



Letter

HIV drug resistance and antiretroviral therapy programs in Henan, China

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Dear Editor,—We read with interest the recent article in *EClinicalMedicine* by Zuo et al. [1], aimed to comprehensively assess the status of HIV-1 drug resistance in China. They presented a pooled prevalence of transmitted drug resistance (TDR) at 3% and acquired drug resistance (ADR) at 44.7%, and reported a geographical-specific pattern of the drug resistance mutation (DRM) distributions.

Because of a higher coverage and a longer period of access to ART in Central China, it was not surprising to see that there had the worst condition regardless of ADR and TDR. However, we noted that Central China had a substantially lower percentage of intermediate- and high-level of resistance to 3TC/FTC in treatment-experienced individuals than other regions of China. The reason was not explained by the authors. In fact, Central China, such as Henan province, applied first-line ART regimen of AZT/D4T+DDI+NVP/EFV [2] before 2012. In 2012, the new edition of the China Free ART Manual recommended the use of first-line ART regimen of AZT/TDF+3TC+NVP/EFV nationwide [3]. In spite of the update, however, because of large numbers of patients receiving ART in Central China, DDI and D4T were kept to be used unless emergence of obvious side-effect and/or HIV-1 drug resis-

tance. Until 2016, DDI and D4T were completely removed from first-line ART regimen and the formulation was revised as AZT/TDF+3TC+NVP/EFV [4]. Therefore, relative to other regions of China, Central China had a shorter period of access to 3TC, which may explain a relatively lower level of drug resistance to 3TC in Central China.

Declaration of Competing Interest

The authors have nothing to disclose.

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