Drug resistance interpretation: PR

HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None
PI Accessory Mutations: None
PR Other Mutations: I13V • K14R • G17GE • L19LI • K20KR • E35D • M36I • R41K • K45KR • R57K • L63S • I64IV • H69K • L89M

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

- **K20R** is a highly polymorphic PI-selected accessory mutation that increases replication fitness in viruses with PI-resistance mutations.

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: M184V • T215TF
NNRTI Mutations: A98AG • K103KN • Y181YC
RT Other Mutations: K11T • K20R • V21I • V35T • T39K • K122E • D123S • T165L • K173S • D177E • T200TA • I202V • Q207A • R211RS • V245Q • E248D • V261VI • A272AP • T286A • E291D • V292I • I293V • P294T • E312D • E314D • S519SN • Q524K • K527E • E529D • A534S • A554N • V559VD

Nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Low-Level Resistance
zidovudine (AZT)	Intermediate Resistance
stavudine (D4T)	Intermediate Resistance
didanosine (DDI)	Low-Level Resistance
emtricitabine (FTC)	High-Level Resistance
lamivudine (3TC)	High-Level Resistance
tenofovir (TDF)	Susceptible

Non-nucleoside Reverse Transcriptase Inhibitors	
doravirine (DOR)	Intermediate Resistance
efavirenz (EFV)	High-Level Resistance
etravirine (ETR)	Intermediate Resistance
nevirapine (NVP)	High-Level Resistance
rilpivirine (RPV)	High-Level Resistance

RT comments

NRTI

- **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

- **A98G** is a non-polymorphic accessory mutation associated with low-level reduced susceptibility to each of the NNRTIs.
- **K103N** is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
- **Y181C** is a non-polymorphic mutation selected in persons receiving NVP, ETR and RPV. It confers high-level resistance to NVP, intermediate resistance to ETR and RPV, and low-level resistance to EFV. It does not significantly reduce DOR susceptibility.

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI: Download CSV

Rule	ABC	AZT	D4T	DDI	FTC	3TC	TDF
M184V	15	-10	-10	10	60	60	-10
T215TF	10	60	40	15	0	0	10
Total	25	50	30	25	60	60	0

Drug resistance mutation scores of NNRTI: Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
A98AG	15	15	10	30	15
A98AG + Y181YC	5	5	5	5	5
K103KN + Y181YC	5	0	0	0	0
Y181YC	10	30	30	60	45
K103KN	0	60	0	60	0
Total	35	110	45	155	65

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

INSTI Major Mutations: None
INSTI Accessory Mutations: None
IN Other Mutations: V31I 100% (n=20,214) • M50I 34% (n=11,164) • I60M 100% (n=9,900) • I72V 42% (n=5,505) • T112I 99% (n=9,218) • I113V 100% (n=9,219) • S119G 100% (n=9,374) • T122I 96% (n=8,860) • T125A 100% (n=9,423) • V126F 99% (n=9,113) • K136Q 95% (n=8,469) • V201I 99% (n=10,256) • Q221S 99% (n=10,048) • N222K 42% (n=10,096) • L234I 99% (n=9,228) • S255N 41% (n=9,970) • S283G 92% (n=9,832)

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	Susceptible
cabotegravir (CAB)	Susceptible
dolutegravir (DTG)	Susceptible
elvitegravir (EVG)	Susceptible
raltegravir (RAL)	Susceptible

IN comments

Other

- **M50I** is a highly polymorphic mutation, which has a prevalence of 3% to 34% in INSTI-naïve persons depending on subtype. It has been selected in vitro by DTG and BIC in combination with R263K. It may contribute to reduced DTG and CAB susceptibility in combination with R263K.

Mutation scoring: IN — HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for INSTI.