HIV Drug Resistance Is Increasing in Africa and Latin America

The high proportion of individuals starting treatment with drug resistance already warrants changing the recommended first-line therapy.

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An increasing proportion of people with HIV in key global regions have resistance to certain antiretrovirals (ARVs) when they first start treatment for the virus, aidsmap reports. The high rates of drug resistance seen in southern and eastern African and in Latin America already warrant changing guidelines for first-line HIV treatment.

Publishing their findings in The Lancet Infectious Diseases, researchers conducted a systematic review of 358 studies that examined the prevalence of drug resistance among 56,044 adults beginning ARVs in 63 low- or middle-income nations between 2001 and 2016. The median year of the data sets analyzed was between 2007 and 2009.

During the 2014 to 2016 period, a respective 12.4 percent, 12.2 percent and 11.8 percent of those in Latin America, southern Africa and eastern Africa had resistance to at least one ARV, most notably to non-nucleoside reverse transcriptase inhibitors (NNRTIs). The likelihood that an individual starting ARV treatment would have drug resistance increased by 23 percent annually in southern Africa, 17 percent annually in the remaining African regions and 11 percent annually in Latin America.

To ward off drug resistance and better ensure that HIV treatment regimens will be effective, experts suggest that the NNRTI Sustiva (efavirenz), included in various combination tablets, may need to be replaced as a first-line treatment with the integrase inhibitor Tivicay (dolutegravir), which has a high barrier to resistance.

To read the aidsmap article, click here.

To read the study, click here.
http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30702-8/fulltext

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