Drug resistance interpretation: IN G1405 • Q148H INSTI Major Mutations:

INSTI Accessory Mutations: None

IN Other Mutations: 517N • 524D • 539C • L45LQ • L101I • T124N • D167E • V201I • E212A • R284G • D286N

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

- 61405/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.
- . 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:

Download CSV

	and the state of t				DOMING CAV	
I	Rule	BIC ≑	CAB ≑	DTG ≑	EVG ≑	RAL
ı	G140S	10	10	10	30	30
ı	G1405+Q148H	10	20	10	0	0
ı	Q148H	25	30	25	60	60
ı	Total	45	60	45	90	90

HIVDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)