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**The Delhi Neonatal Infection Study - Setting the Future Research Agenda**

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In response to:

Investigators of the Delhi Neonatal Infection Study (DeNIS) collaboration. Characterisation and antimicrobial resistance of sepsis pathogens in neonates born in tertiary care centres in Delhi, India: a cohort study. *Lancet Glob Health* 2016; **4:** e752–60.

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We salute the huge efforts of the DeNIS collaboration.1 This study not only comprehensively sets the scene for neonatal sepsis and AMR in a LMIC setting but also, by highlighting gaps in our understanding of neonatal sepsis and antimicrobial resistance (AMR), sets the future research agenda.

The absence of a globally accepted single standard definition of multi-drug resistance is a critical issue.2,3 Difficulties in showing a clear relationship between AMR and outcomes may reflect the lack of clinical relevance of currently used definitions. Standardised definitions for MDR which account for infection type, age, and key risk factors are now needed.

The high rates of Acinetobacter and CoNS among the pathogens causing EOS are striking, but additionally emphasise the lack of validated definitions for clinical sepsis.4 Knowledge of the clinical features and outcomes associated with such cases and their correlation with those of more “established” pathogens, as well as non-infected control babies, may help our understanding of their relevance and aid in validating new definitions.

The study reports high rates of AMR and also reminds us of the paucity of new drugs to treat such infections, especially in neonates, as well as the paucity of data on antimicrobial pharmacokinetics in this population. Observational and interventional multicentre studies are needed to establish the safety and efficacy of new regimens and antibiotics (targeted at AMR pathogens as shown here) compared with existing combinations, together with new strategies for using them wisely.5 Further study in LMICs is required and the DeNIS study is a landmark step in this direction.

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