presented as acute admissions; 3 were MSM (2 bisexual), 1 heterosexual male and 1 female. All of the 5 patients presenting with acute admission had medical associations; one was a nurse, 4 had immediate family members or a partner who was a nurse, doctor or pharmacist. The mean age of the male patients who were diagnosed in hospital was 65 years (range 32–80 years).

**Discussion/conclusion** HIV testing may be less likely to be undertaken for older inpatients and those with medical associations.