

Drug resistance interpretation: PR

PI Major Mutations:

PI Accessory Mutations:

PR Other Mutations:

None

None

I13V 100%
cons=21,347 • M36I 100%
cons=11,821 • R41K 100%
cons=11,932 • L63C 100%
cons=22,867 • I64V 100%
cons=21,888 • V82I 100%
cons=20,882

Protease Inhibitors

atazanavir/r (ATV/r)

Susceptible

darunavir/r (DRV/r)

Susceptible

lopinavir/r (LPV/r)

Susceptible

PR comments

Other

- V82I is a highly polymorphic mutation that is not selected by PIs. It is the consensus amino acid in subtype G viruses.

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:

NNRTI Mutations:

RT Other Mutations:

K65KR 100%
cons=11,908

M184MIV 10-100%
cons=20,882

L100LI 1-10%
cons=11,838

K103N 100%
cons=22,867

V35T 100%
cons=11,192

K49R 100%
cons=11,812

E53D 100%
cons=11,281

V60I 100%
cons=12,803

K122E 100%
cons=11,952

D123DE 10-100%
cons=21,111

A158AT 1-10%
cons=20,888

D177E 100%
cons=20,120

I178M 100%
cons=20,118

T200TI 1-100%
cons=11,903

Q207E 100%
cons=18,161

R211K 100%
cons=17,878

V245Q 100%
cons=19,011

D250E 100%
cons=18,218

A272P 100%
cons=18,198

L282C 100%
cons=17,108

T286A 100%
cons=18,632

A288AT 1-100%
cons=19,217

G335D 100%
cons=12

Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)

High-Level Resistance

zidovudine (AZT)

Susceptible

emtricitabine (FTC)

High-Level Resistance

lamivudine (3TC)

High-Level Resistance

tenofovir (TDF)

Intermediate Resistance

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

- 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.
- 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.

NNRTI

- L100I is a non-polymorphic mutation that usually occurs in combination with K103N. In this setting it confers high-level resistance to NVP, EFV, and RPV and intermediate resistance to ETR and DOR.
- K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI:

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Rule	ABC	AZT	FTC	3TC	TDF
K65KR	45	-10	30	30	50
M184MIV	15	-10	60	60	-10
Total	60	-20	90	90	40

Drug resistance mutation scores of NNRTI:

Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
L100LI	15	60	30	60	60
L100LI + K103N	15	0	0	0	0
K103N	0	60	0	60	0
Total	30	120	30	120	60