European country, where subtype B predominates, the second most common subtype was found to be subtype A. Non-B subtypes were observed in one out of seven patients in Slovenia, a fraction that is not negligible, thus proving importance of surveillance of HIV subtype diversity and corresponding molecular epidemiology of non-B subtypes.

A37 HIV drug resistance monitoring in children receiving first line antiretroviral therapy at two pediatric hospitals in Ho Chi Minh City

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Drug resistance is the main reason for antiretroviral treatment (ART) failure. Information on the prevalence of pediatric HIV drug resistance (HIVDR) in Vietnam is important to assist in the determination of the optimal ART regimen. We enrolled a prospective cohort of children newly initiating ART at one of two main pediatric hospitals in Ho Chi Minh City from December 2011 to March 2014. Demographic and clinical data were collected at baseline and supplemented by genotyping and VL at start and after 12 months or when first-line ART ends if it comes first. Of 136 patients enrolled, the mean age was 4.7 years; 17 (12%) exposed to ARV to prevent maternal to child HIV transmission; seven (5.15%) carried at least one strain of HIV with mutations related to ARV resistance, two (1.47%) against Nucleotide Reverse Transcriptase Inhibitors (NRTIs) (AZT, D4T), one (0.74%) against Non-Nucleotide Reverse Transcriptase Inhibitors (NNRTIs) (NVP), and four (2.94%) against Nelfinavir of Protease Inhibitors (PIs). At 12 months, 121 (89%) children were still receiving the first line ART, 7 (5%) died and 8 (6%) were lost to follow-up. Among 121 children on ART, 107(88%) achieved VL suppression (<1,000 copies/mL); 9 (7%) had acquired HIVDR mutations, three against NRTIs only, and six (4.96%) against both NRTIs and NNRTIs. The most prevalent mutation was the M184V (4.96%, $n = 6$) causing high-level resistance to 3TC, FTC and low-level resistance to ddI and ABC. Some TAMs were also found (D67N, K70R, T215F, K219Q). No major resistance mutations to PIs were detected. Viral load at initiation is associated with HIVDR at 12 months. Low levels of virologic failure and HIVDR were observed in pediatric patients. However, since some multidrug-resistant or cross-resistant mutations were recorded, continued monitoring of HIV drug-resistance in pediatric patients is needed.

A38 Diversity analyses of HIV-1 envelope glycoproteins in HIV-infected individuals with and without broadly neutralizing antibodies

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High levels of HIV envelope glycoprotein (Env) diversity have been associated with the development of broadly neutralizing antibodies (bNAbs). Here, we compare chronically HIV-1 infected subjects who develop bNAbs with those who did not, to assess whether lack of breadth can be attributed to low levels of viral diversity. Env nucleotide sequences were generated using Single Genome Amplification from four CAPRISA 002 cohort participants. Two participants developed neutralization breadth (CAP256 and CAP257) whereas the other two did not (CAP88 and CAP228) despite equivalently long duration of infection. Longitudinal diversity analyses were performed using Sequence Demarcation Tool (SDT). Phylogenetic analyses were performed using Bayesian Evolutionary Analysis by Sampling Trees (BEAST) software. Overall diversity increased with time in all subjects, as expected. Highest diversity was observed in CAP256 and CAP228, followed by CAP257 and least diversity in CAP88. The highest nucleotide substitution rates were observed in CAP257 (2.63 substitutions/100 nucleotides/year), CAP256 (2.28 subs/100n/yr.) and CAP228 (2.07 subs/100n/yr.), and the lowest in CAP088 (0.99 subs/100n/yr.). The time to the most recent common ancestor (tMRCA) inferred from BEAST was longer than the actual time of infection for CAP256 and CAP228, suggesting the possibility of super-infection or multivariant infection. We conclude that the absence of viral diversity may limit bNAb development, as in CAP88. However, increased diversity through high mutation rates and/or recombination, while likely necessary, is not sufficient for driving the development of bNAbs.

A39 Human exome sequencing to evaluate the impact of rare coding variation on HIV-1 control

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Common variants (>5% frequency) in the MHC and CCR5 regions are known to influence set point HIV-1 viral load (spVL) yet explain only a portion of the total trait variance. The impact of rare coding variation on HIV-1 disease progression has not been as thoroughly investigated. Here we utilize exome sequencing in 392 HIV-1 infected individuals with stable spVL to look for rare and functional variants that mediate control of HIV-1 infection. Set point HIV-1 viral load was calculated as the average of at least 3 measurements obtained during the chronic phase of infection. We captured and sequenced all coding exons in 392 HIV-1 infected individuals of the Swiss HIV Cohort Study using the Illumina Truseq 65Mb enrichment kit and the Illumina HiSeq2000. Quality control and variant calling were performed using the GATK and variant functional annotation was performed using snpEff version 3.3. Individual variants were tested for association using linear regression. Testing of the combined effects of multiple low frequency variants across each of >18,000 genes was performed using SCORE-Seq and SKAT. Consistent with previous results, single marker variant tests showed a strong signal of association in the MHC. The top association was observed between spVL and rs1131446 ($P = 2.3 \times 10^{-11}$) in exon 3 of HLA-B. Conditioning on this SNP, residual association was observed at rs2308622 (conditional $P = 2.2 \times 10^{-6}$) in HLA-C. Accounting for these two SNPs, no other variants showed evidence for association. Analyses aimed at detecting the combined effect of multiple low-frequency variants within a gene showed no significant associations. Restricting this analysis to only those variants that result in a change in protein sequence did not reveal further signals. Outside of the MHC, no significant impact of rare variation on spVL was detected by exome sequencing in 392 individuals.