

# Role of Microbiology in Present World

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## Review Article

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### ABSTRACT

Microbiology is a branch of medical science which plays vital role in present world. Microbiology can be regarded as study of microorganisms. There are different types of microbes like bacteria, algae, fungi, protozoa, viruses, etc.). Both beneficial and harmful effects of different microorganisms have listed in this review.

### INTRODUCTION

Microbiology is the study of microorganisms, which can be observed only under microscope. There are various types of microbes (like bacteria, fungi, algae, protozoa, viruses, etc.) which are generally playing their vital role causing diseases. Microbes can live in every part of biosphere including soil, ocean floor, atmosphere, hot springs, Earth's crust, etc. hence called ubiquitous. Antonie van Leeuwenhoek, a man who

observed the presence of microbes for the first time by using his magnifying lens, has been considering as “Father of Microbiology” and another scientist named Louis Pasteur who has given a lot of contributions to this field of Microbiology has been considering as “Father of Modern Microbiology” [1,2].

The field of Microbiology is having a lot of significance in daily human life as it generally deals with different types of diseases caused by different types of microbes and also with remaining ingredients of living organisms (like blood cells, antibiotics, antibodies, etc.). Microbes are having both beneficial and harmful effects. In general, Growth of microorganisms can be determined by measuring the diameter of inhibition zone [1,2].

There are few microbes playing major role in causing diseases and some other microbes are playing role in producing antibiotics. These antibiotics generally inhibit the activity of the toxin produced by pathogen [3]. Antimicrobial agent usage is very common in animal agriculture for prophylactic and treatment purposes [4]. Antimicrobial Photodynamic Therapy has been proposed as an excellent treatment for a large variety of localized microbial infections [5]. Antibiotic susceptibility profiles of microbes vary from hospital to hospital/ town to town/ country to country and sometimes in the same town as well as the facilities between public and private healthcare in the same area [6].

Microbes generally grow in an environment of high moisture contents and nutrients [7]. There are many diseases caused by microbes and some of the microbial diseases include amoebiasis, tuberculosis, leprosy, cholera, anthrax, typhoid, AIDS, measles, rabies, candidiasis, small pox, botulism, influenza, diphtheria, meningitis, mumps, pneumonia, polio, whooping cough, etc.

Amoebiasis is a well-known diarrheal infection caused by parasitic anaerobic protozoan called *Entamoeba histolytica* [8]. The main cause of acute diarrhea (gastroenterological infection) which occurs often in childhood is dehydration. It can be diagnosed with the presence of more than three watery stools a day lasting for 7-14 days. Amoebiasis generally causes bacterial, viral, alimentary intoxications and gastrointestinal infections in primary stage [9]. Cutaneous Acanthamoebiasis is an infrequent infection in immune compromised patients which need to be diagnose in advance as it can disseminate to the central nervous system and may cause granulomatous amoebic encephalitis, which is fatal [10].

Tuberculosis is a deadly infectious disease which can transmit through respiratory tract in the form of aerosol droplets particularly in upper part of respiratory system. *Mycobacterium tuberculosis* is the causative agent of tuberculosis which lives longer than most other bacteria and affects all age groups. It has associated with significant mortality and remains one of the top ten leading causes of death [11-24].

Leprosy is an infectious disease which can be otherwise called Hansen’s disease. *Mycobacterium leprae* and *Mycobacterium lepromatosis* are the main two causative agents of leprosy disease. Factors, symptoms, diagnosis, transmission, Immunology and treatment of leprosy disease have been explained through several leprosy articles [25-37].

*Vibrio cholerae* is the causative agent of cholera disease which remains a major health problem due to poor sanitation and unhygienic conditions [38-41]. Cholera remains a most dangerous food and water born disease and an acute watery diarrheal infection in childhood. *V. cholerae*, a gram-negative pathogen (which can be found mostly in soil, water, other host organisms, etc.) is the causative agent of cholera disease. It is an opportunistic and multidrug-resistant pathogen which will cause nosocomial infections. It will also cause of chronic lung infections in patients with the disease of cystic fibrosis [42,43]. *V. cholerae* is having more than 180 serogroups and responsible for approximately three to five million cases per annum. Cholera remains a major public health problem [44,45] with symptomatic infections like vomiting, acute watery diarrhoea which can rapidly lead to death due to dehydration if not treated immediately [46]. Poor hygiene conditions are largely responsible for this cholera disease [47]. Antibiotics need to give immediately along with aggressive hydration [48].

A rod-shaped, gram-positive bacterium called *Bacillus anthracis* is playing major role in causing Anthrax disease [47-49]. A non-spore forming gram negative facultative anaerobic rod shaped bacterium called *Salmonella Typhi* is the causative agent of Typhoid fever which is a water and food borne microbial infection [50,51]. It is one of the most serious forms of enteric fever with more prevalence in developing countries because of unhygienic conditions and poor antibiotic resistance [52,53]. Typhoid fever is an important cause of morbidity which can be diagnosed with culture techniques, molecular and serology techniques, etc. [54,55]. Typhoid free society may appear with general preventive methods like improved sanitation methods and clean water supplies [56].

HIV is the causative agent of Acquired immune deficiency syndrome which generally affects host immune system [57]. The impact of HIV remains a significant health care challenge that affects families, communities and health care systems [58]. CD4 cells of immune system are the primary target of HIV which will ultimately leads to AIDS [59]. HIV virus will never transmit through Oral cavity with some exceptional cases like breastfeeding and oral sex [60].

Measles is a contagious infection caused by *Measles virus* is a causative agent of a contagious infection called Measles. It is an enveloped RNA virus generally spreads through respiratory tract with symptoms like fever, skin eruption, etc. [61-69].

Rabies is a zoonotic viral infectious disease which generally causes acute encephalitis to humans and other animal species. *Lyssa virus* is the causative agent of rabies disease and which is having single-stranded negative-sense RNA virus as genetic material. Although various types of anti-rabies vaccines are available, vaccination against rabies disease is unique [70-75].

Various types of fungal candida species are playing major role in causing Candidiasis. It is the most common fungal disease which affects mucosa, skin, nails and also few internal organs of children [76]. Chronic Disseminated Candidiasis is one of the different forms of Candida infection, in which involvement

of the spleen, liver and kidneys occurs in rare cases [77]. *Candida albicans* is a fungal species which can proliferate and cause a serious of infections that are almost life-threatening in case of low immune resistance [78].

*Influenza virus* is the causative agent of respiratory infectious disease called Influenza. It is a single-stranded, negative-sense RNA virus belonging to the family Orthomyxoviridae. Birds and Mammals are acting as major reservoirs of newly emerging influenza viruses and the most effective method to prevent influenza is immunization process [79-83].

*Corynebacterium diphtheriae* is the causative agent of an infectious disease Diphtheria. It is a pathogenic rod shaped bacterium [84]. Trivalent combination vaccines against pertussis, tetanus and diphtheria infections have been using widely since 1940s in immunization process [85,86].

Meningitis is an inflammatory response of cerebrospinal fluid to microbial infection (bacterial, viral) [87]. Most pathogenic microbes are able to cause meningitis in humans. However, few bacteria like *Haemophilus influenzae*, *Neisseria meningitides* and *Streptococcus pneumoniae* are the most common microbes to cause bacterial meningitis [88].

Mumps is a most common viral infection in childhood, which can generally recognize by the enlargement of salivary glands [89,90]. It belongs to the family *Paramyxoviridae* and having an incubation period of 2-4 weeks. Neurological complications are the most regular manifestations which will start developing within a week. Some of the symptoms of Mumps virus include deafness, facial neuritis, encephalitis, cerebellar ataxia, hydrocephalus, polyradiculitis and transverse myelitis [91].

*Streptococcus pneumoniae* is a major pathogen that can cause infection in childhood. We are losing almost one million people every year because of the infection of *Streptococcus pneumoniae*. Drug resistant *Streptococcus pneumoniae* is widely distributed around the world and increasing its prevalence [92,93].

Polio is a viral infection which can be otherwise called infantile paralysis. It is a subgroup of family picornaviridae with three major serotypes PV1, PV2 and PV3. This virus generally transmitted through oral discharge from oral routes. Virus multiplies in the oral larynx and small intestine after entering human body. It usually attacks local lymphoid tissues and then enters into the main blood system, at the time of nervous system attack [94].

*Clostridium botulinum* bacteria generally causes a Food borne disease called Botulism [95]. Intentional or accidental exposure to botulinum toxins may lead to botulism [96]. A non-invasive pathogen *Bordetella pertussis* generally causes a respiratory infection called Whooping cough (pertussis), accounts for more than three lakh deaths per year. *B. pertussis* develops mainly in the upper respiratory system and produces a large number of virulence factors, many of which play vital role in causing disease [97-101].

## DISCUSSION

Microbiology deals with both beneficial and harmful effects of microbes equally for the betterment of human population. Microbes which are beneficial for human population are playing a vital role in both food and pharmaceutical industry in the form of fermentation technology, Antibiotics, etc. There are certain microorganisms which will cause harmful effects and these can be regarded as pathogens.

## CONCLUSION

Microorganisms may act as antigens (harmful effect) but, the same microorganisms are producing antibiotics too (Beneficial effect). Microbes may spoil food materials (harmful) but the same microbes are playing a vital role in fermentation industry (Beneficial). Role of Microbiology has been increasing day by day as there are significant discoveries in recent years in almost all the fields of microbiology like food microbiology, agricultural microbiology, medical microbiology, etc. It has become the part of human life in present world with its significance and day by day discoveries.

## REFERENCES

1. Earla P. Ancient Diseases-Microbial Impact. *J Anc Dis Prev Rem.* 2014;2:R1-001.
2. Earla P. Impact of Microbes on Ancestors. *Res Rev J Microbiol Biotechnol.* 2015;2:R1-001.
3. Ahmad J and Khan I. Evaluation of Antioxidant and Antimicrobial Activity of Ficus Carica Leaves: an In Vitro Approach. *J Plant Pathol Microb.* 2013;4:157.
4. Ramkumar, et al. Role of Antagonistic Microbe *Pseudomonas fluorescens* on *Colletotrichum capsici* Infecting *Curcuma longa*. *J Plant Pathol Microb.* 2012;3:146.
5. Malhotra S, et al. Molecular Methods in Microbiology and their Clinical Application. *J Mol Genet Med.* 2014;8:142.
6. Reta A, et al. Nasal Carriage, Risk Factors and Antimicrobial Susceptibility Pattern of Methicillin Resistant *Staphylococcus aureus* among School Children in Ethiopia. *J Med Microb Diagn.* 2015;4:177.
7. Adekunle OC and Onilude AA. Antimicrobial Resistance and Plasmid Profiles of *Campylobacter* Species from Infants Presenting with Diarrhoea in Osun State, Nigeria. *J Med Microb Diagn.* 2015;4:172.
8. Nair G, et al. Detection of *Entamoeba histolytica* by Recombinase Polymerase Amplification. *Am J Trop Med Hyg.* 2015;93:591-595.
9. Radlovic N, et al. Acute Diarrhea in Children. *Srp Arh Celok Lek.* 2015;143:755-762.
10. D Auria A, et al. Cutaneous Acanthamoebiasis with CNS Involvement Post-Transplantation: Implication for Differential Diagnosis of Skin Lesions in Immunocompromised Patients. *J Neuroparasitol.* 2012;3:1-7.
11. Oladele and Olakunle O. Microorganisms Associated with the Deterioration of Fresh Leafy Indian Spinach in Storage. *J Plant Pathol Microbiol.* 2011;2:110.

12. Banu A and Rathod V. Biosynthesis of Monodispersed Silver Nanoparticles and their Activity against *Mycobacterium tuberculosis*. *J Nanomed Biotherapeut Discov*. 2013;3:110.
13. Mittal R. Mesenchymal Stem Cells: The New Players in the Pathogenesis of Tuberculosis. *J Microbial Biochem Technol*. 2011;3:ii-0.
14. Siddiqui A. Role of Diabetes in prevalence of Tuberculosis. *J Diabetes Metab*. 2011;2:170.
15. Pillai L, et al. SVM Model for Amino Acid Composition Based Prediction of *Mycobacterium tuberculosis*. *J Comput Sci Syst Biol*. 2011;4:047-049.
16. Earla P. Tuberculosis: A Terrible Transmitted Disease. *J Mycobac Dis*. 2014;4:R1-001.
17. Banu A and Rathod V. Biosynthesis of Monodispersed Silver Nanoparticles and their Activity against *Mycobacterium tuberculosis*. *J Nanomed Biotherapeut Discov*. 2013;3:110.
18. Wang RA, et al. Why is *Mycobacterium Tuberculosis* Hard to Grow? The Principle of Biorelativity Explains. *J Clin Exp Pathol*. 2014;4:176.
19. Saran R and Das G. Tuberculosis the Ancient Disease Needs Intervention of Modern Tools. *Mycobact Diseases*. 2011;1:e103
20. Asemahagn MA. Assessing the Quality of Tuberculosis Laboratory Services in Selected Public and Private Health Facilities in Western Amhara, Ethiopia. *J Med Diagn Meth*. 2014;3:158.
21. Rajpal SK, et al. *Mycobacterium Tuberculosis* Heat Shock Protein 16 as a Potential Marker for Latent TB: A Preliminary Findings. *J Clin Cell Immunol*. 2011;2:115.
22. Amado CA, et al. Clinical, Radiological and Immunological Features in Children with Pulmonary Tuberculosis: A Review. *J Mycobac Dis*. 2014;4:159.
23. Graves A and Hokey DA. Tuberculosis Vaccines: Review of Current Development Trends and Future Challenges. *J Bioterr Biodef*. 2011;S1:009.
24. Sharma S and Madan M. Detection of Mutations in *rpoB* Gene of Clinically Isolated *M. tuberculosis* by DNA Sequencing. *J Mycobac Dis*. 2014;4:156.
25. Nigus DM, et al. Prevalence of Multi Drug Resistant Tuberculosis among Presumptive Multi Drug Resistant Tuberculosis Cases in Amhara National Regional State, Ethiopia. *J Mycobac Dis*. 2014;4:152.
26. Earla P. Long Lasting Disease: Leprosy. *J Infect Dis Ther*. 2015;3:R1-001.
27. Ganatra SH, et al. Inhibition Studies of Pyrimidine Class of Compounds on Enoyl-Acp Reductase Enzyme. *J Comput Sci Syst Biol*. 2013;6:025-034.
28. Tonelli-Nardi SM, et al. Update on Genetics of Leprosy. *J Anc Dis Prev Rem*. 2014;2:109.
29. Mantellini GG, et al. Physical Disabilities in Leprosy: Some Contemporary Basic Aspects. *J Mycobac Dis*. 2012;2:121.
30. Han XY, et al. Comparative Sequence Analysis of *Mycobacterium leprae* and the New Leprosy-Causing *Mycobacterium lepromatosis*. *J Bacteriol*. 2009;191:6067-6074.
31. Han XY and Jessurun J. Severe Leprosy Reactions Due to *Mycobacterium lepromatosis*. *Am J Med Sci*. 2013;345:65-69.
32. Singh P, et al. Insight into the evolution and origin of leprosy bacilli from the genome sequence of *Mycobacterium lepromatosis*. *Proc Natl Acad Sci USA*. 2015.

33. Cordeiro TL, et al. Postural Balance Control of the Leprosy Patient with Plantar Sensibility Impairment. *Occup Med Health Aff.* 2014;2:158.
34. Ohyama H, et al. T-cell Responses Involved in the Predisposition to Periodontal Disease: Lessons from Immunogenetic Studies of Leprosy. *J Clin Cell Immunol.* 2012;S1:005.
35. Sandle T. Global Strategies for Elimination of Leprosy: A Review of Current Progress. *J Anc Dis Prev Rem.* 2013;1:e112.
36. Kumar A, et al. Extraction of Bioactive Compounds from *Millingtonia hortensis* for the Treatment of Dapsone Resistance in Leprosy. *J Microb Biochem Technol.* 2014;R1:006.
37. Lockwood DNJ, et al. Cytokine and Protein Markers of Leprosy Reactions in Skin and Nerves: Baseline Results for the North Indian INFIR Cohort. *PLoS Negl Trop Dis.* 2011;5:e1327.
38. Krajina-Andricevic M, et al. Botulism Beyond Radiologic Ileus. *J Clinic Toxicol.* 2012;2:128.
39. Thompson KM, et al. Managing Cholera as a Preventable Global Threat. *J Vaccines Vaccin.* 2013;4:183.
40. Pun SB, et al. An Outbreak of *Vibrio cholerae* in 2012, Kathmandu, Nepal. *Trop Med Surg.* 2013;1:115.
41. Haque F, et al. Cholera Outbreaks in Urban Bangladesh In 2011. *Epidemiol.* 2013;3:126.
42. Atif AB, et al. Isolation of *Vibrio cholerae* in Homogenized Tissues of Liver, Gall Bladder and Bile in Rabbit Model. *Microinflammation.* 2014;1:103.
43. Haque F, et al. Cholera Outbreaks in Urban Bangladesh In 2011. *Epidemiol.* 2013;3:126.
44. Thompson KM, et al. Managing Cholera as a Preventable Global Threat. *J Vaccines Vaccin.* 2013;4:183.
45. Pun SB, et al. An Outbreak of *Vibrio cholerae* in 2012, Kathmandu, Nepal. *Trop Med Surg.* 2013;1:115.
46. Nazar-ul-Islam, et al. Review of Trends in Cholera. *Air Water Borne Diseases.* 2015;4:118.
47. Narayanan A, et al. Discovery of Infectious Disease Biomarkers in Murine Anthrax Model Using Mass Spectrometry of the Low-Molecular-Mass Serum Proteome. *J Proteomics Bioinform.* 2009;2:408-415.
48. Fowler RA and Shafazand S. Anthrax Bioterrorism: Prevention, Diagnosis and Management Strategies. *J Bioterr Biodef.* 2011;2:107.
49. Chen S and Zeng M. Anthrax Bioterrorism and Current Vaccines. *J Bioterr Biodef.* 2012;S4:003.
50. Haque SS. Antioxidant Status of Formulated Drugs Against Typhoid. *Biochem & Anal Biochem.* 2011;1:102.
51. Vagholkar K, et al. Abdominal Complications of Typhoid Fever. *Journal of Surgery [Jurnalul de chirurgie].* 2015;11:359-361.
52. Ishaleku D, et al. The Re-emergence of Chloramphenicol Sensitive *Salmonella* species among Typhoid Fever Patients in the Southern Geographical Zone of Nasarawa State, Nigeria. *J Infect Dis Ther.* 2015;3:219.
53. Agwu E. Distribution of Community Acquired Typhoid Fever among Febrile Patients Attending Clinics in Bushenyi, Uganda: Case Study of the Year 2005. *J Medical Microbiol Diagnosis.* 2012;1:101.

54. Iheukwumere I, et al. Manifestations, Mismanagement and Diagnostic Challenges of Malaria and Typhoid Fever. *Malar Chemoth Cont Elimination*. 2013;2:109.
55. Khan S and Kumar A. Typhoid Diagnostics for the Developing World - Are We Looking in the Wrong Haystack? *J Med Microb Diagn*. 2013;3:e124.
56. Johnson OK. Pilot Case Series Demonstrating Unsuspected Ulceration in Perforated Ileum from Typhoid Fever. *J Gastrointest Dig Syst*. 2016;6:445.
57. Jeevani T and Aliya S. HIV Infections- Acquired Immuno Deficiency Syndrome Malignancies. *J AIDS Clinic Res*. 2011;2:131.
58. Maluleke TX, et al. Perceptions of Professional Nurses in Rural Hospitals of the Limpopo Province Regarding Nursing Care of Patients with Human Immuno-deficiency Virus and Acquired Immunodeficiency Syndrome. *J AIDS Clinic Res*. 2012;3:176.
59. Kotwal J, et al. Evaluation of Surrogate Markers for Prediction of CD4 Counts in People Living with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome. *J AIDS Clin Res*. 2016;7:573.
60. Almeida EC, et al. Langerhans Cells in Oral Mucosa from Patients with Acquired Immunodeficiency Syndrome. *J Infect Dis Ther*. 2014;2:160.
61. Jiatong Z. The Strategy to Further Control and Elimination Measles in China Based on the Analysis of 10 Years Measles Suspects Accumulation in Guangxi. *J Antivir Antiretrovir*. 2011;S3.
62. Jiatong Z and Ge Z. Measles Control in Guangxi, China: High Risk Counties Selection and its Mass Campaign from 1999-2008. *J AntivirAntiretrovir*. 2013;5:021-027.
63. Ariad S, et al. Measles Virus: Association with Cancer. *J Clin Cell Immunol*. 2011;S5:002.
64. Batirel A and Doganay M. Clinical Approach to Skin Eruption and Measles: A Mini Review. *J Gen Pract*. 2013;1:118.
65. Homma A, et al. Eradication of Smallpox and Prospects for Measles Eradication: Lessons from the Brazilian Experience. *J Vaccines Vaccin*. 2012;S3:001.
66. Akalu HB. Review on Measles Situation in Ethiopia; Past and Present. *J Trop Dis*. 2015;4:193.
67. Durrheim DN and Dahl-Regis M. The Ethical Imperative to Eradicate Measles. *J Clinic Res Bioeth*. 2014;5:183.
68. Alzein KJ. Revision of Meningitis Surveillance System in Jordan during 2001 and 2014 Years. *Epidemiology*. 2016;6:220.
69. Chaturvedi S. Reluctance to Advance the Age of Measles Immunisation: Ethics of Best Bargain, Policies of Denial, and Programs of Verticality. *J Clinic Res Bioeth*. 2015;6:216.
70. Hussain Z, Haider MS, EhsanQureshi ZU, Velasco-Villa A, Afzaal S, et al. Development of Genetically Recombinant Rabies Vaccine. *J AntivirAntiretrovir*. 2015;S15.
71. Malerczyk C. Rabies Pre-Exposure Vaccination in Rabies Endemic Countries. *J Vaccines Vaccin*. 2012;3:e114.
72. Kuzmina NA, Kuzmin IV, Ellison JA, Rupprecht CE. Conservation of Binding Epitopes for Monoclonal Antibodies on the Rabies Virus Glycoprotein. *J AntivirAntiretrovir*. 2013;5:037-043.
73. Hurisa B, Tegbaru B, Nolkes D, Mengesha A, Kebede G, et al. Safety and Immunogenicity of ETHIORAB Rabies Vaccine. *J Vaccines Vaccin*. 2013;4:195.



74. Johnson N. Is Vaccination an Option for Treating Rabies? *J Vaccines Vaccin* 2012;3:e104.
75. Tekki IS, Nwosu C, Okewole PA. Challenges and Prospects of Anti-Rabies Vaccines Production in Nigeria. *J Vaccines Vaccin*. 2013;4:212.
76. Rani M, Das S, Ramachandran VG, Dar SA, Ranga GS, et al. In-Vitro Cytokine Induction and Neutrophil Respiratory Burst Activity by Candida Isolates from HIV Seropositive Patients with Oropharyngeal Candidiasis. *RRJMB*. 2014
77. Catano JC, Taffur CC. Chronic Disseminated Candidiasis: The New Face of an Old Disease. *J Clin Case Rep*. 2012;2:189.
78. Jabra-Rizk MA. Oral Candidiasis: An Opportunistic Infection of AIDS. *J AIDS Clin Res* 2014;5:i101.
79. Zhao J, et al. Synthesis and In Vitro Anti-Influenza Evaluation of Rupestonic Acid Analogues: Effect of Configuration and Substitution at C (3). *Med chem*. 2016;6:322-326.
80. Gohil D, et al. Oseltamivir Resistant Influenza A (H1N1) Virus Infection in Mumbai, India. *J Antivir Antiretrovir*. 2015;7:108-114.
81. Ramezanzpour B, et al. Cross-Sectoral Perspectives of Market Implementation of the MVA Platform for Influenza Vaccines: Regulatory, Industry and Academia. *J Vaccines Vaccin*. 2016;7:318.
82. Ma J, et al. Leukocyte Interferon- $\alpha$ -n3 Inhibits Influenza A Viral Replication in Human Alveolar Epithelial A549 Cells. *J Antivir Antiretrovir*. 2015;7:104-107.
83. Kiseleva I and Rudenko L. Potentially Pandemic Live Influenza Vaccines Based on Russian Master Donor Virus are Genetically Stable after Replication in Humans. *J Vaccines Vaccin*. 2016;7:317.
84. Bensahi I, et al. Nontoxigenic *Corynebacterium diphtheriae*: A Rare Cause of Infective Endocarditis in Native Valve. *J Infect Dis Ther*. 2015;3:216.
85. Sánchez GF, et al. Safety Profile of the Tetanus-Diphtheria-Acellular Pertussis Combination Vaccine as a Single Booster (5th dose) among Spanish Children Aged 4-6 years Old with Different Vaccination Schedules. *J Vaccines Vaccin*. 2015;6:284.
86. Deshpande RP and Ghongane B. Current status of vaccines against Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib: A Review. *RRJMHS*. 2014.
87. Alzein KJ. Revision of Meningitis Surveillance System in Jordan during 2001 and 2014 Years. *Epidemiology (sunnyvale)*. 2016;6:220.
88. Pinheiro DML, et al. Polymorphisms in DNA Repair Gene XRCC1 (Arg194Trp) and (Arg399Gln) and their Role in the susceptibility of Bacterial Meningitis. *J Meningitis*. 2016;1:105.
89. Kolekar PS, et al. Genotyping of Mumps viruses based on SH gene: Development of a server using alignment-free and alignment-based methods. *Immunome Res*. 2011;7:1-7.
90. Choudhury SA and Matin F. Seroprevalence of Antibodies to Measles, Mumps and Rubella (MMR) Vaccines in Previously Vaccinated Human Immunodeficiency Virus-Infected Children and their Control Counterparts. *J Vaccines Vaccin*. 2014;5:255.
91. Suvorit SB, et al. Postencephalitic Parkinsonism in a Patient with Mumps Infection: A Case Report. *J Neuroinfect Dis*. 2014;5:162.
92. Li J, et al. Effects of Microgravity on the Phenotype, Genome and Transcriptome of *Streptococcus pneumoniae*. *RRJMB*. 2016.

93. Hammond TG and Hammond JM. Optimized suspension culture: the rotating-wall vessel. *Am J Physiol Renal Physiol.* 2001;281:F12-F25.
94. Ali L, et al. An Assessment of Religious Impediments to Polio Vaccination in Tehsil Khwazakhela, Swat. *J Pain Relief.* 2016;5:241.
95. HabibiyanNejad Z and Afshari R. Foodborne Botulism in Mashhad from 2003 to 2010. *J Clinic Toxicol.* 2011;1:115.
96. Krajina-Andricevic M, et al. Botulism Beyond Radiologic Ileus. *J Clinic Toxicol.* 2012;2:128.
97. Mukkur T and Richmond P. Alternative Whooping Cough Vaccines: A Minireview. *J Vaccines Vaccin.* 2013;4:175.
98. Marzouqi I, et al. Development of improved vaccines against whooping cough: current status. *Hum Vaccin.* 2010;6:543-553.
99. Elahi S, et al. The benefits of using diverse animal models for studying pertussis. *Trends Microbiol.* 2007;15:462-468.
100. He Q and Mertsola J. Factors contributing to pertussis resurgence. *Future Microbiol.* 2008;3:329-339.
101. Mattoo S and Cherry JD. Molecular pathogenesis, epidemiology, and clinical manifestations of respiratory infections due to *Bordetella pertussis* and other *Bordetella* subspecies. *Clin Microbiol Rev.* 2005;18:326-382.