The aim of this study was to evaluate whether the presence of hepatitis viruses, HCV and HBV (HBsAg positivity and/or HBsAg positivity) could influence the control of HIV replication during ART. The risk of viral rebound (2 detections of HIV-RNA> 50 copies / ml, HIV-RNA > 400 copies / ml with 2 consecutive measurements with time-fixed intervals with viral load <50 copies / ml at ART baseline). The following factors were identified as possible confounders of the association of interest and were included in the multivariate analyses: CD4+ lymphocyte count (logarithmic transformation) at ART baseline, age, ART duration, treatment regimen, AD (suppression), and ART adherence (logarithmic transformation). The models were adjusted for age, sex, and race. The results showed that the presence of hepatitis viruses, HCV and HBV (HBsAg positivity and/or HBsAg positivity) was associated with an increased risk of viral rebound during ART. The adjusted relative risk (aRR) for viral rebound was 1.69 (95% CI: 1.28, 2.2) for HIV patients with HBV and/or HCV infection compared to those without hepatitis virus infection. The study also showed that the duration of viral suppression, Mode of HIV transmission, and ART adherence were significantly associated with viral rebound during ART.

The results showed that co-infection with HCV and/or HBV is associated with an increased risk of viral rebound compared to HIV mono-infection, after controlling for key confounders. Co-infected patients had a higher risk of viral rebound compared to those without hepatitis virus infection. The study also showed that the duration of viral suppression, Mode of HIV transmission, and ART adherence were significantly associated with viral rebound during ART.

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