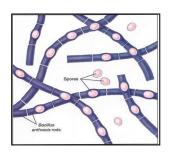
# Medical Bacteriology - Lecture 7 Spore- forming Gram Positive Rods Bacillus





### **Bacillus**

### **Characteristics**

- Gram positive
- Large rod.
- Arranged in long chain
- Spore forming
- Aerobic or facultative anaerobic
- Found in soil habitats around the world
- Can be cultivated in ordinary nutrient medium (nonselective & selective media)

# B. anthracis

- Large, square- ended rods
- Non motile
- Capsulated
- Non hemolytic on blood agar

# B. anthracis Diseases (Anthrax):

- Anthrax is primarily **zoonotic** (occupational) disease of domesticated and wild animals, such as cattle and sheep.
- Transmitted to human after contact with infected animals or their products.

# **In Animal:**

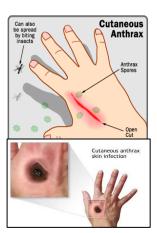
- Most commonly occurs following ingestion of the organism, also can occur by acquisition of the organism in aerosols or via wounds
- Septicemia

**In Human:** The forms of the disease in humans are;

- Cutaneous anthrax ( malignant pustule) ----- (Skin)
- Pulmonary anthrax (Wool sorter's disease) ---- (inhalation)
- Gastrointestinal anthrax ----- (contaminated food)

### 1- Cutaneous anthrax; acquired via injured skin.

A minor scratch, usually on an exposed area of the face or neck or arms, is inoculated by spores from the soil or a contaminated animal. The spores germinate, vegetative cells multiply, and a characteristic **gelatinous edema** develops at the site. This develops into **papule** within 12-36 hours after infection. The papule changes rapidly to a



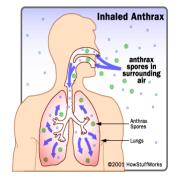
**vesicle**, then a pustule (**malignant pustule**), and finally into a **necrotic ulcer** from which infection may disseminate, giving rise to **septicemia**. Lymphatic swelling also occurs within 7 days. In severe cases, where the blood stream is eventually invaded, the disease is frequently fatal.

**2- Inhalation anthrax (woolsorter's disease)**; results from inhalation of spore-containing dust where animal hair or hides are being handled.

The disease begins with high fever and chest pain. It progresses rapidly to a systemic hemorrhagic pathology and is often fatal if treatment cannot stop the invasive aspect of the infection.

# **Most contagious**

Most severe and high mortality rates



**3- Gastrointestinal anthrax**; Intestinal anthrax results from the ingestion of poorly cooked meat from infected animals.

Similar to cutaneous anthrax but occurs on the intestinal mucosa. The organisms probably invade the mucosa through a preexisting lesion. The bacteria spread from the mucosal lesion to the lymphatic system. **Intestinal anthrax is very rare** but may occur as an outbreaks associated with ingestion of infected animals.



# **Virulence Factors:**

1- **Poly-D-glutamyl Capsule**; antiphagocytic, mediates the invasive stage of the infection

( major virulence factor)

2- production of the multi component **anthrax exotoxin** (Edema factor, Lethal factor, Protective factor.) which mediates the toxigenic stage.

### **Treatment:**

Penicillin, ciprofloxacin

### **Immunization**

Animal....

live attenuated spores vaccine (sterne strain)

### Workers at risk of exposure.....

Anthrax vaccine absorbed (AVA) (Alum precipitated toxoid)

## B. cereus

- It can be isolated from foods such as grains and spices (cause fried rice syndrome).
- **Produces one emetic toxin (ETE) and 3 different enterotoxins:** HBL, Nhe and EntK.
- Motile
- Beta hemolytic
- Non capsulated
- B. cereus causes two types of food-borne illnesses;
   1- Short-incubation" or emetic form
- characterized by nausea, vomiting and abdominal cramps.
- It has an incubation period of (1 to 6 hours).
- It resembles *S. aureus* food poisoning in its symptoms and incubation period.
- It is caused by **heat-stable emetic toxin, ETE**

# 2- Long-incubation" or diarrheal form;

- manifested primarily by abdominal cramps and diarrhea
- incubation period of ( **8 to 16 hours**). Diarrhea may be a small volume or profuse and watery.
- It resembles food poisoning caused by *Clostridium perfringens*.
- It is mediated by the **heat-labile diarrheagenic enterotoxin Nhe** and/or **hemolytic enterotoxin HBL**

### **Treatment:**

Tetracycline, Erythromycin

### Differential Characteristics of B. anthracis & B. cereus

Characteristic	B. anthracis	B. cereus
Thiamine requirement for growth	+	-
Hemolysis on blood agar	Non-hemolytic	beta hemolytic
capsule	+ (glutamyl polypeptide)	-
Motile	-	+
Produce enterotoxins	-	+
Gelatin hydrolysis	-	+

# **Review Questions**

- What are virulence factors of *B. anthracis*?
- Compare between two forms of *Bacillus cereus* food poisoning?
- Compare between *B. anthracis* and *B. cereus*?
- What is the types of anthrax (points), what is the most contagious type, rarely type?
- Give an example of zoonotic (occupational) disease, name of the bacteria?