viruses

Editorial

Cascade of Care for HIV and Hepatitis

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Advances in antiviral treatment have fundamentally transformed the management of HIV and viral hepatitis. Antiretroviral therapy (ART) improved life expectancy among people living with HIV, while direct-acting antivirals (DAAs) have made hepatitis C virus (HCV) infection curable in most treated individuals. Nevertheless, even the unrestricted availability of ART and DAA does not automatically ensure timely diagnosis, linkage to treatment, retention in care, or equitable clinical outcomes.

The eight contributions to this Special Issue of Viruses, titled "Cascade of Care for HIV and Hepatitis", address complementary aspects of these challenges. Collectively, they highlight the importance of integrating biomedical advances with diagnostic strategies, patient-partnered services, and public health interventions.

HIV care expands beyond achieving an undetectable viral load, as immune dysfunction depends on many factors, including the history of AIDS-defining diseases (ADDs), coinfections and non-AIDS-related complications. The European AIDS Clinical Society recommendations emphasize individualized management, regular monitoring, and attention to comorbidities throughout the course of HIV infection [1]. Recent European data also demonstrate that ADDs continue to occur, reinforcing the importance of early diagnosis and sustained engagement with healthcare services [2]. Furthermore, preventable HIV-related mortality remains an important indicator of inequalities and missed opportunities within healthcare systems [3].

The work addressing CMV infection and occult HBV infection included in this Special Issue illustrates the additional complexity associated with viral coinfections. These findings support comprehensive diagnostic assessment and underline that early diagnosis, of both HIV and hepatitis, is fundamental to preventing death due to viral infections.

However, access to testing and the continuity of care are affected by various social factors, such as concerns regarding confidentiality, and stigmatization. These can stem from laws that criminalize same-sex relationships, sex work, or the possession of illicit substances for personal use. These in turn negatively affect healthcare engagement and treatment adherence, emphasizing the need for interventions targeting broader social and political structures [4,5]. This is particularly evident among people who use drugs and other populations experiencing social vulnerability. Integrated care, patient navigation, and collaboration between healthcare providers can improve engagement throughout the HCV treatment cascade [6,7]. The work published in this Special Issue on HCV microelimination, addiction treatment, and HBV/HDV screening in vulnerable populations reinforces the importance of accessible, community-oriented services.

Continuity of care is equally important during public health emergencies and humanitarian crises. The COVID-19 pandemic and the displacement of people living with HIV and/or viral hepatitis following the war in Ukraine demonstrated the vulnerability

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of established treatment pathways. European initiatives have consequently emphasized coordinated support, cross-border collaboration, and uninterrupted access to ART [8–10]. Recent EuroSIDA findings provide further insight into the resilience of the HIV care cascade during the pandemic [11].

The contributions in this Special Issue support a transition from disease-specific treatment strategies towards integrated and patient-partnered models of HIV and viral hepatitis care.

Ultimately, effective medicines and diagnostic technologies are indispensable, but their impact depends on the organization and accessibility of healthcare services. The success of HIV and viral hepatitis control should be measured not only by viral suppression or cure, but also by the ability of healthcare systems to provide equitable, continuous, and comprehensive care.

Conflicts of Interest: The author declares no conflicts of interest.

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