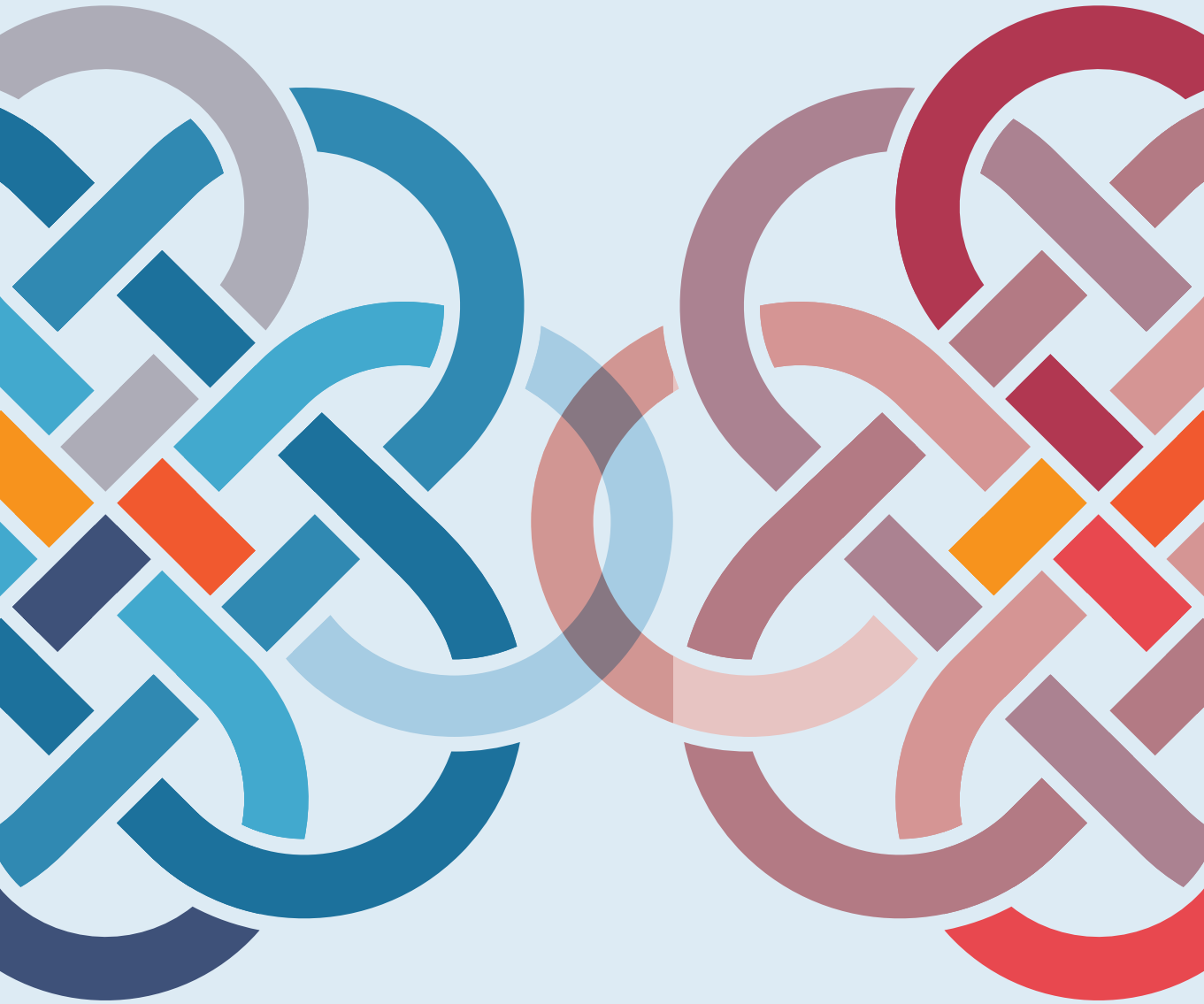




**EACS**  
European  
AIDS  
Clinical  
Society



**Biennial Report**  
October 2021

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# WELCOME

## *from the EACS President*

Dr Sanjay Bhagani  
President



## Welcome to the fourth EACS Biennial Report

After almost two years of being on the front line of the COVID-19 pandemic, I'm proud to say that the EACS community is stronger than ever. Even better: we're moving forward; we're embracing change; and we're using the experiences of COVID-19 to improve and to grow.

The work of EACS is more necessary now than ever. Whilst impressive strides have been taken, based on the most recent data UNAIDS says that the pace of progress in reducing new HIV infections, increasing access to treatment and ending AIDS-related deaths is slowing down<sup>1</sup>.

**1.5**  
MILLION

people were newly infected with HIV in 2020

**37.6**  
MILLION

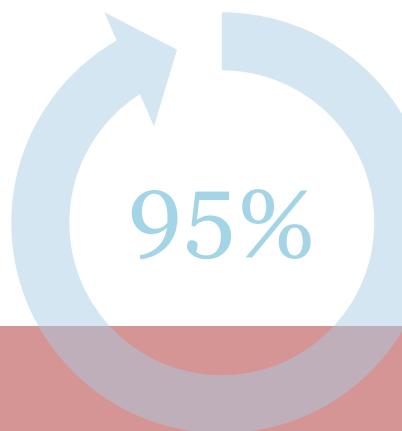
people were living with HIV in 2020

**690**  
THOUSAND

people died of AIDS-related illnesses in 2020

This June, UN Member States adopted a set of new and ambitious targets around HIV and AIDS<sup>2</sup>:

- 95% of people living with HIV should know their HIV status;
- 95% of people who know their status should be on HIV treatment;
- 95% of people on HIV treatment should be virally suppressed;
- 95% of all people at risk of acquiring HIV within all epidemiologically relevant groups, age groups and geographic settings should be provided access to people-centred and effective HIV combination prevention options.



By reaching these targets 3.6 million new HIV-infections and 1.7 million AIDS-related deaths will be prevented by 2030.

1. [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/july/20190716\\_PR\\_UNAIDS\\_global\\_report\\_2019](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/july/20190716_PR_UNAIDS_global_report_2019)  
2. [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210608\\_hlm-opens](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210608_hlm-opens)

The UN's new Global AIDS Strategy 2021-2026 is centred around reducing inequalities as the pathway to end AIDS. Confronting inequalities has become the impetus for much of EACS' recent work - woven into all our four major work themes; education and training, treatment guidelines, standards of care and the biennial conference with an overall aim of lifting participation barriers and getting access to testing, treatment and developing the skills of the next generation of caregivers and scientists. The new UN targets will be the guiding light for the future. But first, let's take stock of where we're at.



### **COVID-19 caused a profound shift in HIV care across the world.**

As infectious disease physicians, our focus moved to providing care for patients with COVID-19. Yet despite this change, we needed to continue looking after our HIV patients – but had to find different ways. While COVID-19 resulted in shortfalls in HIV services, there were also some positive and hopefully long-lasting changes. People worked very swiftly to change the patterns of care. Having been a hoped-for concept for years, telemedicine became a daily reality. We can now deliver consultations online and patients can have prescriptions delivered at home. A big initial worry was the reduction in the provision of prevention services and HIV-testing – this testing gap was partially filled by switching to self-testing at home.

### **Another outcome was the increased importance of community organisations in the HIV care ecosystem.**

Community organisations galvanised very quickly and really stepped up. They provided support in delivering medicines, making sure that home testing was done correctly and providing vital psychological support to HIV patients during a very difficult period.

Necessity is a big driver for change – and some positive innovation for HIV patients arose from the pandemic.

### **The implications for EACS were also significant, yet there was a “steadiness under fire”.**

We made a conscious choice that immaterial of the hardships of COVID-19, people with HIV are still going to need care, and those carers are still going to need support from an organisation like ours.

It was essential to continue delivering our education and training programmes, producing guidelines, and running the main conference. None of our core programmes were diminished, we just found new ways to deliver them. We also found new ways to communicate with our membership and embraced the new ‘digital and social media’ world: EACS is now active on Twitter, LinkedIn, Facebook, Instagram.

### **We moved online.**

While there are clear advantages to meeting in person, moving EACS meetings and courses online actually made them accessible to a bigger audience – particularly for those that don't have the resources to travel. For example, over 100 people were able to participate in the online 2020 HIV Summer School, a 40% increase in attendance from previous in-person editions. Giving more access to learning opportunities is an integral part of our commitment to improving and unifying the standard of HIV care across Europe.

However, we also realised that as we move out of the COVID-19 pandemic, it will be important to offer opportunities for face-to-face meetings and networking. To this end, the 18<sup>th</sup> European AIDS Conference (EACS 2021) in London will be delivered in a hybrid format. This is a global first for any HIV conference, and we hope that this is a format that we will be able to adopt for the future, as we start to think beyond the pandemic and consider the environment and our carbon footprints.

### **We're sharing invaluable lessons from COVID-19.**

Many of our members were on the frontline of the COVID response, gaining new knowledge every day. Because of the active EACS network, we were able to share what we were learning. Together with our partners at BHIVA, DAIG, GESIDA, the Polish Scientific AIDS Society, and the Portuguese Associations for the Clinical Study of AIDS (APECS), we were able to produce a valuable resource on evolving data in COVID-19 and HIV. Learning from others was so helpful as we all tackled the overwhelming situation. The scientific learnings from COVID-19 will also be important: for example, exploring the technology behind the MRNA vaccines and the pace at which they were developed will have implications for HIV vaccines.

The COVID-19 experience will certainly shape the future of HIV management and we'll take that further at EACS 2021 where a good part of the programme dedicated to lessons learned this pandemic.

### **Now we must seize the future.**

Much has been accomplished by EACS over the past two years – thanks to the dedication, flexibility and commitment of the Governing Board, Bureau, members and the Secretariat. I must also acknowledge the “can-do” attitude of my predecessor, Prof. Jürgen Rockstroh whose drive, enthusiasm, and ability to unite people has been instrumental in shaping EACS in recent years.

As the data shows, there are still significant challenges to overcome, particularly in Central and Eastern Europe, and amongst key populations. The UN has raised targets from 90-90-90 to 95-95-95. Tackling stigma and inequalities will be at the heart of these goals. EACS will help move the needle on those targets. We have ambitious projects to advance such as Standard of Care audits of care, the European Diploma in HIV Medicine and expansion our education programme. Work will continue with important initiatives from the Women Against Viruses (WAVE) group and the Young Investigators (YING) at EACS.

We will continue to develop and foster new partnerships with sister organisations, community partners, academia and industry to help us move forward. Growing the membership, particularly amongst a younger generation, can only make us fitter for the future – a priority is to tap into the vast pool of potential EACS members.

Much has been done and now we have more to do. Our recent experiences galvanised us as an organisation: together we will move forward with optimism and determination.



# ABOUT EACS

## *European AIDS Clinical Society*

Arising from the first European AIDS conference in 1987, EACS was legally established as a not-for-profit organisation in 1991. EACS brings the HIV/AIDS scientific community together to improve the delivery of care for people living with HIV across Europe, and to provide support to clinicians through educational programmes, the EACS Guidelines and a dynamic information-sharing network. EACS is Europe's largest society of healthcare professionals working in the field of HIV and AIDS. The society's mission is to promote excellence in clinical practices, research and education in HIV infection and associated conditions, to diminish disparities in care across Europe, and to actively engage in the formulation of public health policies to reduce the HIV burden.

EACS hosts a biennial European AIDS Conference which has become an essential international meeting for those working in the field of HIV. EACS also provides a wide variety of education and training programmes, which help to ensure that HIV clinicians, researchers and healthcare professionals are equipped with the knowledge needed to provide the best care possible to their patients. Aligned with this, the EACS Guidelines cover some of the most complex aspects of HIV management and are a valuable resource for the delivery of consistent clinical care across the European region. The Guidelines are a powerful support to clinicians in settings where HIV national treatment guidelines do not exist.

### GOVERNING BOARD

The 16-member Governing Board consists of four members from each of the European scientific regions: Europe-East, Europe-North, Europe-South and Europe-West. Equal regional representative is important to help mitigate disparities in HIV services across Europe. The current Governing Board was elected by EACS members in 2020 through the European regional elections and has a mandate of four years. The Governing Board meets each year to discuss the EACS strategy, review the financial position and assess membership of the society.



Dr Karoline Aebi-Popp  
Switzerland



Dr Juan Berenguer  
Spain



Dr Sanjay Bhagani  
United Kingdom



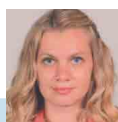
Dr Christoph Boesecke  
Germany



Prof. Antonella Castagna  
Italy



Prof. Justyna Kowalska  
Poland



Dr Tetiana Kyrychenko  
Ukraine



Prof. Jens D. Lundgren  
Denmark



Prof. Paddy Mallon  
Ireland



Prof. Esteban Martínez  
Spain



Prof. Jean-Michel Molina  
France



Prof. Cristina Mussini  
Italy



Dr Cristiana Oprea  
Romania



Prof. Miłosz Parczewski  
Poland



Prof. Jürgen Rockstroh  
Germany



Dr Ann Sullivan  
United Kingdom

## BUREAU

The EACS Bureau is elected by the Governing Board from amongst its members. The Bureau consists of five members who are elected among the Governing Board: the President, Vice President, Secretary and Treasurer, and the Immediate Past President who stays on the Bureau until the next President is elected. The Bureau meets regularly throughout the year and is responsible for developing the society's strategy, delivering on its objectives and ensuring that the Governing Board has the resources they need to set and implement the strategy for the year.



Dr Sanjay Bhagani  
President



Prof. Esteban Martínez  
Vice President



Dr Ann Sullivan  
Secretary



Prof. Miłosz Parczewski  
Treasurer



Prof. Jürgen Rockstroh  
Immediate Past President

## SECRETARIAT

The Secretariat manages the day-to-day activities of the association and supports the Governing Board and working groups.



Joëlle Verluyten  
Executive  
Secretary



Justyna G. Kopec  
Project Administrator, WAVE  
& Standard of Care



Véronique Van Hal  
Administration &  
Membership Officer



Jasmijn Vervaeck  
Junior Project &  
Communications Coordinator



Ornella Martini  
Administrative  
Assistant

*As our world changed during the SARS-CoV-2 pandemic, the EACS team showed flexibility and adaptability. Together, as a team, along with our members, we investigated opportunities for EACS, with the main objective to keep HIV on the agenda. Throughout this challenging period, we established a strong team where confidence in each other's distinct abilities is recognised. As a team, we build on each other's talents and skills, which encourages creativity and learning.*

Joëlle Verluyten,  
Executive Secretary


## EACS GOES SOCIAL

Since 2020, EACS is increasingly active on social media. We now post regularly on Twitter, Facebook, LinkedIn and Instagram. There is steady progress in followers and engagement on all accounts with Twitter (over 2,000 followers) being the most successful.

To improve our social media activity and impact and with the help of external expertise we will: share more user-friendly scientific information; feature more "human" story and EACS member content; promote YING and WAVE activities, increase Russian-language content on Facebook; and collaborate on posts with other organisations.

**Follow EACS  
and share!**





*Since I joined EACS in 2019, I've discovered a beautiful reality, made up of interactions, networking on new ideas with colleagues, discussions about the most important issues concerning people living with HIV and their care providers. I receive continuous incentives to improve myself and my skills in the HIV field. The thing that surprised me most about EACS is the ease with which collaborations and discussions can arise, even between people from very different countries.*

Dr. Maria Mazzitelli,  
EACS member

*The COVID-19 pandemic brought about professional and emotional turbulence that I could never truly capture in words. In this unfortunate context, that influenced (and still influences) our daily existence, EACS was present and supported physicians from all over Europe by continuing to organise scientific meetings online, the HIV summer school, a standard of care workshop including intervention to prevent disruption in HIV services and by releasing a statement with recommendation for patients with HIV and COVID-19 co-infection. The support from EACS and from colleagues from all countries in Europe, was building the feeling that we were not facing the fight alone, increasing our will to resist and to continue.*

Dr Cristiana Oprea,  
member of EACS Governing Board



## MEMBERSHIP

The EACS society has over 2,600 members, who all work in the field of HIV. EACS offers two membership types:

Regular membership fee	€ 60	for one year
	€ 110	for two years

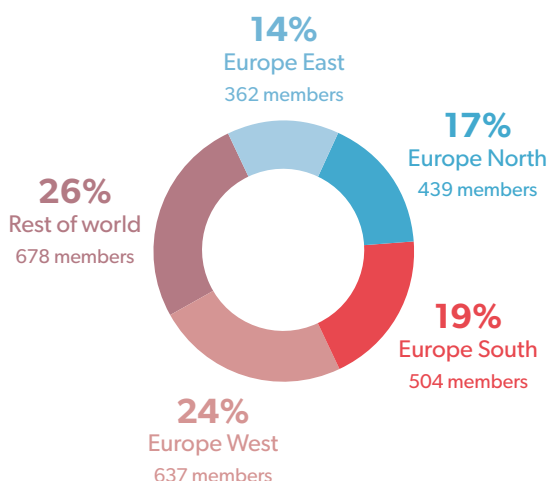
Reduced membership fee	€ 30	for one year
	€ 55	for two years
for allied professionals, community members, people from low- and middle-income countries, students and young clinicians/scientists (below the age of 35)		

### Membership benefits

EACS membership comes with a wide range of benefits to assist clinicians and scientists in their day-to-day practice, which include:

- Receiving free access to the EACS Resource Library
  - The EACS Resource Library gathers the scientific content of the European AIDS Conferences and the EACS educational activities, meetings and workshops
- Possibility of actively participating in the EACS working groups, panels and faculty
- Access to the membership database to network with other EACS members
- Voting rights in the EACS regional elections
- Ability to nominate candidates for the EACS awards
- Receiving the EACS newsletter with all the latest information about upcoming courses, conferences and other important deadlines
- A discount for the HIV Medicine Journal

### THE SPLIT OF EACS MEMBERS FROM AROUND THE WORLD



*Despite time being scarce during the COVID-19 pandemic, we tried our best to stay connected and focused on our commitments. The different meeting formats were very helpful in teaching us that many things could be done online. We continued with most activities, including the organisation of the European AIDS Conference in London, while adapting the format and programme to suit the changing COVID-19 situation.*

*Education has always been the main focus for EACS and our pre-pandemic work in developing courses accessible online was scaled up. I'm very happy we could also update the EACS Guidelines and we did it with major changes.*

*It's a very busy time for infectious diseases doctors, but EACS is the heart of our activities. Members elected us to deliver our commitments, and this is an inspiration and a motivation for us all.*

Prof. Cristina Mussini,  
member of EACS Governing Board

# EDUCATION & Training

**Prof. Paddy Mallon**

*Education & Training Coordinator*

The education and training programme of EACS, a priority for the society since its establishment, continues to go from strength to strength. The halt on travel and physical gatherings since Spring 2020 in no way held us back in our mission to ensure that HIV clinicians, researchers and other healthcare professionals are equipped with the knowledge they need to provide the best care possible to their patients.

Our established learning opportunities such as the HIV Summer School and the course on Management of HIV and Co-infections remain as popular as ever. The Medical Exchange Programme was recalibrated in 2019 and now comprises a Short Clinical Exchange Programme and a Career Development Fellowship - both targeted at young physicians. Training courses and conferences are woven into the YING and WAVE programmes.

While borne out of necessity during lockdown, 'EACS Live!', a series of new online learning opportunities, is here to stay for the long term. Delivering EACS Live! and our other training courses online makes them accessible to a broader audience, particularly

to those for whom travel is difficult. To continue this accessibility, we will take positive learnings from these new educational experiences to provide the best physical/virtual hybrid model for EACS educational activities going forward.

Our next major education strategic initiative is the development of an EACS European Diploma in HIV Medicine. The Diploma will comprise an examination based on an agreed EACS European HIV Medicine curriculum that will provide and benchmark the minimal standards of education and training in HIV medicine in Europe and contribute to the harmonisation of knowledge, skills, attitudes and competencies in the practice of HIV medicine across Europe and beyond. An advisory committee made up of senior and junior faculty from across Europe is developing the curriculum that will form the road map upon which the EACS European Diploma in HIV Medicine will be based.

These exciting initiatives will further promote EACS standing as a leading provider of education and training in the field of HIV in Europe and internationally.

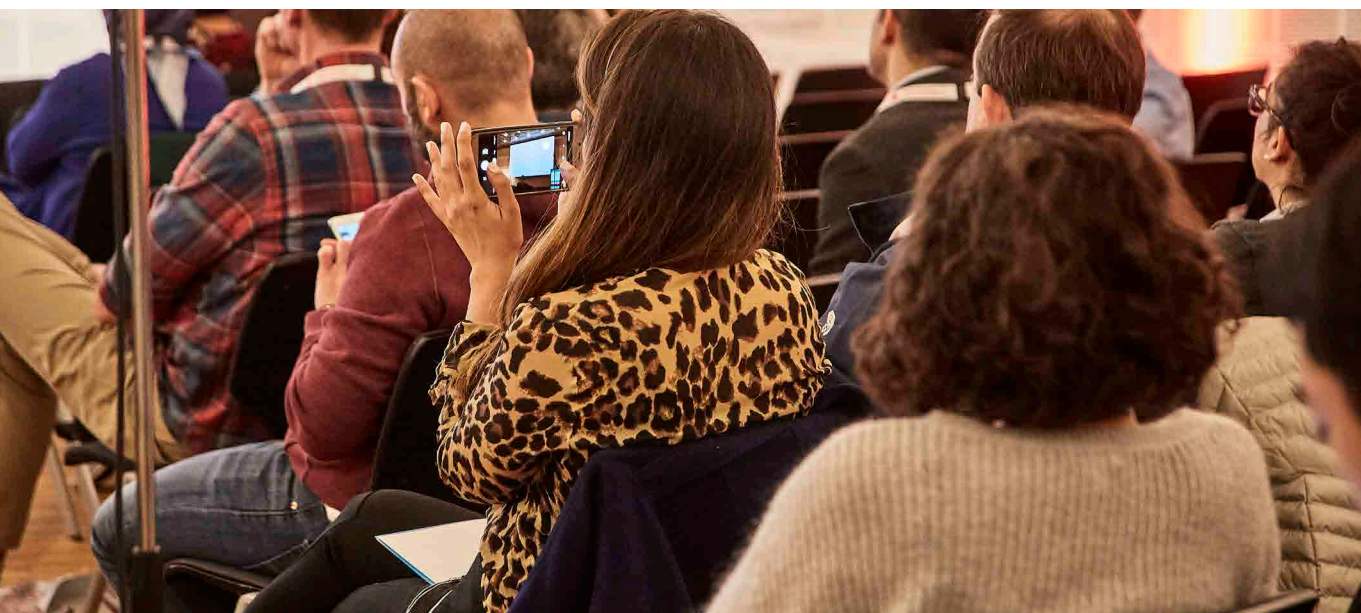


# YING EACS YOUNG INVESTIGATORS



YING is an educational project that builds relationships between young clinicians and scientists across Europe who are passionate about advancing outcomes for people living with HIV.

YING is organised by young people for young people and over the past five years it has drawn the younger generation into EACS where they have formed professional friendships that will benefit them throughout their entire career. As a platform for exchange of knowledge and experience, selected YING activities are accredited by the European Accreditation Council for Continuing Medical Education (EACCME®).



In 2019, two dedicated YING events were organised around the 17<sup>th</sup> European AIDS Conference in Basel. The first session, part of the EACS Pre-educational course, was “How to build your career in Europe”. Both veteran and young professionals shared their experiences, including successes and failures, and gave practical tips on how careers can be built beyond home countries. The second event was the annual YING event, a symposium entitled “Growing your research”. This was also practically focused: participants received comprehensive guidance on how to network and on how to develop and operationalise good research questions, as well as an overview of what’s happening in clinical research on HIV/AIDS in Europe.

The two-day programme for the YING Conference 2020 built on successes and learning from previous events. The scientific programme was established by a faculty of young clinicians guided by an organising committee of four senior experts. Initially planned to be held at a venue in Brussels on 11 and 12 December, the event was held online on the same dates.



Given that YING events involve many young people meeting for the first time, the virtual programme was developed to make new connections and relationship-building as easy as possible. This included a highly successful virtual speed-dating session.

Clinical issues, care practices, scientific advances and patient participation were covered across five plenaries and six practically focused workshops. 18 speakers from 12 countries contributed to the workshops:

- *Be funded!*;
- *YINGers: Where are they?;*
- *COVID 19 & HIV;*
- *Contraception, pregnancy and breastfeeding;*
- *Clinical cases;*
- *and Public and patient involvement.*

New and valuable elements were integrated in the 2020 conference. Firstly, there was a focus on learning from Europe as a whole. Previously, Western Europe had the resources and expertise in working with HIV, which meant that a lot of the educational information went from Western Europe to Eastern Europe. The conference wanted to show the new reality: that education flows now come from all across Europe. Speakers from Ukraine and the Netherlands addressed this at a plenary session on bridging East and West. Secondly, people from the community were invited to speak at the conference. This was particularly important as not all attendees have daily contact with patients.

Feedback from the 2020 conference was positive. 92.5% of respondents said they were very satisfied or satisfied with it. 90.8% of respondents thought that it fulfilled the educational goals and learning outcomes. And 95.4% of respondents would recommend the conference to their colleagues.

In 2021, YING organised monthly online Journal Clubs under the umbrella of "EACS Live!" with the aim to facilitate an open discussion with experts on the chosen papers/topics and create an educational opportunity for the YING network.

YING now offers an online Innovation Platform (YIP), a durable and accessible platform to promote excellence in HIV science and care within a network of young investigators in Europe and to facilitate interaction, collaboration, and scientific synergism across Europe for the benefit of people living with HIV.



**Prof. Nathan Clumeck** stepped down from his position as Chair of YING in December 2020. YING exists because of Prof. Clumeck's belief in education and passing on knowledge to a younger generation of doctors. He initiated YING in 2016 and has been instrumental to its success.

EACS thanks Prof. Clumeck for his dedication and inspiration.

# PRE-EDUCATIONAL COURSE

Evidence-based  
Accessible  
Collaborative  
Sustainable

The EACS pre-educational course is a one-day course held on the day prior to the main European AIDS Conference. Historically run by three clinicians from the UK, the course has now evolved to be part of YING with the YING Steering Committee developing themes, and YING Faculty shaping the content and choosing speakers.

The course is aimed primarily at clinicians, trainees and young researchers but anyone can attend and over time we hope to increase involvement of nurses and pharmacists, who play varying roles in HIV prescribing and care in different countries. The topics are updated for each meeting based on current questions and dilemmas in clinical practice. Previous topics have ranged from renal disease to chem sex and HIV testing to insomnia. Each topic is presented through an interesting case followed by an expert review of the evidence and current guidelines. This engaging format ensures that content is relevant to the audience and that the learning points are **evidence-based**.

Cases are presented by junior clinicians/researchers who are paired with an appropriate expert. This ensures the meeting is accessible and provides opportunities for the next generation of HIV experts to present at an international meeting. A key element of the meeting is interactivity with plenty of time for Q&A, as well as the chance to network between sessions.

Our goal is to share best practice, discuss unmet needs and foster a collaborative approach to meeting these needs across Europe. By moving the meeting under the umbrella of YING activities, young clinicians and researchers can continue their conversations to ensure new ideas and planned activities are **sustainable** beyond the meeting.



The meeting attracts 200-300 participants each year and is consistently highly rated. The 2021 programme will include a special edition of the 'EACS Live!' Journal Club by YING. We aim for the Pre-educational course to continue to act as a springboard for research, better clinical care and future engagement with YING and EACS.



# MEDICAL EXCHANGE PROGRAMME



EACS  
Medical  
Exchange  
Programme

Medical exchanges for young clinicians have been central to EACS' educational programme for the past twenty years. To date, 157 HIV clinicians have benefited from learning in new settings from more experienced colleagues. Recently restructured, today's Medical Exchange Programme offers a Short Clinical Exchange Programme and a Career Development Fellowship - both targeted at young physicians.

## Short Clinical Exchange Programme

Candidates involved in the Short Clinical Exchange Programme visit one of 17 EACS Clinical/Research Excellence Centres (CREC) in 10 countries for a period of two-four weeks. The programme promotes clinical research and education links between centres across Europe and facilitates the exchange of care and public health models in HIV medicine. Participants have the opportunity to observe and learn from the practice of institutions in other countries. The CREC can nominate a member of their team for a reciprocal visit during the same time slot and with the same financial support. This helps develop long-lasting collaborative relationships between centres from different European regions.

## Career Development Fellowship Programme

The one-year Career Development Fellowship Programme includes mentoring by a key opinion leader for an entire year, a short stay at the mentor's institution, i.e. up to four weeks with similar goals to the Short Clinical Exchange Programme, and attendance of both the fellow and mentor to a conference. The purpose is for the fellows to build longer-lasting relationships with their assigned mentor, and work together on a specific project, which can be implemented within their home country upon their return. This can be a grant proposal, a clinical research project or a management project. In addition, the mentor will develop a communication strategy with their fellow to accompany the project, as it can often be difficult for younger physicians to implement change in their home centre. For example, Dr Hazal Albayrak Uçak from Turkey was mentored by Prof. Alison Rodger at the Royal Free Hospital in London.

### SHORT CLINICAL EXCHANGE PROGRAMME PARTICIPANTS 2020

#### FELLOWS

#### HOSTS

	Dr Hazal Albayrak Uçak, Turkey	Prof. Justyna Kowalska, Hospital for Infectious Diseases, Warsaw (HIDW), Poland
	Dr Ekaterina Boeva, Russia	Prof. Jürgen Rockstroh, University Hospital, Bonn, Germany
	Dr Miruna Ispas, Romania	Prof. Paddy Mallon, St Vincent's University Hospital, Dublin, Ireland
	Dr Rahma Mohamed, Egypt	Dr Sanjay Bhagani, Royal Free Hospital, London, United Kingdom
	Dr Mikhail Savchenko, Russia	Prof. Christine Katlama, Pitié-Salpêtrière Hospital, Paris, France

Dr Albayrak Uçak's objectives included mentoring on research methodology and data analysis, gaining experience in management of co-infections in people living with HIV and increased understanding of PrEP and HIV self-testing, and to develop a previously-collected dataset on mental health in HIV-positive people into a poster or potentially a publication. Dr Albayrak Uçak will present an abstract at the 18<sup>th</sup> European AIDS Conference, London.

Fellows and their mentors must attend the European AIDS Conference or the HIV Glasgow Conference as part of the programme. The fellows are guided through the conference, and with their mentor, they select the plenaries, workshops and poster sessions of interest. Furthermore, the mentor coaches the fellow on how to interpret and discuss the presented work with their peers, and how to build their network in the field.

This arrangement assists the young physician in gaining the most that they can from the conference, both educationally and from a development perspective. Application criteria for the Career Development Fellowship Programme are on the [EACS website](#).

This latest iteration of the Medical Exchange Programme is a key pillar in the work of the European HIV clinical community to help establish new and long-lasting relationships between institutes across the region.

Not only does the Medical Exchange Programme help to advance the clinical skills of young physicians, but increased connectivity will contribute towards improved health outcomes for everyone living with HIV in Europe and the rest of the world.



## CAREER DEVELOPMENT FELLOWSHIP PROGRAMME PARTICIPANTS 2020

### FELLOWS

### MENTORS

	Dr Hazal Albayrak Uçak, Turkey	Prof. Alison Rodger, UCL Institute for Global Health, London, United Kingdom
	Dr Lucio Jesus Garcia Fraile Fraile, Spain	Prof. Antonella d'Arminio Monforte, Clinica Malattie Infettive e Tropicali, Milan, Italy
	Dr Alessandro Lazzaro, Italy	Prof. Cristina Mussini, Clinic of Infectious Diseases, Policlinico, Modena, Italy
	Dr Elzbieta Matulyte, Lithuania	Prof. Dominique Costagliola, Sorbonne Université, Institut national de la santé et de la recherche médicale (INSERM), Institut Pierre Louis d'Epidémiologie et de Santé Publique, Paris, France
	Dr Maria Mazzitelli, Italy	Prof. Peter Reiss, Academic Medical Centre, University of Amsterdam, Amsterdam, Netherlands
	Dr Tetiana Melnyk, Ukraine	Dr. M John Gill, Southern Alberta (HIV) Clinic and the University of Calgary HIV Culture Facility, Calgary, Canada
	Dr Myroslava Nikolaichuk, Ukraine	Prof. Jens D. Lundgren, CHIP, Copenhagen, Denmark

## HIV SUMMER SCHOOL AT EACS LIVE!

The arrival of the COVID-19 pandemic changed all of our lives. Professionals working in the field of HIV had to quickly adapt to the changing environment and update ways of working. At EACS, we also had to re-think how to deliver our core activities, particularly our support for early-career physicians and how best to create opportunities for them to increase their knowledge of HIV and its management.

**Thus, we launched EACS Live!** - a series of events designed to maintain our dynamic rhythm of learning and sharing opportunities. Events organised included the EACS Live! by HIV Summer School, and the Journal Club, a monthly online meeting at which recent research is discussed. Some EACS Live! sessions were events brought online that were previously held in-the-flesh while others were specially created for a virtual setting.

The reception for EACS Live! events was positive, people welcomed the increased opportunities for participation and the opportunity to listen back to recorded sessions.



EACS  
Live!

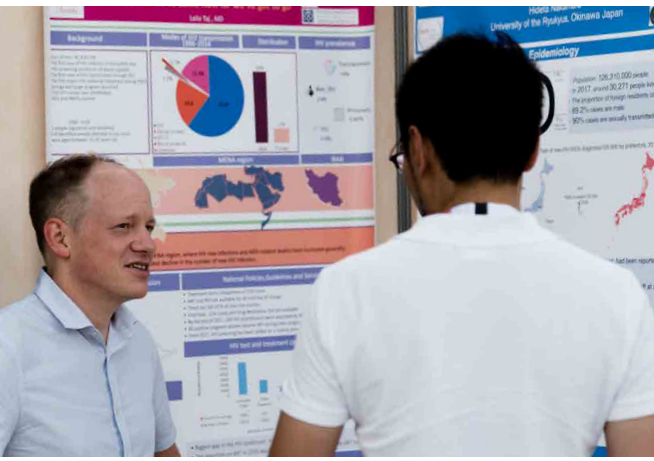
EACS | HIV  
Summer  
School

### HIV updates and lessons learned from the pandemic

The EACS HIV Summer School has been running for more than 15 years, drawing together physicians from all over the world working in the area of HIV and AIDS. It offers those with significant experience and those starting out on their career paths an opportunity to draw on emerging knowledge from top clinicians, researchers, statisticians and methodologists.







A decision was made in early 2020 to replace the annual EACS HIV Summer School with an interactive online course where participants could share and discuss updates on HIV care and the impact of COVID-19. Organisers aimed to replicate the lively interactive atmosphere of the EACS HIV Summer School by making best use of live panel discussions and Q&A live chat sessions.



The course, entitled 'Interactive Sessions with HIV updates and lessons learned from the pandemic' was delivered by key opinion leaders in the fields of HIV clinical care and research. The first part of the course centred on lessons learned from COVID-19 while the second part discussed recent research and implications for clinicians.



The differences and similarities between HIV and COVID-19 were outlined by Prof. Stéphane De Wit (Belgium), who described COVID-19 as 'a brutal and unexpected repetition', creating structural challenges for societies across the globe. Following widespread disruption to healthcare provision globally, Dr Nicola Mackie and Prof. Caroline Sabin (United Kingdom) talked about rebuilding clinical services and research in a post-COVID era and warned that the changes which arise could contribute to a global widening of inequalities.



Other topics up for discussion included a review of current treatment guidelines for ART, individualised ART treatments, weight gain during treatment, co-morbidities and the latest drug developments and in particular the development of long-acting drugs. There was a lively discussion on clinical cases - highlighting issues and dilemmas in the management of patients with HIV.

Bringing experts from such a diverse range of backgrounds together helps to turn fledgling research ideas into concrete research questions and provides attendees with the methodological skills needed to develop study protocols and, ultimately, funding applications. Attendees at the Live! event reported that they enjoyed informative talks and lively Q&A sessions and welcomed the opportunity to review or return to recordings.

Following the HIV Summer School, two thirds of attendees reported that they would modify or change their clinical practice based on information learned. Suggested topics for future events included HIV and mental health, PrEP adherence challenges, and pregnancy and HIV.

# EACS LIVE! JOURNAL CLUB BY YING

The EACS Live! Journal Club is a new monthly online meeting on a recent topical paper or clinical case. It brings together experts and members of the Young Investigators Network (YING) for open discussion on the subject of the month.

The EACS Live! Journal Club was the brainchild of Dr. Sanjay Bhagani who suggested a series of on-line events. EACS proposed that the YING Network would be ideally placed to run such a series and a dedicated EACS online platform was established. The Journal Club is advertised on Twitter, Facebook, LinkedIn and Instagram using the dedicated hashtag [#EACSJournalClub](#)

## Some of the topics presented and discussed since the Journal Club started are:

The impact of COVID-19 on people living with HIV

The impact of COVID-19 on STI rates and sexual behaviour

Preprints in the COVID era: lifesaving or hazardous?

Ageing and anti-retroviral therapy in people living with HIV

*It was my first time and I must say, I have learnt a lot and look forward to more events as I have keen interest in HIV, adolescents and sexual health.*

*Concise informative talks, exposed clearly.*



EACS  
Live!

YING | EACS  
Young  
Investigators

*Overall, it was very well-planned event. I really enjoyed the session and I like that I could access the sessions I missed later.*

*I liked the option to review/return to the recorded sessions.*

*Being a virtual meeting, afforded several scientists to converge and interact during a pandemic of this magnitude.*



# MANAGEMENT OF HIV AND CO-INFECTIONS



The **Management of HIV and Co-infections** is an online course providing an in-depth understanding of the scope and manifestations of HIV-related diseases, their prevention, management, and care. The course is hosted by an online learning platform called Iversity and can be completed by participants at their own pace. It consists of a mix of self-study materials such as video lectures, readings and learner activities like quizzes and online discussions. The free of charge course is available to anyone who wishes to participate but is especially aimed at clinicians.

Led by Prof. Jens D. Lundgren, Denmark, Prof. Manuel Battegay, Switzerland and Prof. Jean-Michel Molina, France, the curriculum is developed by an experienced scientific faculty of experts in the field of HIV and other infectious diseases. Since its launch in February 2016, 4,148 participants have enrolled in the course and accessed the online video lectures.

HIV continues to pose a substantial public health challenge in Eastern Europe and Central Asia. The number of infected persons, AIDS cases and deaths are high and still increasing. Capacity building, training and education of the next generation of clinicians and researchers is essential to well-functioning national HIV programmes. All videos, quiz questions and final exam questions in the course have been translated into Russian to support participants from Eastern Europe and Central Asia.

In 2021, a comprehensive restructure of the online course is in process. The course will be split into four sections each focusing on different topics. Participants will now be able to get a customised certificate based on the sections they complete.

## MANAGEMENT OF HIV AND CO-INFECTIONS ONLINE COURSE

Version 2021

### SECTION 1

#### Clinical Management of HIV

##### OIs & Co-morbidities:

IRIS, pulmonary infections and TB, CNS, Hepatitis C, Cancers, CVD/CKD/ endocrinology

##### ART and Complications:

When to start ART, which ART to start, adverse effects, adherence and resistance prevention, how to diagnose and treat seroconversion

### SECTION 2

#### Prevention and PrEP

##### HIV prevention

TasP  
**PrEP**  
Gaps in Evidence  
Who will benefit?  
How to describe PrEP  
Monitoring of PrEP

### SECTION 3

#### INTEGRATE Prevention, testing and linkage to care

##### Understanding monitoring of the HIV epidemic:

epidemiology, key health indicators, monitoring

##### Testing and linkage to care:

EU guidance for HIV/ HCV testing, diagnostics, integrated testing and linkage to care in different settings, stigma, ST, PN

##### Combination Prevention:

planning, implementing, monitoring, harm reduction

### SECTION 4

#### WHO Optimisation of ART programmes

##### ART Coverage:

Regimens for Procurement

##### Optimisation of ART Clinical considerations on new ARVs:

OIs and ART and ART initiation

##### Programmatic considerations:

Cost effectiveness of Generic ART

##### Country experiences and examples

##### Monitoring:

ARVs toxicity, HIV drug resistance

## New learning sections

Two new sections will be added to the online course: Optimisation of ART programmes and Public Health perspectives: Prevention, testing and linkage to care.

### The new section on ART optimisation

is developed in collaboration with WHO Europe and will focus on the rational and medical value for ART optimisation, implications for clinical practice, national programmes planning for procurements and introduction of new ARVs following the key principles of WHO recommendations.

In Eastern Europe and Central Asia, only half of people living with HIV are currently receiving antiretroviral therapy and approximately one third of all people living with HIV in the region are virally suppressed. The delay and inadequate coverage of treatment means that morbidity and death rates increase, and the risk of transmission rises. The use of optimised drug regimens can improve durability of the treatment, and quality of care of people living with HIV.<sup>2</sup>



*The online course Management of HIV and Co-infections provides flexible, high quality learning experiences to anyone, anywhere. The course can be used as a stand-alone course or as preparation for advanced training programmes enabling participants to engage more actively when meeting face-to-face.*

Prof. Manuel Battegay, Switzerland. EACS Online Courses Chair

**The new public health section** will include an introduction to the surveillance of HIV, viral hepatitis and STIs, and how the response to these diseases can be monitored. Furthermore, the module will cover approaches to optimising testing and linkage to care, and the core principles for combination prevention. EuroTEST (supported by the EU INTEGRATE Joint Action) has been brought on as a partner for the new public health module.

Due to the expansion of the course curriculum the overall title of the course will change to Management of HIV and Co-infections in order to encompass the new topics.



1. European Centre for Disease Prevention and Control. Continuum of HIV care. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2020 progress report. Stockholm: ECDC; 2021 / 2. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021

# GUIDELINES V11.0

## *Introduction to new guidelines*

The EACS Guidelines are published for the 17<sup>th</sup> time in 2021.

Whilst the Guidelines were earlier published both electronically and in print as a booklet, moving forward the Guidelines will exclusively be available electronically, but in several different formats including a free App for mobile devices, an interactive website and an online pdf (<https://www.eacsociety.org/guidelines/eacs-guidelines/>)



### **The philosophy and method**

The overall aim of the EACS Guidelines is to provide easily accessible, systematic and comprehensive recommendations to everyone involved with the care of people living with HIV. The EACS Guidelines consist of an overview table covering major aspects of HIV management and six main sections with more detailed recommendations on ART in adults and children, drug-drug interactions, drug dosage, diagnosis, monitoring and treatment of co-morbidities, co-infections, COVID-19 and opportunistic diseases. The recommendations provided in the EACS Guidelines are annually revised to ensure they remain up to date and cover the most relevant questions from everyday clinical practice. The Guidelines sections are reviewed and revised by six independent panels of international HIV experts, each governed by a leadership group consisting of a Chair, a Vice-Chair, and a Young Scientist. The overall process is managed by the EACS Guidelines Chair and Coordinator, who work closely with the EACS Secretariat. The panel chairs rotate every two years and the Guidelines Chair every three years. The panelists are selected based on expertise. The six individual panels revise each of their respective section and convene with other panels where necessary.

The Guidelines are developed based on evidence and, in the rare instances where such evidence is not available, on expert opinion. The multidisciplinary composition of the panels, their proven expertise in HIV medicine and cognate disciplines relevant for the care of people living with HIV (PLWH) and consensus finding during structured panel meetings support unbiased guideline development. Formal revisions are made annually with major revisions every other

year and minor revisions in the years in between. The Guidelines are published in the autumn and translated into several languages. Interim updates are carried out occasionally if new essential information is released in-between formal revisions.

### **From version 10.1 to 11.0**

New in 2021, and developed in collaboration with the Paediatric Research Network Penta, is the extension of the EACS Guidelines with an entirely new panel and section concerning recommendations on ART in children and adolescents. We are delighted to have such an important addition to the EACS Guidelines, which we hope to include other perspectives of HIV management in children and adolescents in the future. Also newly included in 2021 is an entirely new sub-section on COVID-19 management in people living with HIV. However, as the COVID-19 situation continues to be changing, and new evidence emerges, we also continue to refer to the regularly updated BHIVA, DAIG, EACS, GESIDA & Polish Scientific AIDS Society Statement on risk of COVID-19 for people living with HIV. <https://www.eacsociety.org/home/covid-19-and-hiv.html>



**EACS**  
European  
AIDS  
Clinical  
Society

# GUIDELINES

*With the EACS Guidelines we aim to organise and condense the diverse and continuously evolving field of HIV management into simple and systematic recommendations. It is our hope that these recommendations will aid in promoting individualised HIV care in order to meet the heterogenous needs of those living with HIV.*

*The EACS Guidelines continue to exist thanks to a fantastic team of dedicated researchers, clinicians, coordinators, linguists, and technicians*

Dr Lene Ryom, EACS Guidelines Coordinator

## Overview of main changes

### ART section

- **What to start with**
  - New organisation of treatment categories which are now divided into recommended regimens and alternative regimens
  - DOR has been included as a recommended drug in a triple drug tenofovir-based regimen
  - EVG and ATV-based regimens, DRV/b + RAL and ABC combinations with either EFV, DRV/b or RAL have been removed
  - New guidance for PrEP failure is included
- **Switch strategies for virologically suppressed persons**
  - Long-acting CAB + RPV has been included as dual therapy option
  - 3TC + ATV/b has been removed from recommended dual therapies
- **Virological failure**
  - Section has been updated including new wording for treatment recommendations in the presence of resistance mutations
- **Treatment of pregnant women living with HIV or women considering pregnancy**
  - Section has been re-organised
  - ART choice should be discussed with women wishing to conceive or pregnant. DTG to be discussed with women considering becoming pregnant or if to be used in first 6 weeks of pregnancy
  - TAF has been included among recommended/alternative regimens as a drug option after 14 weeks of pregnancy
  - ATV, ZDV and LPV/r are removed from alternative regimens
- **ART and TB co-infection**
  - ART should be started as soon as possible (within two weeks of initiating TB treatment) regardless of CD4 count, with the exception of TB meningitis
- **Pre-Exposure Prophylaxis**
  - Whole section has been updated including on demand PrEP for men, and indication to continue PrEP during pregnancy and breastfeeding if the risk of acquiring HIV persists

### DDI section

- CAB oral, CAB/RPV LA and FTR have been added to all DDI tables
- DDIs for ABC, 3TC and FTC are now summarised in the footnote of each DDI table
- Four novel DDI tables have been added: DDIs with anti-tuberculosis drugs; DDIs with anxiolytics; DDIs with COVID-19 therapies and DDIs with hormone replacement therapy
- All tables have been updated to include changes implemented in the HIV drug interaction website (University of Liverpool) in the past year. For the most part, changes relate to the risk of QT interval prolongation with RPV, ATV/b and LPV/r
- TAF + rifampicin footnote was changed to indicate that although rifampicin decreases TAF exposure when given 25 mg qd, the intracellular tenofovir diphosphate levels are likely to be higher than those observed with TDF even without rifampicin suggesting that usage of TAF 25 mg qd with rifampicin (or rifapentine, rifabutin) may be acceptable
- Several comedications have been added in the Antidepressants, Antihypertensives, Analgesics, Anticoagulants, Bronchodilators and Anti-malarials DDI tables
- A summary of the differences in the risk of DDIs for oral and im CAB/ RPV is provided in the introduction of part III
- The table on the administration of ARVs in persons with swallowing difficulties has been revised to include CAB, CAB/RPV LA and FTR
- Delafloxacin and eslicarbazepine have been added to the table of non-ARV drugs requiring dosage adjustment in renal insufficiency

## Co-morbidity section

- Updated information on adverse effects associated with new ARVs
- Updated guidance on screening for cancers in PLWH
- Updated information on drug-drug interactions relevant to opiate addiction in PLWH
- Updated guidelines on the prevention and management of CVD including updated lipid targets, management of hypertension (including drug sequencing) and primary prevention for those PLWH who are diabetic in alignment with the European Society of Cardiology
- The approach to management of DM in PLWH has been revised
- Updated guidance on the classification, diagnosis and management of non-alcoholic fatty liver disease (NAFLD) and management of hepatorenal syndrome / acute kidney injury (HRS/AKI)
- A major revision to provide a more comprehensive section on diagnosis and management of weight gain and obesity in PLWH has been included
- Inclusion of SARS-CoV-2 in the vaccination section
- More detailed information on management of menopause in PLWH
- A new section on screening, diagnosis and management of anxiety disorders in PLWH has been added
- The screening, diagnosis and management of frailty has undergone major revision with information on polypharmacy, screening for frailty and falls
- Updated information on screening and prophylaxis for PLWH undergoing solid organ transplant

## Viral Hepatitis Co-infections section

- If pangenotypic regimens are foreseen, HCV genotype determination is not mandatory before starting treatment
- Treatment of recently acquired HCV infection immediately after diagnosis is recommended in PLWH with ongoing risk behavior to reduce onward transmission
- The tables on HCV treatment options and DDIs have been updated
- The table “HCV treatment options if preferred treatments are not available” has been deleted
- Bulevirtide added as treatment option for HDV

## Opportunistic Infections and COVID-19 section

- Section title was changed to “Opportunistic Infections and COVID-19”
- Section on management of COVID-19 in PLWH was added
- Table “When to start ART in PLWH with Opportunistic Infections” was revised
- Column on CD4 count thresholds was removed
- CMV end-organ disease was deleted from the table
- An alternative regimen, based on rifapentine for treatment of drug-susceptible TB was added
- Treatment recommendations for MDR-/XDR-TB were revised according to the updated WHO 2020 Guidelines
- Some minor stylistic changes were made to all OI tables

## Pediatric HIV Treatment section

- First version of EACS Guidelines with integration of Penta Guidelines on first- and second-line ART for children living with HIV
- Update of first- and second-line recommendations, with further emphasis on DTG as preferred option in response to extended license, new formulation and evidence of superiority from the ODYSSEY trial
- Guidance on use of ABC in children less than 3 months of age
- Addition of a table and link to Penta website for dosing recommendations
- Addition of a recommendation and link to contact and refer to International Pediatric Virtual Clinic
- Modification of the definition of virological failure to be in line with EACS adult Guidelines



# STANDARD *of Care*

Prof. Jürgen Rockstroh  
*Standard of Care Chair*

The mission of the Standard of Care project is to promote better and more equal standards of HIV testing and care throughout Europe, a region characterised by gross disparities.

Because an overview of standards of care in different countries does not exist, a long-term goal for the group has been to deploy a European audit of services and care in different countries. A pilot audit project on the standards of care in viral hepatitis co-infection has been completed and a red thread running through the five sessions was discussion around how to scale up audits in other clinical areas to a larger exercise.

The scheduled meeting for EACS Standard of Care for HIV and Co-infections was repackaged from a physical event in Tbilisi, Georgia into a series of five mostly virtual sessions between October 2020 and February 2021. The sessions were designed to build on the work done since the 2014 launch of the Standard of Care project in Rome

The opening session was co-chaired by Prof. Jürgen Rockstroh and Prof. Tengiz Tsertsvadze. It discussed the data from standard of care initiatives and how the data might impact other patient populations and explored the impact of the COVID-19 pandemic on HIV, hepatitis and TB services.

The hepatitis pilot audit was presented by Dr Ann Sullivan (see separate section in this article). Prof. Chloe Orkin, former chair of BHIVA, spoke of her extensive experience with audits and gave practical advice on how to manage them. Feedback from a scoping exercise to identify existing national and local standards of care in Europe mandated by ECDC and carried out by EACS in cooperation with CHIP was shared by Dr Kamilla Laut. Seven countries and several pan-European agencies participated in the exercise which concluded that one common set of standards of care should be feasible.

The first of three themed workshops looked at HIV and COVID-19 co-infection and at the impact of COVID-19 on HIV, hepatitis and TB services. It revealed multiple impacts of the COVID-19 lockdown on people living with HIV with particular attention paid to the situation in Central and Eastern Europe. Impacts included services being restricted, HIV patients observing lockdown impositions very strictly and, therefore, not seeking medical help, and HIV medical staff, hospital beds and laboratory resources being reallocated to COVID-19.



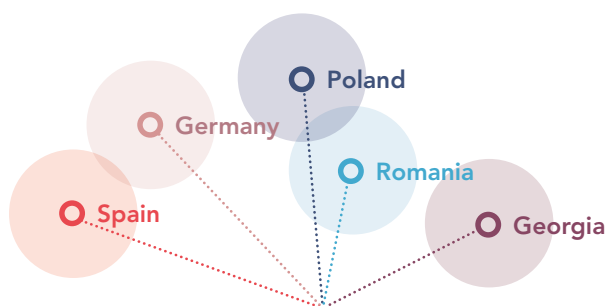
However, positive changes also emerged including the development of multidisciplinary hospitals in some countries, offering HIV and hepatitis testing to COVID-19 patients presenting in the emergency room and more HIV hometesting. Such changes are part of an overall improvement in standards of care and should be promoted.

Barriers to PrEP rollout were the theme of the second workshop. In addition to a pan-European perspective, an overview of the situation in Ukraine was given, and a community perspective on what has worked and where gaps still exist. The conclusion was that there remains a substantial gap throughout Europe between the need and desire for PrEP and the number of people using it. Partial demedicalisation of PrEP was discussed in-depth as well as ways of reaching out to groups other than MSM. Women are a particularly important target as they often have low risk perception. The conclusion was that EACS/ECDC guidance on PrEP should be encouraged and should cover guidance on where PrEP can be demedicalised.

Following the pilot audit on HIV and hepatitis care and prevention measures, the third workshop discussed the possibility of a Europe-wide audit of the standard of monitoring for common conditions other than HIV that affect the health of older HIV-positive patients. However, after a complex and wide-ranging discussion, the upshot of the workshop was that a number of factors, especially inexistence of audit culture in most countries, made it difficult to move immediately to a pan-European HIV audit structure. Nevertheless, possible first steps towards a future pan-European audit were defined: establishing a core auditable set of indicators; identifying audit champions among EACS members to set up country teams that will generate country-specific audit proposals to be supported by EACS.

The wrap-up meeting on 10 February 2021 proposed a two-year timescale to develop the next phases of auditing. A pan-European audit remains a target of EACS, but nearer term audits could be more targeted, such as a planned audit around TB, and could focus on building an audit culture.

Dr Michel Kazatchkine, former Director-General of UNAIDS and currently on the World Health Assembly body charged with reviewing the global response to COVID, said that convincing politicians and policy-makers of the merits of consistent regional practice, including of innovative approaches such as PrEP, was part of being better prepared for future epidemics.



## ABOUT THE PILOT AUDIT

**EACS** teamed up with **ECDC** to conduct a pilot audit to look at the screening, prevention and management of viral hepatitis in people with HIV. The degree to which different countries and clinics compared with a defined standard of care was identified. While a new undertaking for EACS, the audit process drew from the extensive experience of HIV-related audits in the UK lead by BHIVA.

23 HIV clinics were audited across Georgia, Germany, Poland, Romania and Spain. The publicly available results were anonymised. The audit measured areas including screening for hepatitis A, B and C viruses, cirrhosis measurement, delta infections and more.

Presenting the results at the Standard of Care opening session in October 2020, Dr Ann Sullivan of London's Chelsea and Westminster Hospital said "The purpose of the audit was to enable clinics to discover where their own practice was better or worse than in comparable clinics, not for EACS to measure their performance against external guidelines." She added "It uncovered some interestingly wide variations in provision within some countries, as well as between them."

The exercise also aimed to demonstrate the feasibility and acceptability of an audit and the type of data that could be collected. Prof. Jürgen Rockstroh, chair of the Standard of Care group says "This pilot project is part of an attempt to get things done that pragmatically leads to changes in how people are treated and taken care of". With an audit around care for TB and HIV patients ready to go, Prof. Rockstroh believes that auditing results provide "a strong incentive to change things and improve clinical care".

# THE HIV & COVID-19 NEWSLETTER



The outbreak of COVID-19 generated a multitude of questions about its impact on HIV patients.

As the virus increasingly dominated health care, the amount of information mushroomed, making it difficult for already stretched clinicians to absorb the latest knowledge.

In the midst of the uncertainty and the information storm, Prof. Jürgen Rockstroh, EACS Governing Board member, Dr. Laura Waters, chair of the British HIV Association (BHIVA), came together with national associations DAIG (Germany), GESIDA (Spain), Polish Scientific AIDS Society and APECS (Portugal) to create a regular HIV & COVID-19 newsletter for EACS members.

The newsletter provides a one-stop overview of the latest research, analysis and initiatives from across the world around all aspects of HIV & COVID-19. With six editions already circulated, it has proven to be remarkably useful and is much appreciated by members.

# WAVE

## *Women Against Viruses in Europe*

Dr Karoline Aebi-Popp

WAVE Chair

WAVE aims to promote the welfare of women living with HIV in Europe. It brings together healthcare professionals and community representatives to promote equality of access to care and excellence in standards of care for women living with HIV. The 53 WAVE members represent 23 countries across all EACS regions.



In Europe, half of the people living with HIV are women<sup>1</sup> and half of all women with HIV are diagnosed late<sup>2</sup>. There is a particular increase among women in the median age at HIV diagnosis<sup>3</sup>. Eastern Europe is a specific focus area for WAVE as the burden on women is highest in this area in terms of HIV prevalence and intravenous drug use.

### WAVE workshop

Basel, November 2019

Over 240 people attended the workshop chaired by Dr Karoline Aebi-Popp and Prof. Justyna Kowalska prior to the 17<sup>th</sup> European AIDS Conference. Clinical cases were presented as well as the results of WAVE's survey on Women and PrEP. Personal stories from community representatives enriched attendees' discussions on menopause, breastfeeding and PrEP for women.

### WAVE in Ukraine: online workshops

September 2020 & May/June 2021

A series of WAVE online workshops in Ukraine that started in 2019 expanded over the past two years. Three virtual workshops were delivered over nine days in total to provide advanced continuing medical education for Ukrainian specialists involved in treatment, care and support of women living with HIV. From a Zoom meeting of 50 participants in the September 2020 session, the workshop grew to a meeting streamed in three languages of over 400 viewers (live sessions and recordings).

### Collaboration with external conferences

United Conference of Hepatogastroenterology and Infectious Diseases (UCHID), Egypt, July 2020

Prof. Yvonne Gilleece gave a presentation entitled 'Contraception in Women living with HIV' on behalf of WAVE

HIV Glasgow, October 2020

Dr Maria Jesús Pérez Elías and Prof. Yvonne Gilleece chaired a session that explored a wide range of issues such as management in clinical practice of ageing, menopause and frailty - key issues for women living with HIV.

### Collaboration with external research groups

Breastfeeding, HIV & and neoPEP

In a collaboration with PENTA, WAVE network members in 17 countries took part in a survey on aspects of HIV and breastfeeding.

Results will be presented at the 18<sup>th</sup> European AIDS Conference.

Hepatitis C, DAAs & pregnancy

WAVE members participated in a survey around the HCVAVERT randomised controlled trial on safety and efficacy of DAAs after the first trimester in pregnant women with Hepatitis C.

Results will be presented at the 18<sup>th</sup> European AIDS Conference.

1. UNAIDS. AIDSinfo. People living with HIV. Adults (15+) living with HIV by sex. <http://www.aidsinfo.unaids.org> / 2. ECDC. Half of all women with HIV are diagnosed late in Europe. <https://www.ecdc.europa.eu/en> / 3. ECDC. HIV/AIDS surveillance in Europe 2020 – 2019 data. <https://www.ecdc.europa.eu/en>



Dr Karoline Aebi-Popp,  
Switzerland



Prof. Yvonne Gilleece,  
United Kingdom



### Co-morbidities and ageing

• A survey of co-morbidities among EACS members, other institutions and NGOs covered the screening and management of co-morbidities and age-related events among women living with HIV. The issues covered are general health (diabetes, cardiovascular disease, low bone mineral density and mental health) and menopause. Results will be presented at the 18<sup>th</sup> European AIDS Conference

• A literature review has been conducted by Dr Sonia Raffae, Prof. Yvonne Gilleece and Prof. Caroline Sabin and will be presented at the 18<sup>th</sup> European AIDS Conference.

### Combination prevention

• A National Cohort Review is in process, gathering data from 27 countries on newly-diagnosed women to identify those who missed testing or PrEP opportunities. The first results are expected by the end of 2021.

• A literature review on PrEP for women in Europe is being conducted by Dr Naomi Fitzgerald and Prof. Yvonne Gilleece. The review aims to provide an up-to-date overview of PrEP provision for women, including migrant women, transgender women, pregnant and breastfeeding women across Europe.

### Migrant women

Migrant women face particular challenges in terms of HIV diagnosis and treatment which is why they will be an increasing focus of WAVE activities. A first exercise in 2021 was a literature review by Dr Melvina Woode-Owusu, Dr Nina Weis, Dr Panagiota Lourida and Dr Dagny Krankowska that examined the reasons for late presentation among migrant women.

### WAVE Chairs

- Chair: Dr Karoline Aebi-Popp, Switzerland
- Vice-Chair: Prof. Yvonne Gilleece, United Kingdom



# EACS AWARD

## *Rewarding excellence in HIV medicine*

The achievements of a senior scientist who has made a significant contribution to the field of HIV/AIDS is recognised by the EACS Award.

EACS members nominate a colleague or peer for the award by endorsing the candidate with a letter highlighting their achievements and the reason why they should be recognised by the society. The members of the Award Committee have the task of reviewing all nominations. The final laureate nomination is endorsed by the EACS Bureau.

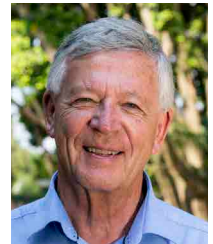
## 2019 laureates

The 2019 EACS Award laureates were named as **Prof. Ruedi Lüthy** and **Prof. Andrew Phillips**.

### EACS Award Committee 2019

- Prof. Nathan Clumeck, Belgium (Chair)
- Prof. Bernard Hirschel, Switzerland
- Prof. Jens D. Lundgren, Denmark
- Prof. Jean-Michel Molina, France
- Prof. Marie-Louise Newel, United Kingdom

**Prof. Ruedi Lüthy** began assisting AIDS patients in Switzerland in the early 1980s when there were few treatment options available. By the end of the decade, he, as head of the Infectious Diseases Department at the University Hospital of Zurich, along with other specialists, founded the Zürcher Lighthouse hospice, which he led for several years.



Spurred by the knowledge that 1.3 million people in Zimbabwe live with HIV and 20,000 people die annually from AIDS in a country where there is poor health infrastructure, a lack of trained specialists and financial resources, Prof. Lüthy gathered the necessary funds and equipment and founded a HIV clinic, the Newlands Clinic, in Harare in 2003.

Alongside his work in the Newlands Clinic treating HIV patients, Prof. Lüthy also established the Ruedi Lüthy Foundation, which ensures that children treated at the clinic are able to go to school, providing school fees, uniforms and school materials. Currently more than 6,500 HIV patients from the poorest backgrounds receive medical help at the clinic.

Apart from medication provided at Newlands Clinic, Prof. Lüthy also trains local doctors and nurses at the clinic training centre, ensuring that information on the most up-to-date treatment methodology is available to those treating people in Zimbabwe living with HIV.

Through his work with the Ruedi Lüthy Foundation, he ensures that the healthcare treatment available at Newlands Clinic is complemented by a holistic approach to family health, education and well-being.



**Prof. Andrew Phillips** is an epidemiologist from a biostatistical background whose strong interest in addressing questions of public health has seen him work extensively on the design and analysis of HIV research and randomised trials.

As Professor of Epidemiology at University College London, United Kingdom, he co-leads the HIV Epidemiology and Biostatistics Group in the Department of Infection and Population Health.

In the early part of his career, he researched the history of HIV infection, including the role of CD4 count, the distribution of time to development of AIDS and death, when treatment was unavailable, and the effect of age and other factors.

Since then, he has worked extensively on studies involving ART and the role of CD4 count reconstitution and the HIV RNA level. He was the original co-lead for the D:A:D study, which examined the risk of adverse effects of antiretroviral drugs.

In recent years, he has also developed an individual-based simulation model of HIV transmission and progression, including the effect of ART, which takes account of specific drug effects, adherence and resistance. This research has been used to address several policy questions in high and low-income countries and has informed WHO guidelines. His work involves a strong element of economic evaluation and cost effectiveness analysis.

He is a steering committee member of both EuroSIDA and D:A:D study and is an Executive/Scientific Steering committee member for the International Network for Strategic Initiatives in Global HIV Trials (INSIGHT). He is also co-chair of Glasgow HIV Congress since 2014 and is a member of both the UK CHIC Study Steering Committee and the UK HIV Drug Resistance Database Steering Committee.



## 2021 EACS Award

New terms of reference have been developed for the EACS Award in 2021 and in the future. Eligible candidates for the award can now also come from beyond the scientific and medical fields. To be considered for the EACS Award, candidates must have made a longstanding, impactful and sustained professional contribution to the field of HIV. Their contribution could be scientific in nature, and /or relate to advancing the prevention and care of people at risk of or affected by HIV, or could promote education, policy, community engagement or advocacy.

**The 2021 winners will be announced by Prof. Peter Reiss, chair of the EACS Award Committee at the Opening ceremony of the 18<sup>th</sup> European AIDS Conference in London on 27 October 2021.**

### EACS Award Committee 2021

- Prof. Peter Reiss, Netherlands (Chair)
- Mr. Matthew Hodson, United Kingdom (community)
- Dr Mariana Mardarescu, Romania (clinical medicine & research)
- Prof. Pedro Cahn, Argentina (clinical medicine & research)
- Dr Anastasia Pharris, Sweden (epidemiology/public health)
- Prof. Brigitte Autran, France (fundamental research)
- Dr Julia del Amo, Spain (diverse expertise including policy perspective)

# EUROPEAN HECTOR RESEARCH AWARD IN HIV

## 2019

The H.W. & J. Hector Foundation, Weinheim, Germany, under the initiative of Prof. Jürgen Rockstroh, created and announced a prize for European HIV research. The prize awarded the best scientific achievements in the HIV research arena in 2019. There were two categories which received a dotation of 10,000 EUR each.

The categories were for the best clinical and/or epidemiological paper and the best basic science, translational paper. Any paper on an HIV-related topic that been accepted or published in a peer-reviewed journal within the last 24 months before the start of the 17<sup>th</sup> European AIDS Conference had to be submitted.

The submitted papers were reviewed by a panel of scientists and clinicians who selected the best papers in each category.

### Reviewing Committees

#### Clinical and/or epidemiological:

- Prof. Esteban Martínez, Spain (Chair)
- Prof. Alexandra Calmy, Switzerland
- Prof. Karine Lacombe, France
- Prof. Gerd Fätkenheuer, Germany
- Prof. Miłosz Parczewski, Poland

#### Basic science, Translational:

- Prof. Georg Behrens, Germany (Chair)
- Prof. Linos Vandekerckhove, Belgium
- Prof. Annemarie Wensing, Netherlands
- Prof. Marylyn Addo, Germany
- Dr Javier Martínez-Picado, Spain
- Prof. Michaela Müller-Twurtin, France

### Laureates



#### Category

#### Clinical and/or epidemiological:

#### Prof. Alison Rodger et al.

Title of the paper: Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study  
Lancet 2019 May 2. pii: S0140-6736(19)30418-0



#### Category

#### Basic science, Translational:

#### Prof. Roger Koyos et al. The Swiss Cohort Study

Title of the paper: Tracing HIV-1 strains that imprint broadly neutralizing antibody responses  
Nature 2018 September 20, vol 561.  
<https://doi.org/10.1038/s41586-018-0517-0>





# 17<sup>TH</sup> EUROPEAN AIDS CONFERENCE

## *City-wide welcome in Basel*

Prof. Manuel Battegay / Prof. Jürgen Rockstroh  
*17<sup>th</sup> European AIDS Conference Co-Chairs*

Global experts in the field of HIV and AIDS gathered in Basel, Switzerland from 6-9 November 2019 for the 17<sup>th</sup> European AIDS Conference.



Since its inception in 1987, the flagship biennial conference has become a crucial learning hub for professionals working in AIDS and HIV, including clinicians, researchers, and those working with and advocating for people living with HIV. One of the main aims of the conference is to allow young researchers and clinicians an opportunity to hear from and learn from world-leading experts in the field of HIV and AIDS and ensuring that current research and best practice is disseminated to all regions of the world.

### **Basel opened its arms**

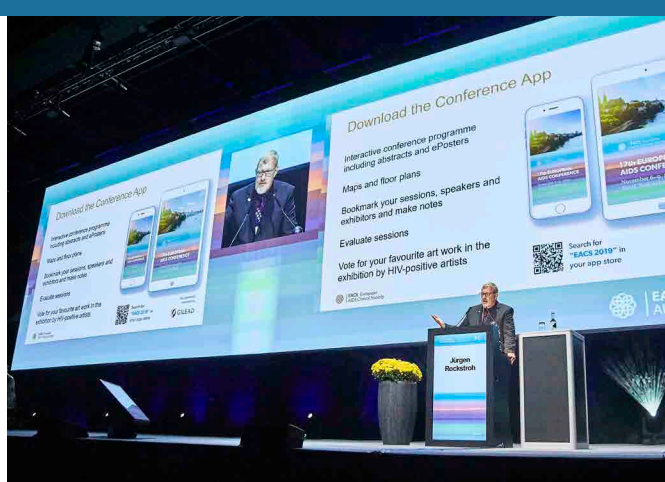
The beautiful medieval city of Basel provided a warm welcome for the Conference and the compact nature of the city ensured a village-like atmosphere and set the tone for a lively and vibrant exchange of ideas and views. The Basel city authorities and local population were enormously supportive of hosting the Conference in their home town. In addition to a city-wide flag display, an up-beat march through the city marked the opening of the event, bringing the local community and delegates together to express solidarity and support for the community of people living with HIV.

## More scholarships and abstracts than ever

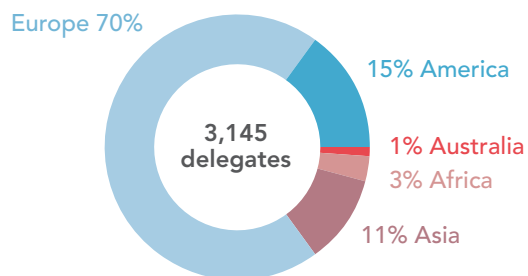
The European AIDS Conference is global in reach and it goes from strength to strength. The 2019 conference was co-chaired by local host Prof. Manuel Battegay, University Hospital Basel, and EACS President, Prof. Jurgen Rockströh. Over 3,100 delegates attended (up 10% from the 2017 conference). They represented 85 countries across all continents. A record 256 scholarships were awarded, allowing people with fewer resources - often from the most challenging HIV environments - to benefit from the Conference.

Overall 48 sessions were featured, with 1,171 submitted abstracts and 735 accepted abstracts (up 29% and 13% respectively from 2017). A deeper platform for basic science was embedded throughout the Conference and included awarding of prizes from the Hector Foundation and a scientific symposium with ANRS, the renowned French Agency for Research on AIDS and Viral Hepatitis.

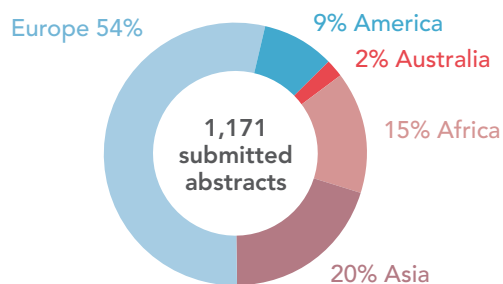
Among the most popular sessions were the opening event, the session on the EACS Guidelines and the sessions entitled 'The Latest HIV-1 Reservoir' and 'New Drugs – Who Would Need Them?'. The networking events were, as ever, an essential and successful part of the gathering.



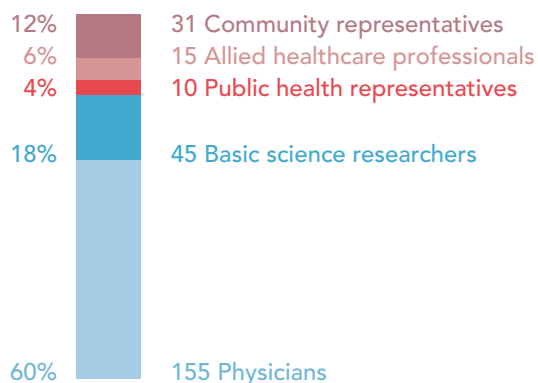
Delegates:



48 sessions:  
1,171 submitted abstracts from 85 countries submitted, 735 accepted abstracts



256 scholarships from 51 countries:



## Key developments highlighted

Key developments flagged up at the 17<sup>th</sup> European AIDS Conference include:

While the number of new HIV infections declined to 1.7 million in 2018, a reduction of 16%, there are still causes for concern, including lack of access to antiretroviral therapy and rising case numbers in some areas<sup>1</sup>. The biggest region of concern in Europe is Central and Eastern Europe. Of the 160,000 people diagnosed with HIV in 2017, 82% were in Eastern Europe and while the new HIV infection rate is declining globally, increasing case numbers are being reported in Central and Eastern Europe and Central Asia.

Migration is a major issue in terms of dealing with AIDS in Europe. In 2017, almost half (47%) of new infections in Western Europe were in people born outside of their reporting countries, in Central Europe this figure was 10% and in Eastern Europe 1%. There is growing evidence that these migrants acquired HIV after arriving in Western Europe.

Beliefs, lifestyles and views in various regions of the world have to be carefully considered when designing strategies to combat rising case numbers. For example, in places where those diagnosed with HIV face persecution, people are reluctant to present for testing.

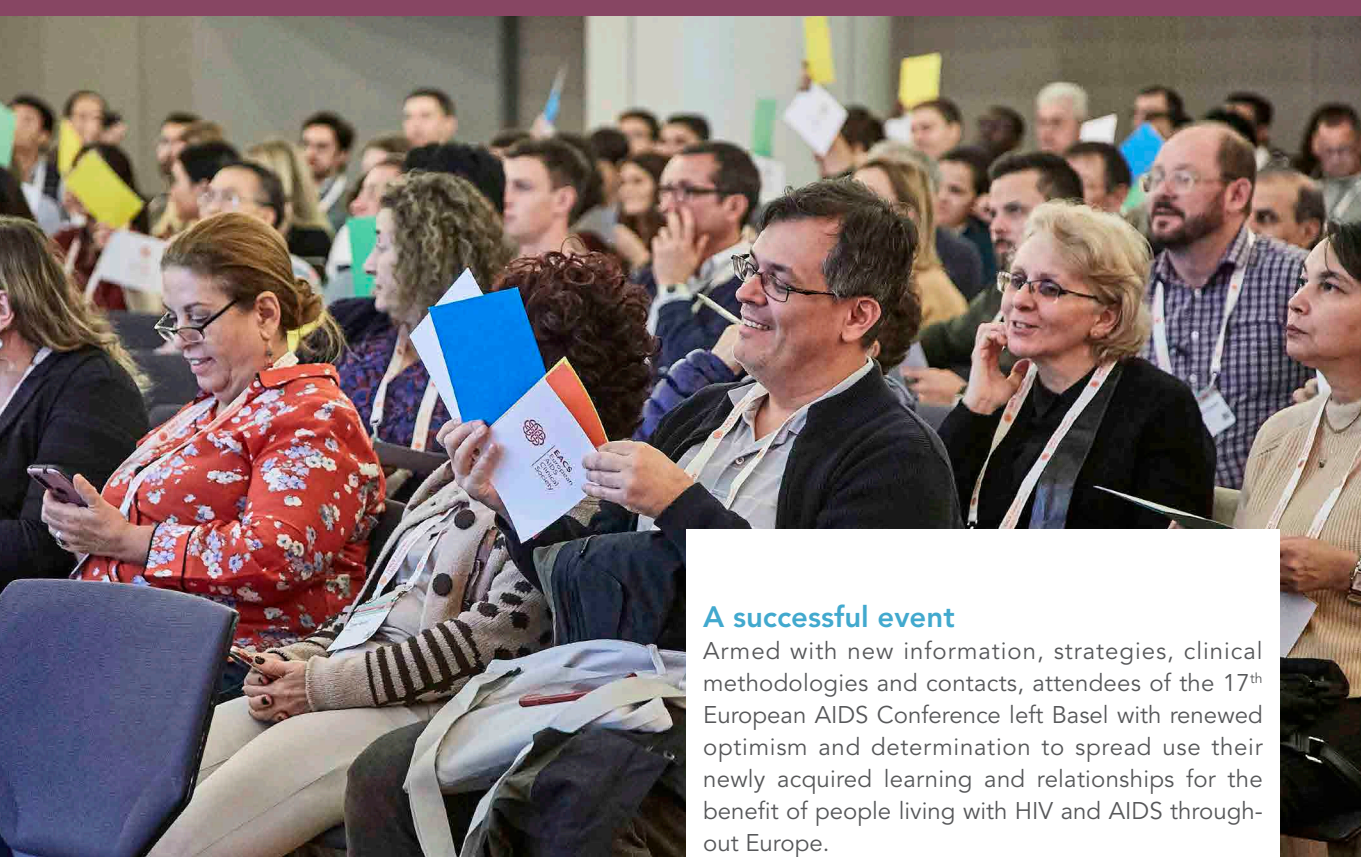
Some good news on the global front was revealed including the development of lower-cost generic ART<sup>2</sup>, increased and improved healthcare funding in Ukraine, and the establishment of nurse-led clinics in Central Asia which has helped improve adherence to treatment among people living with HIV.<sup>3</sup>

## Combatting stigma and discrimination

The need for more education to combat stigma and discrimination was emphasised. People living with HIV report discrimination in healthcare settings, and this contributes to a reluctance to openly discuss sexually related health topics, which in turn affects trust and eventually the long-term patient outcomes.



1. UNAIDS. Implementation of the HIV Prevention 2020 Road Map. Third Progress Report, October 2019, Global HIV Prevention Coalition / 2. Zoia Zamikhovska. European AIDS Conference. 2019. Presentation title - Extension of HIV treatment coverage in Ukraine through advocating access of dolutegravir generics to market / 3. UNAIDS. Delivering on SDG3: Strengthening and Integrating Comprehensive HIV Responses into Sustainable Health Systems for Universal Health Coverage. Country Submissions. Improving Retention in HIV Care and Treatment through Nurse-led, Home-based Care in Central Asia



### A successful event

Armed with new information, strategies, clinical methodologies and contacts, attendees of the 17<sup>th</sup> European AIDS Conference left Basel with renewed optimism and determination to spread use their newly acquired learning and relationships for the benefit of people living with HIV and AIDS throughout Europe.

## NEW AT THE EUROPEAN AIDS CONFERENCE

**Russian interpretation** was deployed for the first time at an EACS event. Aimed at making the Conference more accessible to participants from Eastern Europe and Central Asia, 16 sessions were interpreted.

**EACS Press Live** streamed three press conferences on YouTubeLive. This was a first for EACS, and helped secure additional media coverage of the event, across TV, radio, print and online media.

**Sustainability was a priority.** The conference app was heavily promoted as the core information hub, reducing the need for paper. 75% of attendees downloaded the app. Posters went electronic with 15 ePoster stations and moderated ePoster sessions. Abstracts were available electronically and the conference lounge area was constructed using many sustainable materials.



## ART EXHIBITION

EACS held an art exhibition during the 17<sup>th</sup> European AIDS Conference. The exhibition featured the work of artists living with HIV.

Artists were invited to submit three to six artworks from drawings, paintings, prints or photographs produced since 2016. Artworks that dealt with HIV associated topics were particularly welcome. Anonymous submissions were possible.

A jury of EACS members and artists selected the pieces to be displayed at the conference. The chosen works were framed and on display during the entire conference. Attendees could vote for their preferred artwork and prizes for the top three works were awarded during the conference closing ceremony. Following the conference, the winning pieces were exhibited at the WHO Europe office on World AIDS Day.

### The winners were:

1. UNCONDITIONAL LOVE  
by Adrienne Seed
2. STILL LIFE - PROUD BIRD  
by João Vasconcellos
3. GAIA - A METAMORPHOSIS  
by Anthony Hunte



UNCONDITIONAL LOVE by Adrienne Seed



STILL LIFE - PROUD BIRD by João Vasconcellos



GAIA - A METAMORPHOSIS by Anthony Hunte

# EACS

## *partnerships*

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**Dr Ann Sullivan**

*Partnerships Coordinator*

Over the past years, EACS has been working on developing sustainable partnerships and collaborations with stakeholders active in the field of HIV and co-infections. This involves clinicians, scientists, community representatives, and public health institutional partners. EACS representatives are often invited to participate in scientific and public health meetings for their clinical expertise in the management of people living with HIV, HIV testing and HIV prevention.

EACS also endorses and engages with the stakeholders below to embrace a comprehensive and integrated view of research, education and training, with the aim of building momentum and strengthening standards of care for all people living with HIV.

### **Partnerships and collaboration**

- ANRS – Agency for Research on AIDS, France
- BHIVA – British HIV Association
- BMJ journal STI
- CHIP – Centre of Excellence for Health, Immunity and Infections
- DAIG – Deutsche AIDS Gesellschaft, Germany
- EAHP – European Association of Hospital Pharmacists
- EATG – European AIDS Treatment Group
- ECDC – European Centre for Disease Prevention and Control
- EECE Network – Euroguidelines in Eastern and Central Europe
- EU CSF – Civil Society Forum on HIV, Viral Hepatitis and Tuberculosis
- EuroSIDA
- EuroTEST
- ESCMID – European Society in clinical microbiology and infectious diseases
- Fast Track Cities
- GeSIDA – Grupo de Estudio del SIDA-SEIMC, Spain
- HIV Glasgow
- HIV Medicine Journal
- IAS – International AIDS Society
- ISHEID – International Symposium on HIV and Emerging Infectious Diseases
- IUSTI – International Union Against Sexually Transmitted Infections
- Life4me+
- Penta – Child Health Research
- Polish Scientific AIDS Society
- APECS – Portuguese Association for the clinical study of AIDS
- WHO – World Health Organization

### **EACS endorsement of meetings and campaigns**

- #RespectMyHIV campaign
- Race to support children living with HIV - virtual run for children living with HIV in Eastern Europe and Central Asia
- Euroguidelines in Central and Eastern Europe Conference
- European Testing Week



- The United Conference of Hepatogastroenterology and Infectious Diseases (UCHID)
- The International Symposium on Neuropsychiatry and HIV
- COVID-19 Drug Interactions
- Best practices in the management of women living with HIV (UCHID)
- HepHIV Conference
- The annual meeting of the European Society of Paediatric Infectious Diseases (ESPID)
- #NoHIVStigma campaign
- Weepi, Western-Eastern European Partnership Initiative on HIV, viral hepatitis and TB
- Update on HIV and SARS-CoV-2 symposium

### **Joint scientific sessions at meetings and conferences**

- ECCMID 2021, virtual
- ISHEID 2021, virtual
- UCHID 2021, virtual
- Best practices in the management of women living with HIV, UCHID 2020, virtual
- EATG Training Academy, 2020
- IAS Educational Fund meeting in Russian 2020, virtual
- HIV Glasgow 2020, virtual
- ECCVID 2020, virtual

# LOOKING AHEAD

## *An open and inclusive future for EACS*

Prof. Esteban Martinez  
*EACS Vice President*

**Open to change.**  
**Open communication flows.**  
**Flexibility.**

That's what the pandemic brought out in EACS and I am proud of my colleagues across the organisation for what they achieved during this difficult period. The road ahead will continue to be uncertain, but what is certain is that EACS is fit for the future. Because it is an open, inclusive and flexible approach that will lead the organisation through the next phase of our development.



One of the biggest challenges we face is the continued growth of HIV infection rates and the gap in HIV management in Eastern Europe and Central Asia.

Already high on our agenda for some years, addressing this issue will remain a priority for EACS. However, the most successful approach is one that fully involves our colleagues from Eastern Europe. That is why we must accelerate our efforts to open up to them across all of our activities.

A significant inclusive action is to lift the language barrier. In a first for EACS events, the 17<sup>th</sup> AIDS Conference in Basel used Russian interpretation throughout. This made the conference accessible to a crucial audience that were previously excluded because they do not speak English. Through interpretation, the entire audience could learn from presentations and shared experiences. The Russian-language delegates were not just passive participants, they too shared valuable information through their presentations. The knowledge gained by all is the foundation of our work to strive for an equal standard of care.

We learned from the global lockdown that it is not always essential to be at a meeting in person. There are many people who can help EACS fulfill its goals but who do not have the resources or the freedom to travel. Where possible, EACS will run hybrid physical/online events and meetings so that we can involve those people.

We will continue to provide support to allow more people to participate in the biennial European AIDS Conference. The last edition saw an increased number of scholarships which, in particular, went to researchers and participants from Eastern-Central Europe, and their contributions were extremely valuable.

Our aim should also be to have increased representation of our colleagues in governance positions at EACS. They are best placed to guide

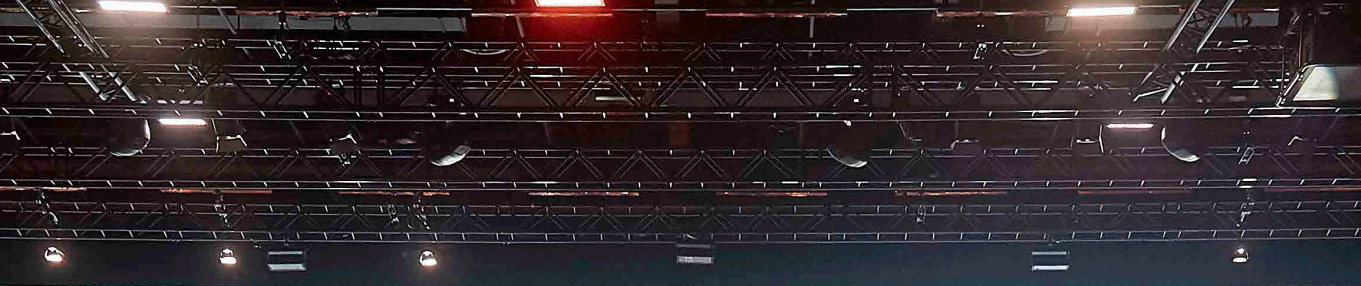
the organisation as we bring East and West together in a unified approach to HIV care.

Beyond geography, my vision is for every HIV doctor in Europe to consider that EACS is an inclusive and representative organisation for them. And we can open up even further to connect with specialists in other medical fields that have an impact on the health of people living with HIV. Cardiologists, endocrinologists, psychiatrists and others all contribute to the quality of life of our patients and I see them having a place in the future of EACS.

Our future as an organisation will involve more partnerships. We are increasingly invited to put forward experts to meetings organised by ECDC and WHO, for example, and we are open to such opportunities. We are happy to add weight to selected meetings through our scientific endorsement. Working in partnership with the right organisations and events will increase our visibility, our credibility and our own learning and growth.

Finally, education will remain at the heart of EACS activities. The organisation's role in helping a new generation of doctors increase their potential is precious. I am very excited that we will take it to the next level with the EACS European Diploma in HIV Medicine. Earning the diploma will be a goal for many of our young members and will be a well-deserved validation of their achievements and expertise.





Subanalysis: Matched patients

It's a significant step forward for our future work to reduce inequalities in care and to help achieve the UNAIDS goal of ending AIDS by 2030.

Subanalysis: Matched patients

Suppressed patients switching to 2DC were compared to suppressed patients switching to T1 in terms of gender, number of previous STIs and treatment days.





EACS European  
AIDS Clinical Society

# 19th EUROPEAN AIDS CONFERENCE

18 – 21 October 2023  
Warsaw, Poland

[www.eacs-conference2023.com](http://www.eacs-conference2023.com)

# FINANCIAL summary

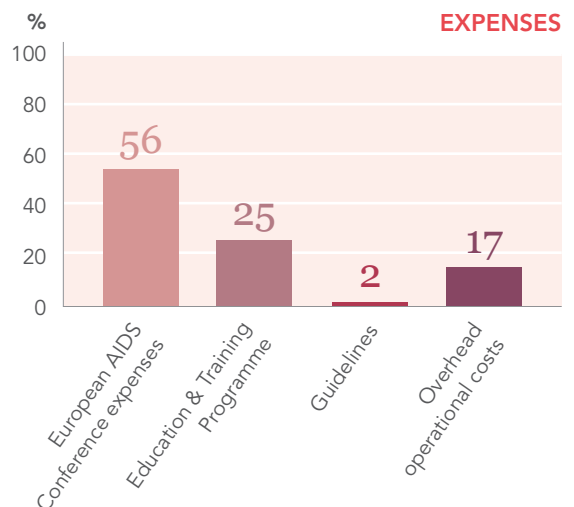
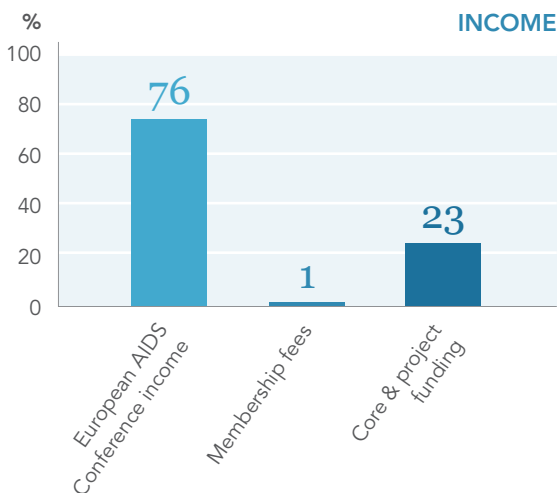
Prof. Miłosz Parczewski  
*EACS Treasurer*

EACS is an international not-for-profit organisation of a scientific and philanthropic nature. Its purpose is to promote knowledge and clinical excellence in HIV medicine to reduce the HIV disease burden across Europe. The society promotes research, delivers education via classical and innovative platforms, and produces widely used management and therapeutic guidelines on the clinical aspects of infection by the HIV virus and related co-infections.

The Governing Board is required to submit the accounts and the budget at the General Assembly within six months of the year-end. The financial year commences on July 1st and ends on June 30th of the following year.

In 2020, EACS ratified the Articles of Association to be in line with the new Belgian Code on Companies and Associations. This was also an opportunity to revise the election process of the European regional representatives that form the Governing Board.

A financial report is produced every month. This financial report assesses and highlights how EACS pursues its work to meet the objectives defined by the Governing Board. It also focuses on the outcomes of each of the programmes and meetings organised, as well as the published updates of the EACS Guidelines that are developed by an international panel of experts. As a result, the report is an excellent and comprehensive background for the Governing Board to work on during their regular strategic meetings. The biennial European AIDS Conference provided the main financial resources EACS needed to organise its main activities and the infrastructure to run the society. However, following the COVID-19 related lockdown, this needed to be reevaluated. Other important sources of income are the educational grants. Nonetheless, alternative sources of funding are being analysed. During the lockdown, project costs and activities decreased because they went online, whilst the fixed operational costs remained stable. As we are now going back to in-person meetings, the projects costs and activities need to be reevaluated.



# ACKNOWLEDGEMENTS

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The society would like to thank Gilead Sciences Europe, Janssen Pharmaceutica, MSD and ViiV Healthcare Europe for their financial contributions in the form of educational grants.

We would like to express our gratitude to the charities and institutions that have helped us in organising our online meetings and workshops in Eastern and Central Europe.

The European AIDS Clinical Society would also like to thank its members, the EACS Governing Board, the working groups and panel members, the Education & Training programme faculty and steering committees, all those who participated actively in the educational activities, the Conference Scientific & Programme Committee, the EACS Secretariat, K.I.T. Group, the community representatives, and all the people who contributed to the EACS mission.

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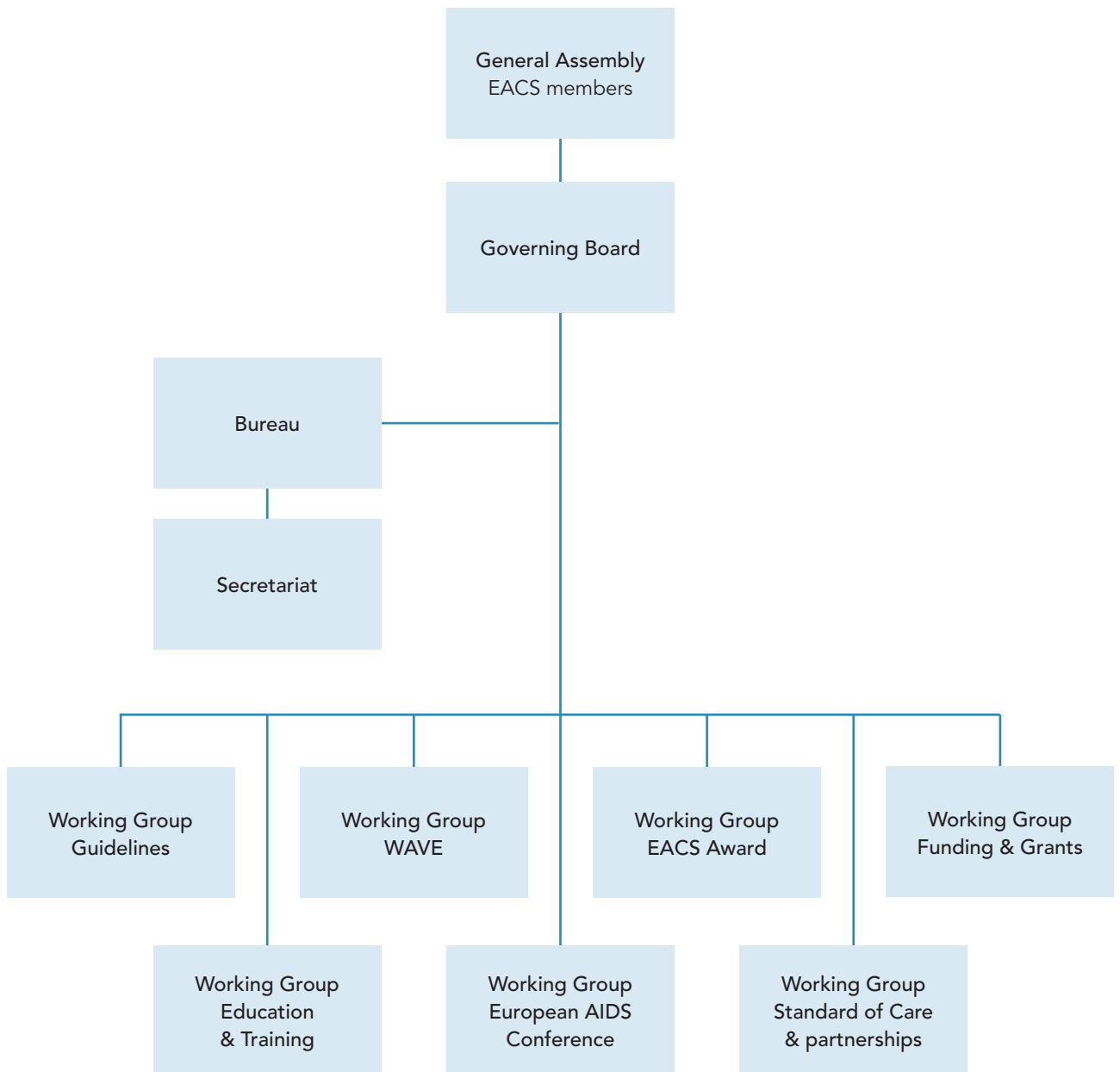
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# APPENDICES

## EUROPEAN AIDS CLINICAL SOCIETY (EACS) Governance



## GOVERNING BOARD

### Governing Board

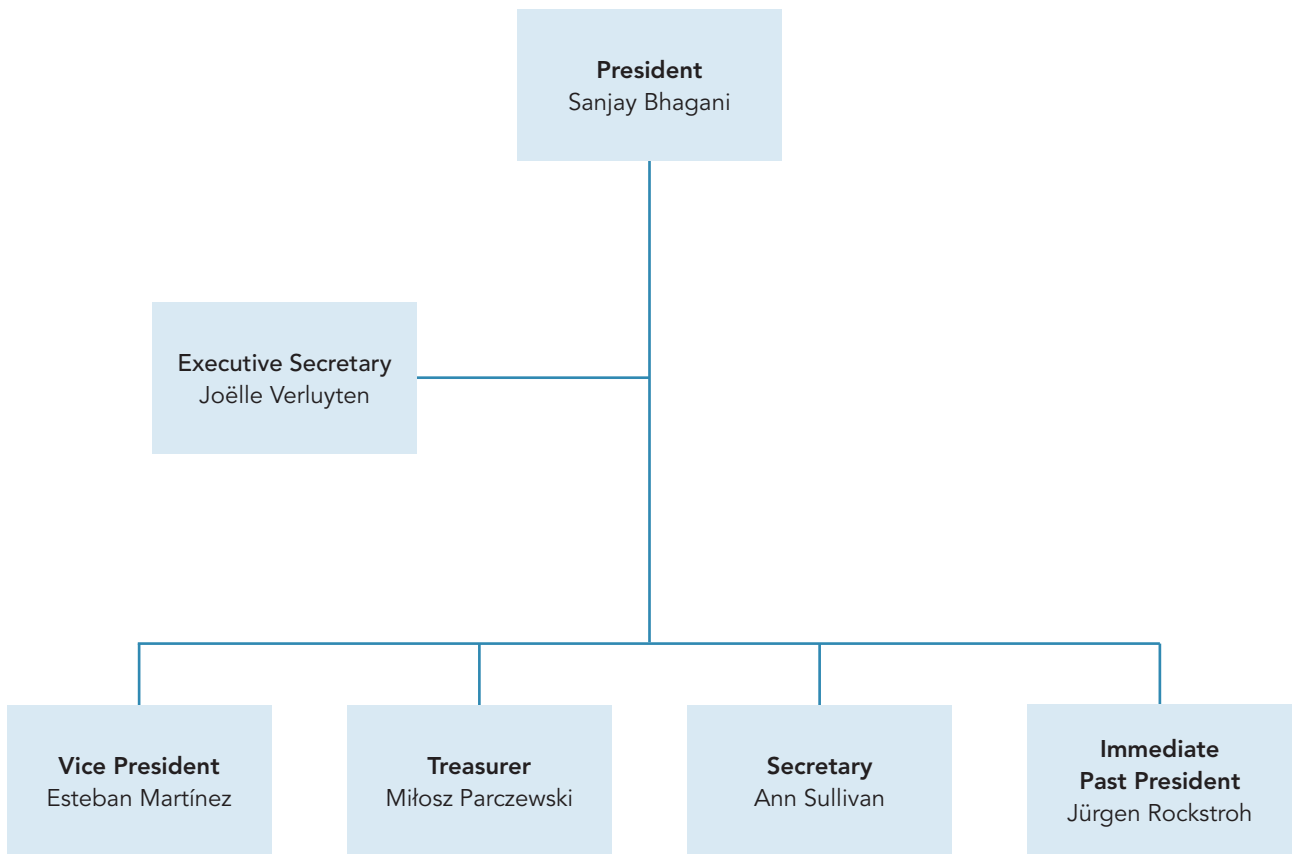
Members:

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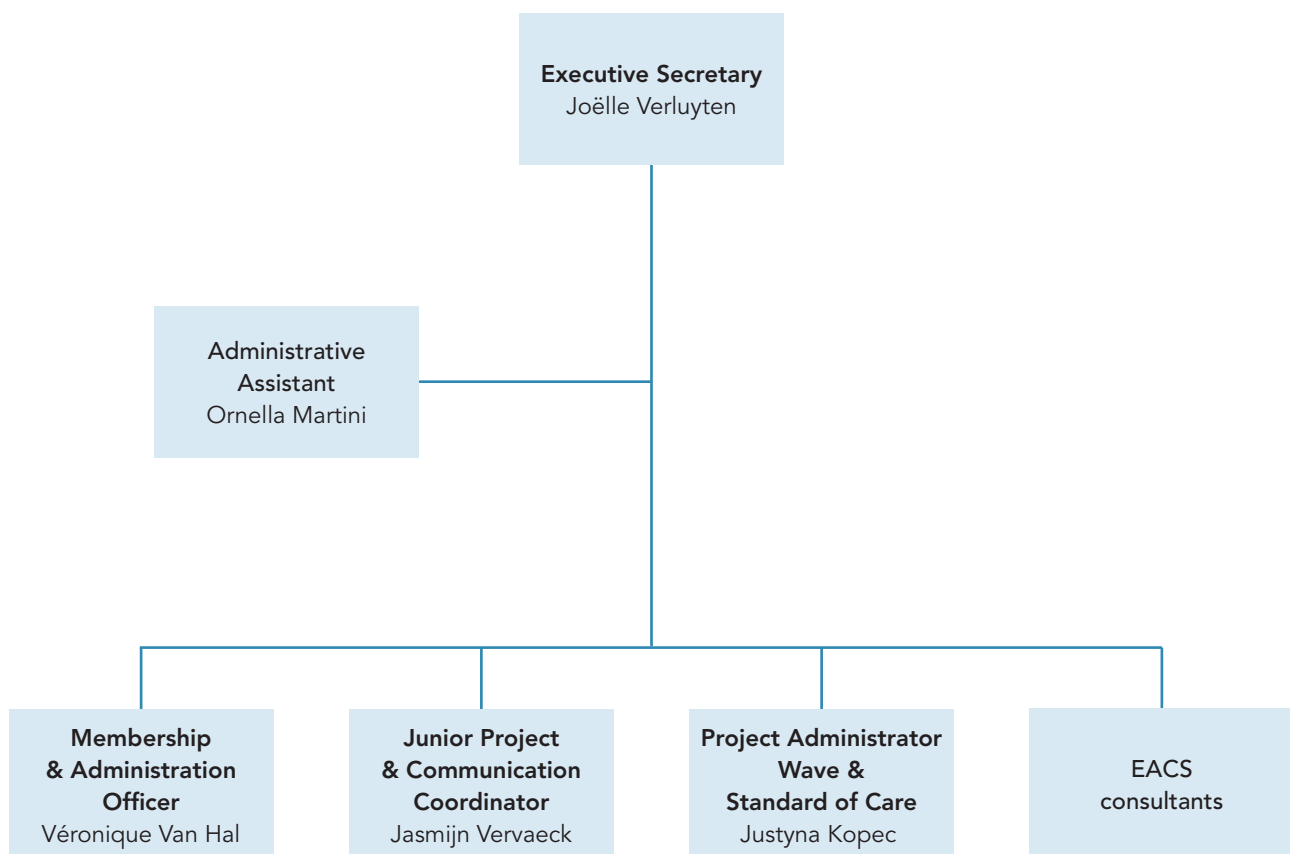
Karoline Aebi-Popp,  
Juan Berenguer,  
Sanjay Bhagani,  
Christoph Boesecke,  
Antonella Castagna,  
Justyna D. Kowalska,  
Tetiana Kyrychenko,  
Jens D. Lundgren,  
Paddy Mallon,  
Esteban Martínez,  
Jean-Michel Molina,  
Cristina Mussini,  
Cristiana Oprea,  
Miłosz Parczewski,  
Jürgen Rockstroh,  
Ann Sullivan

Bureau

## BUREAU



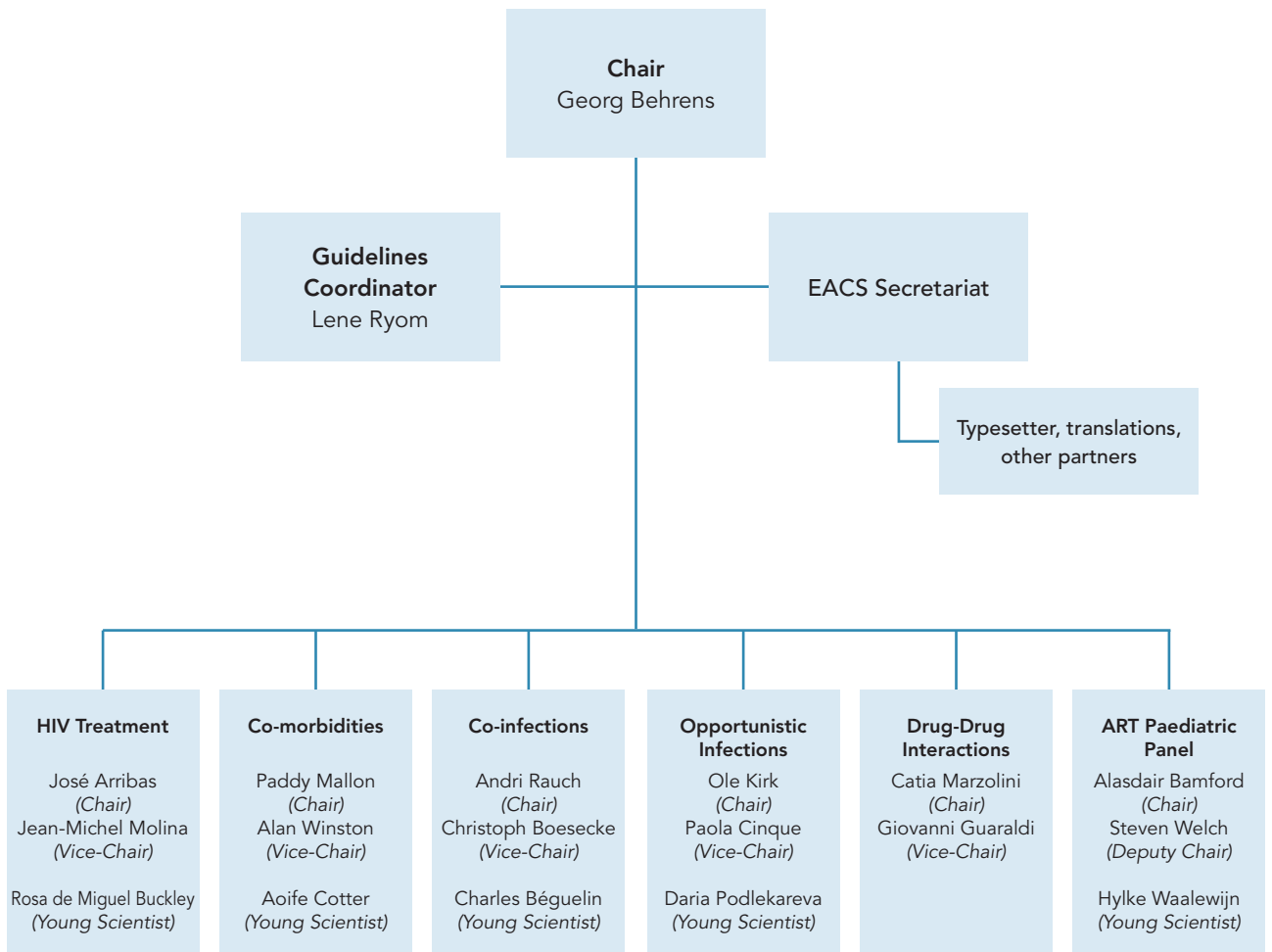
## SECRETARIAT





# GUIDELINES 11.0

## Working Group



## GUIDELINES 11.0

### Working Group

#### Chair

Georg Behrens, Germany

#### Coordinator

Lene Ryom, Denmark

#### HIV Treatment

##### CHAIR:

José Arribas,  
Spain

##### VICE-CHAIR:

Jean-Michel Molina,  
France

##### YOUNG SCIENTIST:

Rosa de Miguel Buckley,  
Spain

##### Panel Members

- Andrea Antinori, Italy
- Margherita Bracchi, United Kingdom
- Alexandra Calmy, Switzerland
- Nikos Dedes, Greece
- Andrzej Horban, Poland
- Christine Katlama, France
- Inga Latysheva, Russian Federation
- Jens D. Lundgren, Denmark
- Sheena McCormack, United Kingdom
- Cristina Mussini, Italy
- Anton Pozniak, United Kingdom
- Federico Pulido, Spain
- François Raffi, France
- Hans-Jürgen Stellbrink, Germany
- Marc Van Der Valk, Netherlands
- Marta Vasylyev, Ukraine

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Ireland

##### VICE-CHAIR:

Alan Winston,  
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Ireland

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- Georg Behrens, Germany
- Jordi Blanch, Spain
- Franck Boccara, France
- Mark Bower, United Kingdom
- Fatima Brañas, Spain
- Paola Cinque, Italy
- Simon Collins, United Kingdom
- Juliet Compston, United Kingdom
- Susanne Dam Nielsen, Denmark
- Stéphane De Wit, Belgium
- Leonardo M. Fabbri, Italy
- Christoph A. Fux, Switzerland
- Magnus Gisslen, Sweden
- Giovanni Guaraldi, Italy
- Esteban Martínez, Spain
- Catia Marzolini, Switzerland
- José M. Miro, Spain
- Eugenia Negredo, Spain
- Peter Reiss, Netherlands
- Lene Ryom Nielsen, Denmark
- Giada Sebastiani, Canada

##### Contributor

- Alessia Dalla Pria,  
United Kingdom

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##### CHAIR:

Andri Rauch,  
Switzerland

##### VICE-CHAIR:

Christoph Boesecke,  
Germany

##### YOUNG SCIENTIST:

Charles Béguelin,  
Switzerland

##### Panel Members

- Juan Berenguer, Spain
- Sanjay Bhagani, United Kingdom
- Raffaele Bruno, Italy
- Svilen Konov, United Kingdom
- Karine Lacombe, France
- Stefan Mauss, Germany
- Luís Mendão, Portugal
- Lars Peters, Denmark
- Massimo Puoti, Italy
- Jürgen Rockstroh, Germany

#### Opportunistic Infections

##### CHAIR:

Ole Kirk,  
Denmark

##### VICE-CHAIR:

Paola Cinque,  
Italy

##### YOUNG SCIENTIST:

Daria Podlekareva,  
Denmark

##### Panel Members

- Juan Ambrosioni, Spain
- Nathalie de Castro, France
- Gerd Fätkenheuer, Germany
- Hansjakob Furrer, Switzerland
- José M. Miro, Spain
- Cristiana Oprea, Romania
- Anton Pozniak, United Kingdom
- Alain Volny-Anne, France

#### Drug-Drug Interactions

##### CHAIR:

Catia Marzolini,  
Switzerland

##### VICE-CHAIR:

Giovanni Guaraldi,  
Italy

##### Panel Members

- Sara Gibbons, United Kingdom
- Françoise Livio, Switzerland

#### ART Paediatric Panel

##### CHAIR:

Alasdair Bamford,  
United Kingdom

##### DEPUTY CHAIR:

Steven Welch,  
United Kingdom

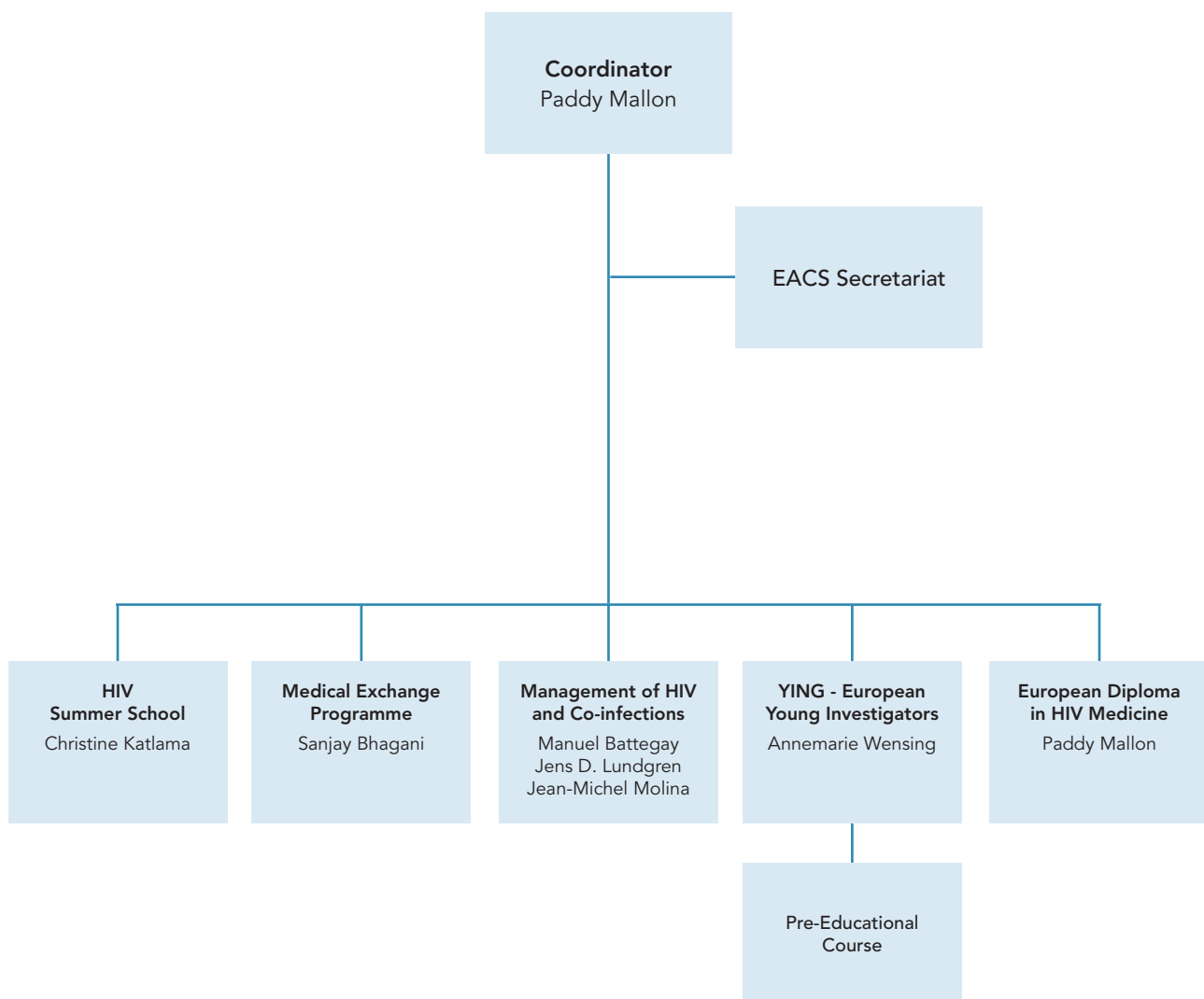
##### YOUNG SCIENTIST:

Hylke Waalewijn,  
Netherlands

##### Panel Members

- Stefania Bernardi, Italy
- David Burger, Netherlands
- Guido Castelli Gattinara, Italy
- Elena Chiappini, Italy
- Angela Colbers, Netherlands
- Alex Compagnucci, France
- Catherine Dollfus, France
- Caroline Foster, United Kingdom
- Luisa Galli, Italy
- Vania Giacomel, Italy
- Hermione Lyall, United Kingdom
- Mariana Mardarescu, Romania
- Laura Marques, Portugal
- Lars Naver, Sweden
- Tim Niehues, Germany
- Antoni Noguera-Julian, Spain
- Pablo Rojo, Spain
- Christoph Rudin, Switzerland
- Vana Spoulou, Greece
- Gareth Tudor-Williams, United Kingdom
- Anna Turkova, United Kingdom
- Alla Volokha, Ukraine

## EDUCATION & TRAINING Working Group



# EDUCATION & TRAINING

## Working Group

### HIV Summer School

#### CHAIR:

Christine Katlama,  
France

### Medical Exchange Programme

#### CHAIR:

Sanjay Bhagani,  
United Kingdom

### Management of HIV and Co-infections

#### CHAIRS:

Manuel Battegay,  
Switzerland  
Jens D. Lundgren,  
Denmark  
Jean-Michel Molina,  
France

### YING - European Young Investigators

#### CHAIR:

Annemarie Wensing,  
Netherlands

#### VICE-CHAIR:

Tristan Barber,  
United Kingdom

### European Diploma in HIV Medicine

#### CHAIR:

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Ireland

#### Steering Committee

- Sanjay Bhagani, United Kingdom
- Dominique Costagliola, France
- Stéphane De Wit, Belgium
- Christine Katlama, France
- Nicola Mackie, United Kingdom
- Caroline Sabin, United Kingdom

#### EACS Live! 2020 Faculty

- Juan Ambrosioni, Spain
- Sanjay Bhagani, United Kingdom
- Dominique Costagliola, France
- Stéphane De Wit, Belgium
- Yvonne Gilleece, United Kingdom
- Christine Katlama, France
- Nicola Mackie, United Kingdom
- Paddy Mallon, Ireland
- Cristiana Oprea, Romania
- Jürgen Rockstroh, Germany
- Caroline Sabin, United Kingdom

#### HIV Summer School 2021 Faculty

- Juan Ambrosioni, Spain
- Jose Bernardino, Spain
- Sanjay Bhagani, United Kingdom
- Dominique Costagliola, France
- Stéphane De Wit, Belgium
- Yvonne Gilleece, United Kingdom
- Christine Katlama, France
- Agnès Libois, Belgium
- Nicola Mackie, United Kingdom
- Paddy Mallon, Ireland
- Romain Palich, France
- Roger Paredes, Spain
- Sanjay Pujari, India
- Casper Roxk, Netherlands
- Caroline Sabin, United Kingdom
- Oana Sandulescu, Romania
- Annemarie Wensing, Netherlands

#### Review Committee

- Juan Berenguer, Spain
- Christoph Boesecke, Germany
- Antonella Castagna, Italy
- Christine Katlama, France
- Justyna D. Kowalska, Poland
- Tetiana Kyrychenko, Ukraine
- Esteban Martínez, Spain
- Jean-Michel Molina, France
- Cristina Mussini, Italy
- Miłosz Parczewski, Poland
- Annemarie Wensing, Netherlands

#### Mentors

#### Career Fellowship Development

- Antonella d'Arminio Monforte, Italy
- Dominique Costagliola, France
- John M Gill, Canada
- Jens D. Lundgren, Denmark
- Cristina Mussini, Italy
- Peter Reiss, Netherlands
- Alison Rodger, United Kingdom

#### Short Clinical Exchange Programme

- Sanjay Bhagani, United Kingdom
- Christine Katlama, France
- Justyna D. Kowalska, Poland
- Patrick Mallon, Ireland
- Jürgen Rockstroh, Germany
- Jaime Vera Rojas, United Kingdom

#### Steering Committee

- Manuel Battegay, Switzerland
- Valerie Delpéch, United Kingdom
- Jens D. Lundgren, Denmark
- Jean-Michel Molina, France
- Nicole Seguy, Denmark/WHO Europe

#### Scientific Faculty

#### Clinical Management of HIV

- Gabriele Arendt, Germany
- José Arribas, Spain
- Alvaro Borges, Denmark
- Paola Cinque, Italy
- Esteban Martínez, Spain
- Lars Peters, Denmark
- Daria Podlekareva, Denmark
- Stefano Rusconi, Italy
- Katayoun Taghavi, Switzerland

#### Treatment as Prevention and PREP

- Laurent Cotte, France
- Jeffrey Lazarus, Spain
- Sheena McCormack, United Kingdom
- Thijs Reyniers, Belgium
- Alison Rodger, United Kingdom
- Bea Vuylsteke, Belgium

#### Public health Perspectives

- Magdalena Ankersztejn-Bartczak, Poland
- Jordi Casabona, Spain
- Zoran Dominkovic, Croatia
- Coleen Finlay, Ireland
- Nadia Gasbarrini, Italy
- Meaghan Kall, United Kingdom
- Anastasia Pharris, Sweden
- Anita Sands, Switzerland/WHO
- Alex Schneider, Switzerland
- Daniel Simoes, Portugal
- Colette Smith, United Kingdom
- Ann Sullivan, United Kingdom

#### Optimisation of ART programs

- Valentina Cambiano, United Kingdom
- Ole Kirk, Denmark
- Anders Sönnnerborg, Sweden
- Robyn Stuart, Denmark
- Anna Vassilenko, Belarus
- Elena Vovc, Denmark/WHO Europe

#### Coordination & Organisation

- Anne-Louise Grevsen
- Marie Louise Jakobsen

#### Steering Committee

- Laura Waters, United Kingdom

#### Scientific Committee

- Maximilian C. Aichelburg, Austria
- José Bernardino, Spain
- Markus Bickel, Germany
- Adrian Curran, Spain
- Christine Gilles, Belgium
- Niklaus Labhardt, Switzerland
- Agnès Libois, Belgium
- Silvia Nozza, Italy
- Casper Roxk, Netherlands
- Dominic Rowley, Ireland
- Oana Sandulescu, Romania
- Agata Skrzat-Klapaczyńska, Poland
- Christoph D. Spinner, Germany
- Marta Vasylyev, Ukraine

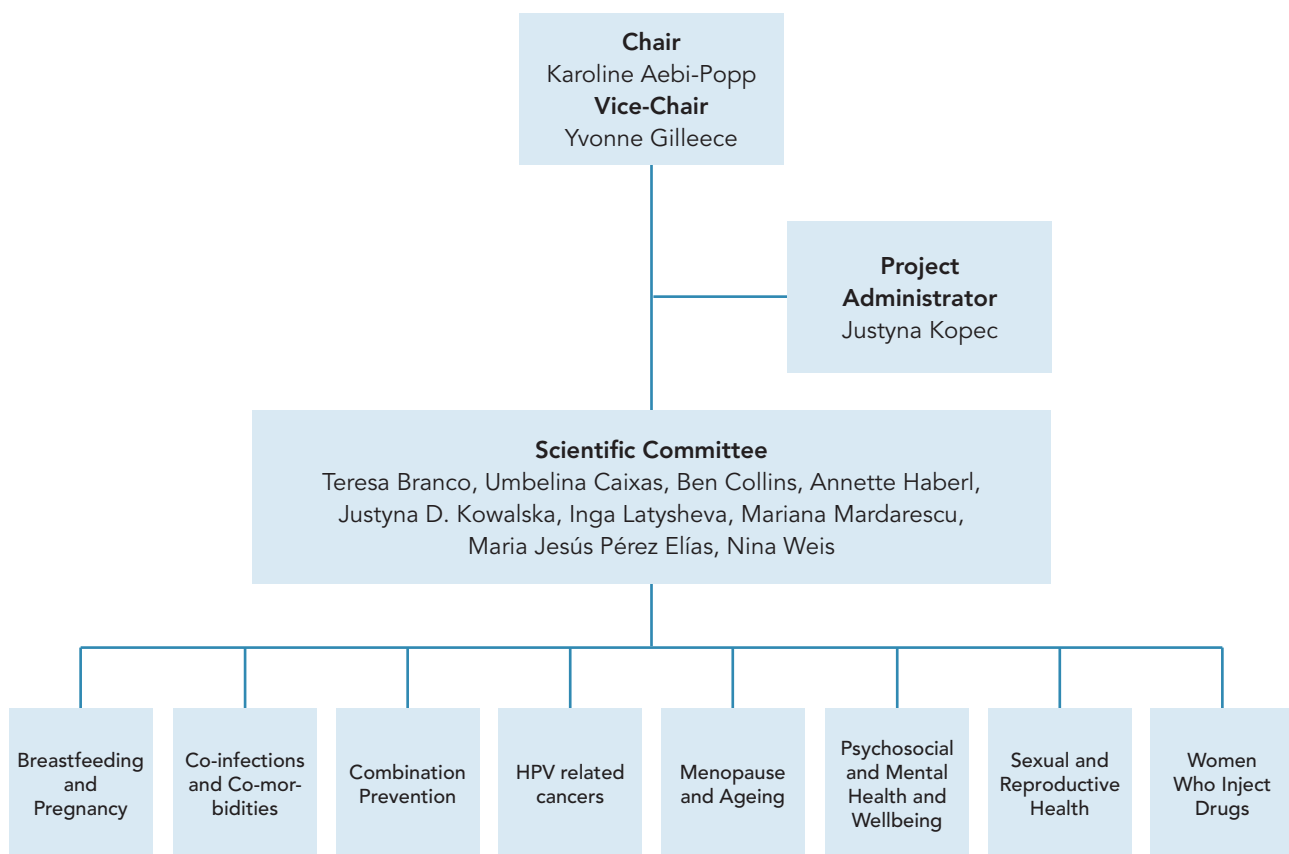
#### Senior Advisors

- Yvonne Gilleece, United Kingdom
- Nicola Mackie, United Kingdom

#### Junior Faculty

- Bogusz Aksak-Wąs, Poland
- Adriana Cervo, Italy
- Nathalie de Castro, France
- Christina Ekenberg, Denmark
- Jennifer Hart, United Kingdom
- Irina Ianache, Romania
- Alexy Inciarte, Spain
- Miruna Ispas, Romania
- Camilla Muccini, Italy
- Cathal O'Broin, Ireland
- Sayee Papineni, United Kingdom
- Casper Roxk, Netherlands
- Pablo Ryan, Spain
- Agata Skrzat-Klapaczyńska, Poland
- Bernard Surial, Switzerland

## WAVE (Women Against Viruses in Europe) Working Group



## WAVE (Women Against Viruses in Europe) Working Group

### Scientific Committee

- Karoline Aebi-Popp, Switzerland
- Teresa Branco, Portugal
- Umbelina Caixas, Portugal
- Ben Collins, United Kingdom
- Yvonne Gilleece, United Kingdom
- Annette Haberl, Germany
- Justyna D. Kowalska, Poland
- Inga Latysheva, Russia
- Mariana Mardarescu, Romania
- Maria Jesús Pérez Elías, Spain
- Nina Weis, Netherlands

### Working Committees

#### Breastfeeding and Pregnancy

- Karoline Aebi-Popp, Switzerland
- Annette Haberl, Germany
- Mariana Mardarescu, Romania

#### Menopause and Ageing

- Nina Weis, Netherlands

#### Combination Prevention

- Ben Collins, United Kingdom
- Yvonne Gilleece, United Kingdom
- Maria Jesús Pérez Elías, Spain

#### Co-infections and Co-morbidities

- Teresa Branco, Portugal
- Umbelina Caixas, Portugal

#### Consultants:

- Hilary Curtis, United Kingdom
- Naomi Fitzgerald, United Kingdom
- Sonia Raffe, United Kingdom
- Melvina Woode-Ousu, United Kingdom

### Project Teams

#### European survey study - Achievements and gaps to provide pre-exposure prophylaxis (PrEP) for women across the European Region

- Karoline Aebi-Popp, Switzerland
- Ben Collins, United Kingdom
- Maria Jesús Pérez Elías, Spain
- Ellen Frøsig Moseholm Larsen, Denmark

#### National cohorts review - newly diagnosed women.

##### Towards women specific risk assessment tool

- Ben Collins, United Kingdom
- Yvonne Gilleece, United Kingdom
- Maria Jesús Pérez Elías, Spain

#### Screening for co-morbidities and menopause in women with HIV

- Umbelina Caixas, Portugal
- Gordana Dragovic, Serbia
- Yvonne Gilleece, United Kingdom
- Deniz Gökengin, Turkey
- Anna Hachfeld, Switzerland
- Panagiota Lourida, Greece
- Nneka Nwokolo, United Kingdom
- Shema Tariq, United Kingdom

#### Migrant women - reasons for late presentation

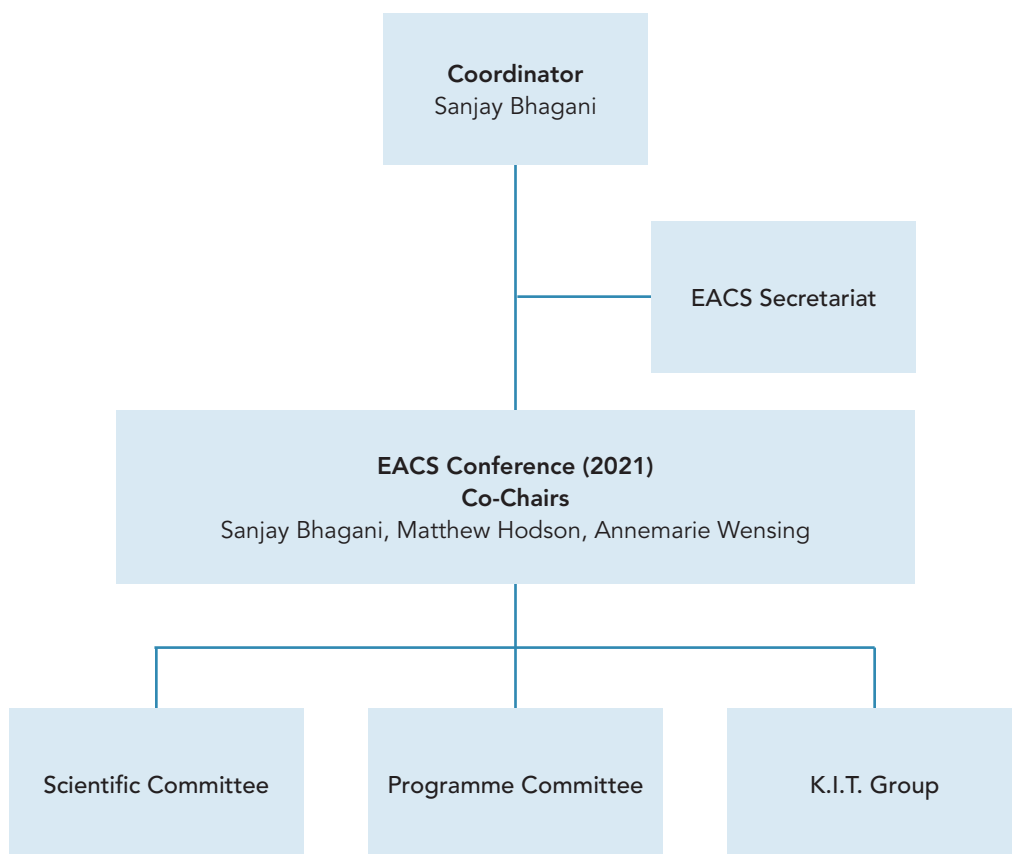
- Nina Weis, Netherlands
- Panagiota Lourida, Greece
- Dagny Krankowska, Poland

#### WAVE in Ukraine workshops

- Karoline Aebi-Popp, Switzerland
- Sergii Antoniak, Ukraine
- Svetlana Antonyak, Ukraine
- Umbelina Caixas, Portugal
- Annette Haberl, Germany
- Justyna D. Kowalska, Poland
- Marta Vasylyev, Ukraine

# 18<sup>th</sup> EUROPEAN AIDS CONFERENCE 2021

## Working Group



## 18<sup>th</sup> EUROPEAN AIDS CONFERENCE 2021

### Working Group

#### Co-Chairs

- Sanjay Bhagani, Local Co-Chair
- Matthew Hodson, Local Community Co-Chair
- Annemarie Wensing, EACS Chair

#### Scientific Committee

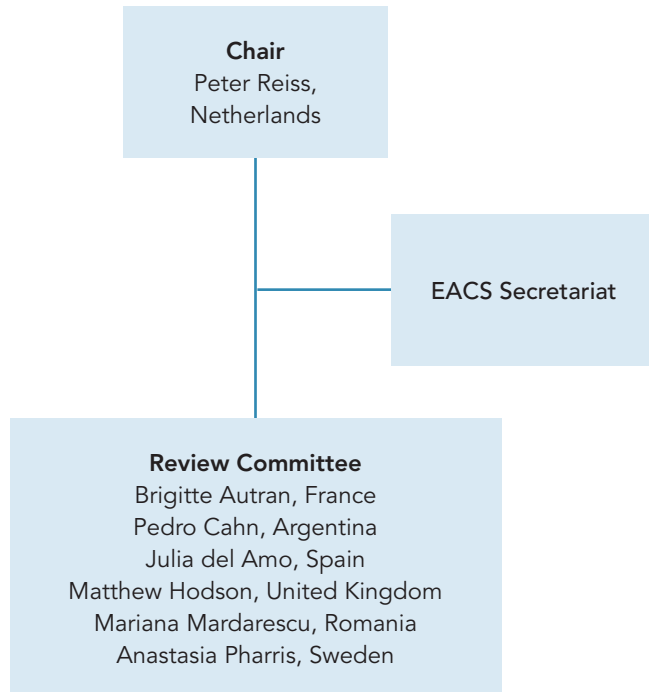
- Juan Berenguer, Spain
- Christoph Boesecke, Germany
- Fiona Burns, United Kingdom
- Antonella Castagna, Italy
- Nikoloz Chkhartishvili, Georgia
- Stéphane De Wit, Belgium
- Valerie Delpech, United Kingdom
- Denis Onyango, United Kingdom
- Sarah Fidler, United Kingdom
- Andrew Freedman, United Kingdom
- Yvonne Gilleece, United Kingdom
- Christine Katlama, France
- Justyna D. Kowalska, Poland
- Tetiana Kyrychenko, Ukraine
- Jens D. Lundgren, Denmark
- Catia Marzolini, Switzerland
- Jean-Michel Molina, France
- Fiona Mulcahy, Ireland
- Cristina Mussini, Italy
- Teymur Noori, Sweden
- Chloe Orkin, United Kingdom
- Antonios Papadopoulos, Greece
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- Thomas Rasmussen, Denmark
- Andri Rauch, Switzerland
- Ian Reeves, United Kingdom
- Lene Ryom Nielsen, Denmark
- Caroline Sabin, United Kingdom
- Gabriella Scarlatti, Italy
- Agata Skrzat-Klapaczyńska, Poland
- Alexandra Trkola, Switzerland
- Andrew Ustianowski, United Kingdom
- Marta Vasyliev, Ukraine
- Evgeny Voronin, Russia
- Elena Vovc, Denmark
- Sharon Walmsley, Canada

#### Programme Committee

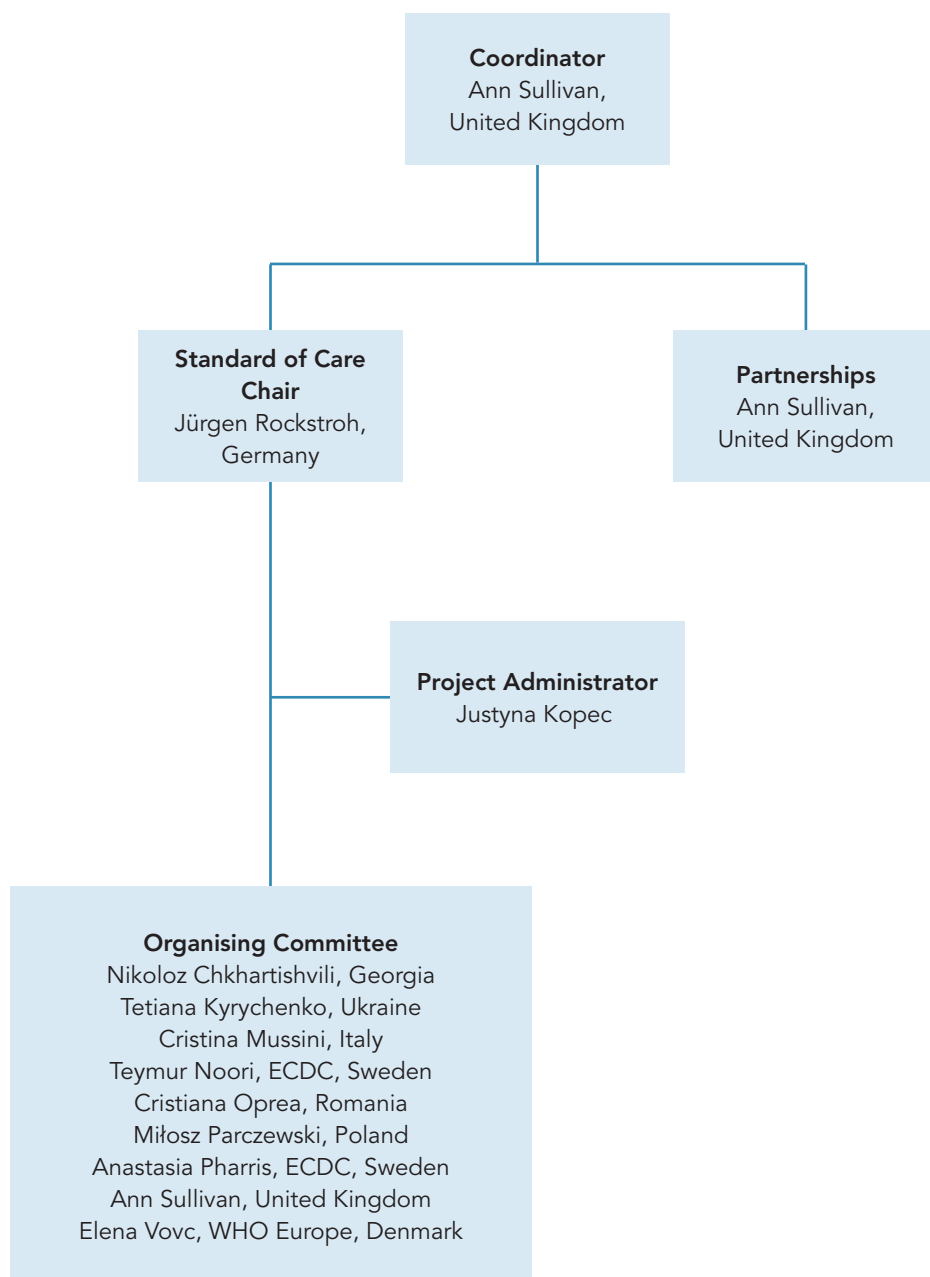
- Karoline Aebi-Popp, Switzerland
- Antonella d'Arminio Monforte, Italy
- Manuel Battegay, Switzerland
- Georg Behrens, Germany
- Sanjay Bhagani, United Kingdom
- Jade Ghosn, France
- Deniz Gökengin, Turkey
- Matthew Hodson, United Kingdom
- Paddy Mallon, Ireland
- Esteban Martínez, Spain
- Michaela Müller-Trutwin, France
- Cristiana Oprea, Romania
- Alexander Panteleev, Russia
- Miłosz Parczewski, Poland
- Silvia Petretti, United Kingdom
- Anton Pozniak, United Kingdom
- Peter Reiss, Netherlands
- Jürgen Rockstroh, Germany
- Alex Schneider, Switzerland
- Ann Sullivan, United Kingdom
- Linos Vandekerckhove, Belgium
- Laura Waters, United Kingdom
- Annemarie Wensing, Netherlands



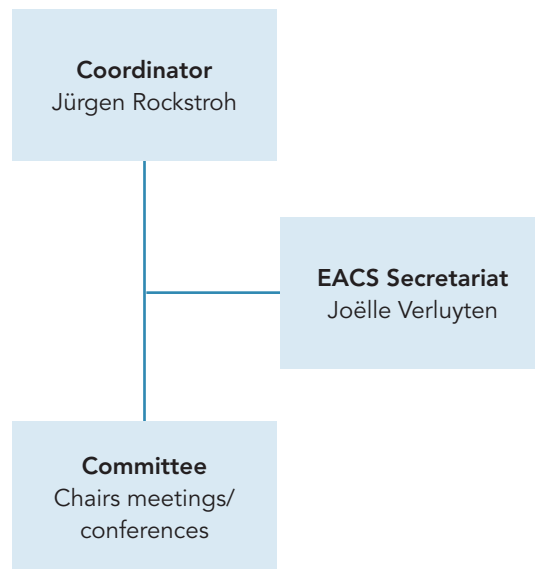
## EACS AWARD Working Group

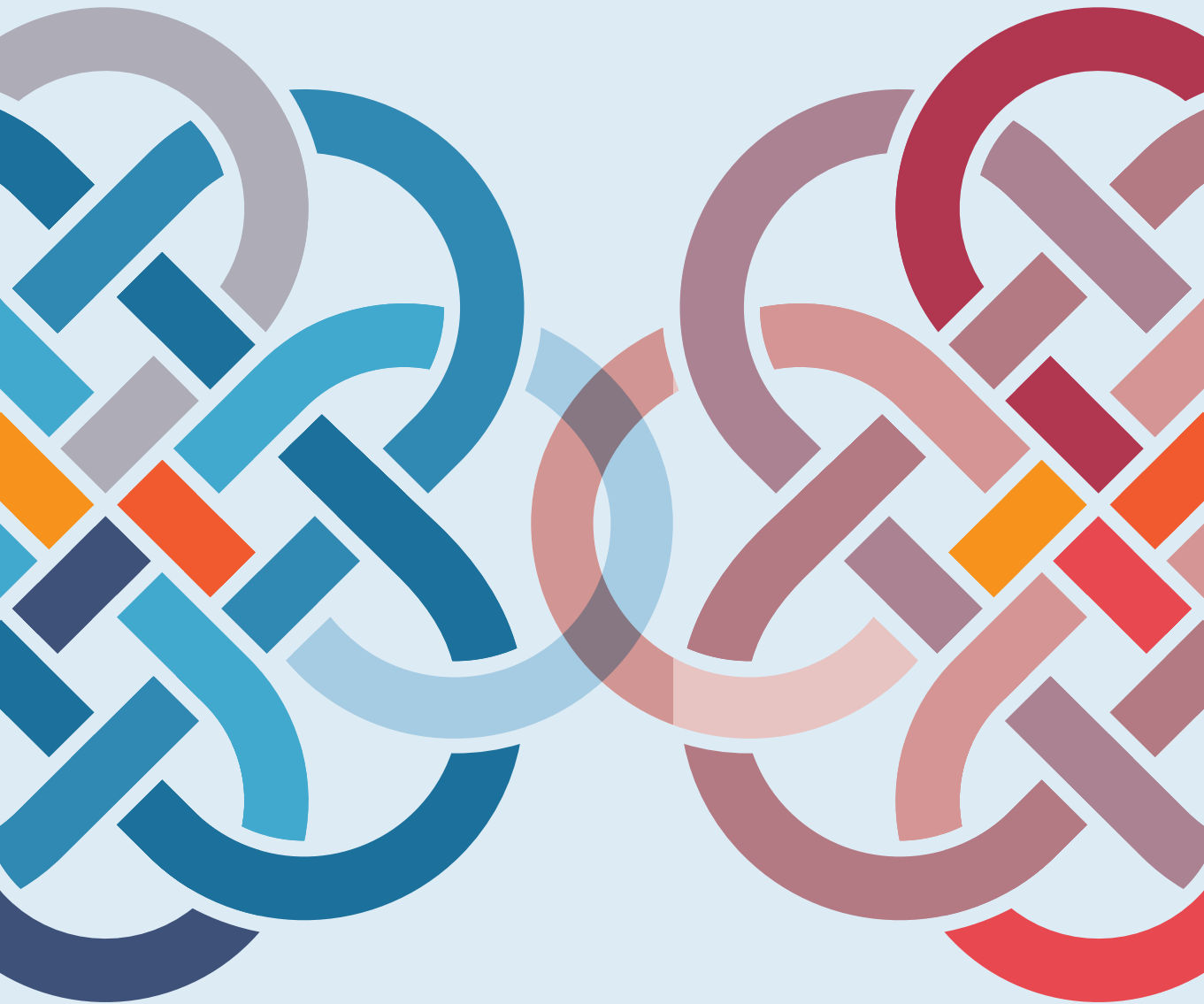


## STANDARD OF CARE & PARTNERSHIPS Working Group



## FUNDING & GRANTS Working Group





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