Due to the inclusion of combined Antiretroviral Therapy (cART), including active anti-HBV agents, HBV infection control has strongly increased in HIV-coinfected patients. Conversely, no suggestion has been provided regarding the management of HIV-positive patients with HBV-resolved infection (i.e., HBsAg-negative).

STUDY DESIGN AND METHODS

The aim of the study was to investigate the impact of previous HBV infection (defined as HBsAg-/AntiHBs serology) on general mortality and the evolution of liver fibrosis. HBV-positives (n=694) enrolled from the ICOnA Foundation Study Cohort were prospectively evaluated to investigate the influence of resolved HBV infection (HBsAb+) on the risk of occurrence of advanced liver fibrosis (defined as Fibrosis 5 score:FIB-4>3.25). We included patients free from liver fibrosis (FIB-4<4 at the date of the available serology test baseline).

We distinguished 5 HBV patients subgroups according to HBV/HCV serology at baseline: a) HCV/HBsAg-, b) HBVc, c) HCV Ab+, d) HBsAg/HBcAb+, e) HBsAg+/HCV Ab+. The different characteristics of the different populations have been described and compared with Kruskal-Wallis or Chi2 according to appropriateness (Table 1). Standard survival analysis by means of Kaplan-Meier curves and Cox regression models with time-fixed covariates measured at baseline was performed (Table 2).