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Resistance to antibiotics of bacteria in tropical countries

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The identification of the source of resistance of bacteria to antibiotics is, in my opinion, too naïve and too much based on the guilt of human-related activity. This perception of the world yields analyses that claim to establish an exclusive link between the use of man-made antibiotics and the resistance of microorganisms to antibiotics. This illusion neglects the importance of the source of natural antibiotics. Most antibiotics are secreted naturally by microorganisms, bacteria, of the actinomycetes phylum, or fungi(1). These antibiotics are naturally present in the environment and the antibiotic resistance of microorganisms existed long before their medical use. Beta-lactamases are found in genetic sequences of microorganisms from the Middle Ages, and the resistance of *Staphylococcus aureus* in the 19th century has recently been demonstrated (2). Antibiotics are assembled in microorganisms by non-ribosomal protein synthases and polyketides synthases, which are the only known translation devices outside the ribosome. Their existence may have preceded that of ribosomes and may be archaic translation machineries. Since biodiversity in general is much higher in the humid intertropical zone, it is also likely to be the place where the most diverse microorganisms are found, as evidenced by the richness of the human microbiota in rural intertropical areas compared to urban or temperate areas(3). This biodiversity can be accompanied by a biodiversity of molecules with antibiotic activity. Finally, the molecules secreted by non-ribosomal protein synthase and polyketide synthase have multiple activities, not only antimicrobial but also antifungal. Against eukaryotes, some molecules are used as anti-cancer treatments. Some human beta lactamases have anticancer drug inhibitory activity as with mitomycin(4). The spectrum of activity of beta lactamases far exceeds the anti-beta lactamine activity, playing a role in the digestion of nucleic acid (4).

Antibiotic resistance is a global concern and, interestingly, the source of resistance is often found in the world's intertropical or hottest regions (5). This specificity has not been satisfactorily explained and has just been confirmed by a very extensive study carried out in this journal(6) which shows that a country's overall antibiotic consumption is not correlated with the level of bacterial resistance. On the contrary, there is an inverse relationship, the lower the prescription rate, the higher the

resistance level. We have confirmation of this in France, where antibiotic consumption is one of the highest in the world, and where the level of resistance is one of the lowest in the world, particularly in Marseille(7). The same is true in the United States, where difficult-to-treat Gram-negative bacteria represent a very small proportion of the bacteria isolated from the blood cultures of hospitalized patients(8). The reason for these differences remains poorly explained. One of the explanations proposed was the poor management of antibiotics prescribing in humans, which could explain this discrepancy(5). This seems to overlook the idea that man-made antibiotics are the only source of antibiotics, neglecting those produced in the environment. Antibiotics can eventually be used as food by other microorganisms, which in turn develop enzymes to digest them for consumption(9). It has been evaluated that most families of antibiotics can be used as growth factors for soil microorganisms, and the digestion of penicillin and its use as a sole source of carbon has been demonstrated in *Escherichia coli* transformed in vitro. This shows that antibiotics do not only kill microorganisms, but can also serve as a nutrient, especially in areas particularly rich in environmental microorganisms. In addition, it has recently been shown that some arthropods are capable of secreting penicillins and cephalosporins, leading to a less simplistic view of antibiotics, of selection pressure exclusively from human-made drugs, and resistance(10). Thus, beta-lactam resistance genes are detected in all vertebrates, including humans, but also in archaea, which are not sensitive to beta-lactams (11). The work conducted in this journal on Kenya shows that in a city where antibiotic prescribing is extremely low, the level of resistance of *Escherichia coli* is particularly high, not only in humans but also in wildlife. This study must put into perspective a much less anthropocentric approach but integrate the fact that antibiotics are probably more than 3 billion years old, as are antibiotic resistance enzymes, and that we can only understand, and therefore combat antibiotic resistance, if we have a more scientific vision of this world.

In conclusion, public health considerations lead to a significant simplification, in particular for sending simple messages that can be understandable to all, but partially false. This needs to be acknowledged. Control measures should not prevent the integration of recent scientific data for fear

of misuse of antibiotics. Such a line of thought might end up being dangerous for humans and more emphasis should be put on the complexity of the relationships between antibiotics and the enzymes that, among others, digest them.

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Competing interests

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