Co-infection with HIV, Hepatitis B and C virus has important implications specially when considering treatment and prognosis. Since the transmission route of these viruses is shared, co-infection is not uncommon. HIV has been shown to increase the persistence of HCV and HBV and the risk of hepatocellular carcinoma. According to CENSIDA in Nuevo León, our state, 3,402 persons live with HIV, but the co-infection with other viruses has not been studied.

In 2018, the Mexican consensus on the treatment of hepatitis C was updated to include for the first time the use of direct acting antivirals. Thus, we consider that it has become critically important to establish the local prevalence of these infections for physicians to know the burden of the disease and establish protocols in their clinics to adapt to newly available treatments.

From January 1st, 2013 through December 31st, 2018, 888 persons were diagnosed with HIV infection. They were all tested for HBV and HCV. HCVAb was positive in 4.6% (41/888) of the studied population, while HBsAg was positive in 2.3% (21/888). When compared with the total of positive tests, the +HCVAb/+HIVAg-Ab represented 9.5% (41/431) of all the reactive HCVAb tests. The +HBVsAg/+HIVAg-Ab on the other hand was 22.8% (21/92) of the total HBV infections (chronic and acute).

We can’t establish prevalence since viral loads to confirm infections and rule out false positive tests have not yet been obtained. Nevertheless, it is very alarming that more than a fifth of the new HBV diagnosis are being done in HIV infected people. We realize a bias in our results since all our HIV infected patients are being tested both for HCV and HBV. We conclude that the preventive measures for hepatitis should reinforced including HBV vaccination and early detection of hepatitis B must sought in HIV new diagnosis.

**References:**