

Drug resistance interpretation: PR		HIVDB 9.5.1 (2023-11-05)
PI Major Mutations:	None	
PI Accessory Mutations:	None	
PR Other Mutations:	I13V ^{100%} _{cons:2,881} • E35Iins ^{100%} _{cons:2,395} • M36I ^{100%} _{cons:2,862} • R41K ^{100%} _{cons:2,385} • R57K ^{100%} _{cons:2,209} • L63P ^{100%} _{cons:1,865} • E65D ^{100%} _{cons:1,857} • H69K ^{100%} _{cons:1,926} • V77I ^{100%} _{cons:1,308} • L89M ^{100%} _{cons:1,836} • I93L ^{100%} _{cons:1,383}	
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	
nelfinavir (NFV)	Susceptible	
saquinavir/r (SQV/r)	Susceptible	
tipranavir/r (TPV/r)	Susceptible	
PR comments		
Other		
<ul style="list-style-type: none">Insertions between positions 33 and 41 do not appear to be selected by PIs or to reduce PI susceptibility.		

Mutation scoring: PR	HIVDB 9.5.1 (2023-11-05)
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No drug resistance mutations were found for PI.

Drug resistance interpretation: RT	HIVDB 9.5.1 (2023-11-05)
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NRTI Mutations:	M41L ^{100%} _{cons:1,829} • V75M ^{100%} _{cons:724} • F77L ^{100%} _{cons:727} • M184V ^{100%} _{cons:1,925} • T215F ^{100%} _{cons:817}
NNRTI Mutations:	K103N ^{100%} _{cons:382} • E138Q ^{100%} _{cons:1,281} • Y188L ^{100%} _{cons:1,841}
RT Other Mutations:	E6D ^{100%} _{cons:1,922} • I31L ^{100%} _{cons:1,871} • V35T ^{100%} _{cons:1,838} • T39L ^{100%} _{cons:1,870} • K49R ^{100%} _{cons:1,822} • V60I ^{100%} _{cons:1,289} • V118I ^{100%} _{cons:380} • K122E ^{100%} _{cons:832} • D123N ^{100%} _{cons:823} • I135T ^{100%} _{cons:1,126} • K173L ^{100%} _{cons:2,150} • Q174K ^{100%} _{cons:2,263} • V179I ^{100%} _{cons:1,120} • T200A ^{100%} _{cons:380} • I202V ^{100%} _{cons:1,921} • Q207D ^{100%} _{cons:581} • L210S ^{100%} _{cons:580} • R211K ^{100%} _{cons:581} • L228LR ^{100%} _{cons:580} ^{R: 100%, L: 100%} • H235HR ^{100%} _{cons:238} ^{R: 100%, R: 100%} • K512R ^{100%} _{cons:138} • E514D ^{100%} _{cons:536} • S519N ^{100%} _{cons:219} • Q524K ^{100%} _{cons:236} • K527AE ^{100%} _{cons:281} ^{A: 100%, E: 100%} • E529D ^{100%} _{cons:282} • V531I ^{100%} _{cons:280} • L533M ^{100%} _{cons:382} • A534S ^{100%} _{cons:382} • A554N ^{100%} _{cons:375} • K558R ^{100%} _{cons:328}

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Intermediate Resistance	doravirine (DOR)	High-Level Resistance
zidovudine (AZT)	High-Level Resistance	efavirenz (EFV)	High-Level Resistance
stavudine (D4T)	High-Level Resistance	etravirine (ETR)	Low-Level Resistance
didanosine (DDI)	High-Level Resistance	nevirapine (NVP)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	rilpivirine (RPV)	High-Level Resistance
lamivudine (3TC)	High-Level Resistance		
tenofovir (TDF)	Low-Level Resistance		

RT comments
NRTI
• M41L is a TAM that usually occurs with T215Y. In combination, M41L plus T215Y confer intermediate / high-level resistance to AZT and d4T and contribute to reduced ddi, ABC and TDF susceptibility.
• V75T/M/A/S are nonpolymorphic accessory NRTI-selected mutations. They appear to have minimal phenotypic effects on AZT, ABC, and TDF.
• F77L usually occurs in combination with the multi-NRTI resistance mutation Q151M. When it occurs alone, its clinical significance is uncertain.
• 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.
• T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.
NNRTI
• K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
• E138Q/G are non-polymorphic accessory mutations selected by ETR occasionally NVP and EFV. They cause low-level reductions in susceptibility to NVP, RPV, and ETR.
• Y188L is a non-polymorphic mutation that confers high-level resistance to NVP, EFV, RPV, and DOR, and potentially low-level resistance to ETR.
Other
• V118I is a polymorphic accessory NRTI-resistance mutation that often occurs in combination with multiple TAMs.
• V179I 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.

Drug resistance mutation scores of *NRTI*:

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Rule	ABC	AZT	D4T	DDI	FTC	3TC	TDF
M41L	5	15	15	10	0	0	5
M41L + M184V + T215F	10	0	0	0	0	0	0
M41L + T215F	10	10	10	10	5	5	10
F77L	5	10	10	10	5	5	5
M184V	15	-10	-10	10	60	60	-10
T215F	10	60	40	15	0	0	10
V75M	0	10	30	15	0	0	0
Total	55	95	95	70	70	70	20

Drug resistance mutation scores of *NNRTI*:

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Rule	DOR	EFV	ETR	NVP	RPV
Y188L	60	60	10	60	60
K103N	0	60	0	60	0
E138Q	0	10	10	10	15
Total	60	130	20	130	75

INSTI Major Mutations: [S147SG](#) (S: 100%, G: 40%) [Q148K](#) (80%)
INSTI Accessory Mutations: [V151VA](#) (V: 40%, A: 10%)
IN Other Mutations: [K14R](#) (100%) [S24N](#) (100%) [V31I](#) (100%) [I60M](#) (100%) [L63LI](#) (S: 75%, L: 25%) [K71Q](#) (100%) [D167E](#) (100%) [V201I](#) (100%) [K211R](#) (100%) [N222K](#) (100%) [L234I](#) (100%) [K273Q](#) (100%) [S283G](#) (100%) [D288DN](#) (S: 80%, N: 10%)

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	Intermediate Resistance
cabotegravir (CAB)	High-Level Resistance
dolutegravir (DTG)	Intermediate Resistance
elvitegravir (EVG)	High-Level Resistance
raltegravir (RAL)	High-Level Resistance

IN comments

Major

- [S147G](#) 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 low-to-intermediate reductions in DTG and BIC susceptibility.

Accessory

- [V151A](#) is an extremely rare mutation associated with minimally reduced susceptibility to RAL and EVG.
- There is evidence for intermediate [DTG](#) resistance. If [DTG](#) is used, it should be administered twice daily.

Drug resistance mutation scores of *INSTI*:

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Rule	BIC	CAB	DTG	EVG	RAL
S147SG	10	10	10	60	10
S147SG + Q148K	15	20	15	0	0
Q148K	30	50	30	60	60
V151VA	0	0	0	30	15
Total	55	80	55	150	85