

## Supplementary Materials

**Table S1.** Clinically relevant MDR pathogens with the associated infections [7].

<b>Bacteria</b>	<b>No longer functioning Drugs</b>	<b>Infections</b>	<b>Ref.</b>
<i>P. aeruginosa</i>	Aminoglycosides, quinolones $\beta$ -lactams, carbapenems	Cystic Fibrosis COPD	[8]
<i>Enterococcus</i> spp	$\beta$ -lactams, aminoglycoside Tetracycline, erythromycin Vancomycin, streptomycin Linezolid, quinolones	Endocarditis, UTI, BSI, IAA, IPA	[9,10]
<i>A. baumannii</i>	$\beta$ -lactams, tetracyclines Quinolones, polymixins Aminoglycosides Lincosamides Carbapenems	HAP, VAP, UTI Meningitis Bacteraemia, GIT SI, WI	[11]
<i>E. coli</i>	Cephalosporins, fluoroquinolones Levofloxacin, TSX	UTI, BSI	[12]
<i>K. pneumoniae</i>	Cephalosporins, carbapenems	Pneumonia, BSI, UTI	[13]
<i>S. aureus</i>	Methicillin	WI, BSI	[14]
<i>Streptococcus pneumoniae</i>	Penicillin	Pneumonia, meningitis otitis	[15]
<i>Nontyphoidal Salmonella</i>	Fluoroquinolones	Foodborne diarrhea, BSI	[16]
<i>Shigella</i> spp	Fluoroquinolones, ampicillin, TSX Nalidixic acid	Diarrhea *	[17]
<i>Neisseria gonorrhoeae</i>	Cephalosporins, tetracyclines Macrolides, TSX, quinolones.	Gonorrhea	[18]
<i>Mycobacterium tuberculosis</i>	Rifampicin, isoniazid, fluoroquinolone	Tuberculosis	[19]
<b>Fungi</b>			
<i>Candida</i> spp	Fluconazole, echinocandins	Candidiasis	[20]
<i>Cryptococcus neoformans</i>	Fluconazole	Cryptococcosis	[21]
<i>Aspergillus</i> spp	Azoles	Aspergillosis	[22]
<i>Scopulariopsis</i> spp	Amphotericin B, flucytosine, azoles	Onychomycosis	[23]
<b>Virus</b>			
<i>Cytomegalovirus</i> (CMV)	Ganciclovir, foscarnet	AIDS and oncology patients	[24]
<i>Herpes simplex virus</i> (HSV)	Acyclovir, famciclovir, valacyclovir	Herpes simplex	[25]
<i>Human immunodeficiency virus</i> (HIV)	Antiretroviral drugs	AIDS	[26]
<i>Influenza virus</i>	Amantadine, rimantadine Neuraminidase inhibitors	Influenza	[27]
<i>Varicella zoster virus</i>	Acyclovir, valacyclovir	Chicken pox	[25]

<i>Hepatitis B virus (HBV)</i>	Lamivudine	Hepatitis B	[28]
<b>Parasite</b>			
<i>Plasmodia spp</i>	Chloroquine, artemisinin, atovaquone	Malaria	[29]
<i>Leishmania spp</i>	Pentavalent antimonials, miltefosine Paromomycin, amphotericin B	Leishmaniasis	[30,31]
<i>Schistosomes</i>	Praziquantel, oxamniquine	Schistosomiasis	[32,33]
<i>Entamoeba</i>	Metronidazole	Amoebiasis	[34]
<i>Trichomonas vaginalis</i>	Nitroimidazoles	Trichomoniasis	[35]
<i>Toxoplasma gondii</i>	Artemisinin, atovaquone, sulfadiazine	Toxoplasmosis	[36-38]

\* Bacillary dysentery; TSX = Trimethoprim-sulfamethoxazole; UTI = urinary tract infection; BSI = bloodstream infection; COPD = chronic obstructive pulmonary disease (COPD); IAA = intra-abdominal abscesses; IPA = intra-pelvic abscesses; HAP = hospital acquired pneumonia; VAP = ventilator-associated pneumonia; GIT = gastrointestinal infections; SI = skin infections; WI = wound infections. The references in the Table are available at the end of the main text at the correspondent numbers.

**Table S2.** General composition of BFs.

Biofilm Biomass		
Organized communities of pathogens’ cells (2-5%)		Extracellular polymeric substances (EPSs)
Sessile cells	Persistent cells	Enzymes
	Dormant cell	(polypeptides, 1-60%)
Self-immobilized cells attached to a surface, forming highly coordinated micro-colonies, communicating by the QS system	Small subpopulation of microorganisms reversibly transformed into slowly growing cells	Polysaccharides (40-95%) (Cellulose, PGA, exopolysaccharide)
		Extracellular DNA and RNA (eDNA, eRNA) (1-10%)
		Glycoproteins
		Glycolipids (1-40%) Allow communication between bacteria Stabilize the 3-D structure of BF
		Water (70-97%) (responsible for the flow of nutrients)

PGA = poly-glucosamine.

**Table S3.** Stages of the BF life cycle.

Stage	Action	Events	Ref.
1	Reversible attachment	Free-floating planktonic cells select a surface for attachment and self-immobilize on it The attachment is not permanent The locomotory tools such as flagella and pili are still maintained	
2	Irreversible attachment	Expression of QS signaling molecules Formation of extracellular polymeric material ↓ in flagella reversal rates ↓ in flagella gene expression Cells demonstrate drug tolerance	
3	Grow and cells division (Maturation I)	Recruitment of cells from the environment Appearance of cell clusters * Formation of micro-colonies	[73]
4	Formation of the 3D-structured mature BF (Maturation II)	Expression of genes needed for the mature (3D) extracellular matrix Water-filled channels formation for transport of nutrients and removing waste materials	
5	BF dispersion **	↓ and degradation of matrix components Detachment of planktonic cells Multiplication and dispersal of motile cells ↑ Drug susceptibility ***	

\* Several cells thick embedded in the BF matrix; \*\* promoted by QS or enzyme action; \*\*\* sometime antibiotic insensitivity can be retained; ↓ = decrease, reduction; ↑ = increase. The reference in the Table is available at the end of the main text at the correspondent number.

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