

# Analytical Validation of the Thermo Fisher ABI HIV-1 Genotyping Kit for Oxford Nanopore Sequencing Against the Sanger Gold Standard Using the Exatype Platform

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## Executive Summary

[Exatype](#), a cloud-based DNA-sequence analysis platform, developed by [Hyrax Biosciences](#), underpins **HIV drug-resistance testing** for programmes worldwide, supporting more than **1,100 users** across **70+ organisations** in **103 countries** and processing over **150,000 HIV sequences** to date. Its broad adoption - particularly across Global Health Equity settings - has established [Exatype](#) as a trusted platform for routine Sanger-based **HIV-1 genotyping and reporting**.

Given this widespread adoption, [Hyrax Biosciences](#) evaluated whether data generated using the Thermo Fisher ABI HIV-1 Genotyping Kit with Integrase, when sequenced on Oxford Nanopore Technologies (ONT), delivers **drug-resistance results** equivalent to those generated from Sanger sequencing, with both datasets analysed using the [Exatype](#) platform. These findings show that the assay **performs consistently** across both technologies, with **strong concordance in consensus sequences and drug-resistance calls**. [Exatype](#) served as the **shared analytical workflow**, enabling **direct comparison** and **simplifying cross-platform interpretation**.

### Key outcomes:

- **Specificity and repeatability:** 100% concordance with Sanger and between ONT replicates.
  - **Sensitivity:** Consistent detection of resistance mutations at  $\geq 20\%$  prevalence.
  - **Native vs Rapid ONT workflows validated:** both equivalent to Sanger, with trade-offs in depth (Native) and speed (Rapid).
  - **Exatype-driven standardisation:** A unified analytical layer enabling QC, consensus generation, and HIVDB reporting across sequencing technologies.
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## Background and Rationale

As HIV antiretroviral therapy coverage expands - reaching **29.8 million people** by 2022 (WHO, 2025)<sup>1</sup> - selective pressure has increased the emergence of **HIV drug resistance**, driving demand for **scalable, reliable genotyping** (WHO, HIV Drug Resistance)<sup>2</sup>. With laboratories

now incorporating flexible platforms such as ONT alongside traditional Sanger sequencing, a **single, standardised workflow** becomes increasingly valuable.

This study **validates** the use of the Applied Biosystems HIV-1 Genotyping Kit with Integrase from Thermo Fisher Scientific, sequenced with ONT and benchmarked against Sanger. Both datasets were analysed through [Hydrax Biosciences' Exatype platform](#), providing a like-for-like comparison and confirming that the assay can be deployed reliably across **multiple sequencing technologies**.

## Validation Results

**Study design:** included 2 samples × 3 replicates for protease (PR) and reverse transcriptase (RT) - as a single amplicon - and integrase (IN) amplified with Thermo Fisher ABI HIV-1 Genotyping Kit with Integrase, sequenced on ONT and Sanger, and analysed using Exatype. Two separate barcoding strategies were tested on the ONT platform, the standard long-read barcoding (termed **Native**) and a short-read barcoding (termed **Rapid**).

### Quantitative Outcomes

#### ONT (Native and Rapid) vs Sanger

| Metric                       | Result                                                           | Benchmark / Notes                             |
|------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| <b>Specificity</b>           | 100% concordance between ONT and Sanger consensus sequences      | Validates assay equivalence                   |
| <b>Repeatability</b>         | 100% concordance across replicates                               | Demonstrates assay robustness                 |
| <b>Sensitivity</b>           | Matching variant detection at ≥20% threshold (industry standard) | Confirms equivalence with Sanger              |
| <b>Sensitivity threshold</b> | Sanger threshold 15 - 20% <sup>3</sup> ; ONT threshold ≥1%       | Improved detection of minor variants with ONT |
| <b>Drug-resistance calls</b> | Consistent across Sanger and ONT                                 | Reliable HIV-DR detection                     |

#### Native vs Rapid ONT Strategies

| Metric                       | Native ONT | Rapid ONT | Benchmark / Notes                                                                       |
|------------------------------|------------|-----------|-----------------------------------------------------------------------------------------|
| <b>Average Read Length</b>   | 1,042 nt   | 353 nt    | Both read lengths are sufficient for HIV-DR genotyping, demonstrating ONT's versatility |
| <b>Average Quality Score</b> | Q=28       | Q=24      | Quality exceeded the ONT minimum (Q=8)                                                  |



|                                                        |            |           |                                                                                                                  |
|--------------------------------------------------------|------------|-----------|------------------------------------------------------------------------------------------------------------------|
| <b>Average Read Depth / Coverage across <i>pol</i></b> | 111k / 80k | 37k / 12k | Both datasets exceed the minimum coverage (15 reads) needed to reliably detect variants present at $\geq 20\%$ * |
| <b>Average Runtime on Exatype</b>                      | 21 min     | 5 min     | Shorter runtime for shorter read lengths (Rapid ONT)                                                             |
| <b>Concordance with Sanger</b>                         | 100%       | 100%      | Consensus sequences were concordant despite variation in sequencing metrics                                      |

#### Key Takeaways:

- **Specificity:** ONT (Native & Rapid) matches Sanger; identical consensus sequences and HIV-1 drug-resistance calls.
- **Sensitivity:** Detects variants at  $\geq 20\%$  prevalence; ONT also captures lower-prevalence variants.
- **Speed vs Coverage:** Native = longer reads, higher depth; Rapid = faster analysis with shorter reads.
- **Practical Impact:** Both strategies support reliable, high-throughput HIV-DR testing.

\*Sequencing depth of the Rapid ONT dataset may not represent all rapid-barcoding strategies.

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## Analytical and Applied Implications enabled by Hyrax Biosciences' Exatype Platform

This validation demonstrates that the Thermo Fisher ABI HIV-1 Genotyping Kit with Integrase **performs consistently** when sequenced on ONT, producing **drug-resistance results** that align with those obtained from Sanger sequencing. [Exatype](#) served as the **shared analytical environment**, applying the same interpretation rules, thresholds, and reporting structure across both datasets to enable a **direct, like-for-like comparison of assay performance**.

[Exatype](#) retains compatibility with  $\geq 20\%$  reporting thresholds while also accommodating the richer variant signal available from ONT, supporting programmes moving toward higher-throughput or decentralised sequencing. Automated QC, consensus generation, and standardised reporting **remove the need for platform-specific bioinformatics**, enabling laboratories to increase capacity and adopt ONT without changing analytical workflows.

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## Conclusion

This validation confirms that data generated using the Thermo Fisher ABI HIV-1 Genotyping Kit with Integrase on ONT, when analysed through [Exatype](#), produces HIV-1 drug-resistance results equivalent to Sanger. Both Native and Rapid ONT workflows demonstrate reliable



analytical performance while offering the operational flexibility associated with decentralised sequencing.

Together, these findings position [Exatype](#) as a consistent, **cross-platform analytical solution** that supports ONT adoption in routine testing, surveillance, and decentralised HIV-DR applications while preserving full comparability with established Sanger workflows.

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## References

1. [World Health Organisation \(WHO\). \*HIV statistics, globally and by WHO region\*, Information Sheet, 2025](#)
2. [World Health Organisation \(WHO\). \*HIV drug resistance\*](#)
3. [Steehan \*et al.\*, 2023, \*Advancing HIV Drug Resistance Technologies and Strategies: Insights from South Africa's Experience and Future Directions for Resource-Limited Settings\*, \*Diagnostics\*, 13\(13\):2209](#)

