

Review

The article represents the modern views on the problem of antibiotic resistance in *Salmonella* species on the whole and the resistance to the drugs (including Carbapenems) that have been considered as highly effective.

The methods of the researches done correspond with practical standard. The data obtained are well-checked, well-grounded and are sufficiently discussed. The conclusions are based on the facts and numbers. All the references cited are relevant and adequate.

To improve the manuscript it is necessary to make the following corrections.

In section "Results and discussion" it is demonstrated that of the 59 multiply resistant isolates 14 (23,7%) were resistant or intermediate resistant to at least two or all three carbapenems (ertapenem, imipenem and meropenem) and one *Salmonella* strain was particularly resistant to all the three carbapenem drugs and all the other antibiotics. It is reasonable to declare *Salmonella* of what species possessed resistance to Carbapenems and to divide them into the groups in accordance with the presence and character of Carbapenemases production or other mechanisms of resistance. This would allow to explain the difference in resistance of salmonellosis causative agents to the tested antibiotics.

In section 4 ("Conclusion") it is necessary

1. to describe the offered infection control practices;
2. to pay special attention to the sanitation of the factors of salmonellosis causative agents in patient care institutions;
3. to prevent the morbidity of people with salmonellosis it is necessary to draw attention to the fact that the transmission of *Salmonella* resistant to antibiotics from animals to human beings is a special hazard. This transmission is more often realized both by contact and alimentary ways, more often by contaminated food stuff and promotes the spread of resistance genes among the representatives of normal intestine microflora.

Authors comments

The *Salmonella* species which possessed resistance to Carbapenems and division of serovars into groups according to antibiotic profile has been summarize as Table 1.

The preventive and infection control practices have been described in the conclusion.