Classification of Antibiotics:

- Inhibit growth "stat" Kill bacterium - "cide"
- 2. Broad and Narrow spectrum
- 3. Production Types: Natural Synthetic Semi-synthetic





Antibiotics Affecting Replication, Transcription, & Translation

DNA replication: Nalidixic Acid & Novobiocin – Inhibits DNA gyrase

Transcription: Difempin - Pete cubun

Rifampin - Beta subunit of RNA polymerase Actinomycin - DNA binding, blocks elongation

Translation:

Streptomycin – Blocks initiation on SSU of ribosome Chloramphenicol – Blocks elongation on LSU via peptide bond Tetracycline – Blocks elongation SSU Cycloheximide – Eucarya ribosome specific Diptheria Toxin – EF blocker; both Archaea and Eucarya



Inhibits transpeptidation of peptidoglycan chains Forms the old 1-2-punch with autolysins

Mechanisms of Antibiotic Resistance

- 1. Lacks structure antibiotic inhibits: Mycoplasms lack a typical cell wall.
- 2. Impermeable to the antibiotic: Gram - bacteria impermeable to penicillin G.
- 3. Alteration of antibiotic:
 β-lactamase degrades antibiotic e.g., springs open the mouse trap.
- 4. Modifies the target of the antibiotic.
- 5. Genetically modifies the pathway that the antibiotic affects.
- 6. Efflux of the antibiotic: Tetracycline gets pumped back out of the cell.



Gram-negative Gram-positive Gram-positive/ acid-fast

Acinetobacter sp. - > Enterococcus faecalis* ····→ Streptococcus pneumoniae ----> Mycobacterium tuberculosis* --→ Haemophilus ducreyi ······· → Salmonella typhi ··········· → Vancomycin is generally considered your last chance... Salmonella sp. ------Other gram-negative rods ------Staphylococcus aureus -1950 1960 1970 1980 2000 1990 2010

*symbol indicates that some multi-drug resistant strains of these organisms are now untreatable with known antimicrobial drugs.





Viral genomes. The genomes of viruses can be composed of either DNA or RNA, and some use both as their genomic material at different stages in their life cycle. However, only one type of nucleic acid is found in the virion of any particular type of virus.





Table 30.4The recommended immunization schedule for infants and young children in the United States	
Age	Vaccine Employed
Birth	Hepatitis B
2 months	Diphtheria; pertussis; tetanus (DPT)
	Hemophilus B (Hib)
	Poliomyelitis (OPV)
4 months	DPT; OPV; Hib
	Hepatitis B
6 months	Hepatitis B
	DPT; OPV; Hib
12–15 months	DPT; Hib; chicken pox, measles,
	mumps, rubella (MMR)
4–6 years	OPV; DTP; MMR