

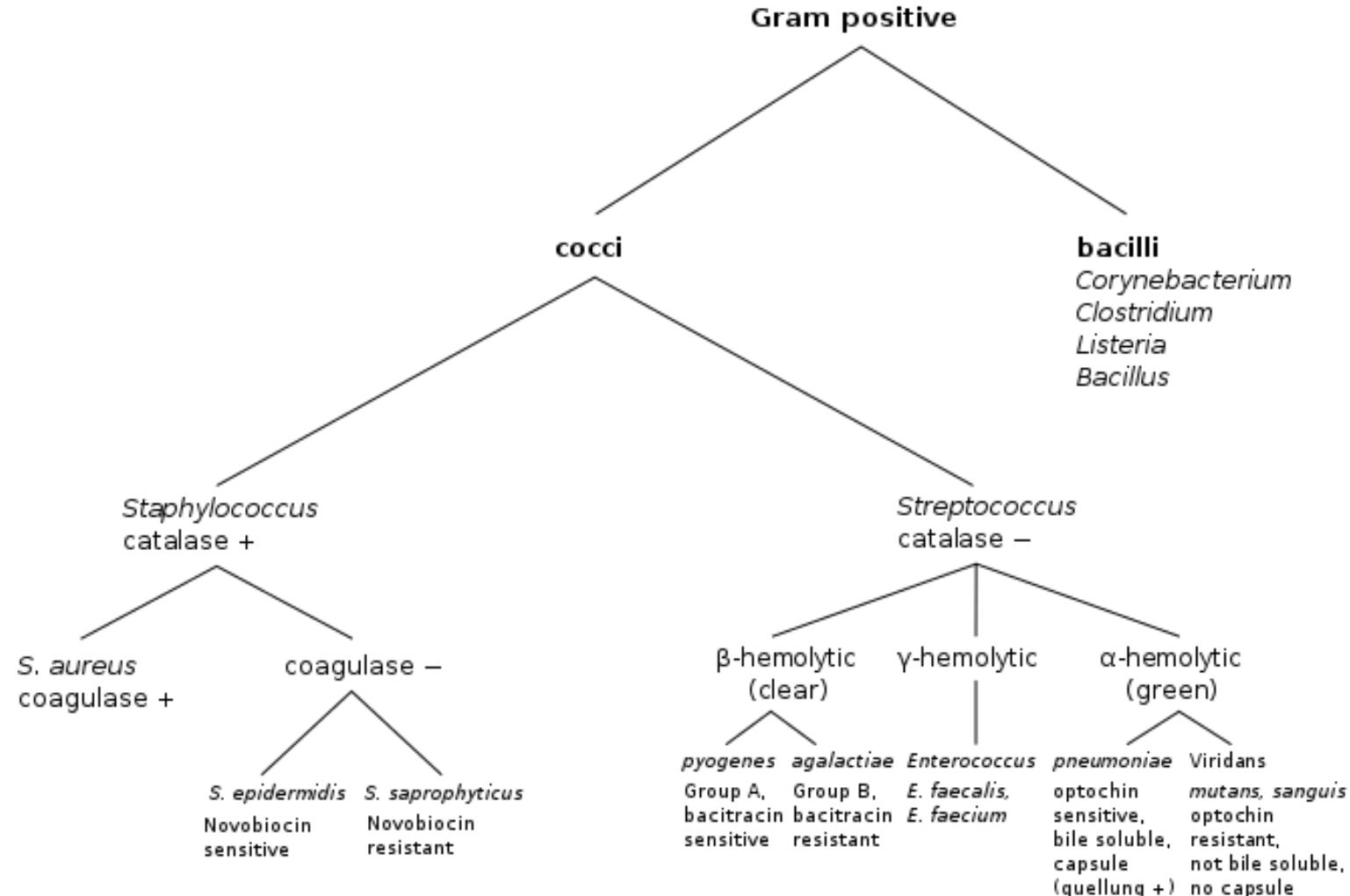
نوت من محاضرة الدكتور انس الثانية للفاييذل  
(الدكتور ما بطلع عن السلايدات بس Why Not)

# Introduction to Microbiology

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M.D. Ph.D.



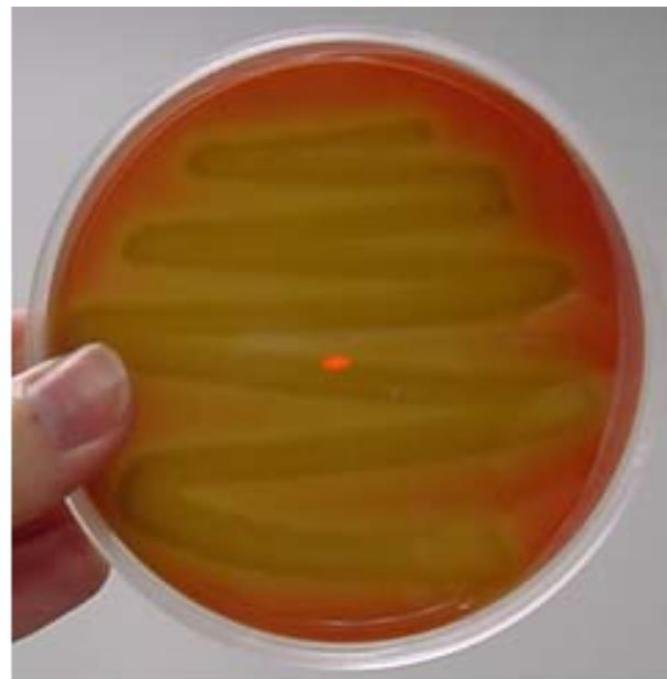
# Streptococci / Classification

- The classification of more than 100 species within the genus *Streptococcus* is complicated because three different overlapping schemes are used:  
*3 different classification Standard.*
- (1) serologic properties: **Lancefield groupings** (originally A to W);
- (2) **hemolytic patterns**: complete (beta [ $\beta$ ]) hemolysis, incomplete (alpha [ $\alpha$ ]) hemolysis, and no (gamma [ $\gamma$ ]) hemolysis;
- (3) **biochemical (physiologic) properties**.
- The most important pathogenic streptococcal species for humans include *Streptococcus pyogenes* (group A streptococcus/GAS), *Streptococcus agalactiae* (GBS), ~~group D streptococcus~~ (enterococci), *Streptococcus pneumoniae*, and *Streptococcus viridans*.

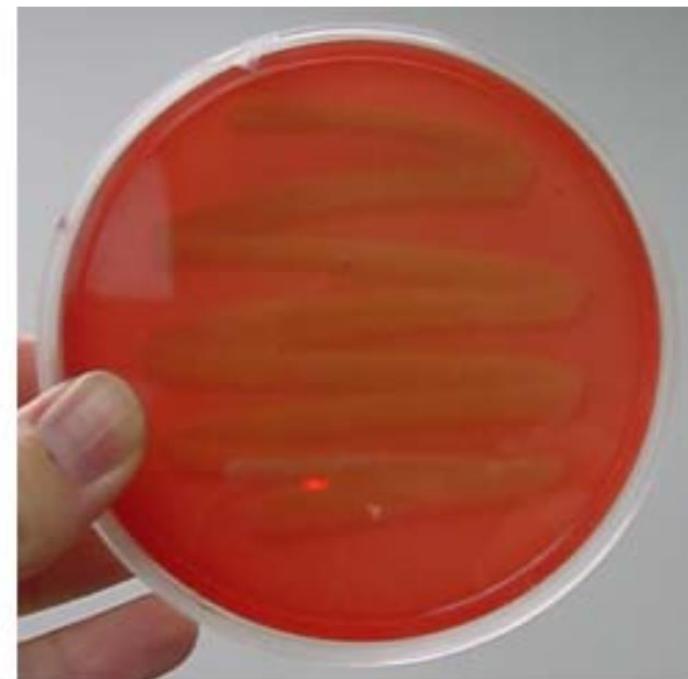
# Streptococci / Classification / hemolytic patterns



**Beta Hemolysis**

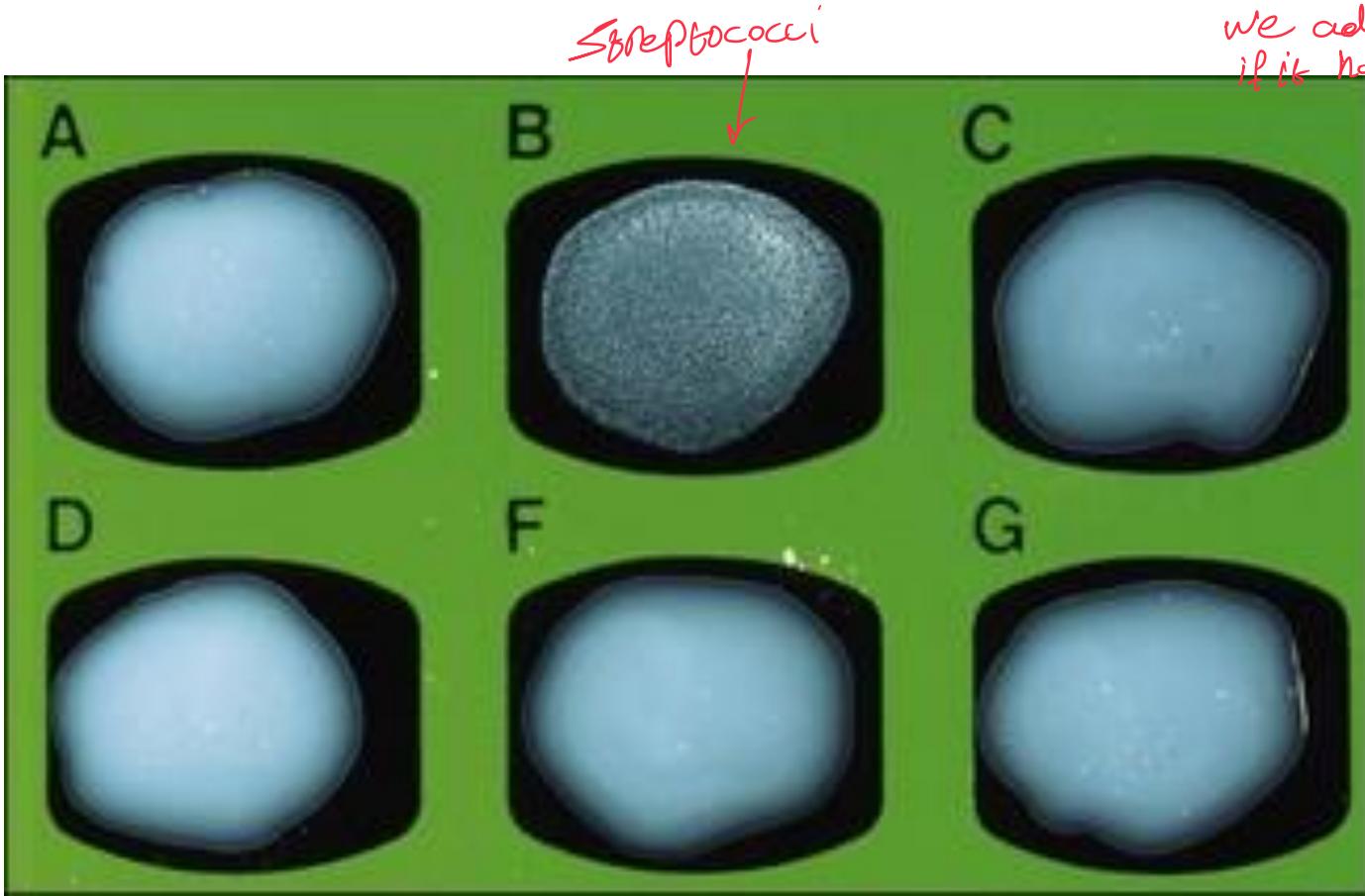


**Alpha Hemolysis**



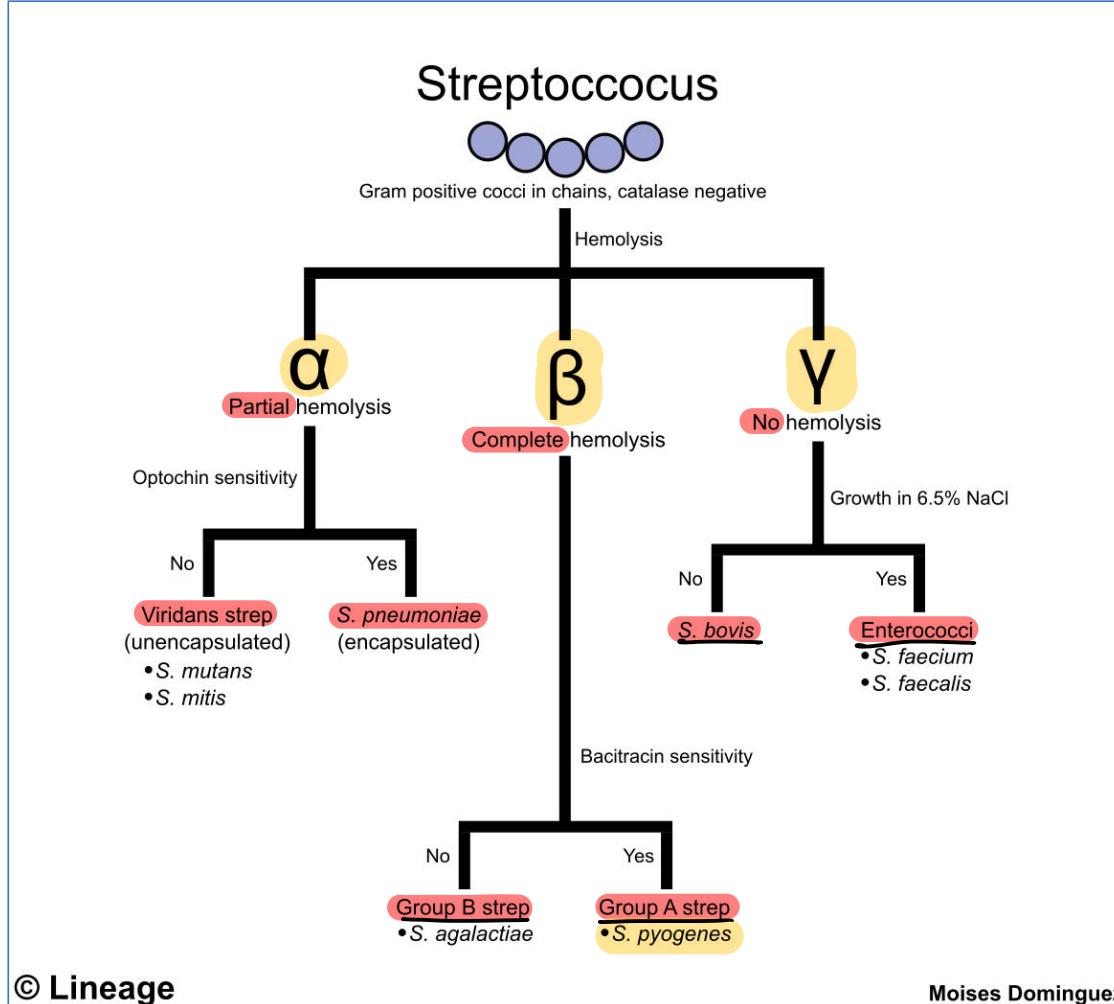
**Gamma Hemolysis**

# Streptococci / Classification / Lancefield groupings



We place different antibodies on different dishes and then we add colonies to see if it has antigens that reacts with antibodies on the dish.

# Streptococci / Classification / biochemical (physiologic) properties



# Streptococcus pyogenes

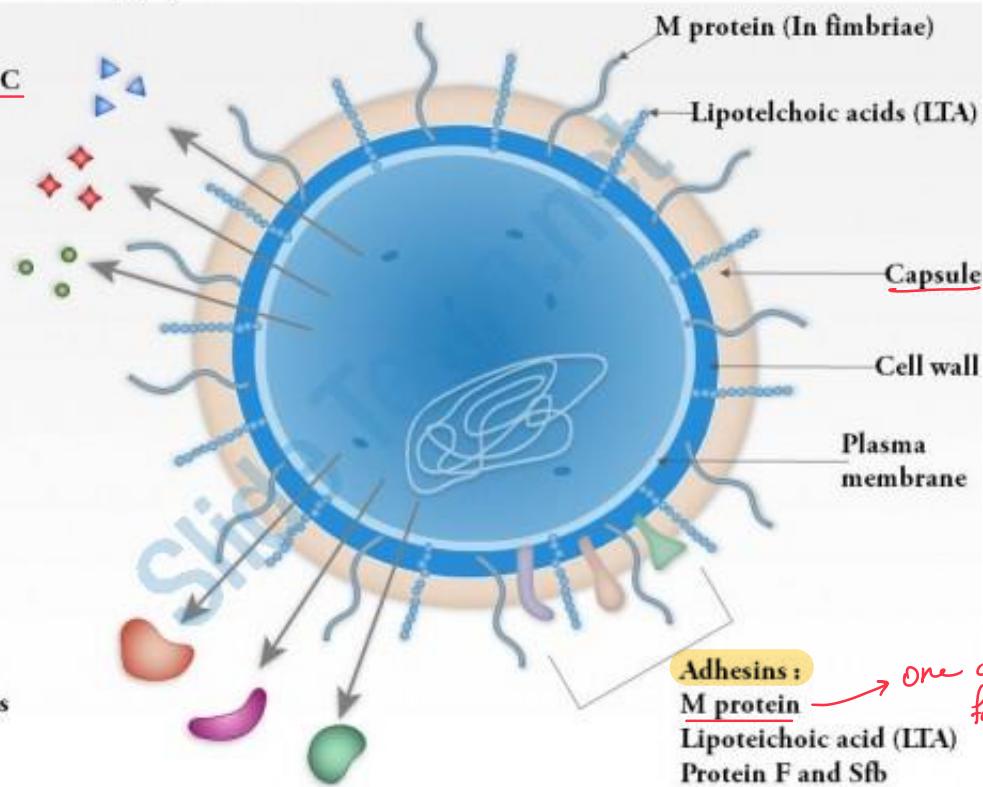


- *S. pyogenes* are **spherical cocci**, 1 to 2  $\mu\text{m}$  in diameter, arranged **in chains**.
- After 24 hours of incubation, 1- to 2-mm white colonies with **large zones of  $\beta$ -hemolysis** are observed
- Harbors the **Lancefield group A antigen**, and is often called group A streptococcus (**GAS**)

# Streptococcus pyogenes bacterium

Exotoxins :  
SPE A, B and C

Some of them can produce toxins



Invasins :  
Streptolysins  
Streptokinases  
Proteases

Adhesins :  
M protein  
Lipoteichoic acid (LTA)  
Protein F and Sfb

remember :- Pathology (M1) term  
opsonization is coating that facilitates  
recognition and phagocytosis.  
one of the most important virulence  
factors.

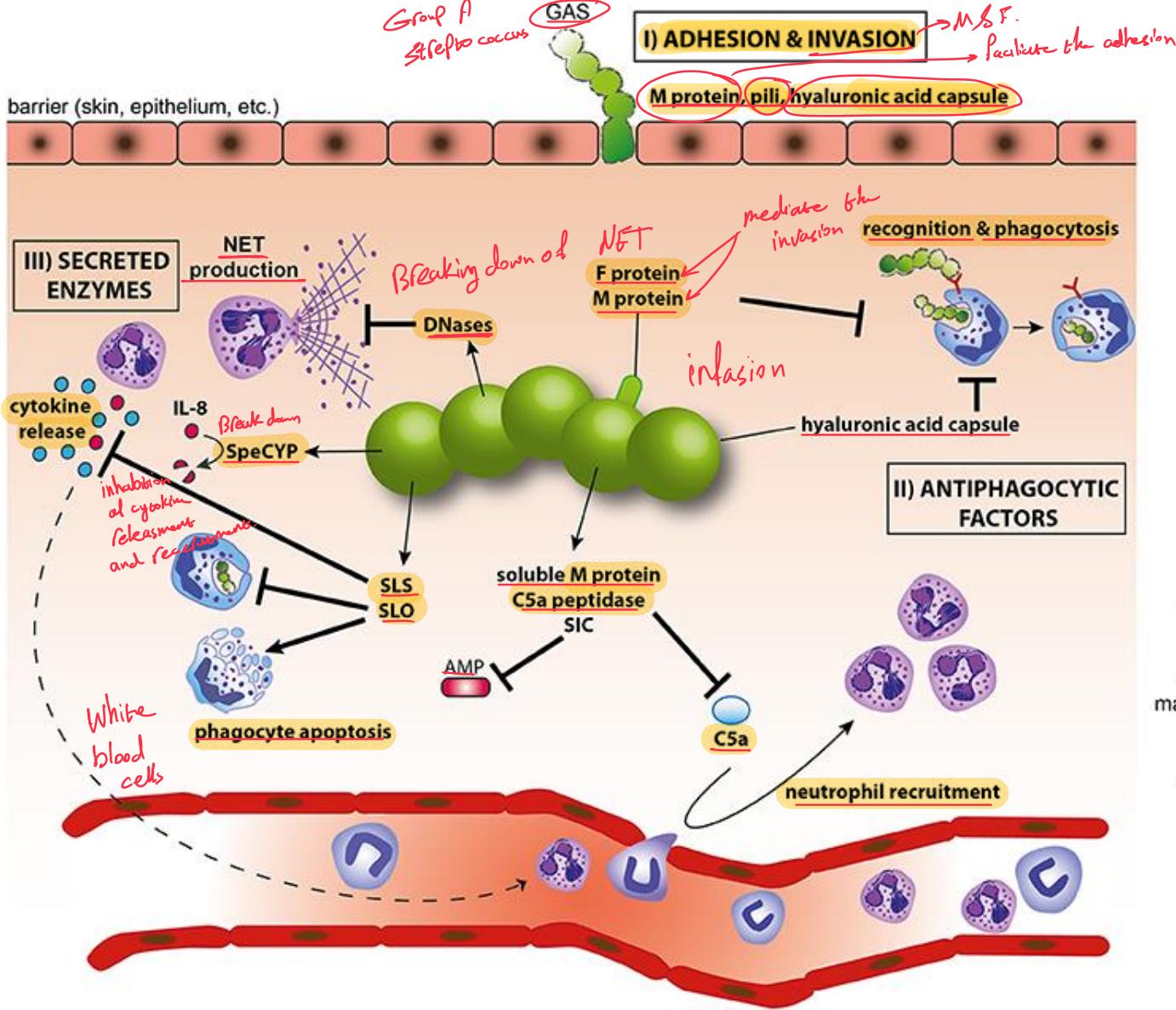
- *S. pyogenes* has multiple mechanisms for **avoiding opsonization and phagocytosis**. The **hyaluronic acid capsule** is a poor **immunogen** and interferes with phagocytosis. The **M proteins** also interfere with **phagocytosis** by blocking the binding of the **complement component C3b**. The **M proteins** also facilitate **adherence to host cells**. *S. pyogenes* can **invade into epithelial cells**, a process that is mediated by **M protein** and **F protein**.
- *S. pyogenes* has **C5a peptidase** on the surface. This serine protease inactivates C5a. → responsible for opsonization and chemoattraction.

# Streptococcus pyogenes / Toxins and enzymes

because it cause pus in the infection.

a bacteria that was infected by virus.

- The **streptococcal pyrogenic exotoxins (Spe)**, originally called **erythrogenic toxins**, are produced by **lysogenic** strain. The toxins act as **superantigens**.  
*Non-immunogenic*
- **Streptolysin S** is an oxygen-stable, nonimmunogenic, **cell-bound hemolysin** that can lyse erythrocytes, leukocytes, and platelets, and is responsible for the characteristic  $\beta$ -hemolysis seen on blood agar media.  
*immunogenic*
- **Streptolysin O** is an oxygen-labile hemolysin capable of lysing erythrocytes, leukocytes, platelets, and cultured cells. Antibodies are readily formed against streptolysin O (**antistreptolysin O [ASO] antibodies**), and are useful for documenting recent group A streptococcal infection (**ASO test**). patients with **cutaneous infections** **do not develop ASO antibodies**.
- **Streptokinase** lyse blood clots and fibrin deposits and facilitate the rapid spread of *S. pyogenes* in infected tissues.
- **DNases A to D** can depolymerize free deoxyribonucleic acid (DNA) present in pus.



The one that has  
M proteins are more  
severe.

# Streptococcus pyogenes / Epidemiology

infection in the skin  
that contains pus.

- The Centers for Disease Control and Prevention (CDC) has estimated that at least 10 million cases of noninvasive disease occur annually, with **pharyngitis and pyoderma** the most common infections. **Group A streptococci** can colonize the oropharynx of healthy children and young adults in the absence of clinical disease.
- ***S. pyogenes*** disease is caused by recently acquired strains that can establish an infection of the pharynx or skin before specific antibodies are produced or competitive organisms are able to proliferate.
- The pathogen is spread from **person to person through respiratory droplets**. **Crowding**, such as in classrooms and day-care facilities, increases the opportunity for the organism to spread, particularly during the winter months.

# Streptococcus pyogenes / Clinical correlations

## Streptococcus pyogenes (Group A)

### Suppurative Infections

**Pharyngitis:** reddened pharynx with exudates generally present; cervical lymphadenopathy can be prominent

**Scarlet fever:** diffuse erythematous rash <sup>widely spread</sup> beginning on the chest and spreading to the extremities; complication of streptococcal pharyngitis

**Pyoderma:** localized skin infection with vesicles progressing to pustules; no evidence of systemic disease

**Erysipelas:** localized skin infection with pain, inflammation, lymph node enlargement, and systemic symptoms

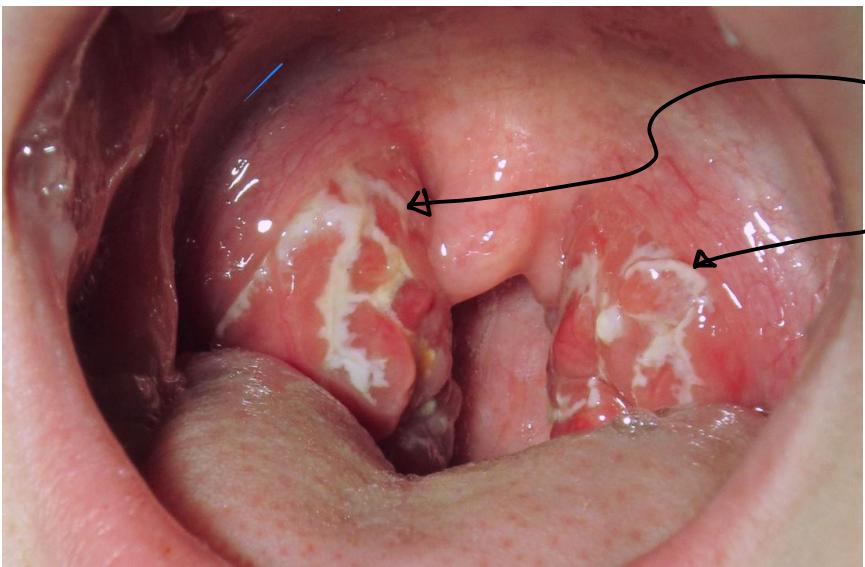
**Cellulitis:** infection of the skin that involves the subcutaneous tissues

**Necrotizing fasciitis:** deep infection of skin that involves destruction of muscle and fat layers

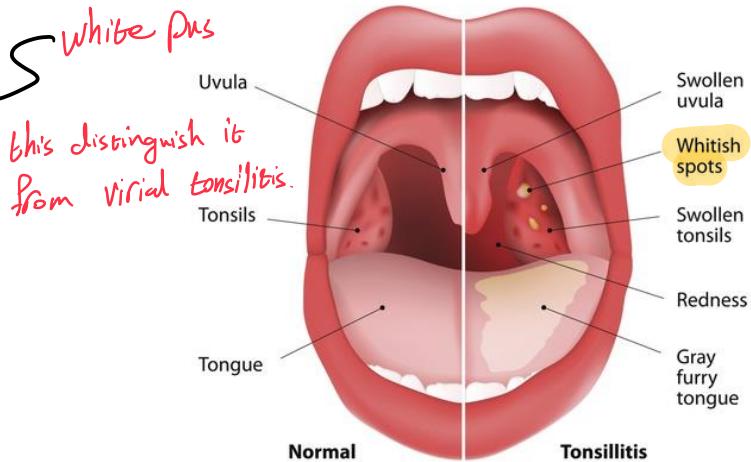
**Streptococcal toxic shock syndrome:** multiorgan systemic infection resembling staphylococcal toxic shock syndrome; however, most patients are bacteremic and with evidence of fasciitis



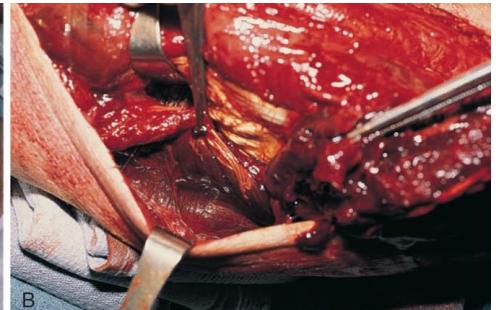
Rash.



## BACTERIAL TONSILLITIS



Necrotising fasciitis



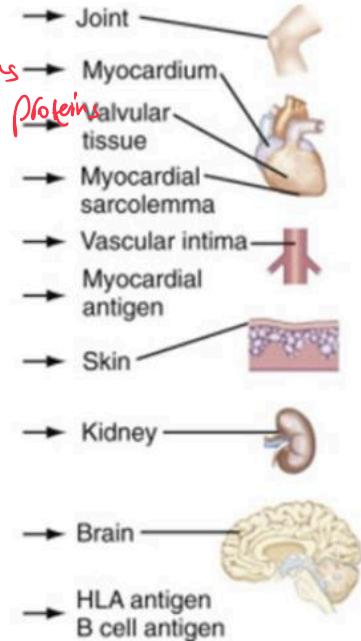
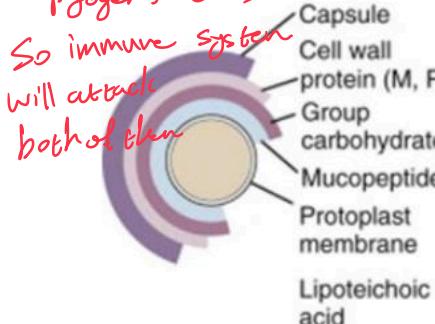
# Streptococcus pyogenes / Clinical correlations

- **Post-streptococcal glomerulonephritis (PSGN)** is an immunologically-mediated sequela of pharyngitis or skin infections caused by nephritogenic strains of *Streptococcus pyogenes*.
- **Rheumatic fever (RF)** is an inflammatory disease that can involve the heart, joints, skin, and brain. The disease typically develops two to four weeks after a streptococcal throat infection.

## Molecular Mimicry

*The proteins of *Streptococcus pyogenes* looks like a human protein*

*So immune system will attack both of them*



## Nonsuppurative Infections

**Rheumatic fever:** characterized by inflammatory changes of the heart (pericarditis), joints (arthralgias to arthritis), blood vessels, and subcutaneous tissues

**Acute glomerulonephritis:** acute inflammation of the renal glomeruli with edema, hypertension, hematuria, and proteinuria

# Streptococcus agalactiae

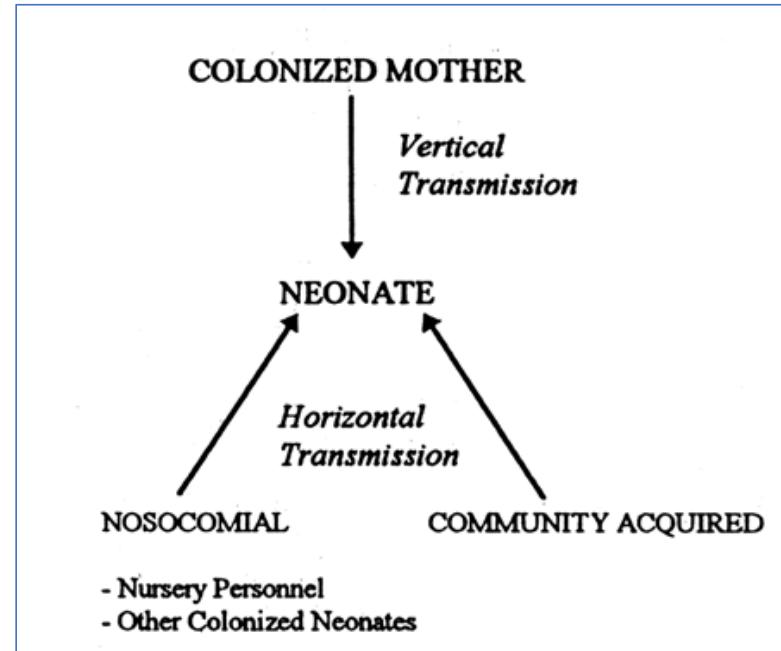
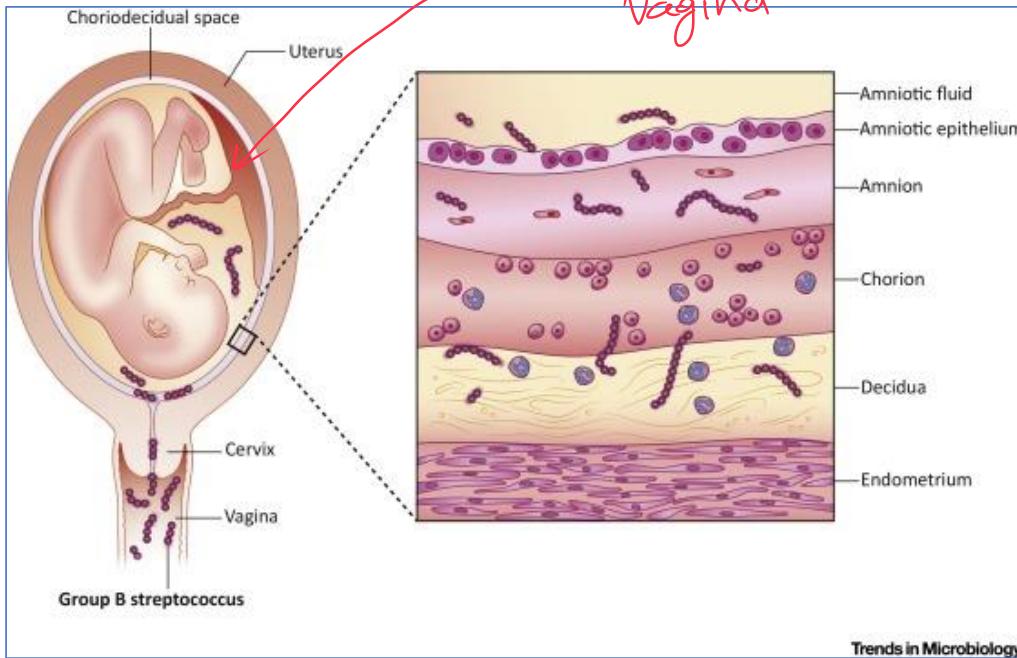
Part of normal flora in GI tract.

Group B streptococci

- Distinction of GBS from other streptococci can be based on GBS antigen detection or on biochemical reactions including resistance to bacitracin
- Group B streptococci colonize the lower gastrointestinal tract and the genitourinary tract. Transient vaginal carriage has been observed in 10% to 30% of pregnant women.
- men and nonpregnant women with group B streptococcal infections are generally older and have debilitating underlying conditions. The most common presentations are bacteremia, pneumonia, bone and joint infections, and skin and soft-tissue infections

# Streptococcus agalactiae

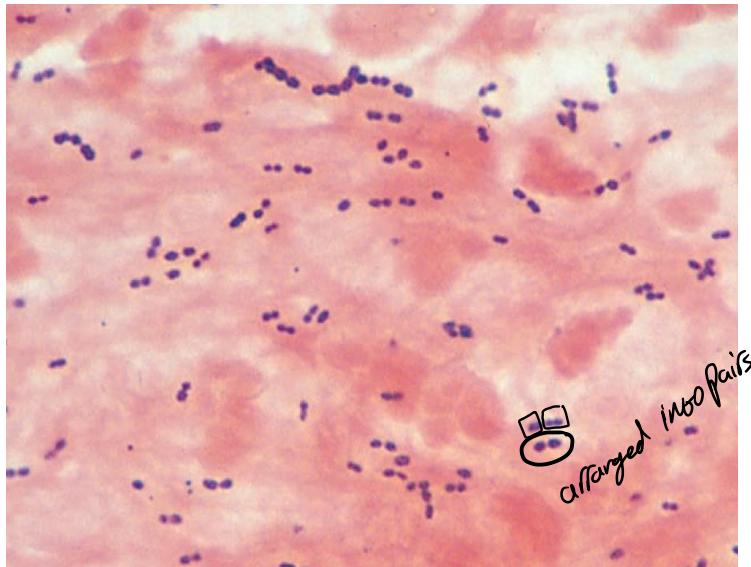
*the Patients can get in touch with GBS as he is leaving the Vagina*



- Neonatal infection is divided into **early-onset** infection, occurring at less than 7 days of age; and **late-onset** infection, occurring at or beyond 7 days of age. Both are **characterized by bacteremia or meningitis**.

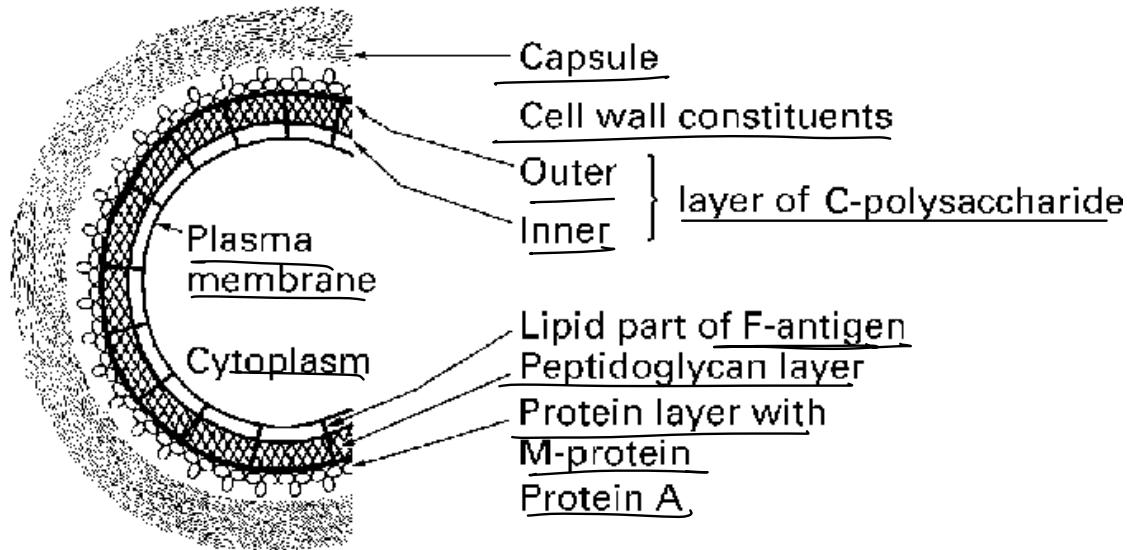
*Very Serious condition.*

# *Streptococcus pneumoniae*



- The pneumococcus is an **encapsulated** gram-positive coccus. The cells are **0.5 to 1.2  $\mu\text{m}$  in diameter**, **oval**, and **arranged in pairs** (commonly referred to as **diplococci**)
- The  $\alpha$ -hemolytic appearance results from production of **pneumolysin**, an enzyme that **degrades hemoglobin**, **producing a green product**

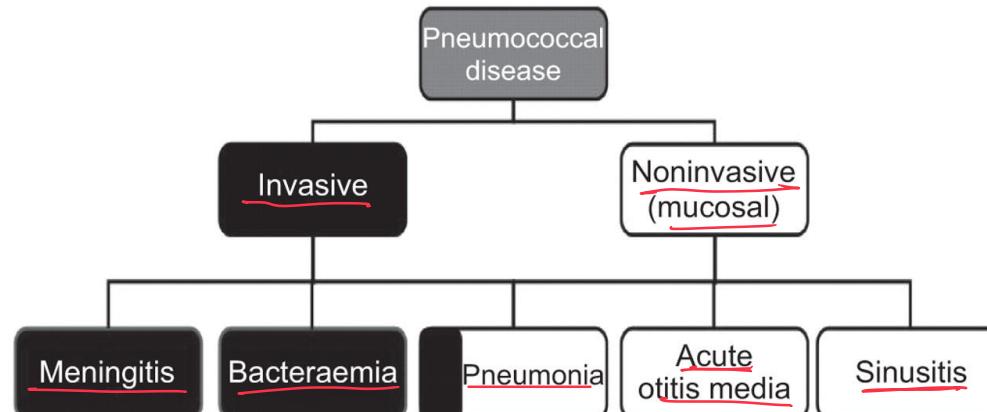
# Streptococcus pneumoniae / Structure



- Virulent strains of *S. pneumoniae* are covered with a **complex polysaccharide capsule**, used for the **serologic classification of strains**.
- The most commonly isolated serotypes are used in a **polyvalent vaccine**.

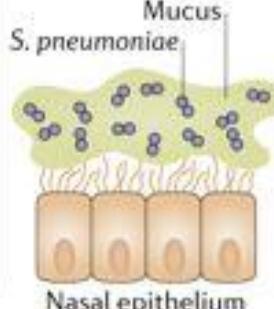
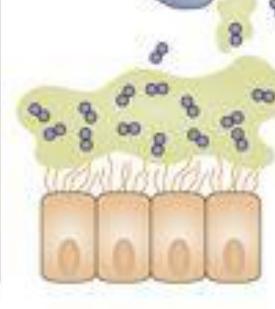
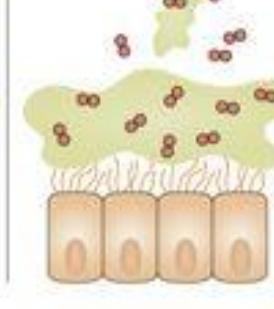
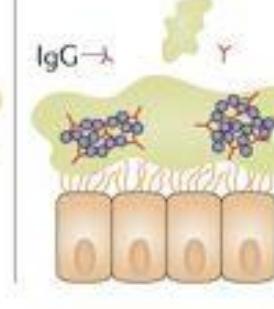
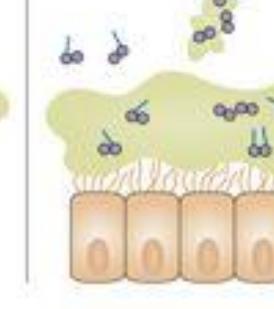
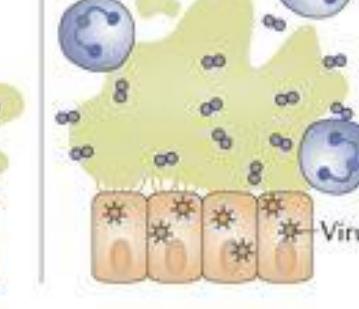
# Streptococcus pneumoniae / Epidemiology

- *S. pneumoniae* is a common inhabitant of **the throat and nasopharynx** in healthy people, with colonization more common in children than in adults and more common in adults living in a household with children.
- Pneumococcal disease occurs when organisms colonizing the nasopharynx and oropharynx spread to the lungs (pneumonia), paranasal sinuses (sinusitis), ears (otitis media), or meninges (meningitis).
- The **introduction of vaccines** for pediatric and adult populations has reduced the incidence of disease caused by *S. pneumoniae*.

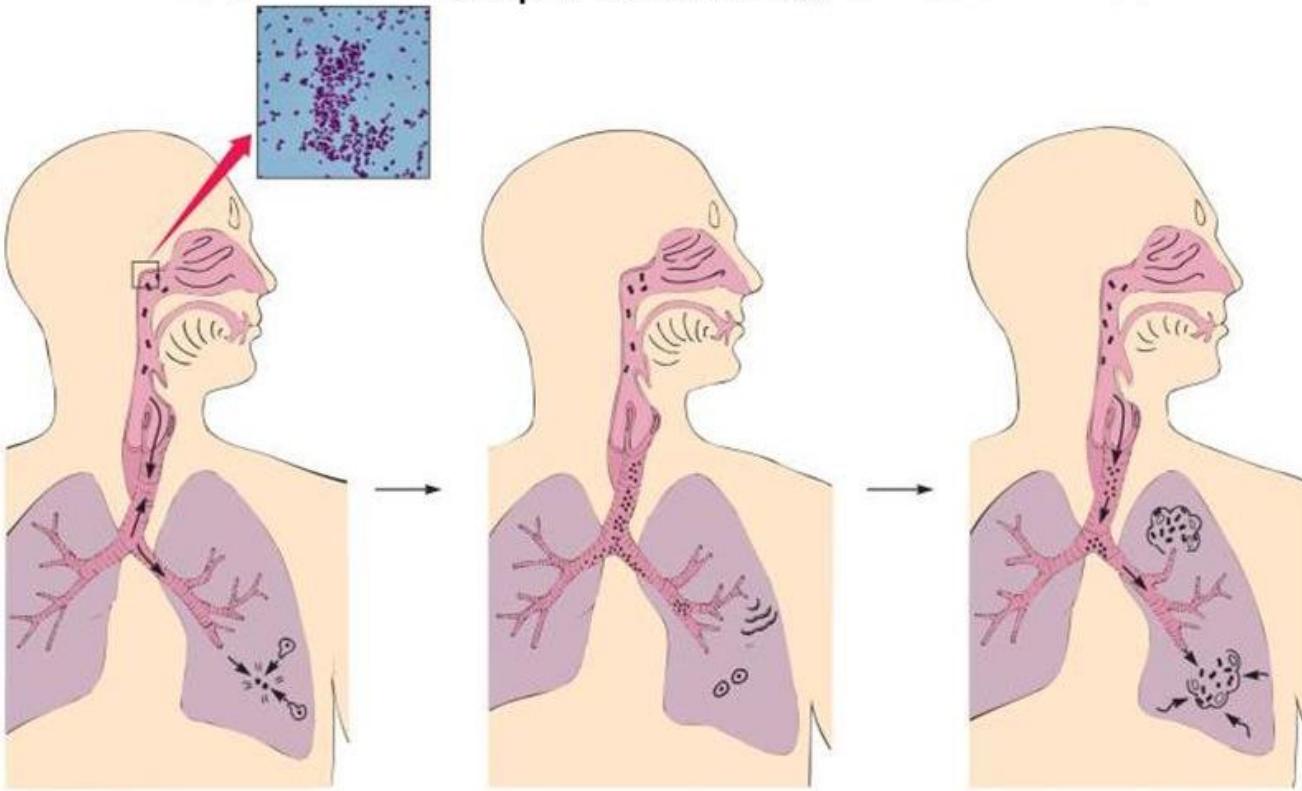


# Streptococcus pneumoniae / Pathogenesis

- The disease manifestations are caused **primarily by the host response** to infection rather than the **production of organism-specific toxic factors**
- After colonization in upper respiratory tract (e.g. oropharynx) bacteria can migrate to lower respiratory tract, **Secretory IgA in mucus** traps bacteria by binding the bacteria to mucin with the Fc region of the antibody. The bacterial **IgA protease** prevents this interaction. **Pneumolysin** can destroy the ciliated epithelial cells and phagocytic cells.
- A characteristic of pneumococcal infections is the **mobilization of inflammatory cells** to the focus of infection. **Amidase**, enhances release of the cell wall components (**Teichoic acid** and the **peptidoglycan fragments**) which can activate complement and initiate an immune response.
- **Phosphorylcholine** present in the bacterial cell wall can bind to receptors for platelet-activating factor, and helps **in host cell invasion**, and is important for **amidase** function.
- The virulence of *S. pneumoniae* is a direct result of the **capsule**. **Encapsulated** (smooth) strains can cause disease in humans and experimental animals, whereas **nonencapsulated** (rough) strains are avirulent.

Carriage	Pneumolysin	Capsule type and amount	Anticapsule IgG	Anticapsule IgA1	Viral co-infection
	<p>↑ Shedding</p> <p>Inflammation promotes secretions</p> 	<p>↑ Shedding</p> <p>Inhibition of mucin entrapment</p> 	<p>↓ Shedding</p> <p>Agglutination blocks release</p> 	<p>No effect</p> <p>Bacterial protease relieves agglutination</p> 	<p>↑ Shedding</p> <p>Increased bacterial load and mucus production</p> 

# Strep Pneumonia



## Normal condition

- 1 Periodic colonization with streptococci
- 2 Some penetration into lower respiratory tract
- 3 Streptococci trapped by mucus and removed by ciliary action
- 4 Phagocytosed by macrophages

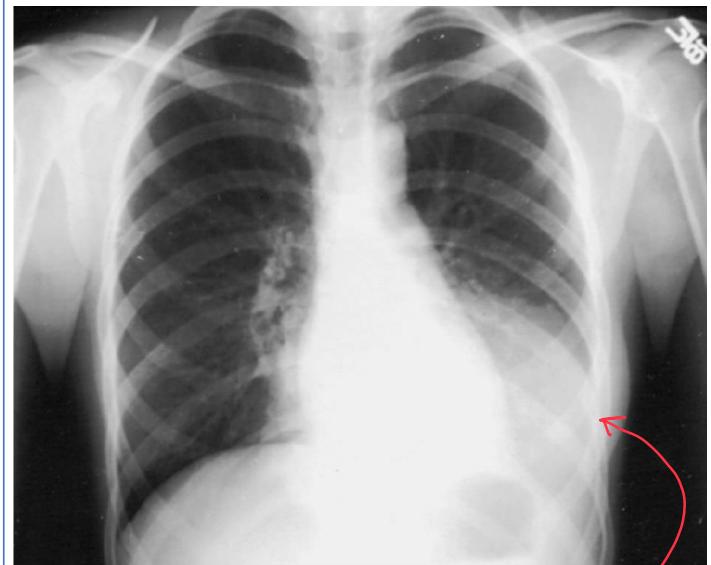
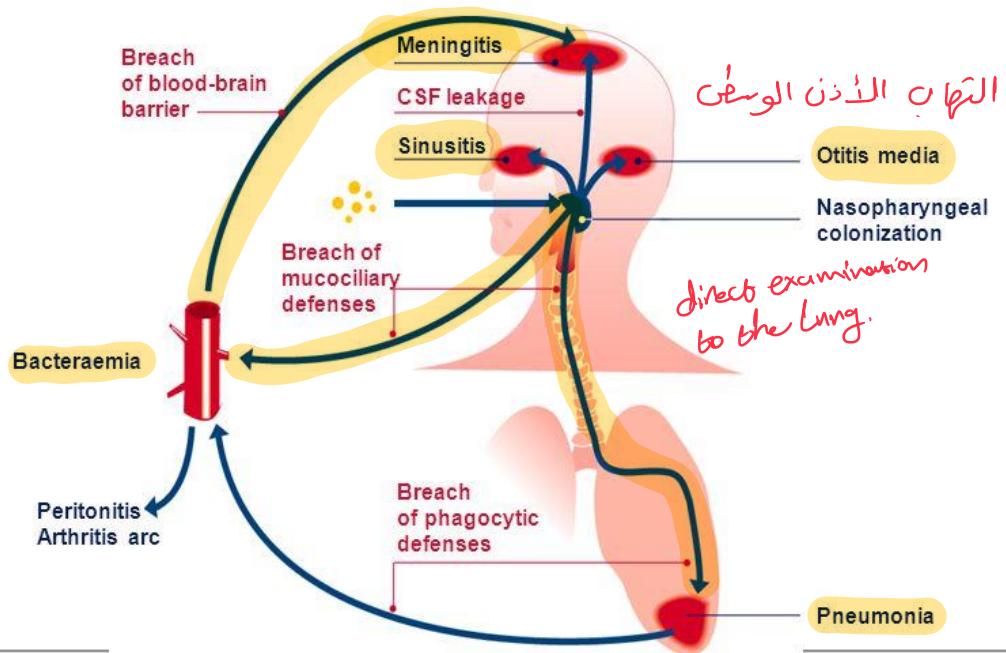
## Predisposing factors

- 5 Ciliated epithelium damaged by viruses, toxins, smoking, chemicals
- 6 Fluid accumulation
- 7 Decreased activity of macrophages

## Development of pneumonia

- 8 Growth of streptococci on damaged ciliated epithelium
- 9 Growth in fluids and in alveoli, both of which stimulate increased fluid accumulation

# S. Pneumoniae: Pathogenesis



normally, should be black  
here  $\Rightarrow$  cell debris, fluid, fibrotic tissue (long term).

Confined to a distinct area this what  
distinguish them from Viral pneumonia.

# Viridans Streptococci

- The viridans group of streptococci is a heterogeneous collection of  $\alpha$ -hemolytic (producing a green coloration on blood agar plates (hence the name "viridans", from Latin "vīrīdis", green)) and nonhemolytic streptococci.
- The viridans streptococci colonize the oropharynx, gastrointestinal tract, and genitourinary tract.

Group	Representative Species	Diseases
Anginosus	<i>S. anginosus</i> , <i>S. constellatus</i> , <i>S. intermedius</i>	Abscesses in brain, oropharynx, or peritoneal cavity
Mitis	<i>S. mitis</i> , <i>S. pneumoniae</i> , <i>S. oralis</i>	Subacute endocarditis; sepsis in neutropenic patients; pneumonia; meningitis
Mutans	<i>S. mutans</i> , <i>S. sobrinus</i>	Dental caries; bacteremia
Salivarius	<i>S. salivarius</i>	Bacteremia; endocarditis
Bovis	<i>S. gallolyticus</i> subsp. <i>gallolyticus</i> , subsp. <i>pasteurianus</i>	Bacteremia associated with gastrointestinal cancer (subsp. <i>gallolyticus</i> ); meningitis (subsp. <i>pasteurianus</i> )
Ungrouped	<i>S. suis</i>	Meningitis; bacteremia; streptococcal toxic shock syndrome



# Enterococcus

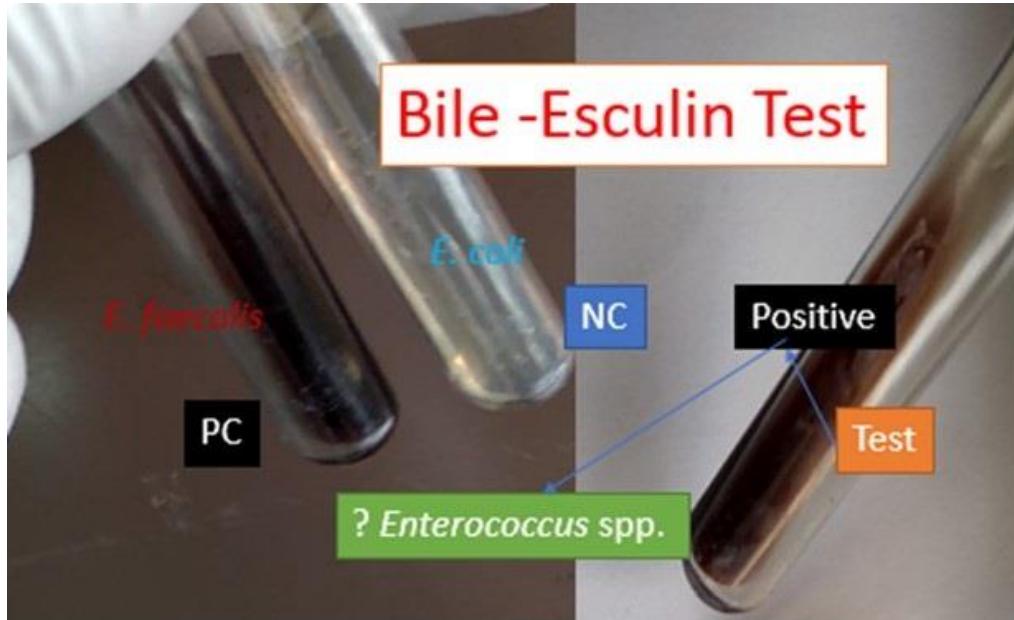
- The enterococci are **gram-positive cocci**, typically arranged in **pairs and short chains** .
- As their name implies, **enterococci are enteric bacteria** that are commonly recovered in **feces**. *E. faecalis* is found in the **large intestine** in high concentrations (e.g.,  $10^5$  to  $10^7$  organisms per gram of feces) and in the **genitourinary tract**. Similar distribution for *E. faecium*.
- The cocci grow both **aerobically** and **anaerobically** in a **broad temperature range** (10° C to 45° C), in a **wide pH range** (4.6 to 9.9), and in the presence of high concentrations of sodium chloride (**NaCl**) and **bile salts** .
- **Variable hemolysis pattern.**
- Virulence is mediated by two general properties: (1) **ability to adhere to tissues and form biofilms** and (2) **antibiotic resistance**
- enterococci are one of the most common causes of infections acquired in the hospital (**nosocomial infection**). The **urinary tract** is the most common site of **enterococcal infections**, and infections are frequently associated with **urinary catheterization or instrumentation** .

# Enterococcus

Positive control (PN): *E. faecalis* (ATCC 29212)

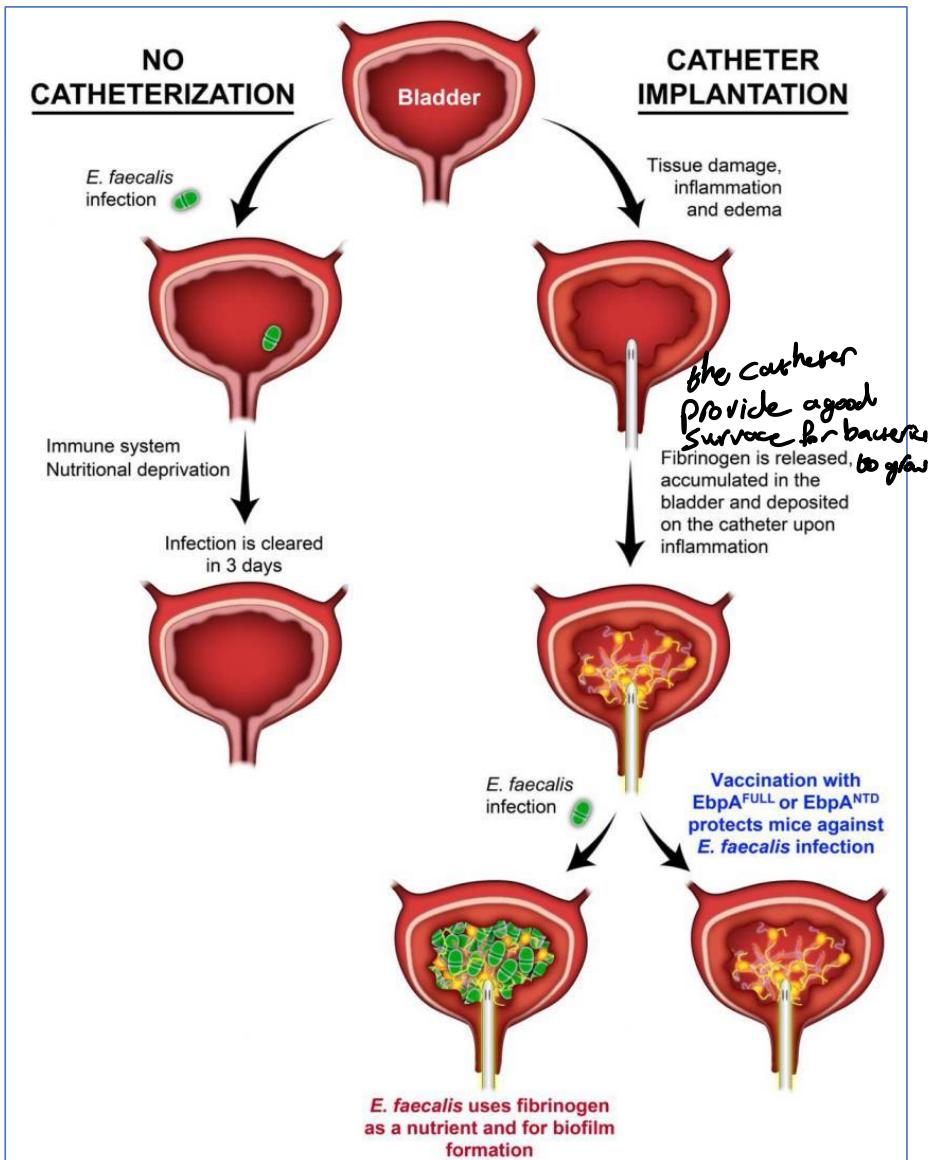
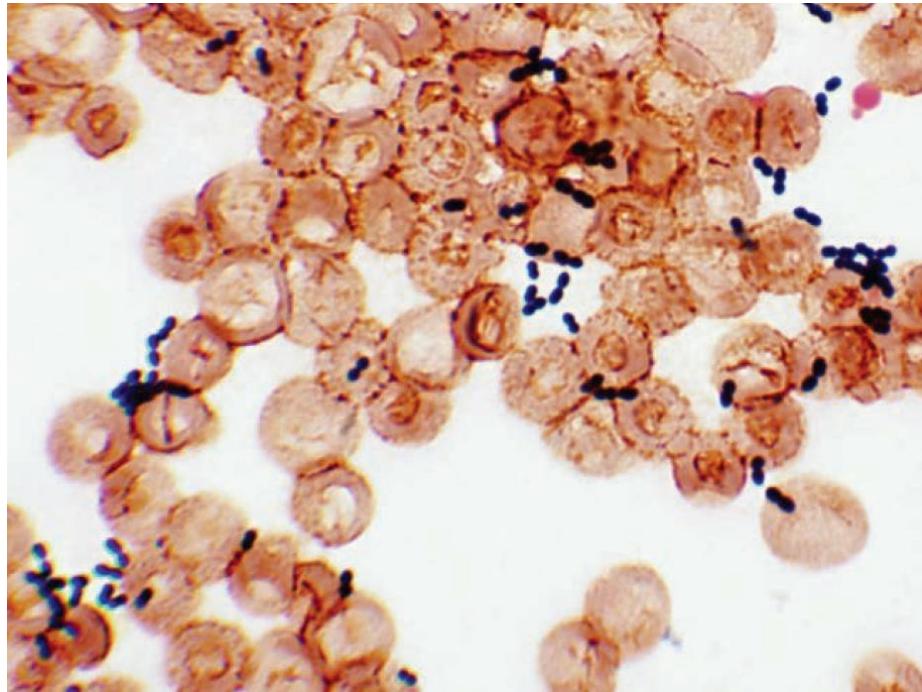
Negative control (NC): *Escherichia coli* (ATCC25923)

Test: Positive



- Principle of Bile **Esclulin** test

Bacteria that are bile-esculin positive, first of all, able to grow in the presence of bile salts. Hydrolysis of the esculin in the medium results in the formation of glucose and esculetin. Esculetin reacts with ferric ions present ferric citrate in the medium to form a phenolic iron complex which produces dark brown or black color.





## **Case Scenario 1 — Sore Throat in a School-Age Child**

A **10-year-old boy** is brought to the clinic with **sore throat, fever, and swollen neck glands** for two days.

On examination, his tonsils are **red with white exudates**. He has no cough.

A throat swab culture shows **gram-positive cocci in chains**. The bacteria are **β-hemolytic** on blood agar and sensitive to **bacitracin**.

### **Teaching Points**

- Classic for **Streptococcus pyogenes (Group A Streptococcus)**.
- Key traits: **Gram-positive cocci in chains, β-hemolysis, bacitracin-sensitive**.
- Stress that this organism commonly causes **pharyngitis** and can lead to complications if not treated (no need to elaborate deeply in an intro course).



## **Case Scenario 2 — Infant with Sudden Breathing Difficulty**

**A newborn (3 days old) develops difficulty breathing, poor feeding, and fever.**

Blood culture grows **gram-positive cocci in chains** that are **β-hemolytic, CAMP test–positive**, and classified as **Group B Streptococcus**.

### **Teaching Points**

- Suggestive of **Streptococcus agalactiae (Group B Streptococcus, GBS)**.
- Important teaching snippet: GBS is part of the **maternal vaginal microbiota** and can be transmitted to **newborns during delivery**.
- Major cause of **neonatal sepsis and pneumonia**.



### **Case Scenario 3 — Toothache and Fever After Dental Procedure**

A 35-year-old man develops **low-grade fever** and fatigue a week after a dental extraction.

Blood cultures reveal **gram-positive cocci in chains** that are  **$\alpha$ -hemolytic** and **optochin-resistant**.

### **Teaching Points**

- Typical of **Viridans streptococci** (e.g., *Streptococcus mutans*).
- Often part of **normal oral microbiota**.
- Can enter the bloodstream after **dental work** and occasionally cause **slow-onset bloodstream infections**.

- Age: 65
- Medical History: Type 2 diabetes, hypertension
- Hospitalized post operation with a urinary catheter
- Complaint: Painful urination and fever
- Clinical History:
- Mr. X reports a low-grade fever and a sense of general malaise. Urine is turbid and he has suprapubic tenderness .
- Gram stain shows gram positive cocci that is bile-esculin positive

What is the most probable pathogen?

- Age: 7
- Medical History: None significant
- Presenting Complaint:
- Emily is brought to the pediatrician by her parents with complaints of a sore throat, fever, and a red rash.
  
- Clinical History:
- Over the past 24 hours, Emily developed a sudden-onset sore throat and fever. Her parents noticed a fine red rash that started on her neck and spread to her chest and extremities.

- Physical Examination:
- Vital Signs: Temperature 101.8°F (38.8°C), heart rate 110 bpm, respiratory rate 20/min.
- Throat Examination: Presence of redness and swollen tonsils with yellowish-white exudate.
- Skin Examination: Diffuse red rash with a sandpaper-like texture.
- Diagnostic Tests:
- Throat Culture: Positive for Group A Streptococcus (*Streptococcus pyogenes*).
- Scarlet Fever Rash Confirmation: The rash, along with the clinical presentation and positive throat culture, confirms scarlet fever.
- Medical Management:
- Antibiotic Therapy: Initiated with oral penicillin to eradicate the streptococcal infection.
- Symptomatic Relief: Paracetamol for fever and throat lozenges for pain.

- Follow-up:
- 48 Hours Later: Emily's fever subsides, and the rash begins to fade.
- Completion of Antibiotics: The full course of antibiotics is administered to prevent complications like rheumatic fever.
- Question:
- Describe the clinical features that aid in the diagnosis of scarlet fever in Emily.
- Why is it important to promptly diagnose and treat Group A Streptococcus infections, such as scarlet fever, and what potential complications should be considered in the management of this condition in pediatric patients?

Amman, July 29 (Petra) -- A 5-year-old child died after eating contaminated food from a restaurant in Ein al-Basha, northwest of Amman, in a mass poisoning incident, the Ministry of Health announced Wednesday.

Minister of Health Sa'ad Jaber said that the incident left 700 people ill, all of whom were admitted to hospitals, indicating that most of the cases are in good health while a few of them have moderate symptoms.

A statement by the ministry revealed that laboratory tests have confirmed the presence of two types of bacteria in the Shawarma meals, including the enterococcus faecalis bacteria and campylobacter.

"After examining the restaurant, it was found that the cooling unit inside the shawarma cooking room was found non-functional, and that the preparation process takes place outside in an unhealthy environment and without adhering to the safety measures" the statement added.

## Further reading:

- Jawetz, Melnick & Adelberg's Medical Microbiology, 26th edition-  
Section 3: Bacteriology-  
    Chapter 14: The Streptococci, Enterococci, and Related Genera
- Murray - Medical Microbiology 8th Edition  
Section 4: Bacteriology  
    Chapter 19: STREPTOCOCCUS AND ENTEROCOCCUS