

Infectious Diseases: Current Epidemiology, Pharmacotherapeutic Strategies, and Global Health Perspectives

Vaibhavi J. Panchal^{1,*}, Hardini P. Chauhan¹, Hetvi H. Patel¹, Maitry H. Rathod¹, Bisojet R. Khandai¹

Abstract

Infectious diseases are still a major health challenge in the world, and there is increased strain on the health systems of nations. This review examines the most important issues in the management of infectious diseases such as the distribution and effect of infectious diseases across the world, pharmacotherapeutic approaches, and the functions of public health interventions. New threats, such as antimicrobial resistance (AMR), the contribution of climate change, and the unequal representation of healthcare, are recognized as significant problems. Individualized medicine, vaccine development, and international cooperation are noted to be potential ways to address the problem of infectious diseases in the future. Another type of strengthening of healthcare infrastructure, the enhancement of surveillance systems, and equal access to treatments and vaccines, are also highlighted in the review. The future studies should aim at exploring the interaction between infectious diseases and the environmental factors, new therapeutics, and improving the global coordination to prevent and contain the outbreak of diseases. This holistic strategy is critical to meeting the emerging trend of infectious diseases.

Keywords: Antimicrobial resistance, climate change, disease surveillance, global collaboration, global health, healthcare disparities, infectious diseases, personalized medicine, vaccine development

INTRODUCTION

Despite the development of medical science and the health of the population, infectious diseases that are caused by bacteria, viruses, fungi, and parasites remain a major health problem in the world [1]. These illnesses are spread in different ways, and among them are person-to-person, contaminated water or food, insect vectors, and environmental exposure. The infectious disease scenario across the world has been changing under various factors such as globalization, climate change, and increased human–animal interaction [2]. This has seen the development of new pathogens and the re-emergence of diseases that had been controlled before [3]. Infectious diseases are causing a significant burden to the

world's health, especially in low and middle-income nations where access to healthcare is scarce. Not only do they take millions of lives every year, but they also influence the economic stability, the healthcare systems, and the health resources of the population [4]. The COVID-19 pandemic demonstrated the susceptibility of even developed countries to the outbreak of infectious diseases, showing the interdependence of modern society and the high rate at which any disease can travel around the globe [5]. To make the issue even more complex is the antimicrobial resistance (AMR) that poses a threat to the efficacy of existing therapies and undermines efforts to combat bacterial infections.

*Author for Correspondence

Vaibhavi J. Panchal

E-mail: bisojetkhandai07@gmail.com

Student, Department of Pharmacy Practice, Maliba Pharmacy College, Uka Tarsadia University, Bardoli, Gujarat, India

Received Date: February 01, 2026

Accepted Date: February 02, 2026

Published Date: February 15, 2026

Citation: Vaibhavi J. Panchal, Hardini P. Chauhan, Hetvi H. Patel, Maitry H. Rathod, Bisojet R. Khandai. Infectious Diseases: Current Epidemiology, Pharmacotherapeutic Strategies, and Global Health Perspectives. Recent Trends in Infectious Diseases. 2026; 3(1): 10–18.

The health and economic burden of infectious diseases is increasing as antimicrobial resistance is complicating the treatment of diseases previously treated effectively [6]. Vaccination, surveillance, and timely response to outbreaks are important components of any public health system, which can reduce the effects of these diseases. International cooperation, restructuring of policies, and even accessibility to drugs and vaccines are vital in dealing with the challenge of infectious diseases worldwide [7]. This review will discuss the prevailing case of infectious diseases, their current distribution across the world, their current pharmacotherapeutic approaches, and the overall outlook of how they affect global health, to provide information on progress achieved as well as areas that still require improvement in the control of infectious diseases across the world [8].

EPIDEMIOLOGY OF INFECTIOUS DISEASES

The problem of epidemiology of infectious diseases remains one of the acute health issues of the world, where the low-cost and middle-income countries bear the greatest responsibility, as in most cases the infections and the resulting deaths happen in these nations [9]. Respiratory infections, diarrhea, tuberculosis, and malaria are only some of the many infectious diseases that have continued to cause many morbidities and deaths across the world. The distribution of these diseases within the world is very diverse, as malaria transmission is high in sub-Saharan Africa, and tuberculosis is very high among the poor population in Asia [10]. Table 1 presents key statistics on the distribution of diseases worldwide, clarifying where they are most common.

Table 1. Global distribution of infectious diseases: Key statistics.

Infectious disease	Global deaths (annual)	Regions most affected	Key factors influencing spread
Respiratory Infections	3.0 million	Sub-Saharan Africa, South Asia	Poor sanitation, malnutrition, and air pollution.
Diarrheal Diseases	1.6 million	South Asia, Sub-Saharan Africa	Lack of clean water, poor sanitation, and inadequate healthcare.
Tuberculosis	1.5 million	South Asia, Africa	Overcrowding, poverty, and limited access to healthcare.
Malaria	0.6 million	Sub-Saharan Africa, Southeast Asia	Climate change, inadequate vector control, and poor healthcare.
HIV/AIDS	0.7 million	Sub-Saharan Africa, Latin America	Limited access to healthcare, poor education, stigma.
Hepatitis B and C	1.0 million	Sub-Saharan Africa, Southeast Asia	Unsafe medical practices, lack of vaccination.
Measles	100,000	Africa, Southeast Asia, Eastern Europe	Vaccine gaps, low immunization rates.

Children, the elderly, immunocompromised patients, and people residing in crowded or under-resourced regions are considered to be at a high risk of the infectious disease. Such populations will experience more complications or even death because of inadequate access to healthcare, hygiene, or a lack of vaccinations [11]. For example, the re-emergence of vaccine-preventable diseases, such as measles, was mostly credited to lapses in immunization programs in some areas. Also, the new and re-emerging infections, including the COVID-19 pandemic, Zika virus, and Ebola, have highlighted the need to track the new pathogens and their propagating environments [12]. There is a growing number of zoonotic diseases, which are often occasioned by environmental changes, such as deforestation or climate change, and Figure 1 demonstrates the epidemiological patterns of the past decade of infectious diseases with the emergence of novel diseases and an unrelenting threat of diseases that are believed to have been eradicated. The antimicrobial resistance adds to this scenario and puts the effectiveness of the existing treatment in question [12]. It is important to close any gaps in the healthcare infrastructure and enhance surveillance systems on an international level. Figure 1 reveals the trends in the diffusion of infectious diseases, which in turn explains the necessity to respond to new and existing threats in a quick and coordinated manner with the help of the latest technologies, including genomic sequencing,

satellite data, and early warning devices to monitor and suppress outbreaks. Good surveillance and timely interventions play an important role in limiting the current risks of infectious diseases, particularly in areas that are most susceptible to such health hazards [13].

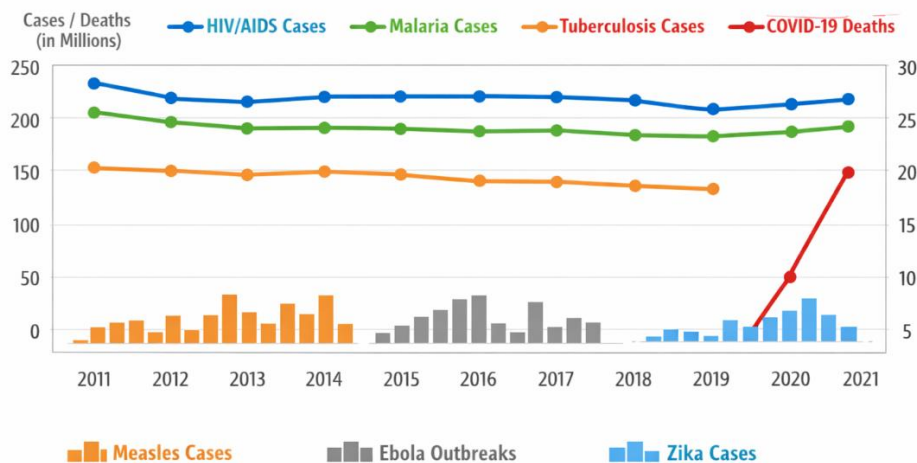


Figure 1. Epidemiological trends in major infectious diseases over the last decade (2011–2021).

PHARMACOTHERAPEUTIC STRATEGIES FOR INFECTIOUS DISEASES

Pharmacotherapeutic approaches to infectious diseases are key to dealing with bacteria, viruses, fungi, and parasite-induced infections, and there are a host of treatment options available to each pathogen. Amoxicillin, cephalosporins, and fluoroquinolones are antibacterial drugs used to prevent the synthesis of bacterial cell walls or interrupt protein and DNA synthesis, and they are used to treat such infections as pneumonia, urinary tract infections, and tuberculosis [14]. The emergence of antimicrobial resistance (AMR), however, makes their use more complicated and the treatment of infections more complicated. Antiviral drugs (e.g., oseltamivir against influenza) and antiviral drugs (e.g., tenofovir against HIV) are intended to interfere with a particular part of the viral cycle, e.g., viral replication or viral entry into a host cell, but difficulties in viral evolution and resistance still occur [15]. Antifungal and antiparasitic drugs, such as fungus-like fluconazole and malaria-like artemisinin, attack the cellular and/or reproductive cycles of the fungi and parasites, which occur in the area at very high rates. Although they are useful, both fungal and parasitic pathogens are becoming resistant to their use. These problems are also increased by the emergence of antimicrobial resistance, and new methods, such as bacteriophage therapy, monoclonal antibodies, and host-directed therapy, are under investigation to overcome the resistance mechanisms [16]. Moreover, immunotherapies and vaccines serve as important adjunct therapies in disease prevention and treatment, and vaccines are vital in eliminating or managing diseases like measles, smallpox, and COVID-19. Immunotherapies, such as monoclonal antibodies and immune checkpoint inhibitors, can increase the capacity of the immune system to combat infections and are especially useful when the conventional antimicrobial agents fail [17]. Table 2 provides a comparison of first-line pharmacotherapeutic agents that are applied to major infectious diseases, and it is evident that there are various classes of drugs, their mechanism of action, and their application to various infections, which indicates the complexity and variability of therapeutic approaches.

GLOBAL HEALTH PERSPECTIVES ON INFECTIOUS DISEASES

The concept of global health around infectious diseases demonstrates the multifaceted interaction between the organization of population health, socioeconomic elements, and the health care system, as well as the efforts implemented on a global level to control and prevent the disease [18]. The prevention, early detection, and treatment of infectious diseases involve significant roles of public health interventions in ensuring the reduction of the spread of infectious diseases. One of the most successful interventions has been through vaccination programs, and this has seen the elimination of smallpox and a great reduction in the occurrence of diseases such as polio and measles. Hygiene, sanitation, and vector control campaigns have also been important in mitigating the burden of such diseases as malaria

and cholera, particularly in low-income areas [19]. The effectiveness of such interventions is determined by the timely response, awareness of the population, and effective surveillance that can identify outbreaks promptly and provide control actions in a short period of time. Nonetheless, the socioeconomic factor effect cannot be underestimated [20]. Infectious diseases are more prone to poverty, malnutrition, and the inability to obtain access to clean water and sanitation. In most low- and middle-income countries, these aspects contribute to an increase in morbidity and mortality rates because individuals in poor conditions have higher chances of having weakened immune systems and do not receive adequate medical attention [21]. Furthermore, the infrastructure of healthcare is essential in the prevention of the spread of infectious diseases. Lack of proper healthcare infrastructures, especially in rural and underserved communities, reduces access to the necessary services, including diagnostic tests, treatment, and emergency services. This infrastructural deficit is one of the reasons why diseases spread very fast, and the health systems are already overstretched [22]. Therefore, it is important to strengthen the healthcare structure to enhance disease prevention, early diagnosis, and treatment. Control and prevention programs all over the world are gaining prominence in dealing with the transnational nature of infectious diseases. World health bodies, such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), mobilize them to work harder to enhance surveillance, capacity building, and equal access to vaccines and curative agents [22]. International programs, such as the Global Fund to Fight AIDS, Tuberculosis, Malaria, and GAVI Vaccine Alliance, have played a significant role in increasing the availability of life-saving programs in the developing world. The outbreak of new infectious diseases, including COVID-19, has only contributed to the necessity of international collaboration, where nations collaborate to share information, resources, and experience. The prevention of infectious diseases is a complex solution that involves enhancing the interventions of population health, the underlying causes of socioeconomic disparity, enhancing the healthcare systems, and promoting international cooperation to prevent outbreaks in the future [23].

Table 2. Comparison of first-line pharmacotherapeutic agents for major infectious diseases.

Infectious disease	First-line therapy	Class of agent	Mechanism of action
Bacterial Infections	Amoxicillin, Ceftriaxone	Antibiotic (Penicillin, Cephalosporin)	Inhibits bacterial cell wall synthesis.
HIV/AIDS	Tenofovir, Efavirenz	Antiretroviral (NRTI, NNRTI)	Inhibits reverse transcription and replication.
Influenza	Oseltamivir	Antiviral (Neuraminidase Inhibitor)	Inhibits viral replication.
Malaria	Artemisinin, Chloroquine	Antimalarial (Artemisinin Derivative)	Inhibits protozoan reproduction in red blood cells.
Fungal Infections	Fluconazole, Amphotericin B	Antifungal (Azole, Polyene)	Disrupts the fungal cell membrane.
Parasitic Infections	Metronidazole, Primaquine	Antiprotozoal (Nitroimidazole, Antimalarial)	Inhibits DNA replication in parasites.

CURRENT CHALLENGES IN THE MANAGEMENT OF INFECTIOUS DISEASES

Several systemic issues complicate the management of infectious diseases such as disparities in healthcare access globally, the increasing epidemic of antimicrobial resistance (AMR), political and economic obstacles to global health campaigns, and the changing climate change. The inequality of healthcare access in the world is one of the underlying problems, especially regarding low and middle-income nations, where the healthcare infrastructure is either immature or inadequately funded [24]. These areas are usually experiencing a problem of insufficient medical staffing, poor sanitation, and poor supply of medical supplies, including drugs and vaccines, which leads to increased morbidity and mortality rates due to diseases that are either preventable or treatable elsewhere, due to economic considerations [25]. Also, rural and underserved groups in high-income nations are challenged with healthcare inequity, which makes it difficult to prevent and control the disease. As an illustration, in the times of COVID-19, healthcare systems in most developing nations were underfunded, which increased the transmission of the virus [26]. The direct outcome of antibiotic, antiviral, and antifungal abuse and

misuse is the antimicrobial resistance (AMR) crisis, which can be observed both in practice and through prescription. AMR is a serious menace to the treatment of infections, such as tuberculosis, gonorrhea, and pneumonia, and resistant pathogens in these conditions, become even more easily spread to areas with limited resources, where the healthcare systems are already vulnerable. The high cost of treatment and absence of effective treatment of resistant infections expose the vulnerable populations to increased risk and further complicate the disease management and treatment regimens [27]. The problem of AMR will need the international community to tackle the issue, enhance the regulation of antimicrobial usage, and invest more efforts in the creation of new antibiotics and other forms of treatment. There are also political and economic obstacles that are extreme to effective international health efforts. A nation in political turmoil, such as conflict areas, frequently results in the disintegration of the health system, and hence, it is virtually impossible to conduct the necessary vaccination or provide the population with adequate health care [28]. In such environments, health access is interfered with, and disease epidemics can get out of hand. Moreover, economic fluctuations do not allow most governments to invest enough funds in health sectors to either manage the current diseases or counter the new threat. In most cases, nations that might otherwise be on the receiving end of international aid have a problem in putting international aid to proper use through corruption, lack of coordination, or governance issues. Climate change on the spread of infectious diseases is becoming a critical issue that is being appreciated more and more [29]. Climate change and alteration of precipitation patterns have increased the geographic spread of vector-borne diseases, including malaria, dengue, and Zika virus, to areas where the diseases have not been endemic. Moreover, climate change leads to increased and devastating weather patterns, i.e., floods and hurricanes, which may pollute water resources and cause water-borne diseases like cholera and dysentery. Climate-related events, such as floods or droughts, can also lead to migration and hence higher concentrations of people in the low-resource areas, meaning that diseases spread more easily. Consequently, the impacts of climate change on infectious diseases are extensive and must be taken seriously within the framework of public health planning. Complex, multi-faceted approaches are required in order to effectively counter such challenges. These plans should include enhancing access to healthcare services in underserved communities, addressing antimicrobial resistance by enhancing better stewardship and innovation, breaking political and economic barriers by developing stronger global relationships and equal funding, and ameliorating the underlying causes of climate change to reduce its effects on the dissemination of infectious diseases. The world can only manage the changing scenario of infectious diseases with a global effort that is coordinated and sustained to achieve better health outcomes for all populations around the world [30].

FUTURE DIRECTIONS IN INFECTIOUS DISEASE MANAGEMENT

The future of management of infectious diseases is concerned with the integration of personalized medicine, the advancement of vaccine development, the improvement of global collaboration, and better surveillance mechanisms. Individualized medicine will be a groundbreaking treatment option and will provide more successful and targeted therapy, both in individual genetic makeup and the type of pathogen, especially in hereditary infections such as HIV and tuberculosis [31]. This is also being developed into the area of diagnostic equipment, which enables the identification of the pathogen more accurately and streamlines the treatment schemes. Vaccine development has acquired a lot of momentum, with the recent technological advances of mRNA vaccines, which were reported as exceptional during the COVID-19 pandemic, providing a quicker and potentially more efficient way of dealing with the infectious diseases. Studies are ongoing on vaccines against diseases, such as malaria and HIV, and there is ongoing research to develop universal vaccines that can cover several strains or pathogen and enhance global immunity and minimise the disease burden [32]. International cooperation and enhancing policies is necessary since infectious diseases do not know boundaries, and the interconnectedness of the whole world requires a concerted effort. The global health programs, including the Global Health Security Agenda and WHO, allow resources, expertise, and rapid response to outbreaks to be shared, whereas policy adjustments on the national and international level are required to enhance access to healthcare, enhance the public health infrastructure, and provide equitable access to vaccines and therapeutic interventions [33]. The future of health surveillance in the world will be in the combination of big data, artificial intelligence, and genome sequencing to enhance the accuracy

and rapidity of tracking diseases. One Health approach, a relationship between human, animal and environmental health, is gaining its place in disease surveillance. Surveillance systems could allow faster detection of outbreaks in real-time, whereas data-sharing partnerships across the world will more effectively respond to infections [34]. Lastly, the infectious disease development pipeline to develop new treatments should still stay in place to make them safe and effective. The discovery, preclinical and clinical trials, regulatory approval and post-market surveillance are rigorous procedures that are required to introduce new drugs in the market. This pipeline implies that newly developed medications are tested carefully regarding their safety and effectiveness, and the process of development is improved to respond faster to the new infectious threats (Figure 2) [35].



Figure 2. Drug Development Pipeline for Infectious Diseases.

CONCLUSION

Finally, the control of infectious diseases has been dynamic due to emerging challenges such as the emergence of new pathogens, antimicrobial resistance, and climate change effects. Overview of major findings reveals that, despite the major progress achieved in the creation of vaccines, therapeutics, and the development of community health interventions, health care access, a lack of health care

infrastructure, and political and economic impediments are significant challenges to health security on a global scale. The problem of infectious diseases and their presence among vulnerable populations remains an issue, especially in low-resource settings, where they are the leading causes of morbidity and mortality. New technologies in personalized medicine, vaccines, and new emerging drugs have potential, although increased collaboration in the world and enhanced surveillance mechanisms are necessary to adequately solve the current burden of infectious diseases. Policy and populace implications emphasize the necessity to adopt a combination of methods that can fill the gaps in healthcare provision, increase international collaboration, or prioritize investments in disease prevention and health infrastructure. International health agencies and governments need to collaborate to provide equal access to health, enhance readiness to emergencies, and reinforce the regulatory measures to reduce the risks of epidemics of infectious diseases. Finally, future research guidelines can be emphasized to comprehend the intricate interactions between infectious diseases and environmental forces, especially in the context of climate change. It must also seek to come up with new tools of diagnosis, treatment, and vaccines capable of dealing with the increasing burden of resistance against antimicrobials and explore new approaches to public health to prevent and control infectious diseases in an increasingly globalized world. It is through these research priorities that a more resilient and adaptive global health system that would respond to current and future infectious diseases would be guaranteed.

REFERENCES

1. Kadiyala KG, Goutham K, Katari NK, Vanipenta Y. Vaccines, Diagnosis, and Treatment of Infectious Diseases. Sustainable Nanomaterials for Treatment and Diagnosis of Infectious Diseases. 2025 Feb 26:113–38.
2. Kumar R, Singh L, Malathi S. Infected and non-infected diseases detection for human health using surface plasmon resonance biosensors: a review. IEEE Sensors Journal. 2025 Feb 26.
3. Sirota SB, Bender RG, Dominguez RM, Movo A, Swetschinski LR, Araki DT, Han C, Wool EE, He J, Carter A, Jabbar AA. Global burden of lower respiratory infections and aetiologies, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023. The Lancet infectious diseases. 2025 Dec 15.
4. Nazir A, Nazir A, Zuhair V, Aman S, Sadiq SU, Hasan AH, Tariq M, Rehman LU, Mustapha MJ, Bulimbe DB. The global challenge of antimicrobial resistance: mechanisms, case studies, and mitigation approaches. Health Science Reports. 2025 Jul;8(7):e71077.
5. Abbasi E. Immunology of vector-borne diseases: the role of immunopharmacology in controlling viral and parasitic infections. BMC Infectious Diseases. 2025 Sep 29;25(1):1182.
6. Kumar V. Solid lipid nanoparticles based drug delivery for major infectious diseases: A narrative review. Next Nanotechnology. 2025 Jan 1;8:100228.
7. Belay WY, Getachew M, Tegegne BA, Teffera ZH, Dagne A, Zeleke TK, et al. Antimicrobial resistance with a focus on antibacterial, antifungal, antimalarial, and antiviral drug resistance, global priority pathogens, prevention, and control strategies: A review. Ther Adv Infect Dis. 2025;12:20499361251340144.
8. Mohapatra RK, Mishra S, Kandi V, Sirka CS, Tuglo LS. Emerging and reemerging neglected tropical diseases: epidemiology, transmission, mitigation, and vaccines and chemotherapy advancements. Frontiers in Pharmacology. 2025 Mar 31;16:1545801.
9. Aleezada ZN, Patel I, Yusuf N. Understanding HPV-induced cancers and investigating the barriers faced by low-and middle-income countries in prevention and treatment. International Journal of Molecular Sciences. 2025 Jun 11;26(12):5581.
10. Maity S, Chowdhary S, Swaminathan A, Ashtaputre N, Mudgal PP, Mukhopadhyay C. The silent spread of Hepatitis E in India-from epidemiological insight to public health action: a comprehensive review. Infection. 2025 Oct 16:1–5.
11. Dudman S, Zerja A, Hasanoğlu İ, Ruta S, van Welzen B, Nicolini LA, Yonga P, Øverbø J, Rawat S, Habibovic S, Kim TB. Global vaccination against hepatitis E virus: position paper from the European society of clinical microbiology and infectious diseases viral hepatitis study group. Clinical Microbiology and Infection. 2025 Feb 1;31(2):201–10.

12. Dudman S, Zerja A, Hasanoğlu İ, Ruta S, van Welzen B, Nicolini LA, Yonga P, Øverbø J, Rawat S, Habibovic S, Kim TB. Global vaccination against hepatitis E virus: position paper from the European society of clinical microbiology and infectious diseases viral hepatitis study group. *Clinical Microbiology and Infection*. 2025 Feb 1;31(2):201–10.
13. Nakhaie M, Shahpar A, Rezaei Zadeh Rukerd M, Farsiu N, Charostad J, Bashash D, Zeinali Nezhad N, Pardeshenas M, Haghi Navand A, Mirkamali H, Zandi K. Dengue Fever: Viral, Environmental, and Human Factors Driving Expansion and Pandemic Risk. *Reviews in Medical Virology*. 2026 Jan;36(1):e70088.
14. Ibrahim B. Immunity and pathogenesis in parasitic infections: Molecular basis and applications.
15. Zhang Y, Jin S, Zuo Z, Liu S, Xu J, Yang C, Wan P, Xun L, Luo M, Yang F, Chen W. Rational Design and Immunological Mechanisms of Circular RNA-Based Vaccines: Emerging Frontiers in Combating Pathogen Infection. *Vaccines*. 2025 May 26;13(6):563.
16. Chen S, Dickson DW, Haarith D. Biological control of plant-parasitic nematodes. In *Practical plant nematology* 2025 Dec 11 (pp. 589-613). GB: CABI.
17. Bhardwaj A, Gupta SP, editors. *Exploring the Mycology and Parasitology of Plant Life: Roots and Rivals*. Cambridge Scholars Publishing; 2025 Jul 29.
18. Hossain MM, Sultana F, Mostafa M, Rubayet MT, Mishu NJ, Khan I, Mostofa MG. Biological management of Soil-Borne pathogens through tripartite rhizosphere interactions with plant Growth-Promoting fungi. *Applied Microbiology*. 2025 Nov 5;5(4):123.
19. Falodun MO, Olorunfemi O, Irinoye OO. Infectious diseases: Addressing global challenges and prevention strategies for national health improvement. *Community Acquired Infection*. 2025 Apr 7;12.
20. Tariq AL, Roohi M, Reyaz AL. Enhancing Social Protection Through Healthcare Access: Techniques for Preventing Infectious Diseases and Promoting Health Equity. *Int. J. Curr. Microbiol. App. Sci.* 2025;14(05):119–31.
21. Althubaiti A, ALOTAIBI MS, Alotaibi SH, ALOTAIBI FA. The Role of Community Health Nurses in Preventing Infectious Disease Outbreaks: A Public Health Approach. *Journal of Medical and Life Science*. 2025 Aug 1.
22. Abdoos P. Emerging infectious diseases: strategies for prevention and control. *Eurasian Journal of Chemical, Medicinal and Petroleum Research*. 2025 Dec 20;4(1):88–104.
23. De Gaetano S, Ponzio E, Midiri A, Mancuso G, Filippone D, Infortuna G, Zummo S, Biondo C. Global trends and action items for the prevention and control of emerging and re-emerging infectious diseases. *Hygiene*. 2025 May 2;5(2):18.
24. Aslam B, Aljasir SF. Climate change and AMR: interconnected threats and One Health solutions. *Antibiotics*. 2025 Sep 18;14(9):946.
25. Sharma M, Akhter MS, Roy S, Srejon R. Future issues in global health: challenges and conundrums. *International Journal of Environmental Research and Public Health*. 2025 Feb 21;22(3):325.
26. Desai V, Kumar S, Patel B, Patel SN, Patadiya HH, Asawa D, Pathan MS, Haque M, Patel SN. Navigating antimicrobials and combating antimicrobial resistance: challenges, impacts, and strategies for global action. *Cureus*. 2025 Apr 11;17(4).
27. Alhassan MY, Ahmad AA. Antimicrobial resistance in a changing climate: a one health approach for adaptation and mitigation. *Bulletin of the National Research Centre*. 2025 Dec;49(1):1–1.
28. Eke SM, Cua A. Invisible engines of resistance: how global inequities drive antimicrobial failure. *Antibiotics*. 2025 Jun 30;14(7):659.
29. Cotugno S, De Vita E, Frallonardo L, Novara R, Papagni R, Asaduzzaman M, Segala FV, Veronese N, Nicastrì E, Morea A, Farkas FB. Antimicrobial resistance and migration: Interrelation between two hot topics in global health. *Annals of Global Health*. 2025 Mar 6;91(1):12.
30. Singh K, Sahoo GC, Sharma S. Climate Change and Antimicrobial Resistance. In *Microorganisms Resilience to Climate Change* 2025 Apr 16 (pp. 349–361). Singapore: Springer Nature Singapore.
31. Chiawah JA. Strengthening vaccine development pipelines to combat emerging infectious diseases and antimicrobial resistance. *Inter J. Res. Publ. Rev.*. 2025;6(1):4108–26.

32. Sah AK, Elshaikh RH, Shalabi MG, Abbas AM, Prabhakar PK, Babker AM, Choudhary RK, Gaur V, Choudhary AS, Agarwal S. Role of artificial intelligence and personalized medicine in enhancing HIV management and treatment outcomes. *Life*. 2025 May 6;15(5):745.
33. Chen YM, Hsiao TH, Lin CH, Fann YC. Unlocking precision medicine: clinical applications of integrating health records, genetics, and immunology through artificial intelligence. *Journal of Biomedical Science*. 2025 Feb 7;32(1):16.
34. Bag AK, Sengupta D. Computational frameworks for zoonotic disease control in Society 5.0: opportunities, challenges and future research directions. *AI & SOCIETY*. 2025 Apr;40(4):2449–78.
35. Ogwu MC, Izah SC. Technological Innovations in Tropical Diseases Treatment and Therapeutics. In *Technological Innovations for Managing Tropical Diseases* 2025 Feb 20 (pp. 287–308). Cham: Springer Nature Switzerland.