

**EFFECT OF HIV/HCV CO-INFECTION ON THE PROTEASE EVOLUTION OF HIV-1B INFECTING
PEDIATRIC POPULATIONS**

Sara Domínguez Rodríguez¹, Patricia Rojas Sánchez¹, Carolina Fernández Mcphee², Israel Pagán³, María Luisa Navarro², José Tomás Ramos⁴ and África Holguín^{*1}.

¹ HIV-1 Molecular Epidemiology Laboratory, Microbiology and Parasitology Department, Hospital Ramón y Cajal-IRYCIS and CIBER-ESP, Madrid (28034), Spain; sara.dominguez.r@gmail.com,

² Department of Pediatric Infectious Diseases, Hospital Unviersitario Gregorio Marañón- IISGM-UCM-RITIP-CoRISPe, Madrid (28009), Spain; carolina.fernandezmcphee@gmail.com, marisa.navarro.gomez@gmail.com

³ Centro de Biotecnología y Genómica de Plantas (UPM-INIA), Campus Montegancedo, Pozuelo de Alarcón (28223), Madrid Spain; jesusisrael.pagan@gmail.com

⁴ Pediatric Department, Hospital Clínico Universitario and Universidad Complutense, Madrid (28040), Spain; josetomas.ramos@salud.madrid.org

* Correspondence: africa.holguin@salud.madrid.org

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²Hospital Gregorio Marañón, Madrid (Spain): María Luisa Navarro, Jesús Saavedra, Mar Santos, M^a Angeles Muñoz, Beatriz Ruiz, Carolina Fernandez Mc Phee, Santiago Jimenez de Ory, Susana Alvarez

⁴Hospital Clínico San Carlos, Madrid (Spain): José Tomás Ramos, Isabel Cuellar

⁵Hospital La Paz, Madrid (Spain): María José Mellado, Luis Escosa, Milagros García Hortelano, Talía Sainz

⁶Hospital Doce de Octubre, Madrid (Spain): María Isabel González- Tomé, Pablo Rojo, Daniel Blázquez, Elisa Fernández, Berta Zamora, Cristina Garcia-Navarro, Manuela Martin, Carlos Velo, Ana Martinez de Aragon

⁷Hospital de Getafe, Getafe (Spain): Luis Prieto, Sara Guillén

⁸Hospital Universitario de Móstoles, Móstoles (Spain): Miguel Ángel Roa

⁹Hospital Príncipe de Asturias, Alcalá de Henares (Spain): José Beceiro

¹⁰Hospital Niño Jesús, Madrid (Spain): Jorge Martínez

¹¹Hospital de Torrejón, Torrejón (Spain): Katie Badillo

¹²Hospital de Donostia, San Sebastián (Spain): Miren Apilanez

¹³Hospital de Cruces, Bilbao: Itziar Pocheville

¹⁴Hospital de Basurto, Bilbao: Elisa Garrote

¹⁵Hospital Insular Materno Infantil, Las Palmas de Gran Canaria: Elena Colino

¹⁶Hospital Virgen de la Candelaria, Santa Cruz de Tenerife: Jorge Gómez Sirvent

¹⁷Hospital de Lanzarote: Mónica Garzón, Vicente

¹⁸Complejo Universitario de Canarias, La Laguna-Tenerife: Abián Montesdeoca, Mercedes Mateo

¹⁹Hospital de Poniente, El Ejido: María José Muñoz, Raquel Angulo

²⁰Hospital Virgen del Rocío, Sevilla: Olaf Neth, Lola Falcón

²¹Hospital Virgen de la Macarena, Sevilla: Pedro Terol

²²Hospital Virgen de las Nieves, Granada: Juan Luis Santos

²³Hospital Carlos Haya, Málaga: David Moreno, Esmeralda Núñez

²⁴Hospital de Torrecárdenas, Almería: Francisco Lendínez

²⁵Complejo Hospitalario Universitario Infanta Cristina, Badajoz: Ana Grande

- ²⁶Complejo Hospitalario de Cáceres: Francisco José Romero
- ²⁷Hospital de Cabueñes, Gijón: Carlos Pérez
- ²⁸Hospital de Albacete: Miguel Lillo
- ²⁹Hospital Virgen de la Salud, Toledo: Begoña Losada
- ³⁰Hospital Virgen del Camino, Pamplona: Mercedes Herranz
- ³¹Hospital Miguel Servet, Zaragoza: Matilde Bustillo, Carmelo Guerrero
- ³²Hospital Clínico Lozano Blesa, Zaragoza: Pilar Collado
- ³³Complejo Hospitalario de Pontevedra: José Antonio Couceiro
- ³⁴Hospital La Fe, Valencia: Amparo Pérez, Ana Isabel Piqueras, Rafael Bretón, Inmaculada Segarra
- ³⁵Hospital San Juan de Alicante: César Gavilán
- ³⁶Hospital Clínico de Valencia: Enrique Jareño
- ³⁷Hospital General de Valencia: Elena Montesinos
- ³⁸Hospital de Castellón: Marta Dapena
- ³⁹Hospital Marqués de Valdecilla, Santander: Cristina Álvarez
- ⁴⁰Hospital de León: Ana Gloria Andrés
- ⁴¹Hospital de Zamora: Víctor Marugán, Carlos Ochoa
- ⁴²Hospital Virgen de la Arrixaca, Murcia: Santiago Alfayate, Ana Isabel Menasalvas
- ⁴³Complejo Hospitalario San Millán-San Pedro, Logroño: Elisa de Miguel
- ⁴⁴Paediatric HIV-BioBank integrated in the Spanish AIDS Research Network and collaborating. Executive committee: Maria Isabel González-Tomé, Ton Noguera, María José Mellado, Pere Soler, Claudia Fortuny, Africa Holguin, M^o Ángeles Muñoz, Pablo Rojo, Olaf Neth.

The Madrid cohort of HIV-infected children and adolescents, ascribed to the cohort of the Spanish Paediatric HIV Network (CoRISpe), is one of largest paediatric HIV-infected cohorts in Europe with 561 patients registered since the beginning of the epidemic until Dec 2015, all of them with available follow-up epidemiological-clinical-virological information. It includes almost all infected children and adolescents infected since the beginning of HIV epidemic and born since 1981, which are under clinical follow-up in nine public hospitals in Madrid. This currently represents 48% (561/1165) of the HIV-1B infected children and adolescents in Spain. By March 2016, there were 35 (6.2%) patients HIV-1/HCV coinfecting in the Madrid cohort, and 15 (46.8%) of them had available HIV-1 *pol* sequences. From this cohort, a total of 71 patients were enrolled in this pilot study: 15 HIV-1B/HCV coinfecting and 56 HIV-1B monoinfected pediatric patients. **Table S1** summarizes the clinical, epidemiological and virological features of the study population. At sampling time, both groups presented similar HIV-1 viremia, immunological profile, time without ART until HIV diagnosis, time under antiretroviral therapy (ART), and antiretroviral (ARV) experience to nucleoside reverse transcriptase inhibitors (NRTI) or protease inhibitors (PI). In contrast, non-nucleoside reverse transcriptase inhibitors (NNRTI) experience was lower in HIV-1B/HCV coinfecting than monoinfected patients. Time under monotherapy, under combined ART (cART) or under high-active ART (HAART) was also similar across groups (**Table S1**).

41 **Table S1:** Clinical-virological features of study population at sampling time.

	HIV-1B/HCV Coinfected n (%)	HIV-1B Monoinfected n (%)	p-value
Demographics			
Number of patients	15	56	
Female gender	7 (46.7)	31 (55.4)	0.549
Age (median, [IQR])	11.03 [12.52-4.35]	10.86 [14.34-7.35]	0.923
Birth date			
1984-1992	6 (40)	28 (50)	1.00
1993-2001	9 (60)	28 (50)	
HIV-1 transmission			
Perinatal	14 (93.3)	55 (98.2)	0.380
Blood transfusion	1 (6.7)	1 (1.8)	
HIV-1 diagnosis year			
1986-1995	12 (80)	25 (52.1)	0.372
1996-2005	3 (20)	23 (47.9)	
Time under HIV-1 infection(y, [IQR])	11.3 [9.8-13.1]	10.9 [7.5-21.8]	0.773
Year of first sequence			
1993-1999	5 (33.3)	20 (35.7)	1.00
2000-2004	5 (33.3)	34 (60.7)	0.323
2005-2009	5 (33.3)	2 (3.6)	0.140
Virologic features			
Viral load (median RNA-HIV-1 cp/mL, [IQR])	5,820 [319-35820]	3,700 [200-52160]	0.346
Years under HIV exposure (mean)	11.26 ± 4.85	11.06 ± 4.99	0.641
Immunologic status			
CD4+ T cells % (median, [IQR])	26 [20.31-37]	32 [23.75-38.08]	0.375
CD4+ T cells mm3 (median, [IQR])	665 [504.5-1159]	719 [559.2-821]	0.941
CD8+ T cells % (median, [IQR])	42 [34-51]	38 [30.50-49.50]	0.234
CD8+ T cells mm3 (median, [IQR])	1,077 [460, 2639]	970 [50, 2754]	0.172
ART status			
Drug-naïve	1 (6.7)	8 (14.3)	1.00
Under ART	14 (93.3)	48 (85.7)	
Years under ART			
<5 years	5 (35.7)	23 (41.8)	0.677
≥5 years	9 (64.3)	32 (58.2)	
Unknown	0	1 (2.1)	
Ever without ART ^D			
No	0	0	1.000
Yes	15 (100)	56 (100)	
Time without ART ^D			
Months (median,[IQR])	34 [5.4-70.5]	37.6 [5.8-62.5]	0.822

	HIV-1B/HCV Coinfected n (%)	HIV-1B Monoinfected n (%)	<i>p</i> -value
Ever under monotherapy ^D			
No	4 (26.7)	31 (55.4)	0.051
Yes	11 (73.3)	25 (44.6)	
Time under monotherapy			
Months (medians[IQR])	31.9 [15.5-47.3]	20.4 [9.3-42.6]	0.525
Ever under cART			
No	4 (26.7)	23 (41.1)	0.307
Yes	11 (73.3)	33 (58.9)	
Time under cART			
Months (medians[IQR])	8.7 [4.9-10.8]	8.2 [4.4-17.2]	0.674
Ever with HAART			
No	10 (66.7)	44 (78.6)	0.331
Yes	5 (33.3)	12 (21.4)	
Time on HAART			
Months (medians[IQR])	65.4 [47.8-97.8]	49.8 [8.8-78.9]	0.191
ARV experience			
NRTIs	12/14 (85.7)	36/37 (97.3)	0.892
AZT	12 (100)	30 (83.3)	0.553
3TC	8 (66.67)	28 (77.8)	0.300
DDI	11 (91.67)	30 (83.3)	0.553
D4T	11 (91.67)	31 (86.1)	0.584
ABC	2 (16.67)	9 (25)	1.00
TDF	0 (0)	2 (5.6)	1.00
ddC	0	1 (2.8)	1.00
NNRTIs	3/13 (23.1)	22/37 (59.5)	0.024
EFV	3 (100)	17 (77.3)	0.331
NVP	0 (0)	9 (40.9)	0.588
RPV	0	1 (4.5)	0.647
PIs	10/13 (76.9)	41/48 (14.6)	0.112
LPV/r	2 (20)	9 (21.9)	1.00
NFV	7 (70)	20 (48.8)	0.550
IDV	0	9 (21.9)	0.450
SQV	1(10)	9 (21.9)	0.594
Available HIV-1 <i>pol</i> sequences			
PR	15 (100)*	56 (100)	1.00
RT	13 (86.7)	46 (82.1)	0.963
PR sequences from treated patients	14 (93.3)	48 (85.7)	0.955
RT sequences from treated patients	13 (92.9)	37 (77.1)	0.647

- 42 Significance threshold: *P*-value<0.05; IQR, interquartile range; ART, antiretroviral therapy;
43 ARV, antiretroviral; DRM, drug resistance mutation; NRTI, nucleoside reverse transcriptase

inhibitors; NNRTI, non-nucleoside reverse transcriptase inhibitors; PI, protease inhibitors. ATV, atazanavir; DRV, darunavir; FPV, fosamprenavir; IDV, indinavir; NFV, nelfinavir; SQV, saquinavir; 3TC, lamivudine; ABC, abacavir; AZT, zidovudine; d4T, estavudine; ddI, didanosine; FTC, emtricitabine; TDF, tenofovir; EFV, efavirenz; ETV, etravirine; NVP, nevirapine; RPV, rilpivirine. PR, HIV-1B protease; RT, HIV-1B retrotranscriptase; D: until HIV diagnosis; cART: combined antiretroviral therapy (two combined drugs); HAART: highly active ART (two combined family drugs in one regimen). * One record from coinfecting patients was a resistance profile. Regarding PR, we only analyzed 285 of the 297 aa sites of HIV-1B PR sequences, as they were available in most coinfecting patients under study.

Table S2. Genbank accession numbers from HIV-1 in the study groups.

Pediatric Group	HIV-1BPR GenBank accession numbers
HIV-1B/HCV coinfecting (n= 14)	HQ426719, HQ426726, HQ426728, HQ426733, HQ426734, HQ426781, HQ426807, HQ426818, HQ426838, HQ426843, HQ426858, HQ426863, KP881489 and KP881494
HIV-1B monoinfected (n= 54)	HQ426717, HQ426720, HQ426722, HQ426727, HQ426737, HQ426748, HQ426749, HQ426752, HQ426758-HQ426763, HQ426770, HQ426783, HQ426784, HQ426790, HQ426800, HQ426806, HQ426809, HQ426814, HQ426815, HQ426819-HQ426821, HQ426823, HQ426825, HQ426826, HQ426840, HQ426844, HQ426849, HQ426850, HQ426854, HQ426856, HQ426861, HQ426866, HQ426871, HQ426878, HQ426884, HQ426886, HQ426891, JQ351956, JQ351961, JQ351967, JQ351989, JQ351992, JQ351997, JQ352003, KP881484, KP881488, KP881492, KX607058, KX607067, KX607070, KX607077.

58 **Table S3.** Protease inhibitor experience and resistance mutations at HIV-1B protease.

	HIV-1B/HCV Coinfected N=15 (%)	HIV-1B Monoinfected N=56 (%)	<i>p</i> -value
Experience to PI	10/14 (71.4)	41/48 (14.6)	0.112
LPV/r	2 (20)	9 (21.9)	1.00
NFV	7 (70)	20 (48.8)	0.550
IDV	0	9 (21.9)	0.450
SQV	1(10)	9 (21.9)	0.594
Prevalence of DRM to PI			
	5/15(33.3)	28/56(50%)	0.065
DRM to PI (major)			
D30N	4(80)	11(39.3)	0.640
M46I	0	11(39.3)	0.144
Q58E	0	1(3.6)	1.00
T74P	0	1(3.6)	1.00
L76V	0	1(3.6)	1.00
V82A	1(20)	7(25)	1.00
I84V	0	1(3.6)	1.00
N88S	0	2(7.1)	0.931
L90M	0	2(7.1)	0.931

59 PI, protease inhibitor; DRM, drug resistance mutations.

Table S4. Results from ten bootstrapped replicates (n=11) from 41 sequences of HIV monoinfected group.

	Genetic distances		Non-synonymous mutations		Synonymous mutations		Selection Pressure	
	d_N	Comparison HIV/HCV	d_N	Comparison HIV/HCV	d_S	Comparison HIV/HCV	$d_N - d_S$	Comparison HIV/HCV
HIV+/HCV+ (n=11)	0.052±0.01	-	0.045±0.01	-	0.074±0.03	-	-0.026±0.018	-
HIV+/HCV- (n=41)	[0.035,0.055]	NS	0.025±0.01	*	[0.038,0.118]	NS	[-0.066,-0.04]	*
HIV+/HCV- Rep.1	[0.046,0.064]	NS	[0.011,0.031]	*	[0.037,0.077]	NS	[-0.06,-0.02]	*
HIV+/HCV- Rep.2	[0.041,0.059]	NS	[0.015,0.035]	*	[0.047,0.091]	NS	[-0.024,0.022]	*
HIV+/HCV- Rep.3	[0.05,0.066]	NS	[0.013,0.022]	*	[0.035,0.079]	NS	[-0.021,0.031]	*
HIV+/HCV- Rep.4	[0.051,0.069]	NS	[0.015,0.035]	*	[0.037,0.117]	NS	[-0.068,-0.048]	*
HIV+/HCV- Rep.5	[0.069,0.089]	*	[0.061,0.087]	*\$	[0.053,0.113]	NS	[-0.032,0.014]	NS
HIV+/HCV- Rep.6	[0.041,0.059]	NS	[0.014,0.036]	*	[0.047,0.091]	NS	[-0.022,0.024]	*
HIV+/HCV- Rep.7	[0.053,0.071]	NS	[0.019,0.038]	*	[0.041,0.107]	NS	[-0.058,-0.038]	*
HIV+/HCV- Rep.8	[0.043,0.057]	NS	[0.041,0.059]	NS	[0.019,0.051]	*\$	[-0.005,0.035]	*\$
HIV+/HCV- Rep.9	[0.05,0.068]	NS	[0.012,0.036]	*	[0.037,0.077]	NS	[-0.071,-0.031]	*
HIV+/HCV- Rep.10	[0.04,0.054]	NS	[0.037,0.055]	NS	[0.032,0.088]	NS	[-0.044,0.018]	NS

Significance was calculated according to 95% confidence intervals. NS: not significant; *, significant; *\$: significant and different from the original set. Only two replicates presented differences with the real original data.

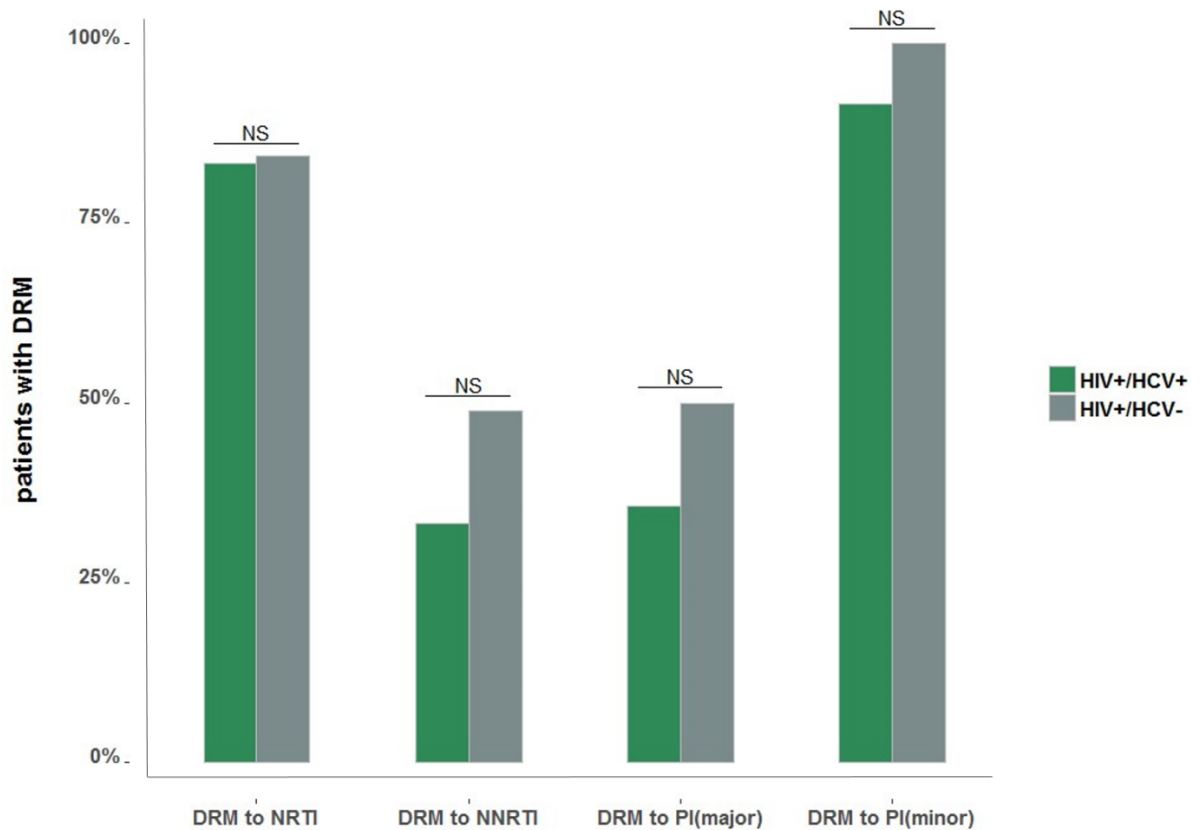


Figure S1. Prevalence of DRM to ARV families between 14 coinfecting and 48 monoinfecting pediatric patients under ART with available resistance information. DRM, Drug Resistance Mutation; NRTI, nucleoside reverse transcriptase inhibitors; NNRTI, non-nucleoside reverse transcriptase inhibitors; PI, protease inhibitors (major, primary mutations to PI; minor, secondary mutations to PI); NS: Not Significant p -value >0.05 . Some DRM to NRTI at RT were more frequent among coinfecting patients compared to monoinfecting patients: D67N (80% vs. 37%; $\chi^2=4.15$, $p=0.030$), K219QE (60% vs. 23%, $\chi^2=3.4$; p -value=0.040). No differences were found in DRM to NNRTI comparing both groups, and K103N was the most prevalent substitution at RT. Among the major DRM to PI considered (30, 32, 46-48, 47, 48, 50, 53, 54, 58, 74, 76, 82, 83, 84, 88, and 90), D30N and V82A at HIV-1B PR were the only found in the coinfecting group and was present in 80% of treated patients. L90M at HIV-1B PR was the most prevalent DRM to PI among the HIV-1 monoinfecting group (52%), and was absent in the coinfecting group.

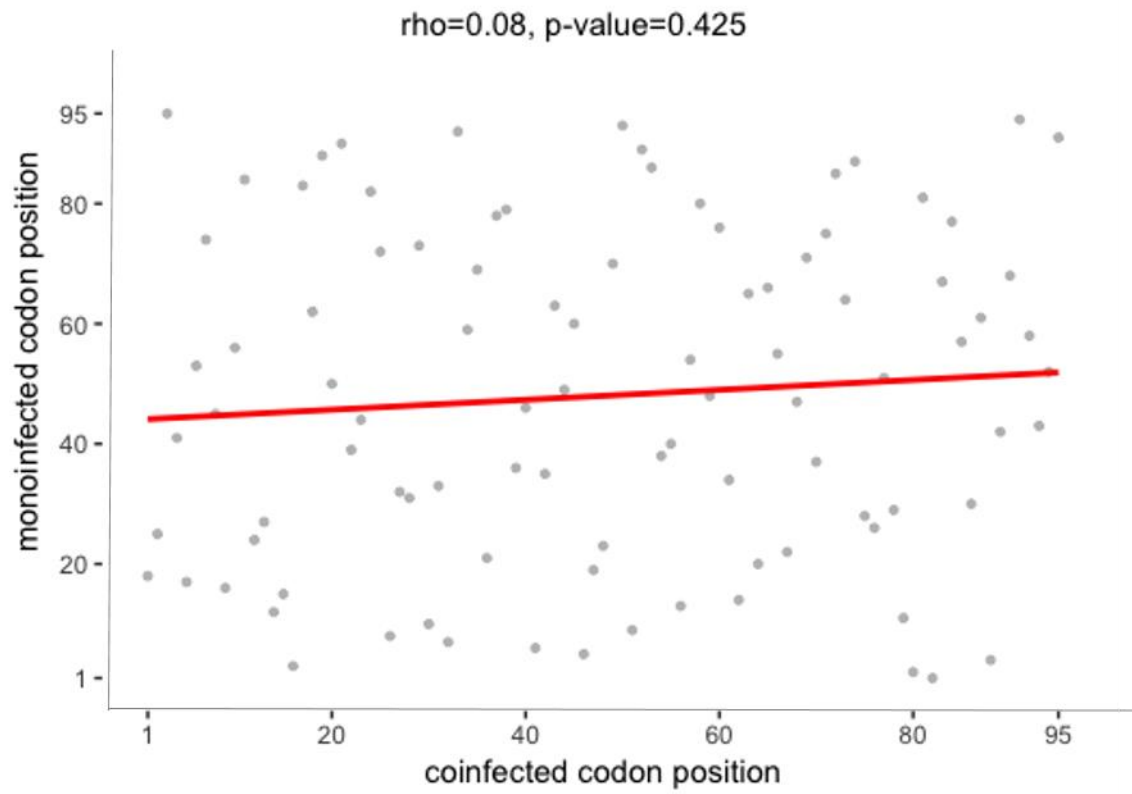


Figure S2: Spearman rank correlation of codon-specific d_N-d_S at the HIV-1BPR from monoinfected patients onto codon-specific d_N-d_S at the HIV-1BPR from coinfecting patients.