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on behalf of the NSW HIV Prevention Partnership Project.

Disclosures









Data source: ACCESS Database, The Kirby Institute and the Burnet Institute

http://www.health.nsw.gov.au/endinghiv/Documents/q4-2016-annual-hiv-data-report.pdf



Objective: to determine rate of transmitted drug resistance in newly diagnosed HIV



Results	👼 UNSW	Keybatha
Baseline demographics		



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Baseline demographics

	n	%	
Р			
Australia	831	56.3	
South East Asia	158	10.7	
Sub-Saharan Africa	67	4.5	
Other	419	28.4	
Plac	e of acquisition		
Australia	748	50.7	
Overseas	305	20.7	
Unknown	422	28.6	
Regi			
Metropolitan NSW	1239	84.0	
Rural and regional	151	10.2	
NSW not specified	27	1.8	म ⁹
Outside NSW	58	3.9	





Results

Factors associated with TDR

	Multivariate analysis						
		Adjusted		[95%			
	n	odds Ratio	P value	Conf.	Interval]	Overall P	
Age at diagnosis	5						
19 to 29 [ref]	391	1.0				<0.01	
30 to 39	461	0.48	<0.01	0.31	0.75		
40 to 49	348	0.67	0.07	0.43	1.04		
50 and over	275	0.36	<0.01	0.21	0.64		
Region of residence							
Metro [ref]	1239	1.0				<0.01	
Rural and							
regional	151	1.19	0.54	0.68	2.10		
NSW not							
specified	27	4.40	<0.01	1.84	10.51		
Outside NSW	58	2.69	0.01	1.32	5.48		
Year of test	1475	0.95	0.08	0.90	1.01		
Non B	402	0.28	<0.01	0.17	0.48		

Discussion

TDR lower rates overall, but higher in nonmetropolitan and younger age groups

- Truvada(TDF/FTC) currently used for PrEP in >7000
 - No TDF mutations
 - FTC: 7 x M184 mutations observed (3 in last two years)
- Strengths
 - Inclusive of all risk groups and geographical regions
 - Population-based linkage to HIV register → differentiation of transmitted resistance from acquired resistance
- Limitations
 - Low rates of data linkage but representative of NSW epidemic

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Conclusion

Decreased rates of TDR during ART rollout in NSW

- Differs to increasing rates reported in similar populations
- Need for routine surveillance for emerging mutations and high risk groups

