Drug resistance interpretation: PR HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None
PI Accessory Mutations: None

PR Other Mutations: | 113V | 100% | 133V | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 1

Protease Inhibitors

atazanavir/r (ATV/r) Susceptible darunavir/r (DRV/r) Susceptible fosamprenavir/r (FPV/r) Susceptible indinavir/r (IDV/r) Susceptible lopinavir/r (LPV/r) Susceptible Susceptible nelfinavir (NFV) saquinavir/r (SQV/r) Susceptible tipranavir/r (TPV/r) Susceptible

PR comments

tenofovir (TDF)

Other

L33I/V are minimally polymorphic mutations that do not appear to be selected by PIs or to reduce their susceptibility.

Mutation scoring: PR HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for PI.

Drug resistance interpretation: RT HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: K70KR K: 50%, R: 42% • M184V 97% cov=2,006

Susceptible

NNRTI Mutations: G190AV A: 74%, V: 26%

 $V357 \underbrace{\text{cov}^{-2},070} \bullet \text{K43R} \underbrace{\text{100\%}}_{\text{cov}^{-2},170} \bullet \text{V49R} \underbrace{\text{100\%}}_{\text{cov}^{-2},126} \bullet \text{V118C} \underbrace{\text{cov}^{-2},413}_{\text{cov}^{-2},412} \bullet \text{V179I} \underbrace{\text{200\%}}_{\text{cov}^{-2},413} \bullet \text{V245T} \underbrace{\text{100\%}}_{\text{cov}^{-2},126} \bullet \text{V245T} \underbrace{$

Q524E 100% • E529D 100% • A534S 00% • A554N 100% • V559I 100% 000-213

Nucleoside Reverse Transcriptase Inhibitors Non-nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)	Low-Level Resistance	doravirine (DOR)	Potential Low-Level Resistance
zidovudine (AZT)	Low-Level Resistance	efavirenz (EFV)	High-Level Resistance
stavudine (D4T)	Susceptible	etravirine (ETR)	Potential Low-Level Resistance
didanosine (DDI)	Low-Level Resistance	nevirapine (NVP)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	rilpivirine (RPV)	Low-Level Resistance
lamivudine (3TC)	High-Level Resistance		

RT comments

NRTI

- . K70R is a TAM that confers intermediate resistance to AZT and contributes to reduced ABC and TDF susceptibility in combination with other TAMs.
- M184V/I cause high-level in vitro resistance to 3TC and FTC and low/intermediate resistance to ABC (3-fold reduced susceptibility). M184V/I are not continued treatment with 3TC or FTC because they increase susceptibility to AZT and TDF and are associated with clinically significant reductions in HIV-1 replication.

NNRTI

- . G190A is a non-polymorphic mutation that causes high-level resistance to NVP and intermediate resistance to EFV. It does not significantly reduce susceptibility to RPV, ETR, or DOR.
- . G190C/T/V are rare non-polymorphic mutations that confer high-level resistance to NVP and EFV. Their effects on ETR, RPV, and DOR susceptibility are not known.

Other

- . V1791 is a polymorphic mutation that is frequently selected in persons receiving ETR and RPV. However, it has little, if any, direct effect on NNRTI susceptibility.
- . This virus is predicted to have low-level reduced susceptibility to RPV. The use of the combination of CAB/RPV should be considered to be relatively contraindicated.

Mutation scoring: RT HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI:

or agreement material scores or min.							
Rule	ABC \$	AZT \$	D4T \$	DDI \$	FTC ‡	зтс ≑	TDF \$
K70KR	5	30	15	10	0	0	5
M184V	15	-10	-10	10	60	60	-10
Total	20	20	5	20	60	60	-5

Drug resistance mutation scores of NNRTI:

Rule	DOR \$	EFV \$	ETR \$	NVP \$	RPV ≑
G190AV	10	60	10	60	15

Drug resistance interpretation: IN HIVDB 9.5.1 (2023-11-05)

INSTI Major Mutations: E138K 99% • G140A 100% • S147G 100% • Q148K 99% cov=129

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INSTI Accessory Mutations: None

Integrase Strand Transfer Inhibitors

bictegravir (BIC) High-Level Resistance
cabotegravir (CAB) High-Level Resistance
dolutegravir (DTG) High-Level Resistance
elvitegravir (EVG) High-Level Resistance
raltegravir (RAL) High-Level Resistance

IN comments

Major

- . E138K/A/T are common nonpolymorphic accessory resistance mutations selected in patients receiving RAL, EVG, CAB, and DTG. Alone they do not reduce INSTI susceptibility in combination with other mutations particularly those at position 148.
- G140S/A/C are non-polymorphic mutations that usually occur with Q148 mutations. Alone, they have minimal effects on INSTI susceptibility. However, in combination with Q148 mutations they are associated with high-level resistance to RAL and EVG and intermediate reductions in DTG and BIC. susceptibility.
- . \$1476 is a nonpolymorphic mutation selected in patients receiving RAL, EVG, and DTG. Alone it reduces EVG susceptibility about 5-fold.
- Q148H/K/R are nonpolymorphic mutations reported in persons receiving RAL, EVG, CAB, and DTG. They nearly always occur in combination with G140A/S or E138K. In this setting they are associated with near complete resistance to RAL and EVG, high-levels of reduction in CAB susceptibility, and lowto-intermediate reductions in DTG and BIC susceptibility.
- . There is evidence for high-level DTG resistance. If DTG is used, it should be administered twice daily.

Mutation scoring: IN

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of INSTI:

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Rule	ВІС ≑	САВ ≑	DTG ≑	EVG ≑	RAL \$
E138K	10	10	10	15	15
E138K + G140A	10	15	10	15	15
E138K + Q148K	10	20	10	0	0
G140A	10	10	10	30	30
G140A + Q148K	10	20	10	0	0
<u>S147G</u>	10	10	10	60	10
S147G + Q148K	15	20	15	0	0
<u>Q148K</u>	30	50	30	60	60
Total	105	155	105	180	130