Dear EACS members,

2020 has been dominated by the evolving COVID-19 pandemic, particularly in Europe. Many HIV-physicians are involved in the frontline to take care of COVID-19 patients and are needing to divide their time between the two patient populations. The implementation of quarantine, social distancing, and community containment measures have dramatically reduced access to routine HIV testing, challenging completion of UNAIDS’ first 90-90-90 global target. However, some positive aspects of HIV care made during the pandemic (such as increased use of home testing, for example) should be maintained going forward. Also HIV-tests should be offered to all admitted COVID-19 patients as real harm can be done by missing a positive case. Moreover, by widespread testing and earlier HIV diagnosis the occurrence of late HIV diagnosis can be prevented, which is more important than ever now as many clinics and hospitals are not able to provide care for non-COVID patients. Timely linkage to HIV care as well as ART continuation has been hindered during the COVID-19 pandemic. According to a survey carried out by WHO, 36 countries have reported disruption in provision of ART services since April. In these countries 11.5 million people were receiving ART (45% of the global ART coverage). In many countries with high COVID-19 case load there is a need to prepare for operating under minimal medical resources with the aim to secure retention on ART. It is crucially important that we maintain excellent links with non-governmental organisations in order to ensure the continuity of ART deliverance for treatment and prevention.

Although initial smaller case series did not observe much difference in the outcome of COVID-19 in HIV-coinfected individuals larger cohorts with greater patient numbers now indicate that there may be a slight increase in hospitalisation rates and overall mortality in HIV and COVID-19 coinfected individuals. This implies that HIV-infected subjects should belong to the group of prioritised patients with chronic diseases once successful COVID-19 vaccination schedules become available. The long-term outcome of the COVID-19 pandemic on mental health in vulnerable patient population remains uncertain but clearly will also impact quality of life in our patient population. New models of care particularly in the area of telemedicine are evolving which may also help us to stay in contact with our HIV-patients and ensure adherence and contribute to maintenance of viral suppression. It remains crucial that all HIV-patients have sufficient medication supply and that they know that they can come to the clinic if they need to be seen and receive psychosocial support as needed.

Clearly, 2020 has been a particularly challenging year, threatening many recent advances in HIV prevention and care. However, some good things have also evolved from this adversity; tele-medicine, home testing, evidence-based care. Let us embrace those changes.

As 2020 draws to an end, and we commemorate World AIDS Day, let us continue to do our best to maintain supporting people living with HIV and remember those who have died.

Please remain active members of our EACs society and stay healthy.

Prof. Jürgen Rockstroh, EACS President
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