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Jens Lundgren is Professor of Viral Diseases and a practicing infectious disease specialist. He founded, and heads, the Centre for Health and Infectious Disease Research and PERSIMUNE (Centre of Excellence for Personalised Medicine of Infectious Complications in Immune Deficiency) at the department of infectious diseases (CHIP; <http://www.cphiv.dk/> PERSIMUNE; [www.persimune.dk](http://www.persimune.dk)), based at the Copenhagen University Hospital (Rigshospitalet), University of Copenhagen.

Jens Lundgren is a member of the Executive Committee of the NIH/NIAID funded INSIGHT network (International Network for Strategic Initiatives in Global HIV Trials), chairs its scientific steering committee and is Co-PI for the START study. He is Co-editor-in-chief of the "HIV Medicine" journal, Chair of the Steering Committee for the "D:A:D study"; founder and current member of the steering committee for the EuroSIDA study; founder and current member of the steering committee of the "HIV In Europe" initiative focused on early testing and care for HIV+ persons across Europe (<http://www.hiveurope.eu/>), and chairs the EACS non-infectious co-morbidity guidelines panel - <http://www.europeanaidscinicalsociety.org/> and was awarded the EACS Award for Excellence in HIV Medicine in 2015. He is member of American Society of Clinical Investigation (ASCI; <http://www.the-asci.org/>) and Association of American Physicians (AAP; <http://aap-online.org/>), and honorary life-long member of IAPAC (<http://www.iapac.org/>). His list of publications in scientific literature is extensive, and he has mentored several younger colleagues in their research development.

His primary research interests are clinical and public health aspects of the HIV infection itself, and its infectious and non-infectious associated morbidities. In addition to maintaining the large and long-term studies above, CHIP has an active research programme on tuberculosis, viral hepatitis and infectious complications in immune deficiency. Hall-mark findings include the clinical benefit of early on ART use after its introduction in the European continent; safe interruption of disease-specific chemoprophylaxis in HIV persons recovering from severe immunodeficiency; excess morbidity and mortality when ART is interrupted; ART leading to excess risk of myocardial infarction; adjunctive interleukin-2 not leading to better clinical prognosis; and lastly the results of the START study, leading to recommendations of early ART initiation in clinical guidelines etc.