PatientID: HDR24

Okitobba 06, 2023

Color Code

HR: High-Level Resistance
LR: Low-Level Resistance
IR: Intermediate Resistance

S: Susceptible

| DRUG.CLASS | DRUG | RESISTANCE.PROFILE | DRMS.above.20.percent.prevalence |
|------------|------|----------------------|----------------------------------|
| PI | ATV | S | |
| | DRV | ${f S}$ | |
| | FPV | ${f S}$ | |
| | IDV | ${f S}$ | |
| | LPV | \mathbf{S} | |
| | NFV | \mathbf{S} | |
| | SQV | \mathbf{S} | |
| | TPV | \mathbf{S} | |
| NRTI | ABC | $^{ m HR}$ | |
| | AZT | \mathbf{S} | |
| | D4T | ${f S}$ | |
| | DDI | $_{ m HR}$ | L74V;Y115F;M184V |
| | FTC | $_{ m HR}$ | |
| | LMV | $_{ m HR}$ | |
| | TDF | PLR | |
| | DOR | $_{ m HR}$ | |
| NNRTI | EFV | $_{ m HR}$ | |
| | ETR | IR | V108I;Y181C;H221Y;F227L;K103N |
| | NVP | $_{ m HR}$ | |
| | RPV | $_{ m HR}$ | |

Appendix

Drug abbreviations in full

| DRUG.CLASS | ABBREVIATION | DRUG.NAME |
|------------|--------------|----------------|
| | ATV | Atazanavir |
| | DRV | Darunavir |
| | FPV | Fosamprenavir |
| PI | IDV | Indinavir |
| 11 | LPV | Lopinavir |
| | NFV | Nelfinavir |
| | SQV | Saquinavir |
| | TPV | Tipranavir |
| | ABC | Abacavir |
| | AZT | Azidothymidine |
| | DFT | Stavudine |
| NRTI | DDI | Didanosine |
| | FTC | Emtricitabine |
| | LMV | Lamivudine |
| | TDF | Tenofovir |
| | DOR | Doravirine |
| | EFV | Efavirenz |
| NNRTI | ETR | Etravirine |
| | NVP | Nevirapine |
| | RPV | Rilpivirine |
| | BIC | Bictegravir |
| | CAB | Cabotegravir |
| INSTI | DTG | Dolutegravir |
| | EVG | Elvitegravir |
| | RAL | Raltegravir |

Comments

| DRUG.CLASS | COMMENTS | | |
|------------|---|--|--|
| PI | | | |
| | L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance. 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 | | |
| NRTI | TDF and are associated with clinically significant reductions in HIV-1 replication. | | |
| | Y115F causes intermediate resistance to ABC and low-level resistance to TDF. | | |
| | F227L is a non-polymorphic mutation that usually occurs in combination with V106A. It is selected in vivo and in vitro with both NVP and DOR. In this context it is associated with | | |
| | | | |
| | high-level reductions in NVP and DOR susceptibility and intermediate reductions in EFV | | |
| | susceptibility. F227I/V are extremely rare mutations that have been selected in vitro by | | |
| | DOR. | | |
| | H221Y is a non-polymorphic accessory mutation selected primarily by NVP, RPV, and | | |
| | DOR. It frequently occurs in combination with Y181C. | | |
| | K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV | | |
| | susceptibility. It is the most commonly transmitted DRM. | | |

| NNRTI | V108I is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most |
|-------|---|
| | NNRTIs only in combination with other NNRTI-resistance mutations. |
| | 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. |
| INSTI | |