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OIII Global impact of HIV drug resistance D Pillay

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ART roll-out is bringing many benefits to infected individuals in the resource-poor world. A large number of studies on ART use in the developed world have informed our understanding on the determinants of ART success and implications of failure. However, there are a number of differences between resource-rich and -poor environments which will impact on the nature of HIV drug resistance. Firstly, virological monitoring (viral load and resistance testing) is unlikely to accompany much rollout. Thus, treatment switch will be guided more by clinical, than virological/immunological criteria. Secondly, increasing use of MTCTP will lead to resistance in infected mothers and children, prior to instigating long term ART. Thirdly, the limited first- and second-line treatment options will impact on the clinical implications of emerging resistance. These three issues, as well as others, will determine the levels of emerging resistance in treated individuals, and thus the degree to which transmission of such resistance will occur. I will review the data on all these issues, and describe some of the surveillance structures in place to monitor rates of resistance.