

- Background -

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.

- Materials and methods -

The “Hospital Universitario Dr. José Eleuterio González” is a 500-bed teaching hospital in Nuevo León, Mexico. We aimed to report the seroprevalence of HCV antibodies and HBV surface antigen in the population living with and without HIV that receives medical attention at our institution.

A retrospective review of medical and electronic charts was done looking for HIV, HCV and HBV diagnosis, specially looking for co-infections. Demographic information was also obtained including age, year of infection diagnosis, and gender among others.

- Materials and methods -

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).

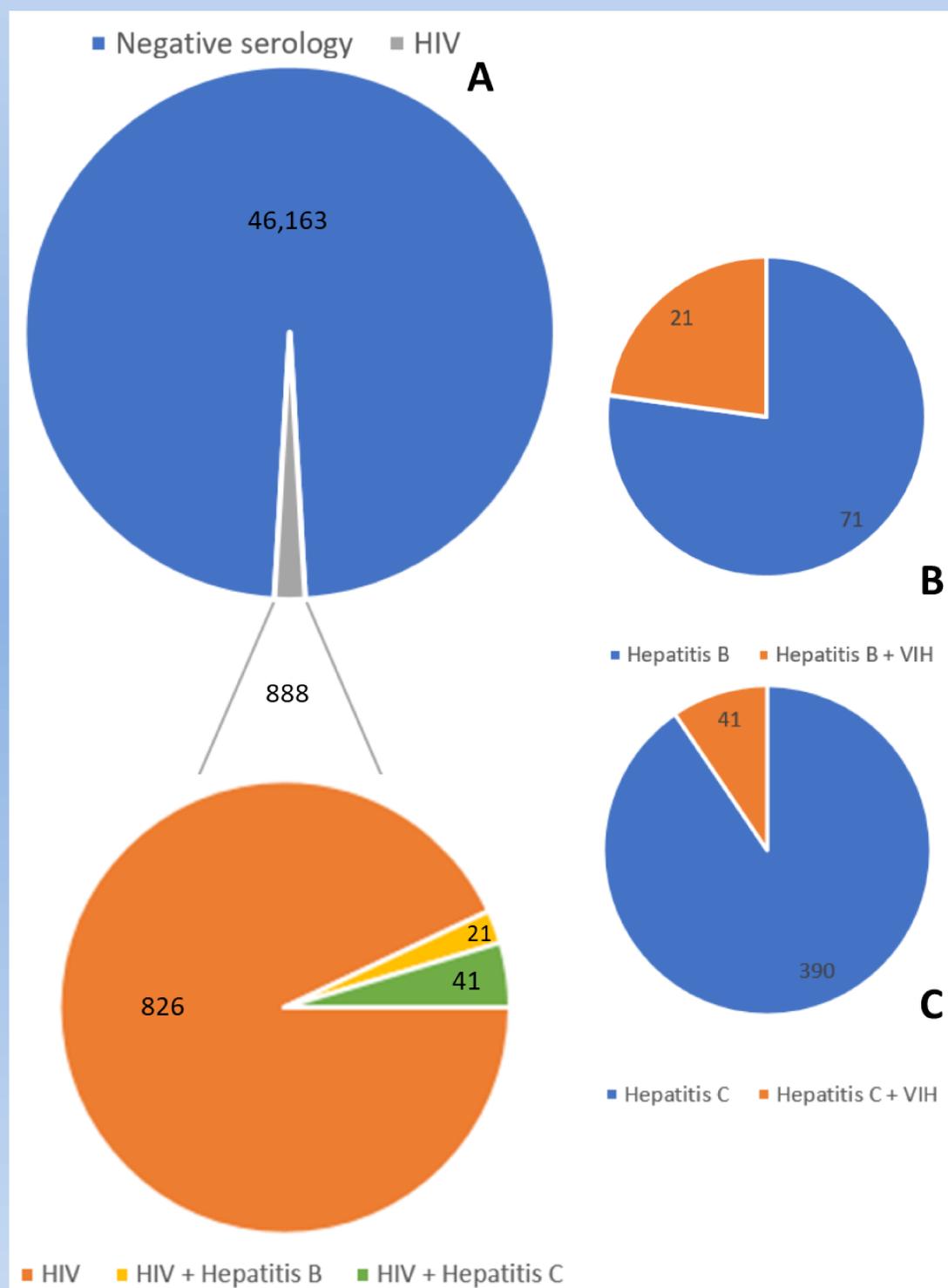


Figure 1. A) Distribution of co-infections in the studied population; B) Co-infections in +HBVsAg population; C) Co-infections in +HCVAb population.

- Conclusions -

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 be reinforced including HBV vaccination and early detection of hepatitis B must be sought in HIV new diagnosis.

References:

- Poo-Ramírez, J. L., Borjas-Almaguer, O. D., Kershenobich-Stalnikowitz, D., Marín-López, E., Flores-Calderón, J., Trejo-Estrada, R., ... González-Huezo, M. S. (2018). Consenso Mexicano para el Tratamiento de la Hepatitis C. *Revista de Gastroenterología de México*, 83(3), 275–324. <https://doi.org/10.1016/j.rgm.2017.11.001>.
- Centro Nacional para la Prevención y Control del VIH y el sida. Boletín de Atención Integral de Personas con VIH. (2018), 4(4), 1–16. Retrieved from https://www.gob.mx/cms/uploads/attachment/file/441126/Boletin_Nal_CENSIDA_AT_IN_oct_dic_2018.pdf.