Zoonotic Bacteria: Brucella, Yersinia, Bacillus

Core Course: Medical Microbiology
M.Sc., Microbiology
II Semester
Course Code: 24 MICCC5A

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What's zoonosis?

Zoonosis

a disease that can be transmitted from animals to humans

 Zoonotic bacteria bacteria causing zoonosis

How do human beings become infected? **Direct Contact Indirect Contact** feces urine blood saliva

What're primary zoonotic bacteria?

Outline

	Source of human infection	Disease
Brucella	Pigs, cattle, goats, sheep	Brucellosis
Yersinia pestis	Rats	Plague
Bacillus antracis	Cattle, goats, sheep, horses	Anthrax

Brucella

- B.abortus: cattle
- B.melitensis: goat, sheep
- B.suis: swine
- B.canis: dog

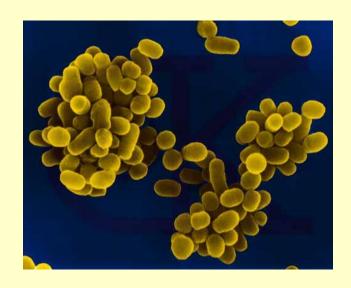


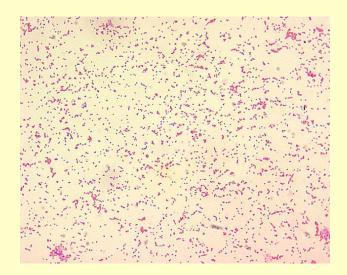
Shape and structure

Coccobacillus: $0.4-0.8\sim0.5-1.5\mu m$

Gram-negative

Nonmotile, non-spore-forming.





Culture

Obligate aerobes
5-10% CO₂ (*B. abortus*)
fastidious

• Small ,smooth, convex colonies

Facultative intracellular patho



Antigenic types

LPS, endotoxin

two major serological determinants: A and M

A---abortus antigen

M---melitensis antigen

Virulence factor endotoxin (main) capsule

Transmission

intestinal tract: infected milk

respiratory tract: aerosols containing the bacteria

direct contact

Disease: brucellosis

animals: infections of genital systems

abortion (erythritol)

inapparent infections (source)

humans: undulant fever

organism (as a facultative intracellular parasite)

→ lymphatic system → blood (bacteremia)

undulant fever

liver, spleen, bone marrow, lymph nodes

Diagnosis:

• Culture:

Brucella agar

Serological tests:

Agglutination test

Control

Prevention

- pasteurization of milk before drinking
- animals: slaughter immunization
- humans: vaccination for persons at high risk

Treatment

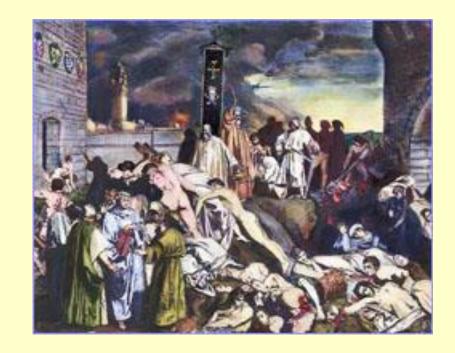
tetracycline, ampicillin prolonged treatment

Yersinia

Species	Transmission	Disease
Y Pestis.	Flea bite Respiratory tract	Plague
Y. Enterocolitica	Digestive tract Contact	Enterocolitis
Y. Pseudotuberculosis	Digestive tract	Enterocolitis

Y. Pestis

- During 14th century over a 5-year period
 - 25 million deaths
- The most recent pandemic in Asia in 1904
 - a million deaths

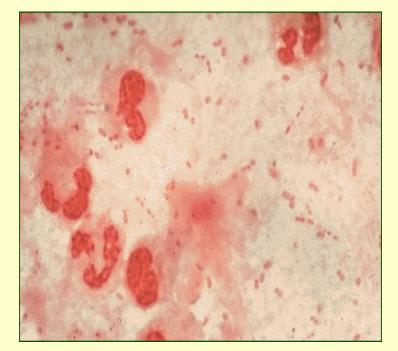


Shape and structure

Coccobacillus
Gram-negative, Capsule

nonmotile, non-spore-forming

bacteria.



Cultivation

facultative anaerobes slow growth colony--irregular and rough optimum temperature: 27~30°C



Antigenic structure

- F1 antigen (fraction I): capsular antigen
- V-W antigen: protein-lipoprotein
- Yop (Yersinia outer membrane proteins)
- murine toxin (MT): exotoxin
 - released only when cells are lysed.
- endotoxin: LPS

Virulence factor

F1 antigen - anti phagocytic properties.

V-W antigen-encoded on plasmids (72 kb plasmid).

Yop

endotoxin

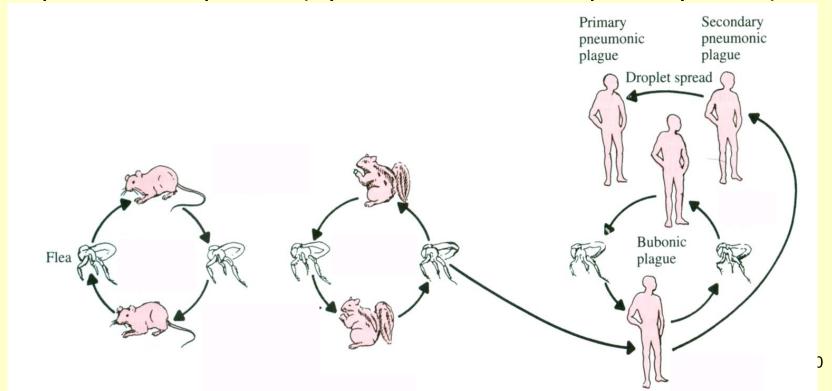
MT

Transmission

 $rat \leftarrow \rightarrow rat$ (by direct contact or biting of rat fleas)

↓by rat fleas

person $\leftarrow \rightarrow$ person (by human fleas or respiratory route)



- Disease--- plague
 - Bubonic plague
 - Pneumonic plague
 - Septicemic plague

Bubonic plague
 the most common
 enlarged and inflamed lymph
 mortality rate: 30-75%





 Pneumonic plague the second most common

mortality rate: 90-95%



Septicemic plague

the most rare

mortality rate: close to 100%



DIAGNOSIS:

• Smears:

Giemsa stain

Immuno flouroscent stains

• Culture:

Blood agar

Macconkey agar

Control

- Prevention

 elimination of rats and fleas
 vaccine
- Treatment
 streptomycin, sulfanilamide
 rapid treatment

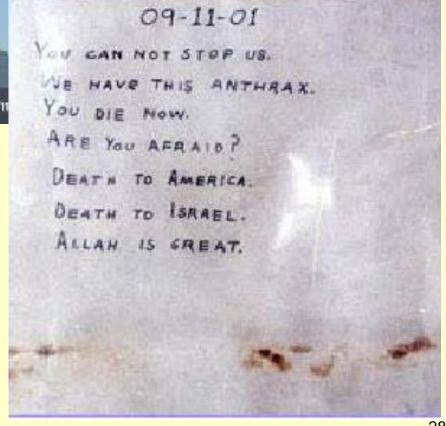
Bacillus

• B.anthracis: anthrax

• *B.cereus*: food poisoning



B.anthracis



Shape and structure

 $1-3\sim$ 5-10 μ m

Gram positive

rod with square ends in long

chains (bamboo)

central spore

capsule (D-glutamate)

nonmotile



Culture

aerobic or facultative anaerobic

colony: irregular margins

non-hemolytic



Resistance

strong resistance: dry heat

desiccation

disinfectant

sensitivity: oxidant

autoclaving

Virulence factors

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capsule: Poly-D-glutamate polypeptide
anthrax toxin: protective antigen (PA): proteolytic activation
lethal factor (LF)
edema factor (EF)
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PA+EF=edema toxin

PA+LF=lethal toxin → responsible for shock and death

Disease - anthrax

source: herbivorous animals

transmission:

direct contact
digestive tract
respiratory tract
clinical types:

cutaneous anthrax (50%) intestinal anthrax (5%) pulmonary anthrax (5%)



Diagnosis:

• Culture:

Blood agar – non hemolytic colonies.

• Staining:

immunoflouroscence stains

Serological tests:

ELISA

Control

- Prevention
 - animals: burn or deep bury

vaccination

- humans: vaccination
- Treatment
 - Penicillin, tetracycline, erythromycin