

Genotypic ARV Resistance Report

Page: 1/2

Patient Information

Our Ref. ID: VCI-21153

Name:	ปริญญานก อริยวงศ์	Your Ref. ID:	P22-04194
Hospital/Site:	PRIBTA	Study/Visit:	
Risk Factor:	No Information	Collection Date:	08-Feb-2022
Clinical Staging:	No Information	CDC Staging:	No Information
		Genotyping Date:	21-Feb-2022

Lab Information

Current CD4:	No Information	Current Antiretroviral:	Unknown
Current VL:	950 copies/ml (08-Feb-2022)		

Summary Data

Subtype and % similarity to closest reference isolate:	CRF01_AE (96.6%)
Sequence includes RT: condons:	20 - 267

Resistance Report (RT)

RT TAMs:

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RT NRTIs:

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RT NNRTIs:

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RT Other:

V35T, T39K, K43E, V60I, K122E, D123S, I135R, I142V, K173A, Q174K, D177E, Q207A, R211S, F214L, K238R, V245E

Antiretroviral	High-level resistance	Intermediate resistance	Low-level resistance	Potential low-level resistance	Susceptible
NRTI					
zidovudine (AZT)					
tenofovir (TDF)					
stavudine (D4T)					
lamivudine (3TC)					
emtricitabine (FTC)					
didanosine (DDI)					
abacavir (ABC)					
NNRTI					
rilpivirine (RPV)					
nevirapine (NVP)					
etravirine (ETR)					
efavirenz (EFV)					
doravirine (DOR)					
ConsensusR#21153RT.txt					

Remark:

1. Although the mutation is not found, it does not mean that one is fully susceptible to the treatment since the resistant virus may be minor population which cannot be detected by the assay (detectable limit = viral load 1,000 copies/ml).

2. The accumulation of TAMs (M41L, D67N, K70R, L210W, T215Y/F, K219Q/E) increases resistance to tenofovir. Mutations M41L and L210W, contribute more than others

3. References: Stanford dBase system (<http://hivdb.stanford.edu/>)

Reported by:

Date: 21/2/2022

Vaccine and Cellular Immunology Laboratory

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RT Comments

Other • K238R is a common polymorphism that does not reduce NNRTI susceptibility.

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