



# Professor Manuel Battegay New President of EACS

**Professor of Infectious Diseases and Internal Medicine Manuel Battegay at the University of Basel, Switzerland, is the Chief of the Division for Infectious Diseases and Hospital Epidemiology at the University Hospital, a position he has held since 2002. Since December 2012 he is also the President of the European AIDS Clinical Society – EACS.**

Professor Battegay grew up in the Swiss city of Basel, just by the border to France and Germany, and this is also where he studied medicine.

## **Did not follow colleagues' advice**

After graduating in 1985 he went to work in a Cantonal Hospital in Liestal, a small city in Switzerland, and in 1988 to Zürich where he started working at the Internal Medicine Outpatient Department.

– I had two main interests at the time – one was infectious diseases, and the other was oncology, he recalls.

It so happened that a position at the Infectious Diseases Division in Zürich be-

came vacant, so Dr Battegay decided to go for it. It is a decision he never regretted.

– It was a large clinic, and well established, Prof Battegay continues.

At this point in time there was an open scene with injecting drug users in Zürich, the 'Platzspitz', and the Clinic contracted a lot of HIV patients. Prof Battegay decided to enter the field of HIV – a move that he was advised *against* by some of his colleagues.

– They told me it would endanger my career, he says.

But the young Dr Battegay saw that this was a new disease, which needed to be addressed by a lot of clinical work and research.

– Also, I saw that there was a human tragedy ongoing, with a lot of young people affected. There was a need to change things in a field that was not already set.

So he decided to skip the advice, and in order to learn more Dr Battegay decided to start studying basic virus induced immunology first in Zürich in the renowned Institute of Experimental Pathology headed by Rolf Zinkernagel.

## **A position in the hometown Basel became vacant**

Next Dr Battegay went to the National Institutes of Health in the U.S. where he studied and worked on hepatitis C immunity from 1993 to 1994.

– Then there was a window of opportunity for me: In Basel – my hometown, he explains.

The HIV clinic at the University Hospital needed a head. Dr Battegay went for the position by the end of 1994 and also became the Deputy Head of the Outpatient Department in 1996.

Asked about the setting he describes the Swiss HIV Cohort Study – SHCS.

– It is a fantastic research collaboration of all Swiss University Centres and associated larger hospitals, as well as private practices, for HIV, he explains.

It was founded in 1988, and then re-organised at the same time as Dr Battegay came back to Basel. He states that he regards it as a privilege to have been involved in the development of the Swiss Cohort and along the progress of treatment of HIV.

– Today HIV is well cared for in Switzerland, the most important structure is provided by the Swiss Cohort. Also, close ties exist to many European studies.

To a high degree, more than 17,000 patients who give informed consent – including genetic studies – have contributed to gain knowledge about HIV/AIDS, he says.

– Today we have approximately 500 new infections per year in Switzerland.

### **Once a controversial programme is now a success**

At present, HIV is cared for in larger hospitals in Switzerland but there are also excellent private practitioners, Prof Battegay underlines.

– We estimate that 60–70% of infected patients are in the Swiss Cohort. 85–90% of these are treated. Of those treated, 85–90% have their viral load controlled.

The drug scene has changed very much in the country.

– Switzerland was one of the first countries in Europe that endorsed a substitution programme – with methadone, later with heroine and very early a needle exchange programme, set to reach all illicit drug users. It was very controversial when it was launched, but today the critics are mostly convinced as well. It has caused a lot of change – and also a decline in criminality, Prof Battegay points out.

### **Career in research**

Already in 1988, as an assistant, the young Dr Battegay was proud to present an abstract at the second European Conference on Clinical Aspects and Treatment of HIV that took place in Brussels. This was given by the entity that later turned into the EACS.

– Much later, in 2006, I became a member of the EACS Board. In 2008 I was elected as Vice-President, and in December 2012 I became President.

When asked what attracted him to this position, Prof Battegay explains that he enjoyed working in the board from the beginning on, and that he thinks it is important to have the Society well organised in a set structure. This is something he enjoys doing.

– It is a great society! EACS enables us all to be a part in shaping the most important topics in the HIV field.

He adds that it is also very stimulating to work together with colleagues and friends that share the vision to really bring this field forward.

– We have the important task to ensure the most excellent training and education of doctors – and other HIV health professionals. We also have a platform for presenting research – the biannual EACS Conference serves very well for this purpose – not forgetting the importance of issuing treatment guidelines.

Ultimately, this should serve to support better care and treatment of patients in Europe – and better care also has implications for prevention, Manuel Battegay continues.

### **Guidelines are very important**

– During the last years, we worked very hard to further develop the EACS Conference.

The Governing Board and all Presidents, the latest two being Jose Gatell and Peter Reiss, influenced the development of the Conference itself. More research from Eastern Europe has been integrated, as well as from Sub-Saharan countries. It also reflects collaborative research within and with Europe.

– General education and training has always been one of EACS' strengths with the courses led by Christine Katlama in the South of France. Now we intend to reach out to other regions of Europe.

Battegay underlines that the guidelines, issued under the lead of Nathan Clumeck, Jens Lundgren and Jürgen Rockstroh, have provided most valuable support for clinicians in their everyday decision-making.

– A proof of this lies in the fact that the guidelines are now translated into 15 languages. And we also hear they are being used on all continents!

### **Aim to reduce stigma**

An important task for Prof Battegay – and the entire Governing Board – is to support the next generation of HIV physicians and future leaders of clinics.

– This will provide a basis to *maintain* and strengthen good clinical care and research in the future. We therefore have newly elected regional representatives, which are actively participating in building the EACS Conference programme. The new governance structure will have an impact on the Society's further development.

One key issue is stigma surrounding HIV infection.

– EACS aims to reduce stigma by providing good information to doctors. But this is not enough – the caregivers of the

*entire society* have to be reached. EACS strives for the goal that HIV care should be given to all patients on equal terms, with the best possible quality – acknowledging different cultural aspects. We also work on improving communication and will launch a new website shortly.

### **Jubilee**

The Conference in Brussels this autumn, co-chaired by Nathan Clumeck, also marks the 25<sup>th</sup> anniversary of EACS' conferences.

– The Scientific Programme Committee has therefore thoughtfully put together an exciting programme with a mix of hot topics: the newest on antiretrovirals, hepatitis – co-infection, tuberculosis and a joint session with the International Workshop on Co-morbidities & Adverse Drug Reactions in HIV, to name a few. We expect that the latest original research from different fields will be presented, be it from large European cohort studies or from treatment studies.

– We also looked for more special themes such as retention in care and strategies of HIV testing or addressing social and behavioural aspects.

For the first time, the programme in 2013 includes “Meet the Expert” morning sessions.

### **The clinic, research – and the mountains**

Today, Prof Battegay estimates that he spends 30% of his time during a normal working week actually seeing patients in the clinic. Administration takes up approximately 30% of his time, and the rest he spends on research and research organisation.

– I'm still active in the clinic and I'm also supervising younger infectious disease colleagues.

When he has some spare time, Manuel Battegay says he is with his family and friends. He loves listening to classical music, and also reading. Another leisure interest seems natural for a man from Switzerland:

– I like mountaineering, and I love to hike in the Alps, Prof Battegay says and rounds off by wishing everybody a warm welcome to EACS Conference in Brussels, October 16–19.

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