

# Introduction to Infection

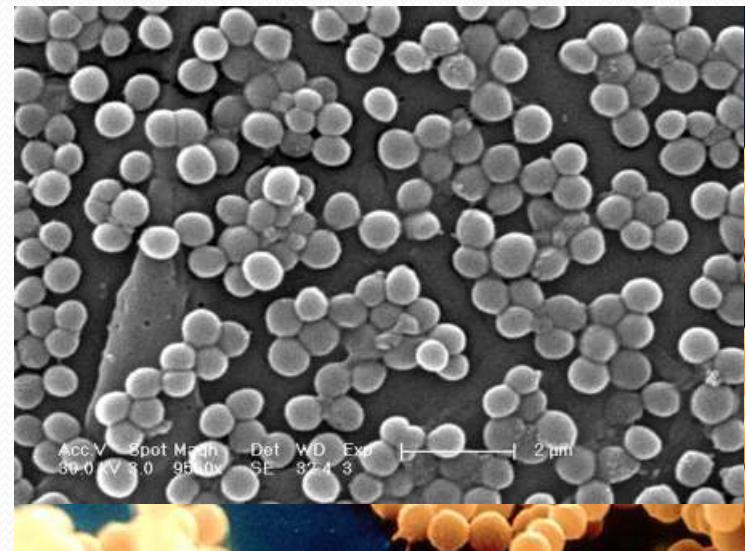
Tom Beckingsale

# Introduction

- Bacteria
- Gram Stain
- Antibiotics and mechanism of action.
- MRSA
- Biofilm

# Bacteria

- *Bakterion*: little staff/rod.
  - Prokaryotes
  - Sized in micrometers ( $\mu\text{m}$ )
- 
- Morphology
    - Bacilli, Cocci, Vibrios.
    - *streptos, staphule*.



# Gram Stain

- Christian Gram (1853-1938)  
Gram +      Gram -
- *Streptococcus pneumoniae*  
Before staining  
and *klebsiella pneumoniae*

1° stain (crystal violet)            

2° stain (Lugol's iodine)            

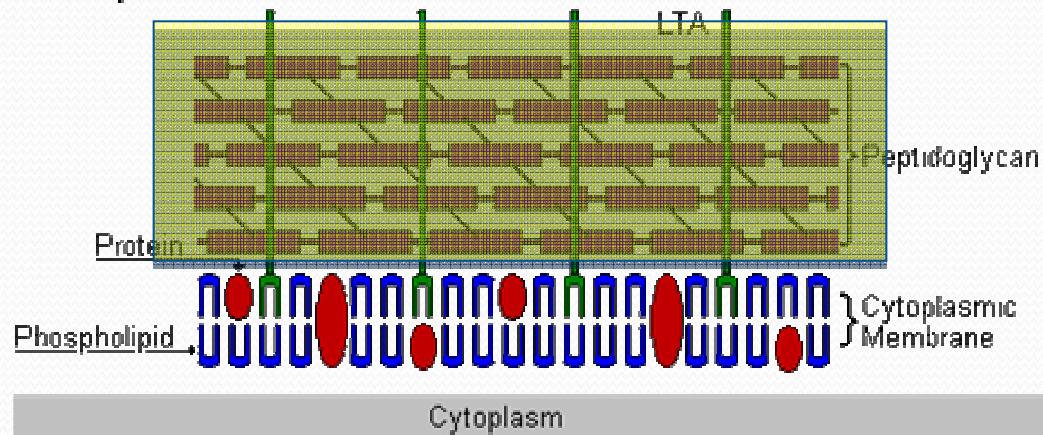
Solvent wash (acetone)            

Counterstain (safranin)            

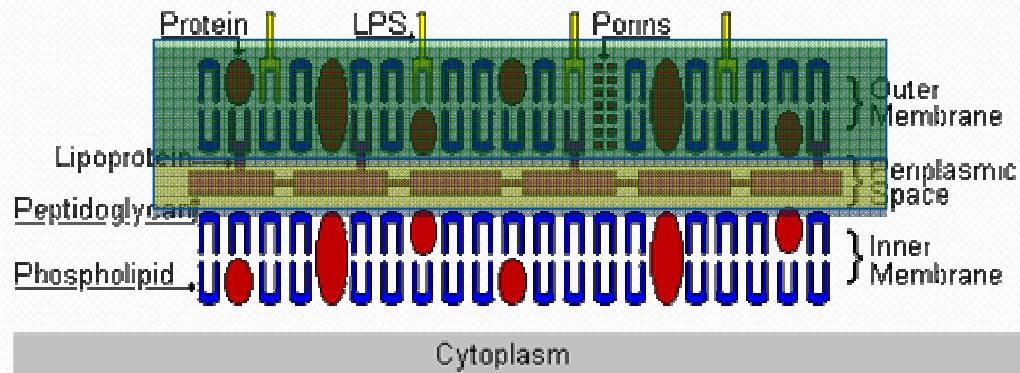


# Cell Wall Differences

*Gram-positive Cell Wall*



*Gram-negative Cell Wall*



# Common Bacteria

Gram +ve Cocci	Gram -ve Cocci	Gram +ve Bacillus	Gram -ve Bacillus
<i>Staphylococcus aureus</i> <i>S. epidermidis</i> <i>aeruginosa</i>	<i>Neisseria gonorrhoea</i>	<i>Clostridium tetani</i> <i>Clostridium perfringens</i>	<i>Pseudomonas</i>
<i>Enterococcus spp.</i>			<i>Eikenella corrodens</i>
<i>Streptococcus spp.</i> <i>influenza</i>			<i>Haemophilus</i>
			<i>Escherichia coli</i>
			<i>Salmonella typhi</i>

# Osteomyelitis

- Newborn - *S. aureus*, Gp B Strep.
- Children < 4 years – *S. aureus*, Gp A Strep.
  - *H. influenza* now very rare!
- Adults – *S. aureus*, various.
- Sickle Cell – *Salmonella*.

# Septic Arthritis

- Newborn – *S. aureus*, Gp B Strep.
- Children 3-14 years – *S. aureus*, *S. pyogenes*, *S. pneumonia*, (*H. influenza*)
- Adults – *S. aureus*, *N. gonorrhoea*, *Strep.*

# Bite Infections

- Human – *Streptococcus viridans, Eikenella*
- Dog/Cat – *Pasteurella multocida*

# Miscellaneous

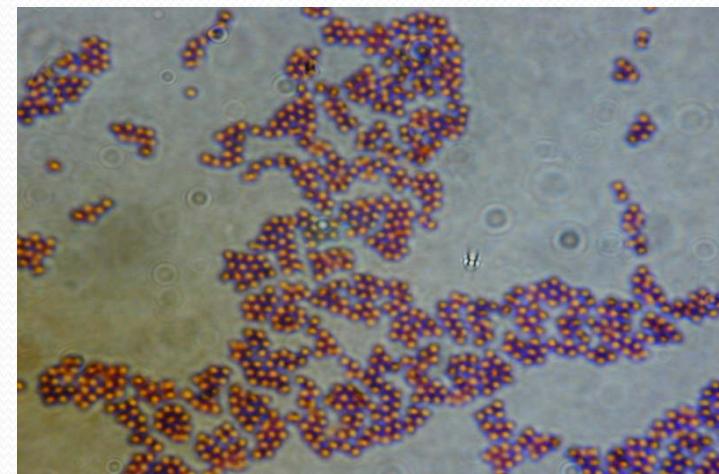
- Chronic, low-grade infections – TB.
- Marine injuries – *Mycobacterium marinorum*
- Necrotising fasciitis – Strep, Coliforms, and Clostridia.
- Toxic Shock Syndrome = Toxaemia.

# Prosthetic Infections

- Early
  - < 3 weeks.
  - Thorough lavage and exchange of modular parts.
- Haematogenous
  - < 3 weeks from acute haematogenous seeding
  - As for early.
- Chronic
  - > 3 weeks from index op or haematogenous event.
  - 2 stage revision!

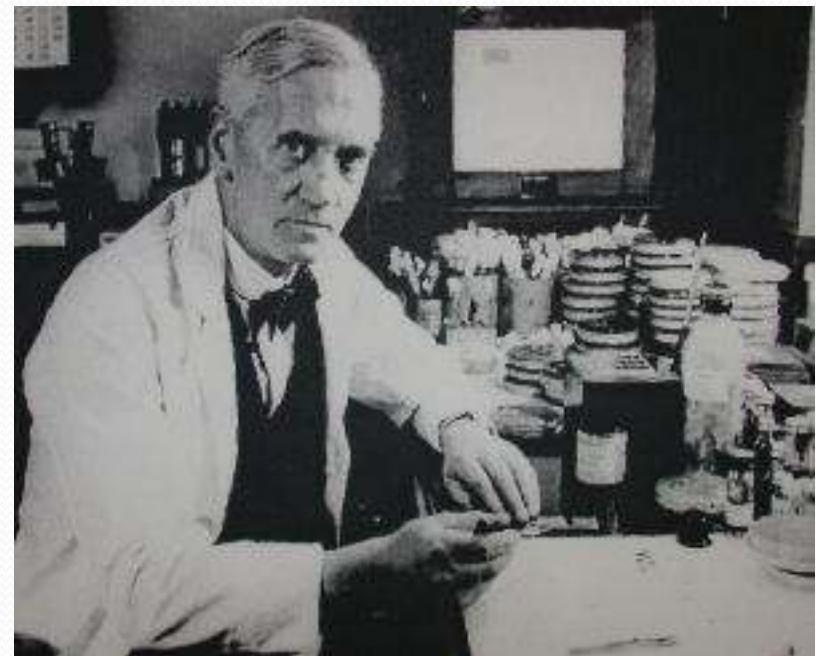
# Prosthetic Infections

- 2 stage revision.
  - Interpositional PMMA spacer with high dose Abx
  - Reimplant 6/52 to 3/12.
  - BUT Interval determined by CRP, ESR and FBC.
- *S. epidermidis*
- *S. aureus*
- MRSA

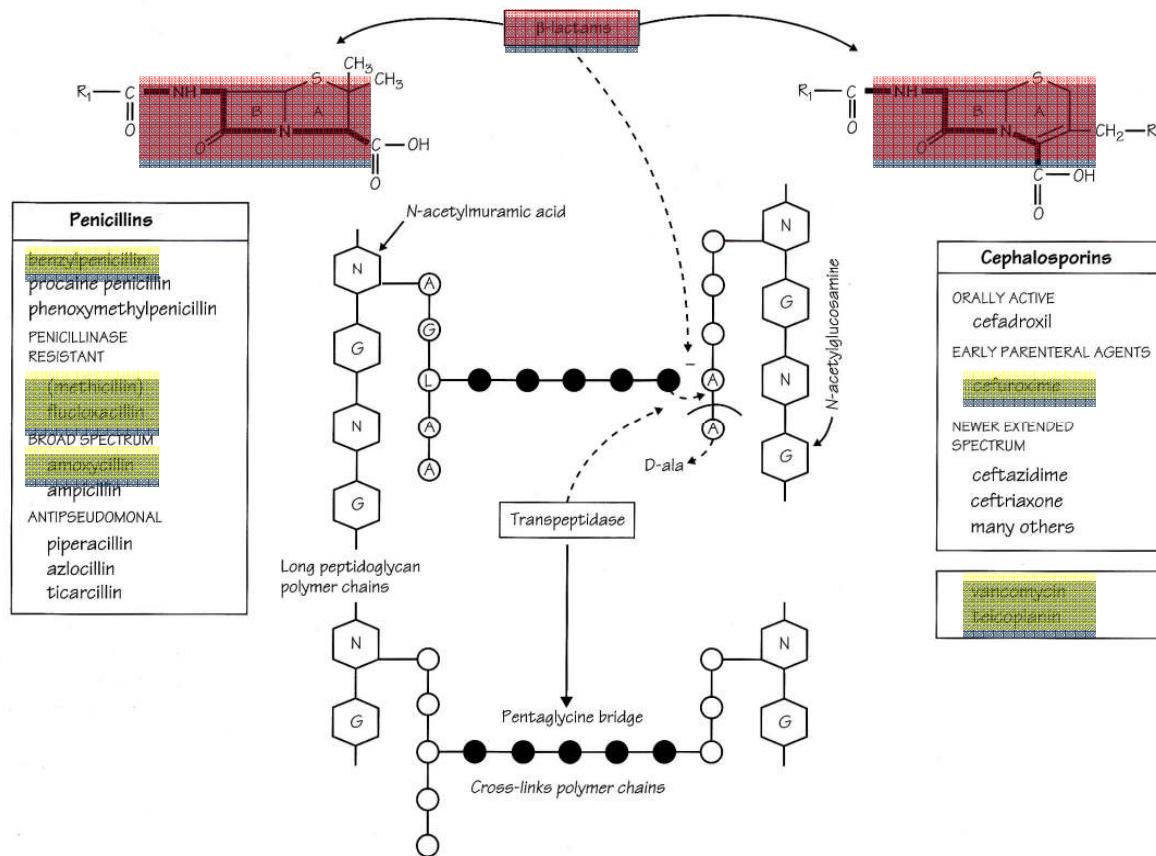


# Antibiotics

- Sir Alexander Fleming (1928)
- Ernst Chain and Howard Florey (1940)
- *Penicillium* spores.



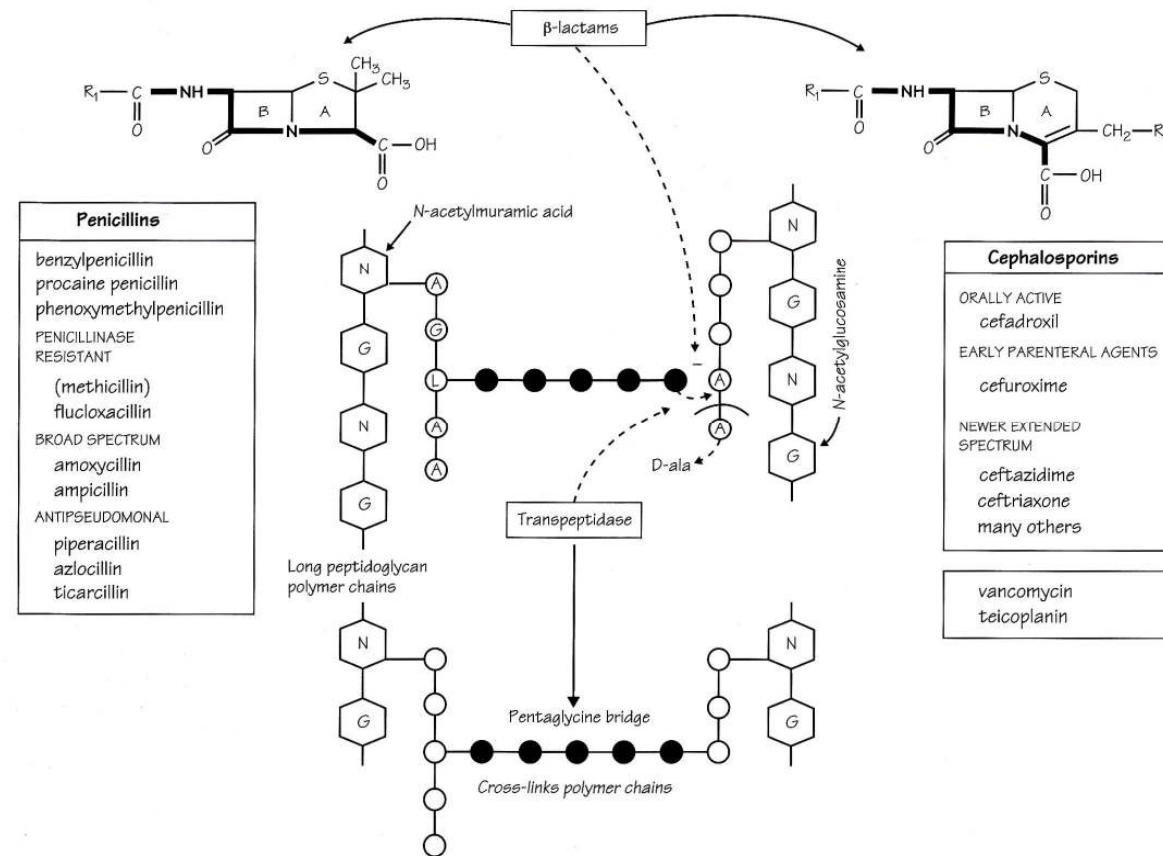
# Antimicrobials that Inhibit Cell Wall Synthesis



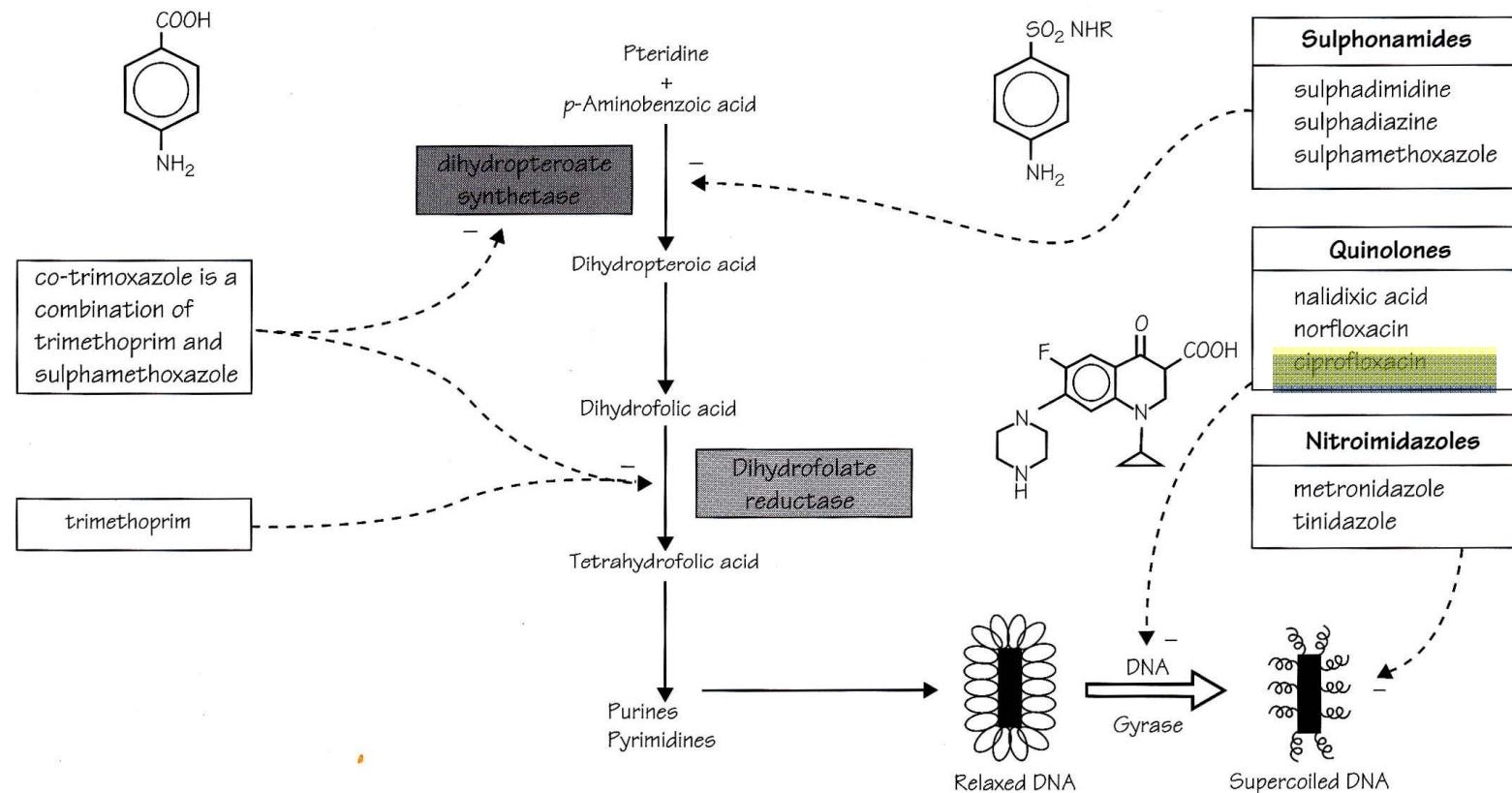
# $\beta$ -Lactams

- Lactams are cyclical amides
  - Amide is a carbonyl (C=O) joined to a nitrogen.
  - $\beta$  = 4 membered ring. 3 carbon, 1 nitrogen.
- Mimic *D*-alanyl-*D*-alanine.
  - Thus target transpeptidation of peptidoglycan synthesis.
  - Occupy the active site serine residue of PBPs

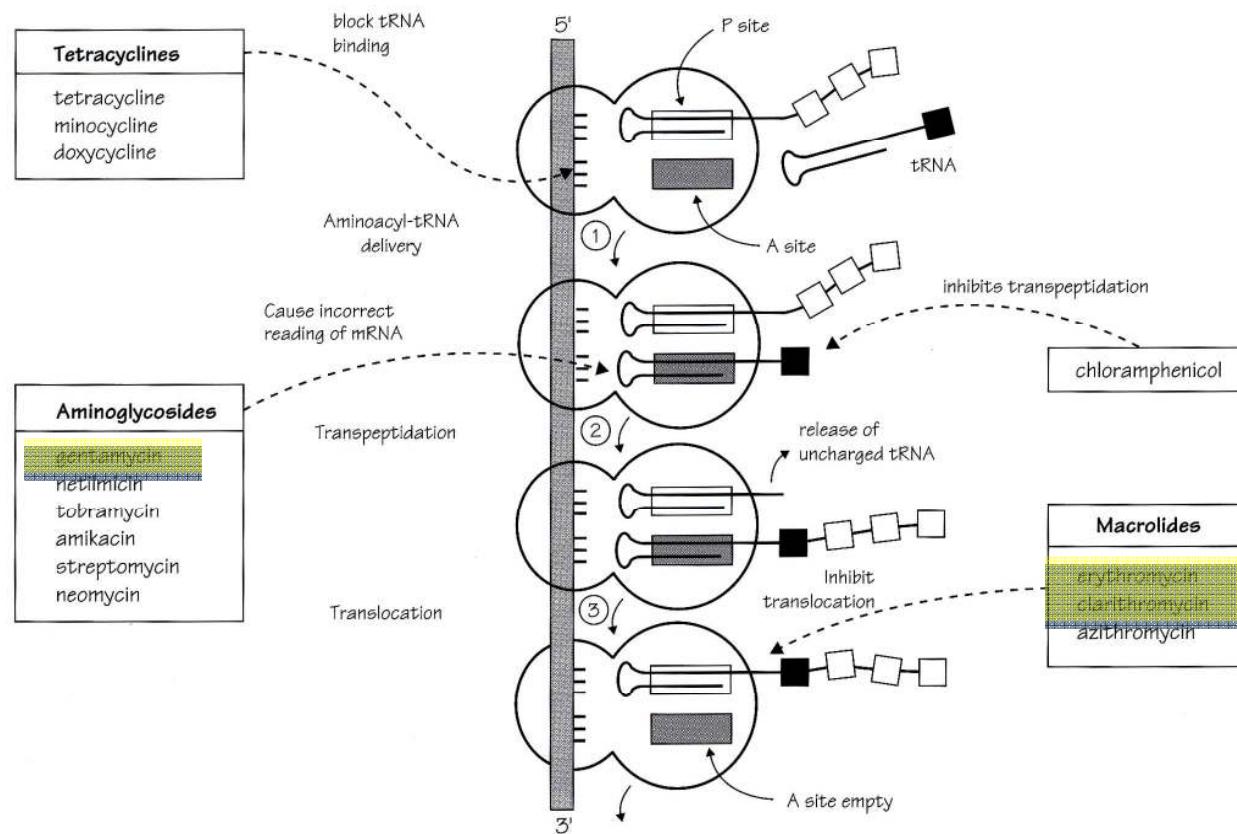
# For Demonstration



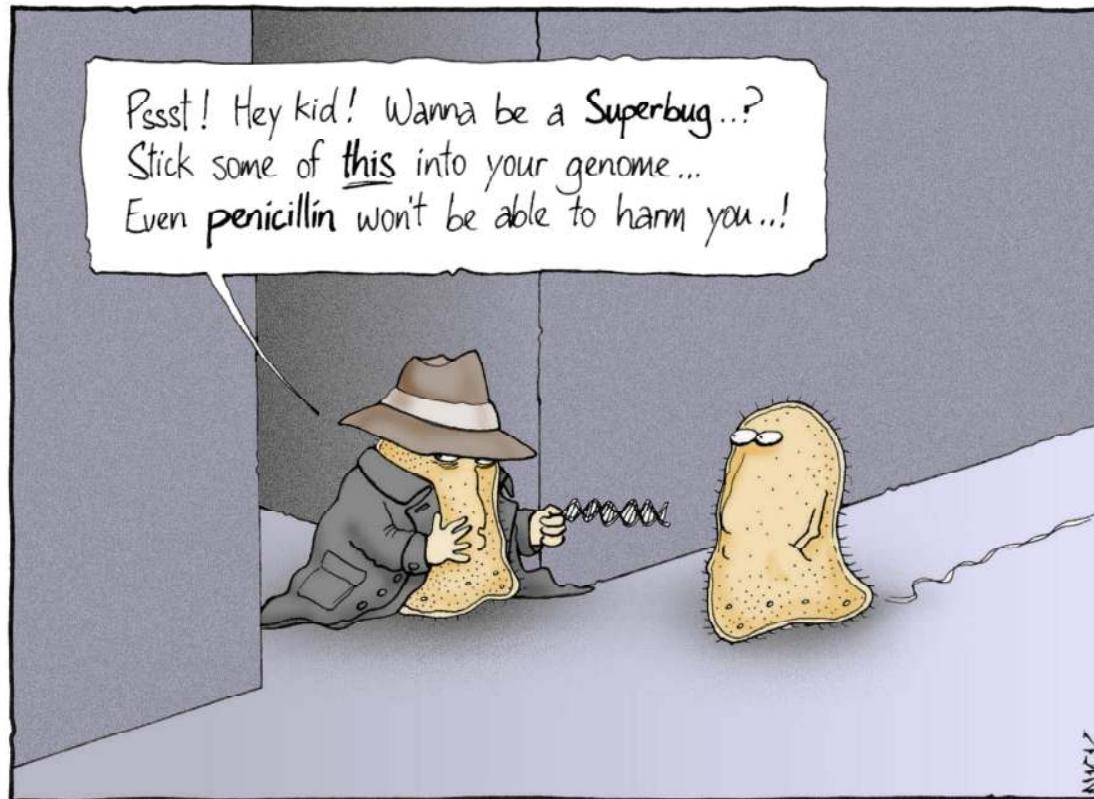
# Antimicrobials that Inhibit Nucleic Acid Synthesis



# Antimicrobials that Inhibit Protein Synthesis



# Antibiotic Resistance

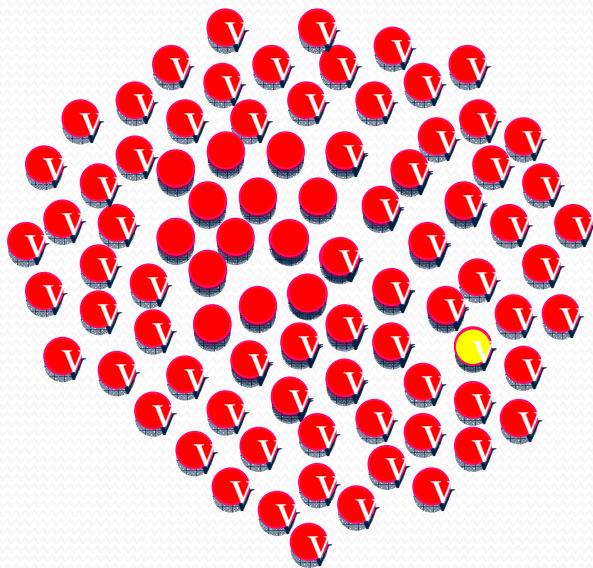


It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance.

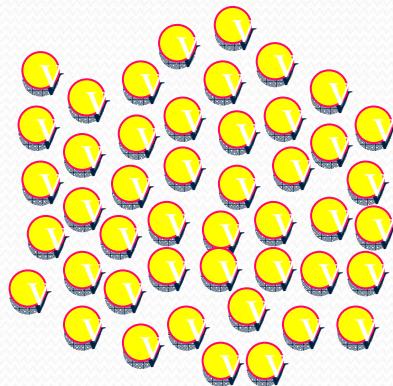
# Antibiotic Resistance

1. Inactivating enzymes that destroy the drug.
  - e.g.  $\beta$ -lactamase.
2. Decreased drug accumulation.
  - e.g. bact. cell membrane impermeable to tetracycline.
3. Alteration of binding sites.
  - e.g. Ribosomal mutations affect aminoglycosides.
4. Development of alternative metabolic paths.
  - e.g. Modified enzymatic pathways.

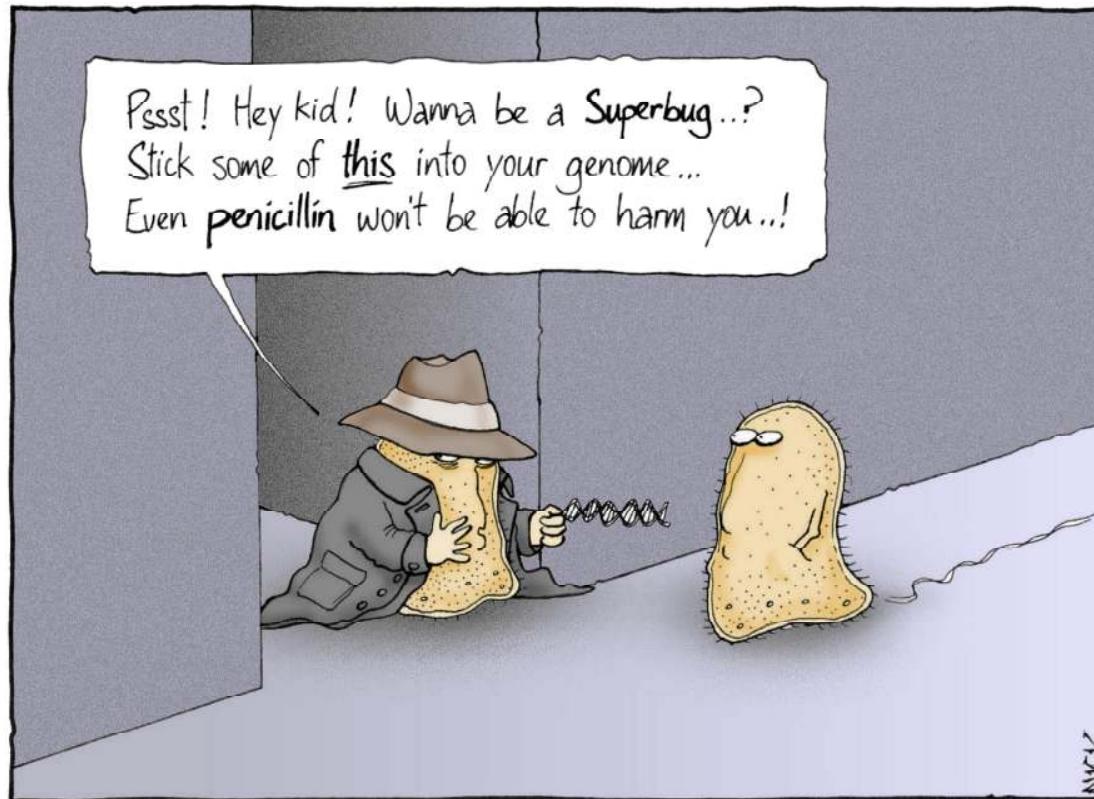
# Selection



# Selection



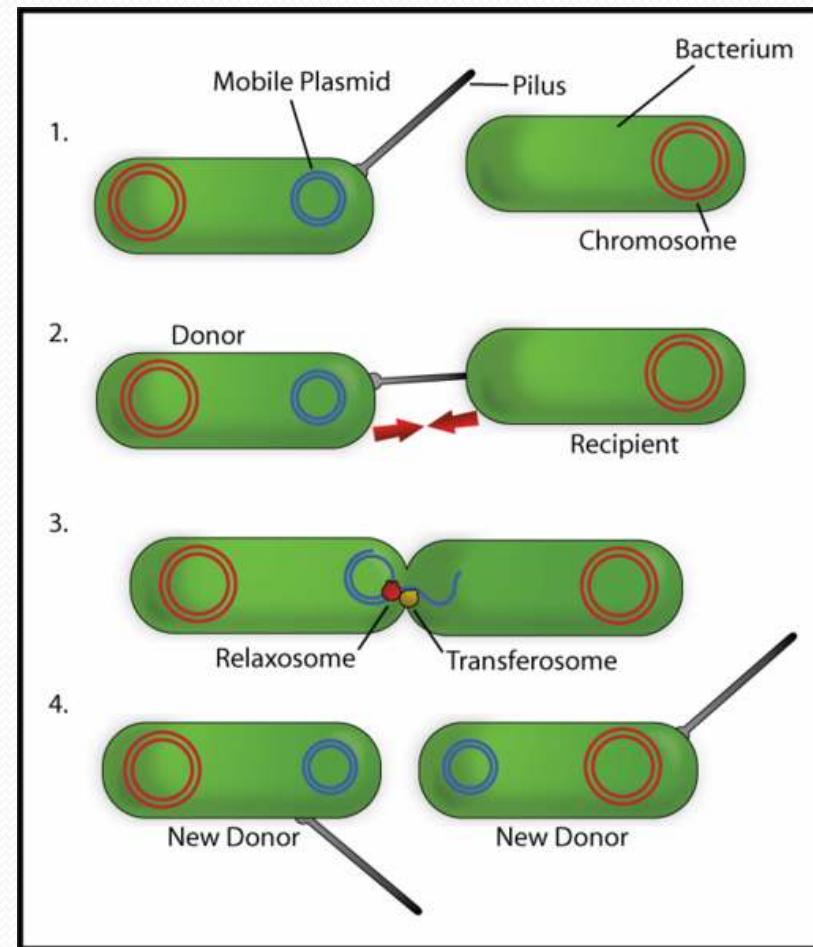
# Transferred Resistance



It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance.

# Transferred Resistance

- Plasmids.
- Transduction.
  - Relatively ineffective.
  - Staph, strep.
- Conjugation.
  - More effective.
  - Horizontal transfer!



# *Staphylococcus aureus*

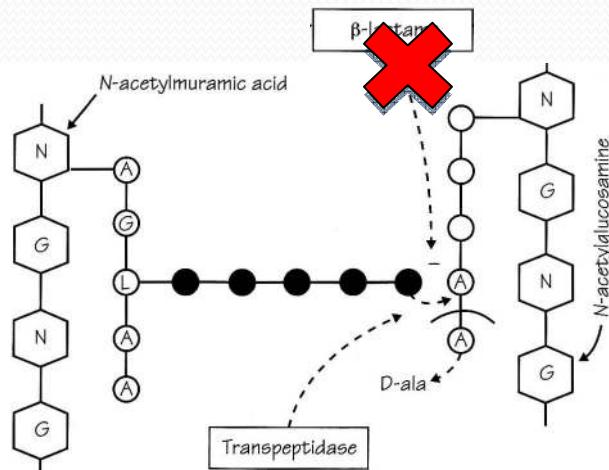
- Gram +ve, non-motile, non-sporing.
- Coagulase
  - Extracellular enzyme.
  - Breaks down fibrinogen to fibrin.
- Coagulase –ve *Staph*
  - *S. epidermidis*

# MRSA

- $\beta$  -lactamase.
  - Penicillin resistance.
- Alternative metabolic pathways.
  - Folic acid production – sulphonamide resistance.
- *mecA* gene.

# *mecA*

- Altered penicillin binding protein.
  - PBP<sub>2a</sub>.
  - PBPs catalyse the glycan polymerisation reaction of peptidoglycan synthesis.



# Biofilm

- Sessile, multicellular community.
- Bacteria embedded in a self-produced, hydrated matrix of:
  - Polysaccharide.
  - Teichoic acid.
  - Protein.
- Antibiotic and immune defence.
- Prosthetic Surfaces.

# Biofilm

1. Surface attachment - “Early adhesion”.
2. Intercellular adhesion.

# Surface Attachment

- Microbial Surface Components that Recognise Adhesive Matrix Molecules.
  - MSCRAMMs
  - FnbpA, FnbpB, ClfA, ClfB.
  - Bap.
  - Ebps.
  - Collagen adhesin. (*cna*)
  - SpA

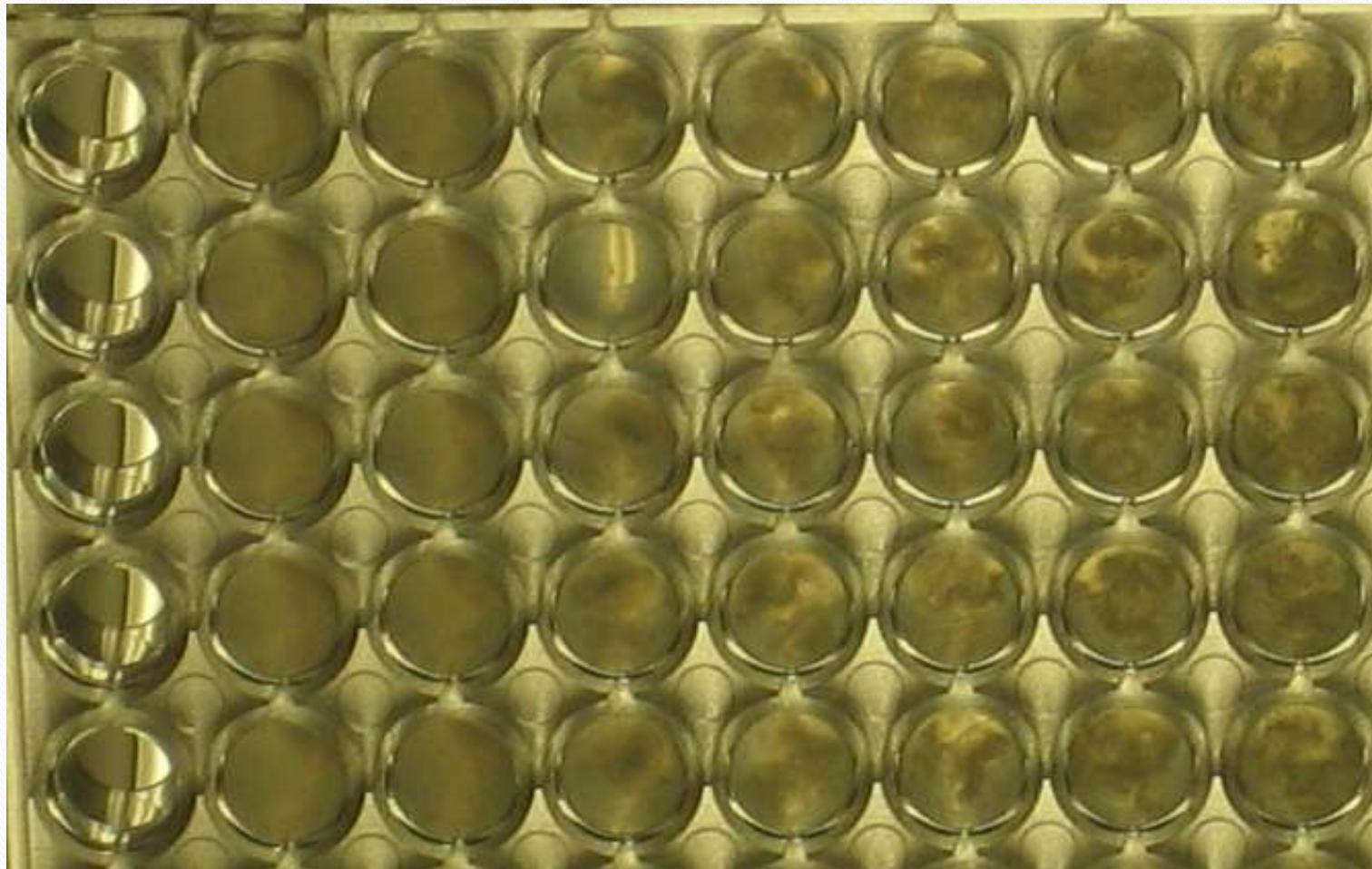
# Intercellular Adhesion

- PIA
  - Polysaccharide Intercellular Adhesin
    - $\beta$  -1,6-linked *N*-acetylglucosaminoglycan (PNAG). *S. epidermidis*.
    - Poly-*N*-succinyl-  $\beta$  -1,6-glucosamine (PNSG). *S. aureus*.
  - PNSG – vaccination?
- *ica* gene locus (*icaADBC* and *icaR*)

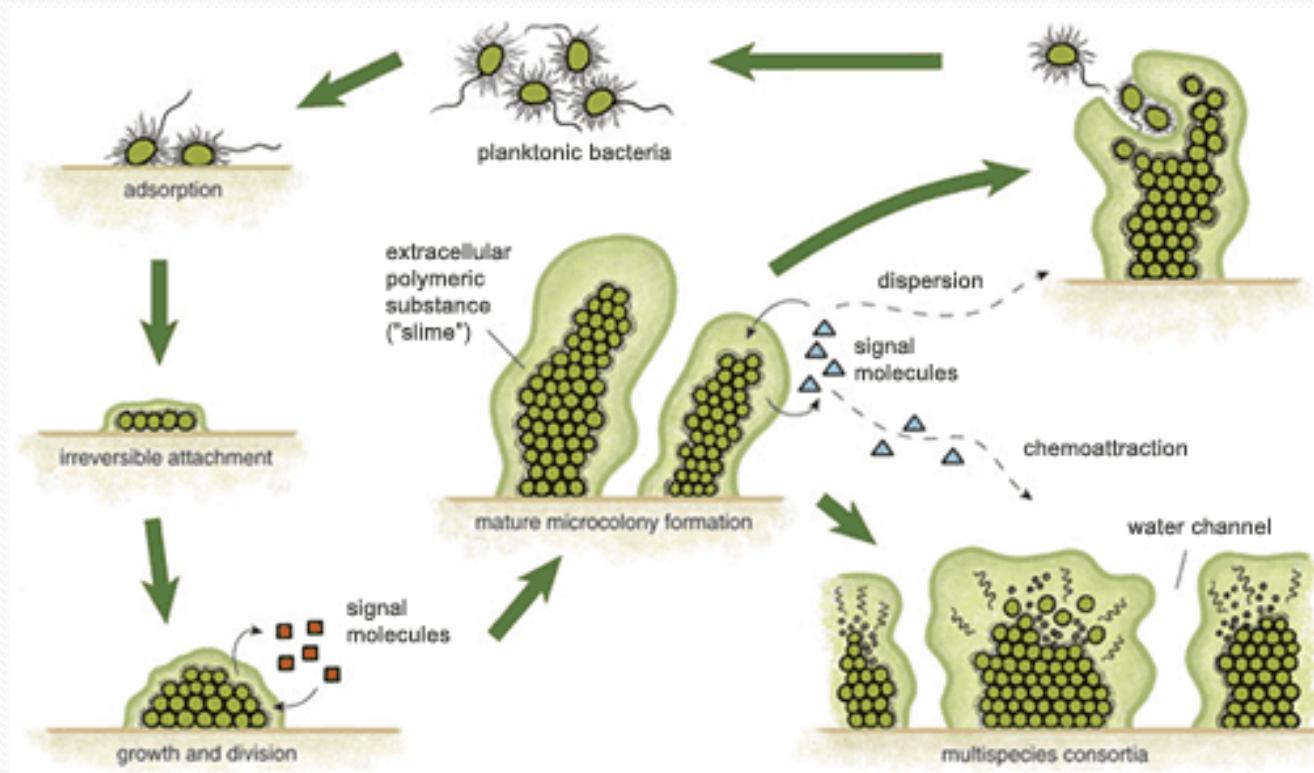
# Quorum Sensing

- Coordinated activity! Virulence.
  - Auto-inducers
  - Controlled by *agr* and *sar*.
- 
- Initially surface proteins = adhesion and biofilm
  - Then virulence factors = toxins, proteases, etc.

# Biofilm



# Biofilm



# Summary

- Bacteria.
- Antibiotics.
- Antibiotic resistance.
- MRSA.
- Biofilm.



Sign on the Lab Door

Staph Only!

Mind Your Strep!

Stop Joking and *B. cereus*!

# Any Questions?

