

PatientID: HIVDR-1723-23

Sebuttemba 27, 2023

Color Code

■ HR: High-Level Resistance ■ PLR: Potential Low-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	S	
	FPV	S	
	IDV	S	
	LPV	S	
	NFV	S	
	SQV	S	
	TPV	S	
NRTI	ABC	HR	K70R;M184V;T215F;K219E
	AZT	HR	
	D4T	HR	
	DDI	HR	
	FTC	HR	
	LMV	HR	
	TDF	IR	
NNRTI	DOR	PLR	V108IV;K101H;G190A
	EFV	HR	
	ETR	LR	
	NVP	HR	
	RPV	LR	
INSTI	BIC	HR	E138K;G140A;S147G;Q148K
	CAB	HR	
	DTG	HR	
	EVG	HR	
	RAL	HR	

Appendix

Drug abbreviations in full

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

Comments

DRUG.CLASS	COMMENTS
PI	
NRTI	K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMS.
	K70R is a TAM that confers intermediate resistance to AZT and contributes to reduced ABC and TDF susceptibility in combination with other TAMS.
	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.
	G190A is a non-polymorphic mutation that causes high-level resistance to NVP and intermediate resistance to EFV. It does not significantly reduce susceptibility to RPV, ETR, or DOR.
	K101H is a non-polymorphic accessory mutation selected by NVP, EFV and ETR. When present with other NNRTI-resistance mutations, it contributes reduces susceptibility to these NNRTIs.

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.
INSTI	E138K/A/T are common nonpolymorphic accessory resistance mutations selected in patients receiving RAL, EVG, CAB, and DTG. Alone they do not reduce INSTI susceptibility. However, they contribute to reduced susceptibility in combination with other mutations particularly those at position 148.
	G140S/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.
	S147G is a nonpolymorphic mutation selected in patients receiving RAL, EVG, and DTG. Alone it reduces EVG susceptibility about 5-fold.