Review Article

GROWING ANTIBIOTIC RESISTANCE IS A MASSIVE THREAT TO HEALTH SYSTEM

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ABSTRACT:

Antibiotic resistance has become a worldwide problem and a massive threat to the health system, particularly in developing countries. A number of factors such as excessive use of antibiotics in the dairy industry, poultry industry, dosage effect, non-professional doctors especially in rural areas, self-medication, and misuse of antibiotics are contributing towards antibiotic resistance. The astonishing genetic capacity of bacteria to resist antibiotics is due to over usage of antibiotics and transmission of resistant genes to further generations through horizontal gene transfer. The basic mechanisms of antibiotic resistance are the degradation of different drugs used against bacteria by enzymes, changes in proteins that have to be targeted by antibiotics, and alterations in permeability of membrane toward different antibiotics. The growing antibiotic resistance is a problem not only in underdeveloped countries but also in developed countries. This review addresses different aspects of antibiotic resistance.

Key Words: Antibiotics, Antibiotic Resistance, Enzymes

INTRODUCTION:

Antibiotics can be defined as agents that are used to kill or stop the growth of bacteria.¹ No doubt, antibiotics have revolutionized the field of medicine, but today one of the most emerging problems is antibiotic resistance. The resistance to antibiotics has not only resulted in an increased rate of mortality but has dramatically increased the cost of treatment. Antibiotic resistance can also be defined as a process in which bacteria becomes resistant to specific antibiotics, and the antibiotics no longer kill or inhibit the growth of bacteria. Whenever the antibiotics are administrated, there are three possible outcomes; the bacteria will be killed, growth will be inhibited, or they will continue to multiply and will increase in number.² There are many factors that lead to antibiotic resistance through different mechanisms such as, i.e., natural selection. plasmid transfer, and mutation.³

Plasmid transfer is a mechanism in which bacteria can transfer their genetic material directly between each other as this ability is not present in other bacteria. Plasmids are small extrachromosomal circular rings of DNA that function as a vehicle in order to transfer resistance among bacterial species. Plasmids have the capability of spreading bacterial resistance in different regions of The mutation is another world. the phenomenon that leads to resistance in bacteria. Bacterial genome regularly changes in response to the employment of antibiotics. The regular usage of antibiotics causes an increase in mutational levels that leads to an increase in the level of bacterial resistance.⁴ Bacteria to get resistance by the degradation of different drugs using enzymes; changes in proteins which have to be targeted by antibiotics and alterations in permeability of membrane toward different antibiotics.

The mechanism of resistance in bacteria has been studied extensively at the molecular level, and there are different mechanisms for the development of resistance in microbes.⁵ Some of the most important known mechanisms are described here.

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Genetic Jugglery:

Genes of β -lactamase enzymes are most widely distributed, and mutations in these genes result in broad-spectrum resistance in different bacteria toward antibiotics.⁶ The genes of β -lactamase are ancient, and these have been found in different environmental conditions⁷ with different substrates, which provide sufficient evidence for its contribution toward resistance in bacteria. CTX-M is a novel β -lactamase demonstrated as the first enzyme with the ability to hydrolyze cephalosporin at a high level.⁸ CTX-M and its variants are one of the most important factors which are contributing to the potential threat of antibiotics resistance worldwide.9

Intrinsic Resistance:

Intrinsic resistance is a mechanism in which resistance results due to the presence of specific genes in a bacterial genome, i.e., quasi and proto resistance. The advancements in recombinant DNA technology, different mutagenic techniques helped to discover the role of these intrinsic genes in bacteria and their microbial resistance. One of the most important routes which cause resistance to trimethoprim¹⁰ and sulphonamides¹¹ in bacteria is gene amplification. It has been shown that specific resistant strain is produced when there is overexpression of the wild-type gene.

Transmission of Resistant Gene:

It has been documented that accessory genetic elements of the bacterial genome have the ability to take resistant genes and transmit. Mutations that make the bacteria resistant toward antibiotics are transferred at a high rate through horizontal transfer.

Regardless of differences that exist between gram-positive and gram-negative bacteria, the transmission through plasmid is the most common method for transmission of resistant genes.¹² The transmission of resistant genes through conjugation is studied extensively. The rate of transmission varies greatly in different environmental conditions, and the frequency of transmission is quite high in the natural environment as compared to laboratory conditions.¹³ Recently, a large number of antibiotic-resistant genes have also been documented in human gut microbes.¹⁴ The interchange of both virulent and pathogenic genes is most frequent in meningococci, streptococci, and their related genera, with transformation being the mechanism for transmission.^{15,} Acinetobacter species are most competent to transfer DNA directly from the environment or through horizontal transfer.¹⁶ gene Various mechanisms involved in the transmission of antibiotic resistance genes have been studied in the laboratory, and it is observed that the genetic transmission can take place by methods other than transformation by bacteriophages and plasmids. In complex communities of bacteria, the transmission of resistant genes can take place through the fusion of cell wall.¹⁷ However, gene transmission efficiency and its selective expression are important limitations. On the other hand, the genetic expression provides them low protection from different antagonists.⁷ There is enhanced antibiotic resistance when subinhibitory concentrations of antibiotics are used. In this case, the activation of the SOS response system of DNA repair system facilitates the transfer of genes.¹⁸

Risk Factors of Antibiotic Resistance: Dairy and Poultry Industry

Same types of antibiotics are being used to treat animals and human infections, which is contributing towards increased antibiotic resistance.¹⁹ Since the 1950s, antibiotics are used routinely in the feed of cattle, poultry, and swine to stimulate rapid growth and to avoid infections that may occur in animals that reside in congested and unsanitary conditions.²⁰ Nowadays, there is an increasing trend of usage of antibiotics in livestock, as almost 80% of all antibiotics sold for livestock. Tetracyclines, are Macrolides, Sulfonamides, and Streptogramins are used in cattle, poultry feed. Penicillins, and swine

Aminoglycosides, and Lincosamides are used only in the poultry and swine feed industry. Antibiotics are being routinely provided to animals regardless of their sickness. Due to this regular provision of antibiotics to animals, bacteria that reside in the gut of animals, skin, and respiratory tract become resistant to those antibiotics.²¹ These bacteria can spread to people from livestock operations in different ways, i.e., food, environment, and workers. Antibiotic resistance bacteria are also found on fresh meat.²²

Dose Effect and Overuse:

Usage of antibiotics contributes to antibiotic resistance, whether the use is appropriate or inappropriate.²³ Antibiotics that help in treating patients suffering from various diseases can be categorized as appropriate antibiotics, while antibiotics that do not help patients in coping against diseases are termed as inappropriate antibiotics. A number of studies predict that usage of antibiotics and antibiotic-resistant bacteria are interrelated.²⁴ It is also a fact that if we lower the usage of antibiotics, the number of antibiotic-resistant bacteria also decreases significantly.²⁵ If someone fails to complete the course of antibiotics, some of the infecting bacteria survive and become most resistant to that specific antibiotic. The bacteria that survive give rise to a number of bacteria more resistant to that antibiotic as compared to normal bacteria. So, the infection cannot be treated with that antibiotic.²⁶ Later on, antibiotics eradicate competitors that are sensitive to drugs and leave behind resistant bacteria that reproduce as a result of natural selection.

Non-Professional Doctors in Rural Areas

Non-availability of highly qualified and professional doctors in rural areas²⁷ is a common factor for antibiotic resistance in some developing countries. They do not advise patients to have a laboratory test before prescribing any antibiotic and prescribe inappropriate antibiotics.²⁸ Incorrect antibiotics can contribute to

increasing the number of antibiotic-resistant bacteria.²⁹ Correct prescription of antibiotics is really important because incorrect prescription of antibiotics may pose serious threats, and patients become exposed to many other complications.³⁰ Another factor contributing to increased resistance in bacteria is the false advertisement of antibiotics by just profit earner people.

Self-Medication of Antibiotics:

The attainment and self-administration of antibiotics in order to treat a perceived infection is known as self-medication.³¹ The antibiotics are self-administrated not only in underdeveloped countries but also in highly developed countries.³² The prescribed antibiotics can also be used for selfmedication.³³ People use self-medication with antibiotics in order to save time, money, to avoid consultation of doctor, past successful use for family and friends and leftover medicines.³¹ In Pakistan, amoxicillin and metronidazole are the most commonly used self-medicated antibiotics while self-medication with antibiotics is mostly used for complications like fever, pain and respiratory problems.^{31,34}

Misuse of antibiotics:

Misuse of antibiotics is widely practiced in developing countries, and this practice is recognized as a serious threat to our public health.³⁵ Superbugs are a kind of harmless bacteria that can cause serious infection as they have the ability to become resistant to antibiotics.³⁶ multiple The misuse of antibiotics along with overuse of fluoroquinolones causes an increase in the number of antibiotic-resistant bacteria, and it becomes really difficult to treat infections with antibiotics.³⁷ Fluoroquinolones when used as a first-line antibiotic, antibiotic sensitivity has decreased with negative effects such as those related with cystic fibrosis.38

Inappropriate Prescription:

Inappropriate prescription is another factor that is contributing to increased antibiotic resistance. Worldwide different reports have demonstrated that duration. treatment indication, and choice of antibiotic is improper in 30% to 50% of cases.³⁹ It was reported in the U.S that pathogen was detected only in 7.6% out of 17,435 patients who were hospitalized with Community-Acquired Pneumoniae (CAP).⁴⁰ Moreover, 30 to 60% of antibiotics which are used in ICU are inappropriate, suboptimal, or incorrect. The sub-therapeutic concentration of antibiotics enhances antibiotic resistance through genetic alterations such as mutagenesis. Horizontal Gene Transfer (HGT) and alterations in genetic expression. Increased virulence is associated with alterations in genetic expression while HGT and mutagenesis enhances the antibiotic resistance and their transmission.⁴¹

Least or less of new antibiotics:

One of the most effective methods to overcome the resistance in bacteria was the development of new antibiotics which has been delayed due to many regulatory and economic problems.⁴⁰ Diversity of research teams has also reduced to significant level merges to between different due pharmaceutical industries.⁴² Antibiotics are not considered economically more feasible by pharmaceutical companies because of their short duration of usage as compared to drugs which are used to treat chronic and life-threatening diseases such as reflux, gastroesophageal psychiatric etc.43-45 disorders, asthma Because medicines used for the treatment of chronic disorders provide more profit to pharmaceutical companies and they prefer to invest in them.⁴⁴ Another factor associated availability with decreased of new antibiotics is their low price. The price of new antibiotics is a maximum of 1 to 3 thousand dollars per course as compared to hundreds of thousands of dollars of drugs.44,45 chemotherapeutic Moreover, when the new antibiotic comes in the market, physicians usually treat it as the last option and prescribe older drugs.^{43,44} This behavior leads to decreased use of new

antibiotics and thereby reduced investment by companies.⁴² Ultimately, when new antibiotics are used, the appearance of resistance can be predicted, but the bacterial evolution is quite uncertain; therefore, the timeline of resistance cannot be predicted. Therefore, manufacturers that invest in the development of new antibiotics may assume that profits are reduced to a significant level when resistant develop against that antibiotic.⁴⁴ One additional complication is that suppliers of most antibiotics are generic drug manufacturers, and these drugs are usually off-patent.⁴⁵ Due to these and many other factors, only a few antibiotics are being made. Infectious Disease Society of America (IDSA) has reported in 2013 that few new antibiotics are in phase 2 or phase 3 of development with activity against resistance developed in gram-negative bacteria such as Pseudomonas aeruginosa, Enterobacteriaceae and Acinetobacter baumanni.46

One of the major problems in the development of new antibiotics is regulatory approval.^{42, 44} The approval for antibiotics has been reduced to a significant level between 1983 and 2007.44. The most usual difficulties in getting regulatory approval are different requirements of clinical trials in different countries, bureaucracy, clarity issues, inappropriate communication, and changes in licensing and regulatory rules.⁴² Different changes in standard made by FDA during two decades have made clinical trials of antibiotics quite challenging.⁴⁵ Production antibiotics is also considered of uneconomical because a very large population sample is required.^{42,45} In order to fill the gap which is present between discovery and development of antibiotics, small companies are coming forward, but cannot accomplish the financial they demands at phase 3 of clinical trials. Merck December 2014 attained Cubist in Pharmaceutical, which is proposed to speed up the regulatory approval and study of antibiotics.⁴⁷ In order to continue the development discovery and of new antibiotics there is need of new regulatory approaches.⁴⁴ The new regulatory pathway for approval (LPAD) has been proposed by IDSA which has gained positive comments from the public. This model will help in fast, smaller and cost-effective clinical trials.⁴⁰

Challenges:

Increased resistance of antibiotics due to their inappropriate usage to treat the patients suffering from chronic and vulnerable diseases is presenting a challenging situation. The rate of death has also risen greatly due to increased resistance, and it has been reported that in 2006, round about 50,000 people died due to increased resistance in two bacterial strains, which cause pneumonia and sepsis.³⁰ Another challenge associated with increased resistance of antibiotics is the increasing trend of self-medication, especially in developing countries. It has been noted that in Asian countries, even educated people are relying on self-medication.^{48,49} Even after a chronic disease has been diagnosed, people consider themselves capable of maintaining their health, and in most cases, they do not take professional advice, and even if they take, they do not take it seriously. It has also been demonstrated that the use of some drugs such as topical corticosteroids, oral H₂-receptor contraceptives, histamine blockers, and antifungals is increasing day by day without any professional advice, which also shows that there is also lack of awareness.50 The healthcare facilities are expensive in developing countries, and at the same time, these are not upto the mark; therefore, people do not prefer to go to professionals. So, to raise the standard of these health care centers and to make them accessible for everyone is another challenge.51

One of the great challenges for the government is to raise the awareness of antibiotics, the consequences of their misuses, and their possible side effects. It is also necessary to educate people about difficulties in the treatment of those diseases which are caused by pathogens in which resistance to different antibiotics has developed. The antibiotic resistance problem is not only a matter of concern for healthcare departments, but it may also damage the economy of the country.⁵²

The lack of facilities and funding for the development of new antibiotics is another challenge which is currently faced by many pharmaceutical industries, and the efficacy of antibiotics which are currently available is in grave danger because the bacteria are becoming more and more resistant to them and as result of this resistance, the infections will become fatal. Two major problems associated with the development of new antibiotics are strict regulatory requirements and a shortage of monetary incentives.³⁰ Also, it has been noted that due to increased resistance in bacteria, the antibiotic therapies are becoming more and more complex and also in serious cases they are quite useless.⁵⁰

Future Perspectives:

At this time, the world is moving toward the post-antibiotic era. and the different infectious diseases which were once considered treatable will not be able to manage again due to enhanced antibiotic resistance in bacteria. At present, around 70.000 people die worldwide annually due to enhanced antibiotic resistance. Due to the overconsumption of antibiotics in Pakistan, the resistant strains are spreading at a very high rate, and the adaptation of bacteria toward these antibiotics is also increasing day by day. The antibiotic usage in animals is increasing day by day in agriculture and poultry, and it has been reported that in order to meet the needs of the growing world the antibiotic usage will increase by 70% till 2050.

Due to increased antimicrobial resistance, there is an increase in the number of patients with such infectious diseases that cannot be treated. Also, there is a significant increase in the number of pathogens that are resistant to different drugs at the same time. Therefore it must be highlighted that is the need of time to develop new antibiotics to which bacteria and pathogens are not resistant.⁵³ One of the key factors which are leading toward increased resistance of antibiotics is diagnostic uncertainty, which results not only in an increased number of resistant but also increased strains selection pressure.⁵⁴ The absence of appropriate techniques to detect and diagnose at early stages has also made it difficult to initiate therapy at appropriate time especially for those diseases which can be life threatening.55

It is proposed that in the future, the selection problem may be reduced by improving the diagnosis of bacterial infections. The indication to start and end the treatment by the development of a new diagnostic test would be a greater accomplishment.^{56,57} Also, in the future, diagnostic accuracy can be increased by molecular diagnostics, which would enable the use of more appropriate antibiotic drugs. A scenario has been described by Dunne et al. in which he proposes that by 2050, the clinical samples analyzed would be and detected automatically by the development of sophisticated platforms with real-time amplifiers, and it will enable us to detect any pathogen within 30 minutes.⁵⁸ It has also been proposed that through the development of new tools it will be possible to distinguish different viral between and bacterial infections.59

The need for antibiotics and ultimately the resistance in antibiotics can be eliminated by developing conjugate vaccines, for example, those which are based on pneumococcus and encapsulated H. influenza. But at the same time, it has also been demonstrated that different problems may be associated with the development and delivery of these conjugate vaccines. Also in immunocompromised people, the commercial strains can be transformed into pathogenic strains and the vaccine activity against these bacteria could result in the destruction of natural immune system.

CONCLUSION:

The importance of antibiotics cannot be denied, and we depend completely on

antibiotic therapy for the treatment of many infections. The antibiotics are used not only for the treatment of bacterial infections but also in other processes such as organ transplants. But excessive use of antibiotics results in antibiotic resistance that has threatened the benefits which have been achieved through the usage of antibiotics. are many factors which There are contributing to increased resistance of antibiotics, such as their extensive use in dairy and poultry, poverty, inappropriate prescription, regulatory barriers, overdosing, lack of medical facilities, and many others. Many pharmaceutical companies are not making new antibiotics, mainly due to a lack of funds. The increased resistance toward antibiotics has also resulted in an increased burden on the economy of countries. It has also been also demonstrated that the rate of inappropriate prescription of antibiotics had been raised up to 88.9%. People usually do not consult doctors or other professionals, and they rely on selfmedication. In order to overcome all of these issues, there is a need for increased awareness about the usage of antibiotics, health effects. and resistance. The government should also make new policies to overcome these challenges. Legislative amendments in Pakistan Medical & Dental Council (PMDC) ordinance should be made to prevent misuse and self-medication.

AUTHOR'S CONTRIBUTION:

- MSA: Concept and design of the study
- MSQ: Editing and final approval of the version
- PI: Revision of article
- SA: Drafting the article
- IG: Data collection and drafting
- ZA: Design of study
- AH: Critical revision of article

REFERENCE:

 Cavera VL, Arthur TD, Kashtanov D, Chikindas ML. Bacteriocins and their position in the next wave of conventional antibiotics. Int J Antimicrob Agents. 2015 Nov 1;46(5):494-501.

- Silver LL. Challenges of antibacterial discovery. Clinical microbiology reviews. 2011 Jan 1;24(1):71-109.
- Blair JM, Webber MA, Baylay AJ, Ogbolu DO, Piddock LJ. Molecular mechanisms of antibiotic resistance. Nat. Rev. Microbiol. 2015 Jan;13(1):42-51.
- 4. Andersson DI, Hughes D. Microbiological effects of sublethal levels of antibiotics. Nat. Rev. Microbiol. 2014 Jul;12(7):465-78.
- Alekshun MN, Levy SB. Molecular mechanisms of antibacterial multidrug resistance. Cell. 2007 Mar 23;128(6):1037-50.
- Gniadkowski M. Evolution of extended-spectrum β-lactamases by mutation. Clin. Microbiol. Infect. 2008 Jan;14:11-32.
- Allou N, Cambau E, Massias L, Chau F, Fantin B. Impact of low-level resistance to fluoroquinolones due to qnrA1 and qnrS1 genes or a gyrA mutation on ciprofloxacin bactericidal activity in a murine model of Escherichia coli urinary tract infection. Antimicrob. Agents Chemother. 2009 Oct 1;53(10):4292-7.
- Livermore DM, Canton R, Gniadkowski M, Nordmann P, Rossolini GM, Arlet G, Ayala J, Coque TM, Kern-Zdanowicz I, Luzzaro F, Poirel L. CTX-M: changing the face of ESBLs in Europe. J. Antimicrob. Chemother. 2007 Feb 1;59(2):165-74.
- 9. Hawkey PM, Jones AM. The changing epidemiology of resistance. J. Antimicrob. Chemother. 2009 Sep 1;64(suppl_1):i3-10.
- 10. Brochet M, Couvé E, Zouine M, Poyart C, Glaser P. A naturally occurring gene amplification leading to sulfonamide and trimethoprim resistance in Streptococcus agalactiae. Journal of bacteriology. 2008 Jan 15;190(2):672-80.
- 11. Johnston C, Caymaris S, Zomer A, Bootsma HJ, Prudhomme M, Granadel C, Hermans PW, Polard P, Martin B, Claverys JP. Natural genetic transformation generates a population of merodiploids in Streptococcus pneumoniae. Plos Genet. 2013 Sep 26;9(9):1-13..
- Norman A, Hansen LH, Sørensen S.J. Conjugative plasmids: vessels of the communal gene pool. Philosophical Transactions of the Royal Society B: Biol. Sci. 2009 Aug 12;364(1527):2275-89.
- 13. Sørensen SJ, Bailey M, Hansen LH, Kroer N, Wuertz S. Studying plasmid horizontal

transfer in situ: a critical review. Nat. Rev. Microbiol. 2005 Sep;3(9):700-10.

- Sommer MO, Dantas G, Church G.M. Functional characterization of the antibiotic resistance reservoir in the human microflora. science. 2009 Aug 28;325(5944):1128-31.
- 15. Chewapreecha C, Harris SR, Croucher NJ, Turner C, Marttinen P, Cheng L, et al. Dense genomic sampling identifies highways of pneumococcal recombination. Nat Genet. 2014 Feb 9;46(3):305-9.
- 16. Barbe V, Vallenet D, Fonknechten N, Kreimeyer A, Oztas S, Labarre L, Cruveiller S, Robert C, Duprat S, Wincker P, Ornston LN. Unique features revealed by the genome sequence of Acinetobacter sp. ADP1, a versatile and naturally transformation competent bacterium. Nucleic Acids Res. 2004 Jan 1;32(19):5766-79.
- 17. Gillings MR, Holley MP, Stokes HW. Evidence for dynamic exchange of qac gene cassettes between class 1 integrons and other integrons in freshwater biofilms. FEMS microbiology letters. 2009 Jul 1;296(2):282-8.
- Guérin É, Cambray G, Da Re S, Mazel D, Ploy MC. The SOS response controls antibiotic resistance by regulating the integrase of integrons. Medecine sciences: M/S. 2010 Jan;26(1):28.
- 19. Allen HK, Trachsel J, Looft T, Casey TA. Finding alternatives to antibiotics. Ann NY Acad Sci. 2014 Sep;1323(1):91-100.
- Zhu YG, Johnson TA, Su JQ, Qiao M, Guo GX, Stedtfeld RD, Hashsham SA, Tiedje JM. Diverse and abundant antibiotic resistance genes in Chinese swine farms. Proc. Natl. Acad. Sci. U.S.A. 2013 Feb 26;110(9):3435-40.
- Johnson AP, Woodford N. Global spread of antibiotic resistance: the example of New Delhi metallo-β-lactamase (NDM)-mediated carbapenem resistance. J Med Microbiol. 2013 Apr 1;62(4):499-513.
- 22. Molton JS, Tambyah PA, Ang BS, Ling ML, Fisher DA. The global spread of healthcare-associated multidrug-resistant bacteria: a perspective from Asia. Clin Infect Dis. 2013 May 1;56(9):1310-8.
- 23. Holm A, Cordoba G, Sørensen TM, Jessen LR, Siersma V, Bjerrum L. Point of care susceptibility testing in primary care-does it lead to a more appropriate prescription of antibiotics in patients with uncomplicated urinary tract infections? Protocol for a

randomized controlled trial. B.M.C. family practice. 2015 Dec 1;16(1):106.

- Megraud F, Coenen S, Versporten A, Kist M, Lopez-Brea M, Hirschl AM, Andersen LP, Goossens H, Glupczynski Y. Helicobacter pylori resistance to antibiotics in Europe and its relationship to antibiotic consumption. Gut. 2013 Jan 1;62(1):34-42.
- 25. Pruden A, Larsson DJ, Amézquita A, Collignon P, Brandt KK, Graham DW, Lazorchak JM, Suzuki S, Silley P, Snape JR, Topp E. Management options for reducing the release of antibiotics and antibiotic resistance genes to the environment. Environmental health perspectives. 2013 Aug;121(8):878-85.
- 26. Lesprit P, Landelle C, Brun-Buisson C. Clinical impact of unsolicited postprescription antibiotic review in surgical and medical wards: a randomized controlled trial. Clin Microbiol Infect. 2013 Feb 1;19(2):E91-7.
- 27. Datta R. The world of quacks: a parallel health care system in rural West Bengal. IOSR JHSS. 2013 Jul;14(2):44-53.
- 28. Fridkin S, Baggs J, Fagan R, Magill S, Pollack LA, Malpiedi P, Slayton R, Khader K, Rubin MA, Jones M, Samore MH. Vital signs: improving antibiotic use among hospitalized patients. MMWR Morb Mortal Wkly Rep. 2014 Mar 7;63(9):194-200.
- 29. Carlet J, Jarlier V, Harbarth S, Voss A, Goossens H, Pittet D. Ready for a world without antibiotics? The pensières antibiotic resistance call to action. Antimicrob Resist Infect Control. 2012 Feb 14; 1(11): 1-13.
- 30. Ventola CL. The antibiotic resistance crisis: part 1: causes and threats. Pharmacy and therapeutics. 2015 Apr;40(4):277.
- 31. Ali AS, Ahmed J, Sonekhi GB, Fayyaz N, Zainulabdin Z, Jindani R. Practices of selfmedication with antibiotics among nursing students of Institute of Nursing, Dow University of Health Sciences, Karachi, Pakistan. JPMA. 2016 Feb;66(2):235-7.
- 32. Versporten A, Bolokhovets G, Ghazaryan L, Abilova V, Pyshnik G, Spasojevic T, Korinteli I, Raka L, Kambaralieva B, Cizmovic L, Carp A. Antibiotic use in eastern Europe: a cross-national database study in coordination with the WHO Regional Office for Europe. Lancet Infect Dis. 2014 May 1;14(5):381-7.
- 33. Pan H, Cui B, Zhang D, Farrar J, Law F, Ba-Thein W. Prior knowledge, older age, and

higher allowance are risk factors for selfmedication with antibiotics among university students in southern China. PloS one. 2012 Jul 20;7(7):e41314.

- 34. Sharif SI, Masalmeh BA, Awad H, Osama A, Abdulmqasood YA, Bugaighis LM. Parents' knowledge and attitude to selfmedication of children with antibiotics. Archives of Pharmacy Practice. 2015 Oct 1;6(4).
- 35. Kotwani A, Holloway K. Antibiotic prescribing practice for acute, uncomplicated respiratory tract infections in primary care settings in New Delhi, India. TM & IH. 2014 Jul;19(7):761-8.
- Casey G. Antibiotics and the rise of superbugs. Kai Tiaki: Nursing N.Z. 2012 Nov 1;18(10):20.
- 37. Bassetti M, Cruciani M, Righi E, Rebesco B, Fasce R, Costa A, Molinari MP, Mengoli C, Bobbio Pallavicini F, Viscoli C. Antimicrobial use and resistance among Gram-negative bacilli in an Italian intensive care unit (ICU). J Chemother. 2006 Jun 1;18(3):261-7.
- Ziganshina LE, Titarenko AF, Davies GR. Fluoroquinolones for treating tuberculosis (presumed drug-sensitive). Cochrane Database Syst Rev. 2013(6).
- Luyt CE, Bréchot N, Trouillet JL, Chastre J. Antibiotic stewardship in the I.C.U. Critical care. 2014 Oct 1;18(5):480.
- 40. Bartlett JG, Gilbert DN, Spellberg B. Seven ways to preserve the miracle of antibiotics. Clin Infect Dis. 2013 May 15;56(10):1445-50.
- 41. Viswanathan VK. Off-label abuse of antibiotics by bacteria.
- 42. Piddock LJ. The crisis of no new antibiotics—what is the way forward?. Lancet Infect Dis. 2012 Mar 1;12(3):249-53.
- 43. Golkar Z, Bagasra O, Pace DG. Bacteriophage therapy: a potential solution for the antibiotic resistance crisis. J Infect Dev Ctries. 2014 Feb 13;8(02):129-36.
- 44. Gould IM, Bal AM. New antibiotic agents in the pipeline and how they can help overcome microbial resistance. Virulence. 2013 Feb 15;4(2):185-91.
- 45. Wright GD. Something old, something new: revisiting natural products in antibiotic drug discovery. Can J Microbiol. 2014;60(3):147-54.

- Lushniak BD. Antibiotic resistance: a public health crisis. Public Health Reports. 2014 Jul;129(4):314-6.
- 47. Gelles D. Merck in \$8.4 billion deal for Cubist, big maker of antibiotics. New York Times. Dec. 2014;8.
- 48. Verma RK, Mohan L, Pandey M. Evaluation of self medication among professional students in North India: proper statutory drug control must be implemented. Evaluation. 2010 Jan;3(1):60-4.
- 49. Shveta S, Jagmohan S. A study of self medication pattern in Punjab. IJOPP. 2011;4(2).
- Barker A, Verhoeven K, Ahsan M, Alam S, Sharma P, Sengupta S, Safdar N. ID: 25: Social Determinants Of Patient Antibiotic Misuse In Haryana, India. J Investig Med. 2016 Mar 22;64(4):935.
- 51. Bennadi D. Self-medication: A current challenge. JBCP. 2013 Dec;5(1):19.
- 52. Zhang S, Sammon PM, King I, Andrade AL, Toscano CM, Araujo SN, Sinha A, Madhi SA, Khandaker G, Yin JK, Booy R. Cost of management of severe pneumonia in young children: systematic analysis. J Global Health. 2016 Mar 15;6(1):1-15.
- 53. Rather IA, Kim BC, Bajpai VK, Park YH. Self-medication and antibiotic resistance: Crisis, current challenges, and prevention. Saudi J Biol Sci. 2017 May 1;24(4):808-12.
- 54. Nuermberger EL, Bishai WR. Antibiotic resistance in Streptococcus pneumoniae: what does the future hold?. Clin. Infect. Dis.. 2004 May 15;38(Supplement_4):S363-71.

- 55. Fischer JE, Harbarth S, Agthe AG, Benn A, Ringer SA, Goldmann DA, Fanconi S. Quantifying uncertainty: physicians' estimates of infection in critically ill neonates and children. Clin Infect Dis. 2004 May 15;38(10):1383-90.
- 56. Christ-Crain M, Jaccard-Stolz D, Bingisser R, Gencay MM, Huber PR, Tamm M, Müller B. Effect of procalcitonin-guided treatment on antibiotic use and outcome in lower respiratory tract infections: clusterrandomised, single-blinded intervention trial. The Lancet. 2004 Feb 21;363(9409):600-7.
- 57. Gibot S, Cravoisy A, Levy B, Bene MC, Faure G, Bollaert PE. Soluble triggering receptor expressed on myeloid cells and the diagnosis of pneumonia. NEJM.. 2004 Jan 29;350(5):451-8.
- Dunne WM, Westblade LF, Ford B. Nextgeneration and whole-genome sequencing in the diagnostic clinical microbiology laboratory. Eur J Clin Microbiol Infect Dis. 2012 Aug 1;31(8):1719-26.
- 59. Raoult D, Fournier PE, Drancourt M. What does the future hold for clinical microbiology?. Nat Rev Microbiol. 2004 Feb;2(2):151-9.