

PI Major Mutations:None

PI Accessory Mutations:None

PR Other Mutations:

L10I

100%
cons=25,372

•

I13V

100%
cons=33,346

•

E35D

100%
cons=42,347

•

M36I

100%
cons=42,341

•

R41K

100%
cons=43,334

•

I64V

100%
cons=37,334

Protease Inhibitors	
atazanavir/r (ATV/r)	Susceptible
darunavir/r (DRV/r)	Susceptible
lopinavir/r (LPV/r)	Susceptible

PR comments

Other

- L10I/V are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations.

No drug resistance mutations were found for PI.

NRTI Mutations:

K65R

100%
cons=23,309

•

S68G

100%
cons=22,246

•

K70KT

100%
cons=21,358

•

M184V

100%
cons=21,352

•

K219KQ

100%
cons=23,302

NNRTI Mutations:

K103N

100%
cons=23,334

•

G190A

100%
cons=23,332

RT Other Mutations:

P4PS

100%
cons=25,372

•

V35T

100%
cons=25,325

•

T39KN

100%
cons=24,364

•

K101KR

100%
cons=23,369

•

D123E

100%
cons=24,355

•

A158S

100%
cons=21,332

•

K173S

100%
cons=21,352

•

Q174K

100%
cons=21,333

•

D177E

100%
cons=21,347

•

V179VA

100%
cons=21,329

•

T200E

100%
cons=24,333

•

Q207A

100%
cons=21,357

•

R211RS

100%
cons=25,355

•

V245K

100%
cons=24,325

•

A272P

100%
cons=24,352

•

K275R

100%
cons=24,333

•

L282C

100%
cons=25,334

•

T286A

100%
cons=24,332

•

I293V

100%
cons=26,370

•

P294S

100%
cons=26,371

•

E297T

100%
cons=26,342

•

K311Q

100%
cons=27,336

•

E328EK

100%
cons=27

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	High-Level Resistance	doravirine (DOR)	Susceptible
zidovudine (AZT)	Susceptible	efavirenz (EFV)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	etravirine (ETR)	Potential Low-Level Resistance
lamivudine (3TC)	High-Level Resistance	nevirapine (NVP)	High-Level Resistance
tenofovir (TDF)	High-Level Resistance	rilpivirine (RPV)	Low-Level Resistance

RT comments

NRTI

- K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naïve patients with K65R, TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG, there is a risk of emergent DTG resistance that does not arise in NRTI-naïve patients receiving TDF+3TC+DTG.
- S68G is a polymorphic mutation that is often selected in combination with K65R. It partially restores the replication defect associated with K65R.
- K70(E/Q/N/T/S)/G cause low-leve resistance to ABC and TDF.
- 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 contraindications to 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.
- K219E/Q/N/R are accessory TAMs that usually occur in combination with multiple other TAMs.

NNRTI

- K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
- 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.

Other

- V179D/E are somewhat polymorphic accessory NNRTI-selected mutation. In combination with other NNRTI DRMs, they appear to contribute low-levels of reduced susceptibility to each of the NNRTIs. In particular, the combinations of K103R/V179D and V106I/V179D act synergistically to reduce NVP and EFV susceptibility. V179F is a non-polymorphic mutation selected in combination with Y181C in persons receiving ETR. Alone it has little effect on NNRTI susceptibility, however in combination with Y181C it is associated with high-level reductions in ETR and RPV susceptibility. V179T is a rare non-polymorphic mutation occasionally selected in persons receiving NNRTIs. It is associated with minimal, if any, reduction in ETR and RPV susceptibility. V179L is a rare non-polymorphic mutation listed as a RPV-associated resistance mutation by the FDA package insert. Its effects on NNRTI susceptibility have not been well studied. V179A is an unusual mutation at this position.
- 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.

Drug resistance mutation scores of NRTI:

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Rule	ABC ↕	AZT ↕	FTC ↕	3TC ↕	TDF ↕
K65R	45	-10	30	30	50
K70KT	15	0	10	10	15
M184V	15	-10	60	60	-10
K219KQ	5	10	0	0	5
K70KT + M184V	0	0	0	0	10
K65R + S68G	0	0	0	0	5
Total	80	-10	100	100	75

Drug resistance mutation scores of NNRTI:

Download CSV

Rule	DOR ↕	EFV ↕	ETR ↕	NVP ↕	RPV ↕
K103N	0	60	0	60	0
G190A	0	45	10	60	15
Total	0	105	10	120	15