INSTI Major Mutations: G1405 • Q148H

INSTI Accessory Mutations: G163R

IN Other Mutations: \$17N • R20K • L28I • \$39C • \$670R • T124A • T125A • V201I • I208L

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

Mainr

- G1405/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.
- 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

- G163R/K are nonpolymorphic in all subtypes except subtype F. They are accessory resistance mutations as they usually occur in combination with other INSTI-resistance mutations particularly N153H.
- There is evidence for intermediate DTG resistance. If DTG is used, it should be administered twice daily.

Mutation scoring: IN

Drug resistance mutation scores of INSTI:

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Rule	BIC ÷	CAB ≑	DTG ÷	EVG ≑	RAL ≑
G1405	10	10	10	30	30
G1405+Q148H	10	20	10	0	0
Q148H	25	30	25	60	60
Q148H + G163R	5	20	5	0	0
G163R	0	0	0	15	15
Total	50	80	50	105	105

HIVDB 9.5.1 (2023-11-05)