

# **Introduction, Bacterial Classification & Immunology Review**

# Different from parasites and fungi (eukaryotic)

- Prokaryotic organisms
  - **Simple (different)** unicellular organisms
  - no nuclear membrane
  - no mitochondria
  - no Golgi bodies
  - no endoplasmic reticulum
- Complex cell wall
  - Gram-positive
  - Gram-negative

# Microbial Disease

- The relationship between many organisms and their diseases is not simple.
- Most organisms do not cause a single, well-defined disease, although some do *e.g.*, *Treponema pallidum*--syphilis.
- More common for infections result in many different manifestations of disease *e.g.*, *S. aureus*--endocarditis, pneumonia, skin infections, bone infections, sepsis, food poisoning.

# Bacterial Classification

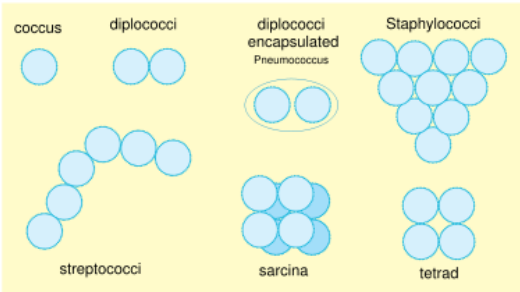
- Phenotypic
- Analytic
- Genotypic

# Phenotypic Classification

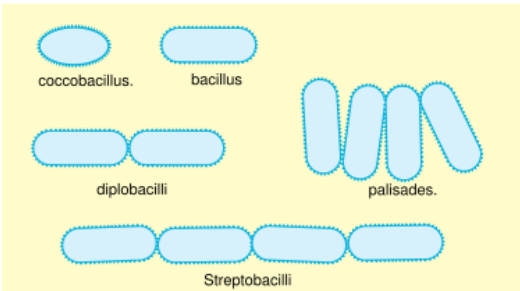
- **Microscopic morphology**
  - Gram stain, shape *i.e.*, rods (bacillus), spheres (cocci), curved or spiral, size
- **Macroscopic**
  - Hemolytic properties on agar containing blood, pigmentation of the colonies, size and shape of colonies, smell and color.
- **Serotyping**
  - Antibody reactivity to specific antigens
- **Antibiogram patterns**
  - Susceptibility to antibiotics
- **Phage typing**
  - Susceptibility to viruses that infect bacteria-- bacteriophages

# Bacterial Morphologies

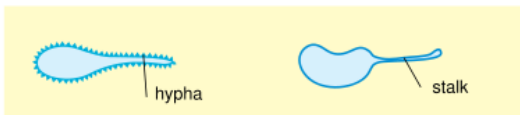
## Cocci



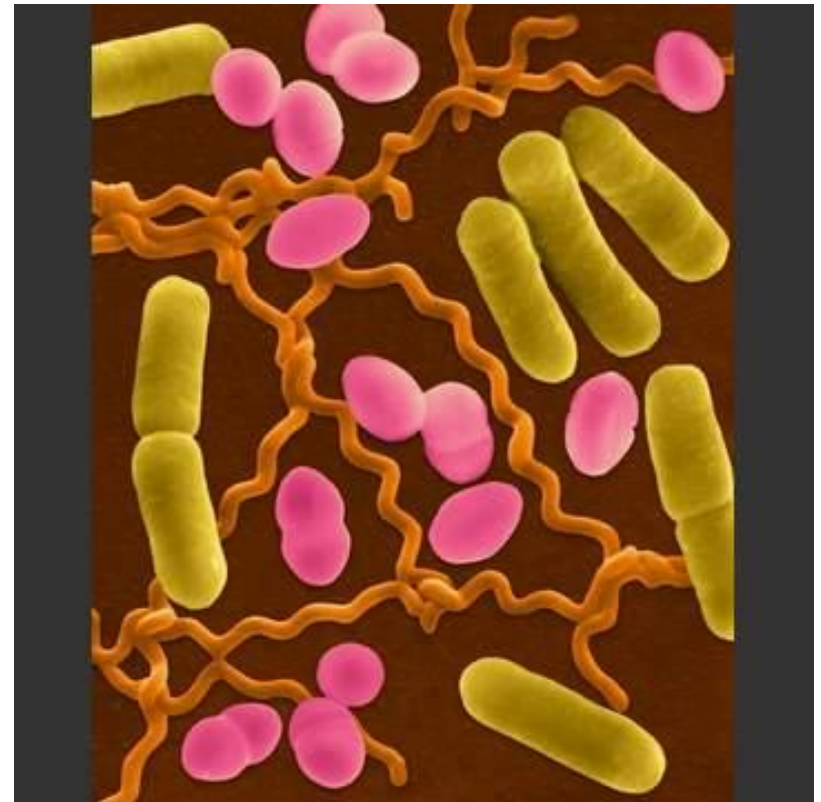
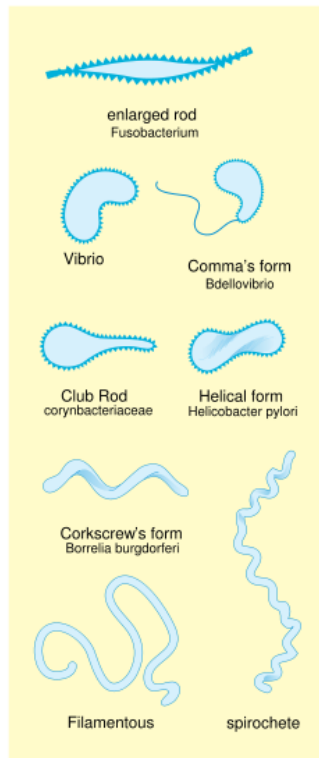
## Bacilli



## Budding and appendaged bacteria



## Others



# Phenotypic Classification

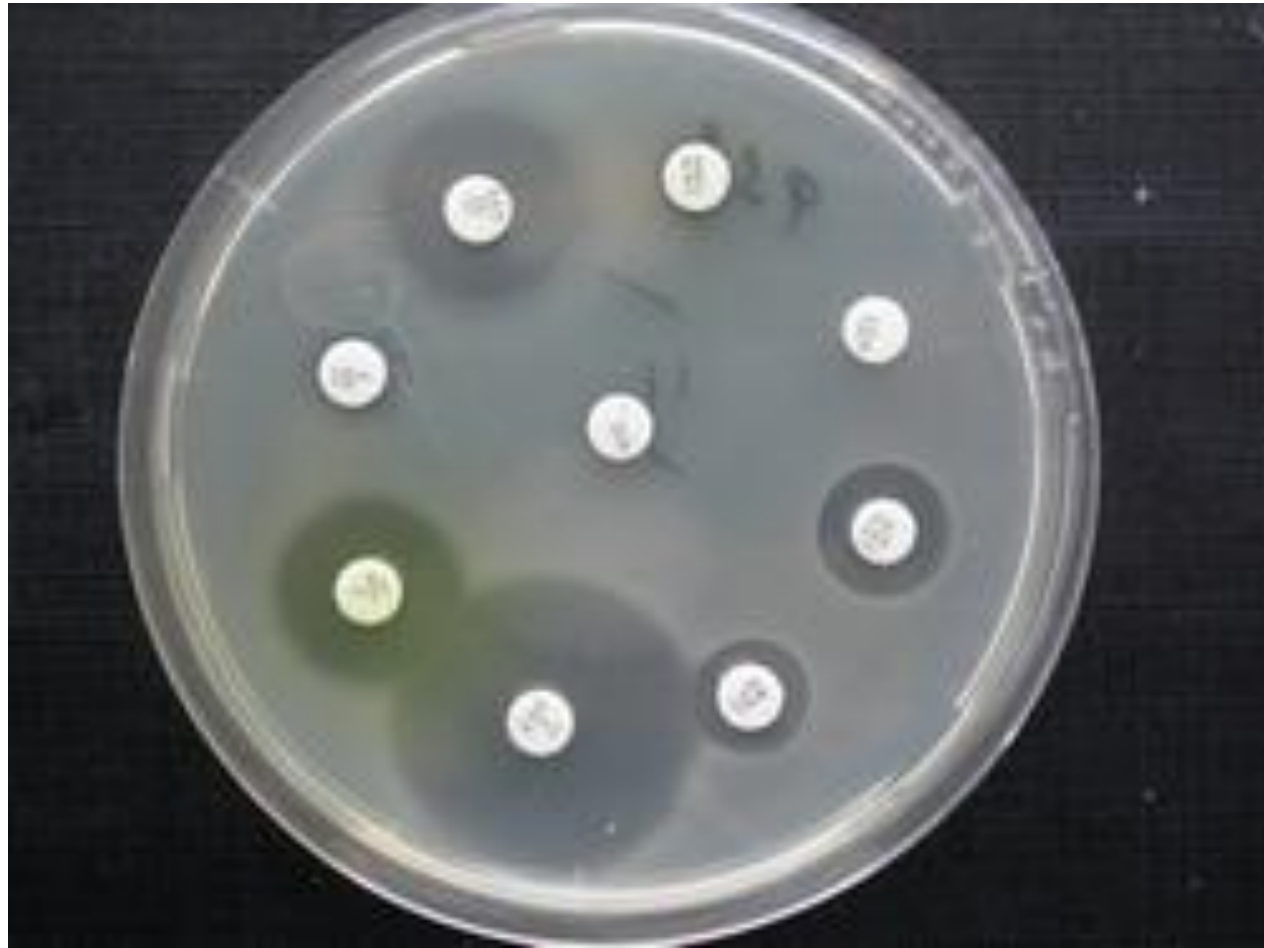
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# Antibiogram patterns



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# Analytic Classification

- Chromatographic pattern of cell wall mycolic acids
- Lipid analysis
- Proteomic analysis
  - These techniques are labor intensive
  - Require expensive equipment
  - Used primarily in reference laboratories

# Genotypic Analysis

- Most precise method for bacterial classification.
  - Ratio of guanine to cytosine
  - DNA hybridization
  - Nucleic acid sequence analysis
    - PCR
      - Chromosomal DNA
      - Ribotyping
      - Plasmid analysis



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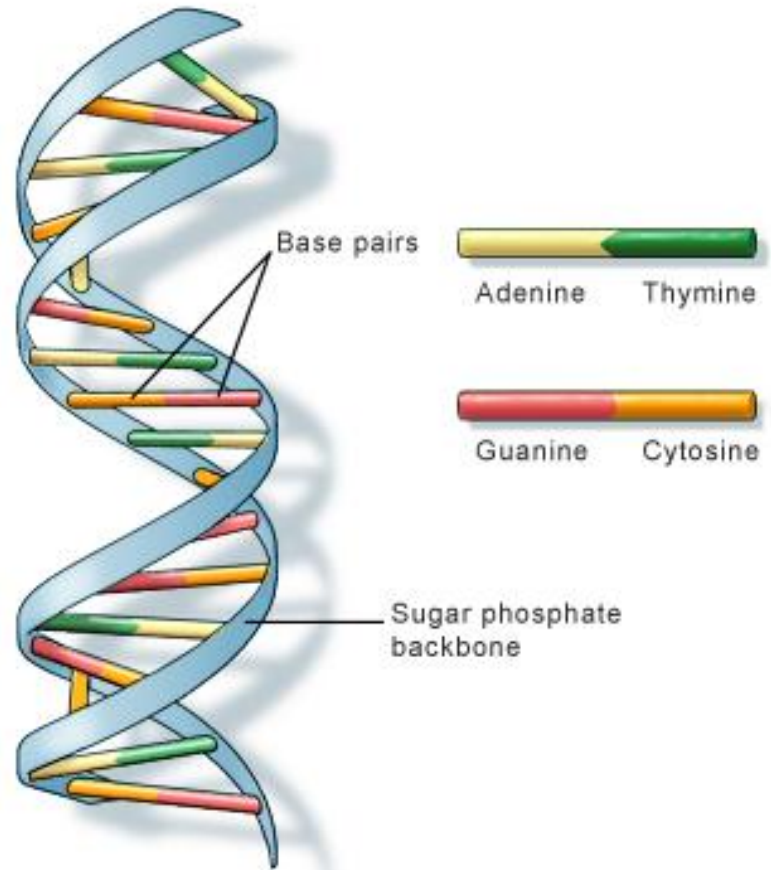
Why is PCR So Sensitive?

$$4^n$$

# Why is PCR So Sensitive?

$4^n$

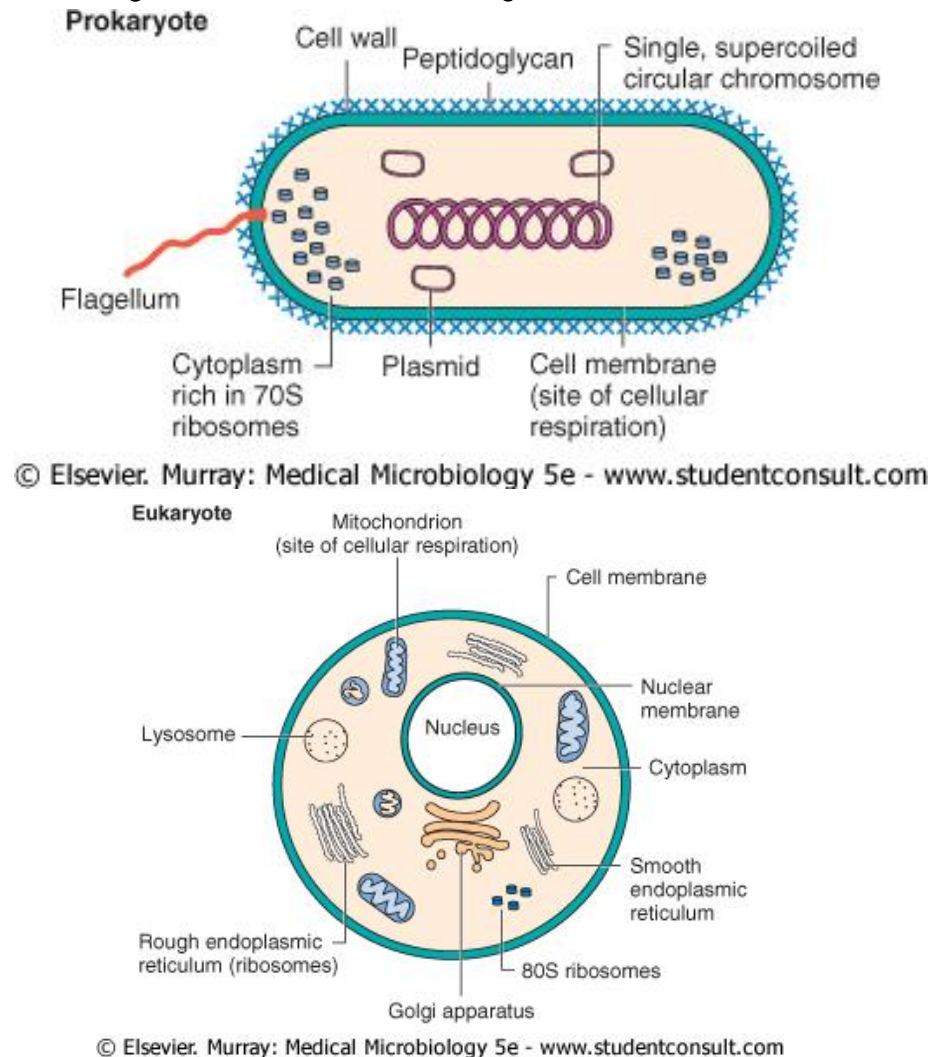
Adenine  
Guanine  
Cytosine  
Thymine



# **Bacterial Morphology and Cell Wall Structure and Synthesis**

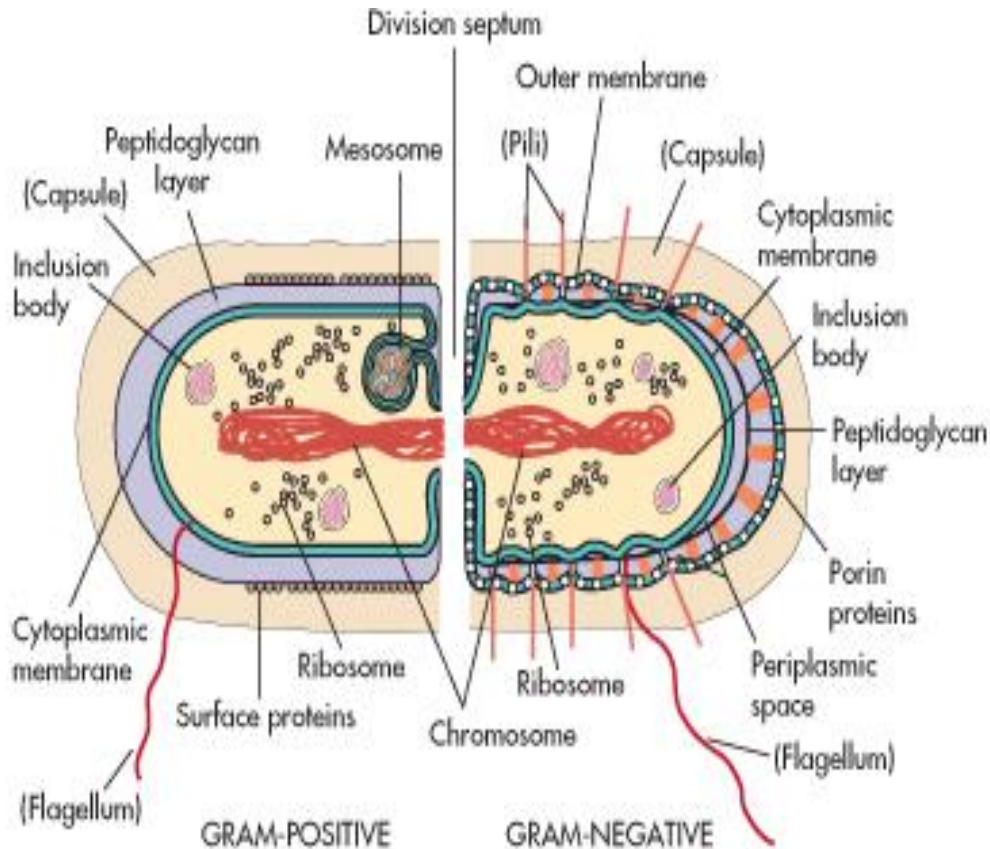
# Differences between eukaryotes and prokaryotes

- Eukaryotes-Greek for true nucleus.
  - 80S Ribosome
    - 60S + 40S
- Prokaryotes-Greek for primitive nucleus.
  - 70S Ribosome
    - 50S + 30S (16S + 23S rRNA).
- Peptidoglycan cell wall.



Characteristic	Eukaryote	Prokaryote
Major Groups	Algae, fungi, protozoa, plants, animals	Bacteria
Size (approximate)	<5 $\mu$ m	0.5-3.5 $\mu$ m
Nuclear structures -Nucleus -Chromosomes	Classic membrane Strands of DNA diploid genes	No nuclear membrane Single, circular DNA haploid gene, <b>plasmids</b>
<b>Cytoplasmic Structures</b>		
Mitochondria	Present	Absent
Golgi bodies and ER	Present	Absent
Ribosomes	<b>80S (60S +40S)</b>	<b>70S (50S+30S)</b>
Cytoplasmic membrane	Contains sterols	No sterols
Cell wall	Present for fungi, otherwise absent	Complex, proteins, lipids, <b>peptidoglycans</b>
Reproduction	Sexual and asexual	Asexual (binary fission)
Movement	Complex flagellum, if present	Simple flagellum, if present
Respiration	Via mitochondria	Via cytoplasmic membrane

# Bacterial Ultrastructure- Cytoplasmic Structures



- Bacterial chromosome is a single, double-stranded circle.

- Ribosomes

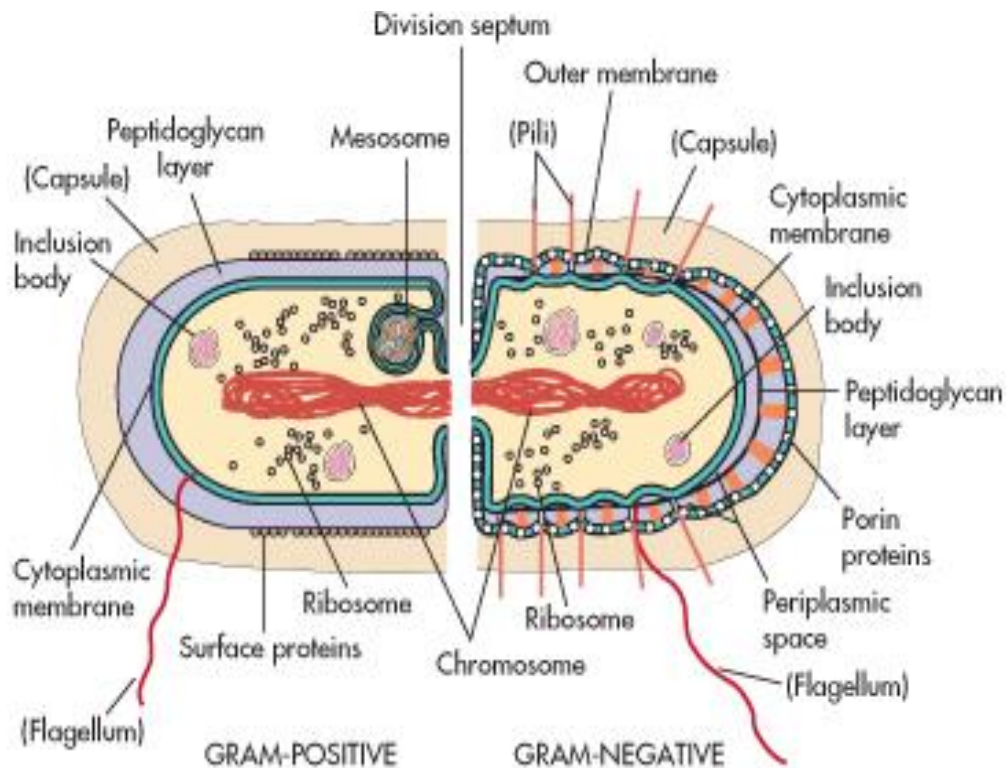
- Plasmids present in most bacteria.

- confer virulence

- antibiotic resistance

- Cytoplasmic membrane

# Bacterial Ultrastructure- Cell Wall



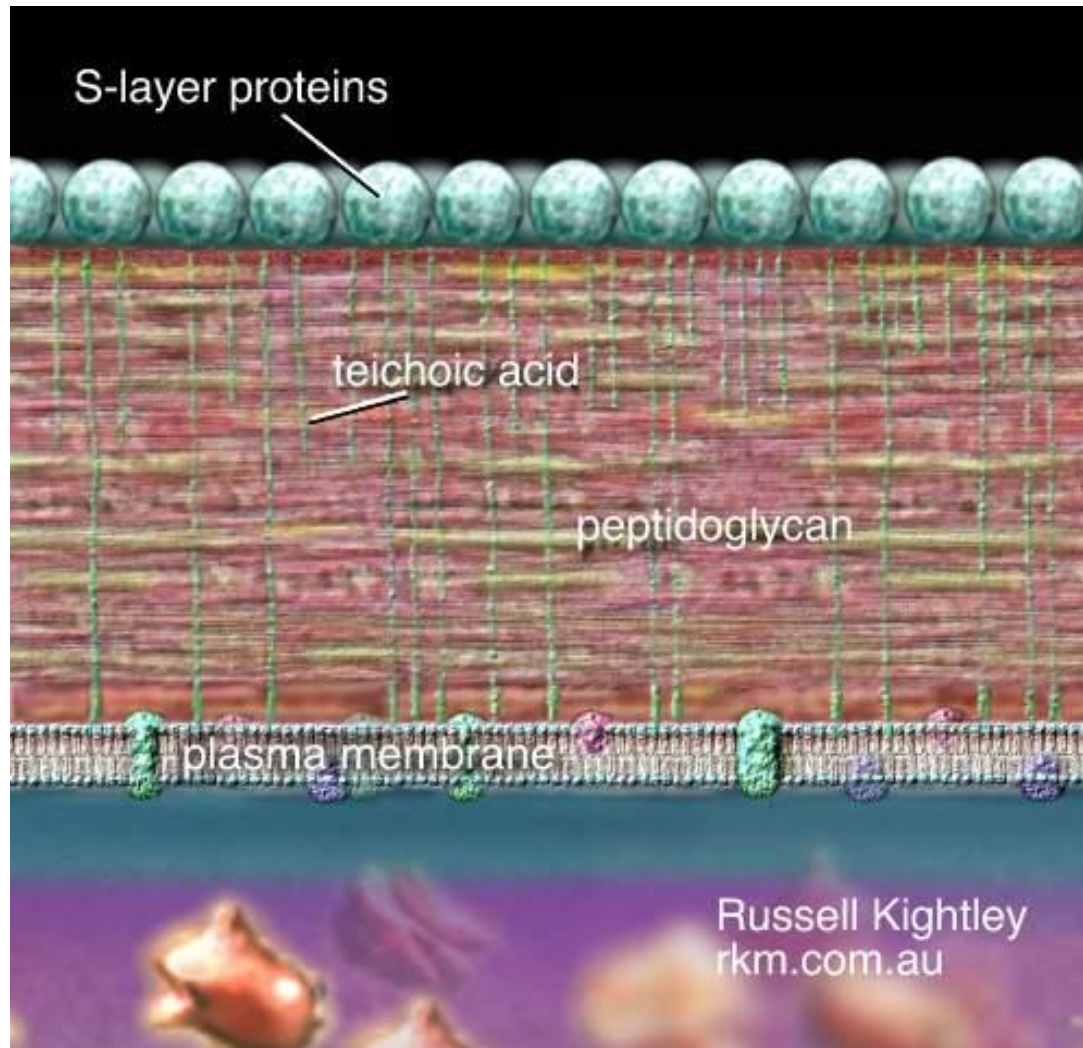
Rigid peptidoglycan layers surround the cytoplasmic membranes of most prokaryotes.

- Both Gram-positive and -negative.

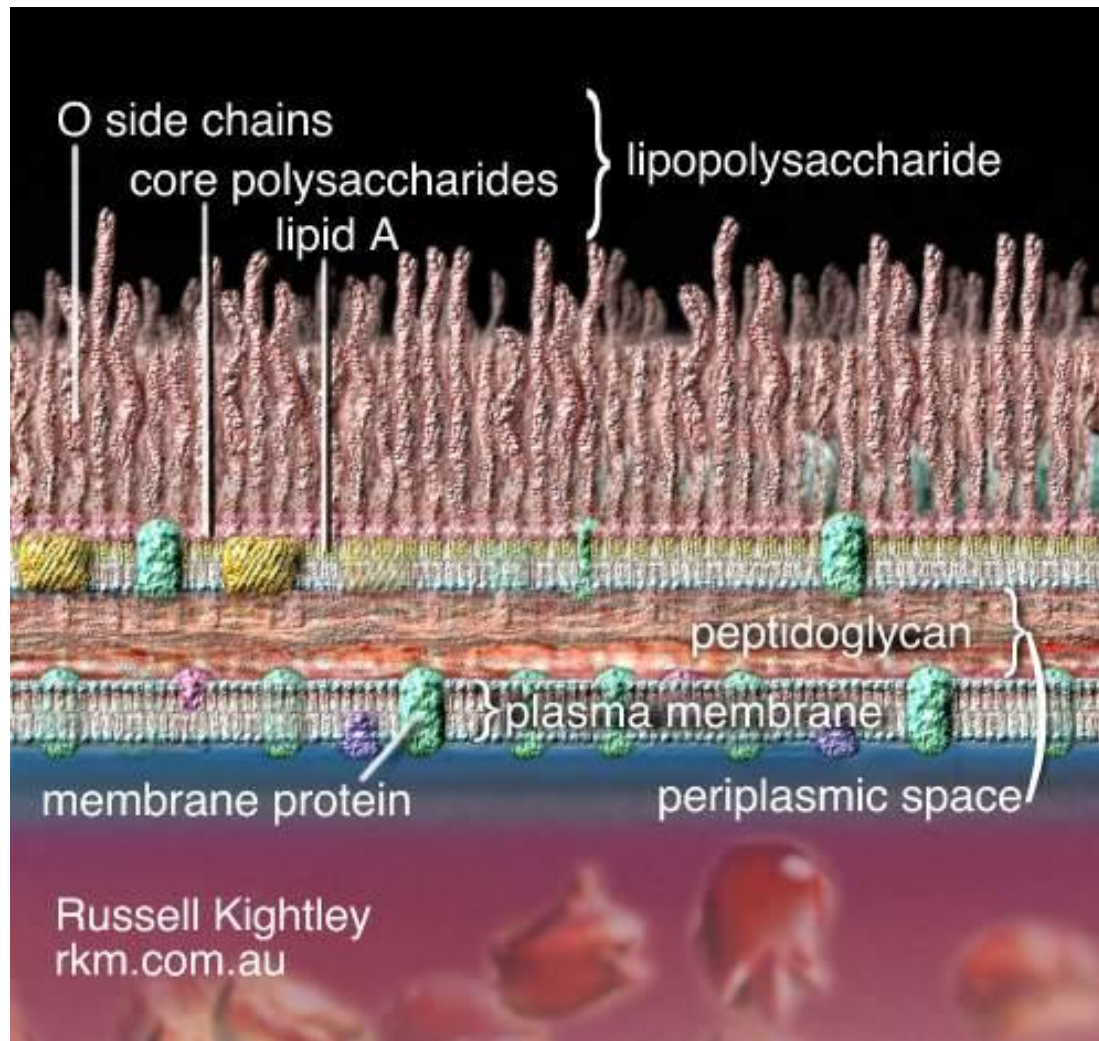
Exceptions are **Archaeobacteria** organisms and **mycoplasmas**.

# Differences Between Prokaryotes -- The Gram Stain

# Gram-Positive Cell wall



# Gram-Negative Cell wall



# The Gram Stain

In the late 1800's, Christian Gram observed that some genera of bacteria retained an iodine-dye complex when rinsed with alcohol, while other genera were easily decolorized with alcohol and could be then visualized by a contrasting counterstain.



# The Gram Stain

This staining procedure defines two bacterial groups: those which retain the primary dyes ("Positive by Gram's Method" or "Gram-Positive") and those which are easily decolorized ("Negative by Gram's Method" or "Gram-Negative").

This is the starting point for bacterial identification procedures.

# The Gram Stain

The difference in dye retention is dependent on such physical properties as thickness, density, porosity, and integrity of the bacterial cell wall, as well as, to some extent, the chemical composition.

**Gram-Positive** bacteria have thick, dense, relatively non-porous walls, while **Gram-Negative** bacteria have thin walls surrounded by lipid-rich membranes.

Some non-bacterial organisms with thick cell walls (*e.g.*, some yeasts) also stain **Gram-Positive**.

**Gram-Positive** bacteria which have lost wall integrity through aging or physical or chemical damage may stain **Gram-Negative**.

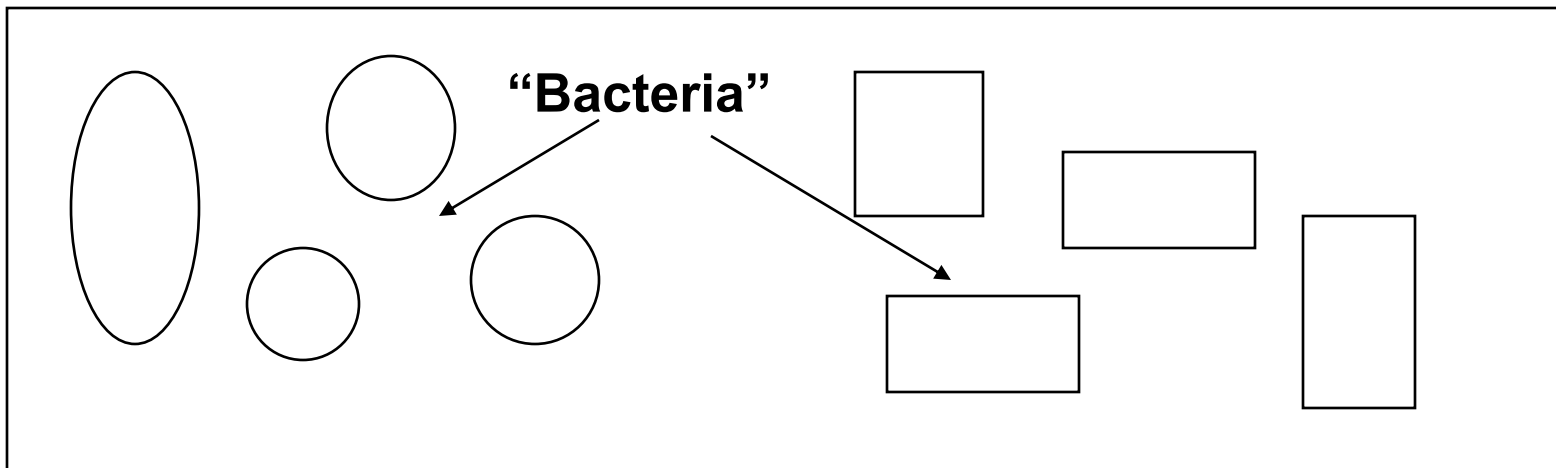
# The Gram Stain Procedure

## • Step 1-Prepare a Smear

Suspend some of the material to be stained in a drop of water on a microscope slide, spread the drop to about the size of a nickel.

Allow to air dry. Heat fix by gently warming above a flame or other heat source.

Watch what happens to the “Bacteria” at each step



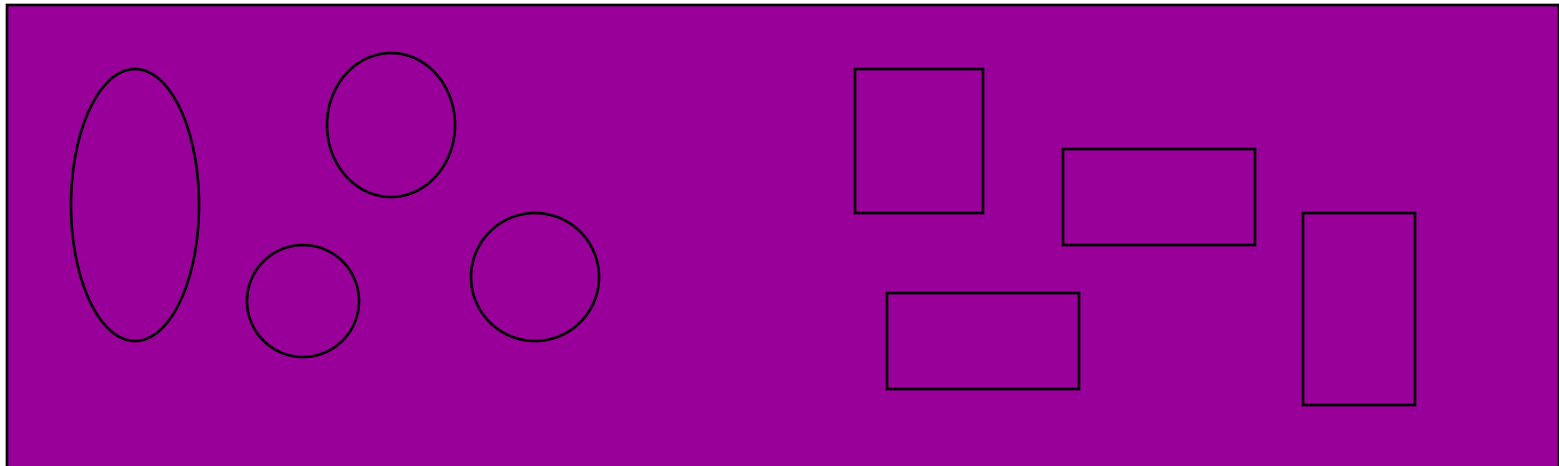
# The Gram Stain Procedure

- Step 2 - Apply the Primary Stain

Flood the Smear with **Crystal Violet**

Allow to stand 30 sec to 1 min

Rinse with water to remove excess stain

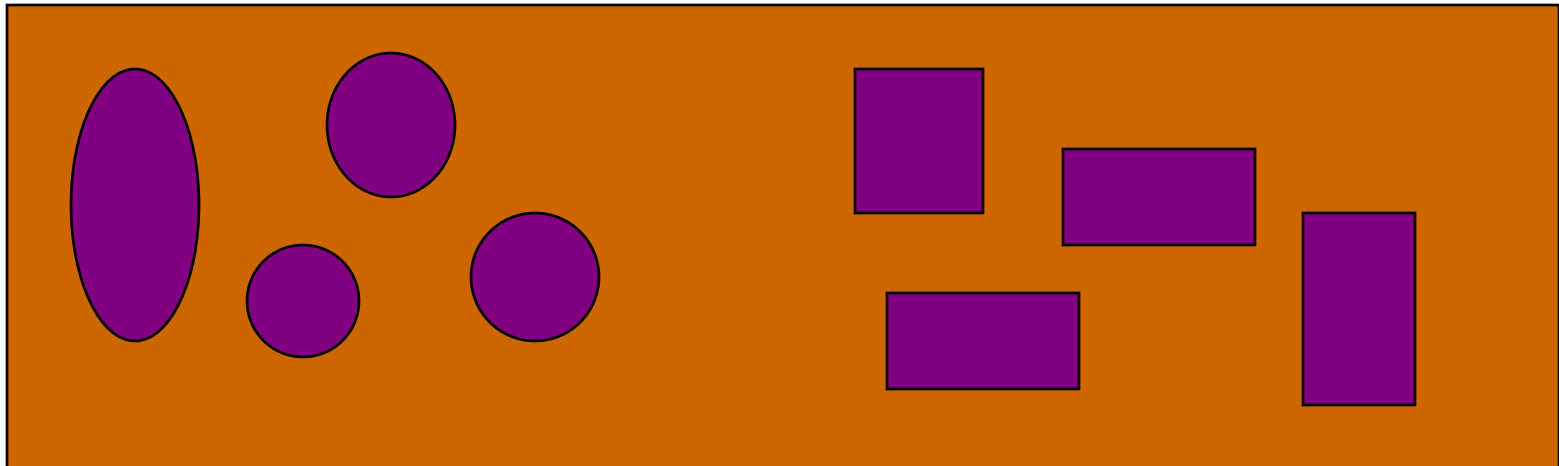


# The Gram Stain Procedure

- Step 3-Apply the Fixing Agent

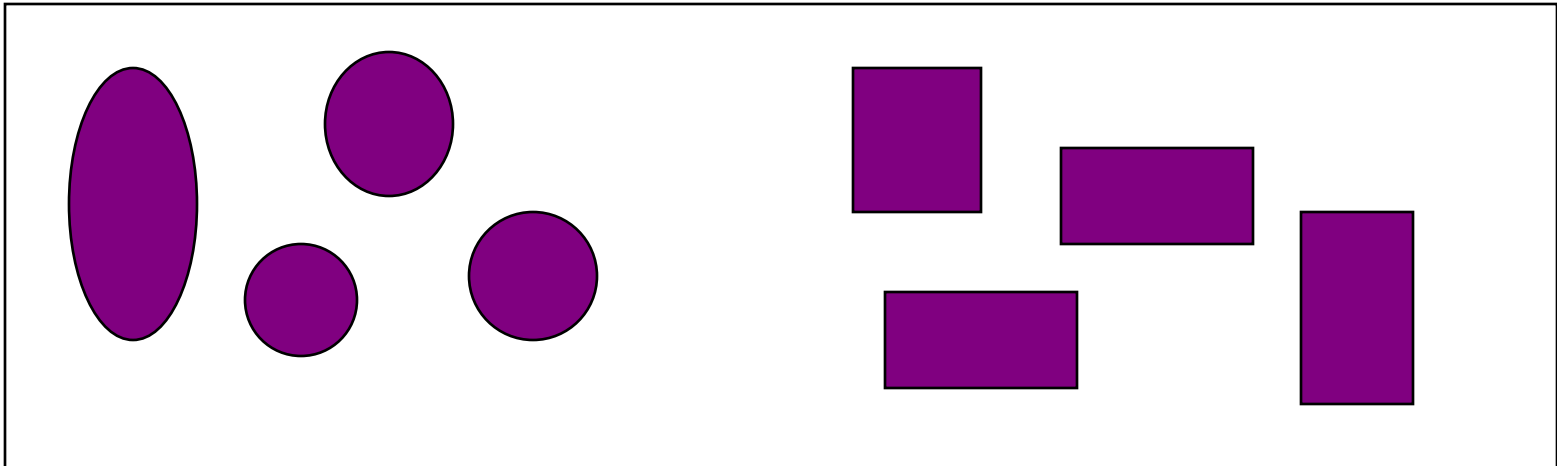
Flood the Smear with **Iodine** solution

Allow to stand 30 sec to 1 min



# The Gram Stain Procedure

- Step 4-Rinse
- Rinse with water to remove excess Iodine

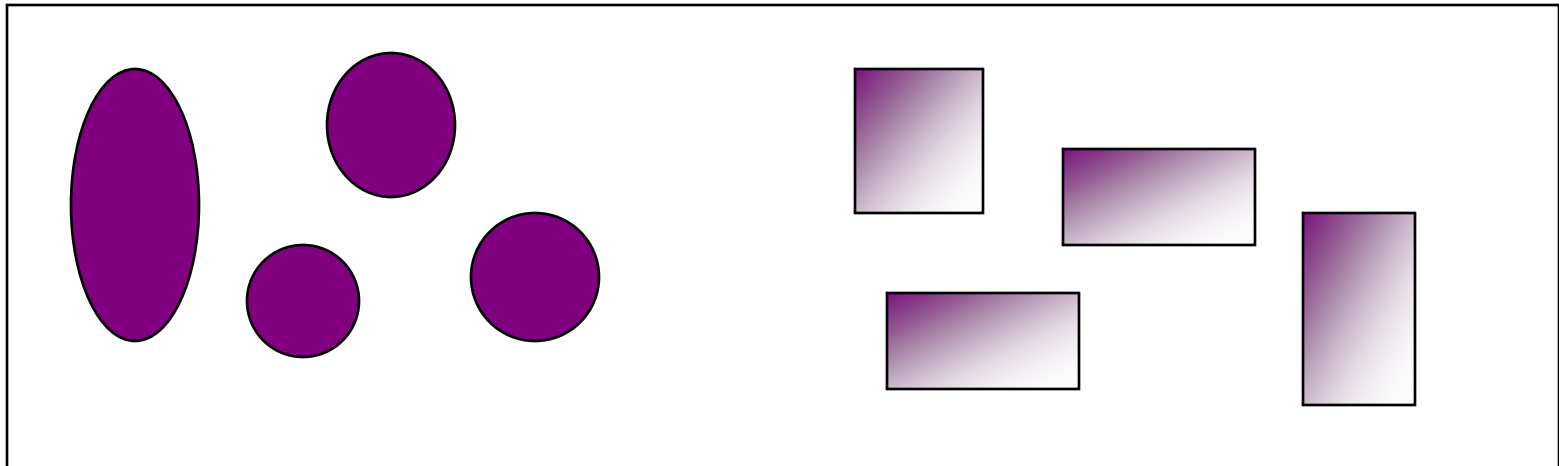


# The Gram Stain Procedure

- **Step 5-Decolorize**

Drip 95% Alcohol across the slide about 5 sec.

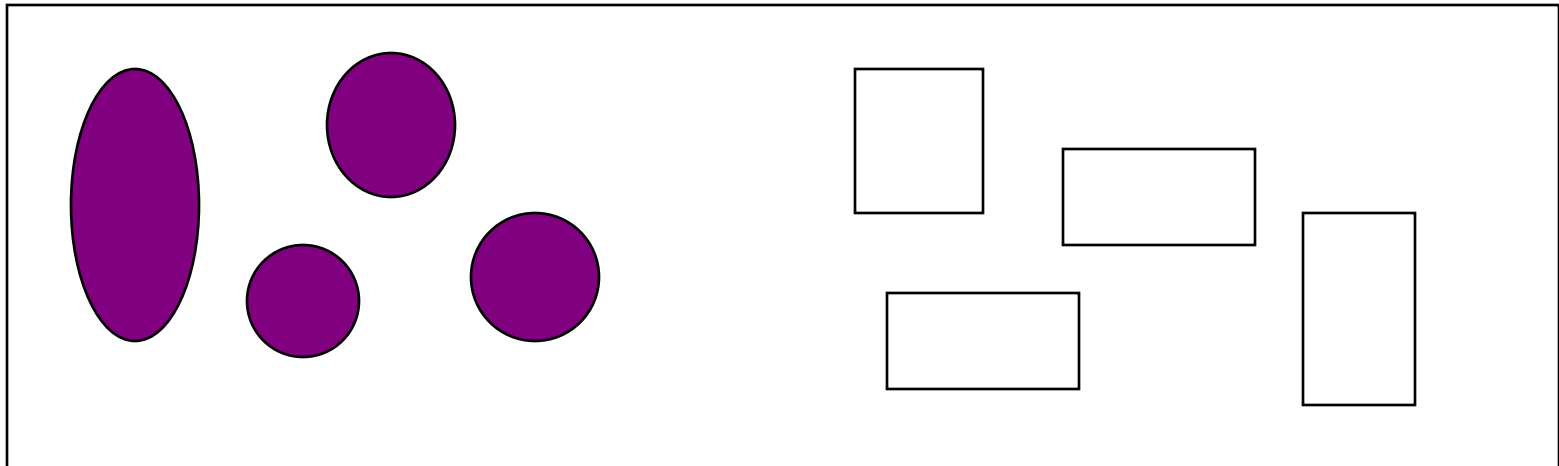
The effluent should appear pale or clear.



# The Gram Stain Procedure

- Step 6-Rinse

Rinse with water to remove excess alcohol

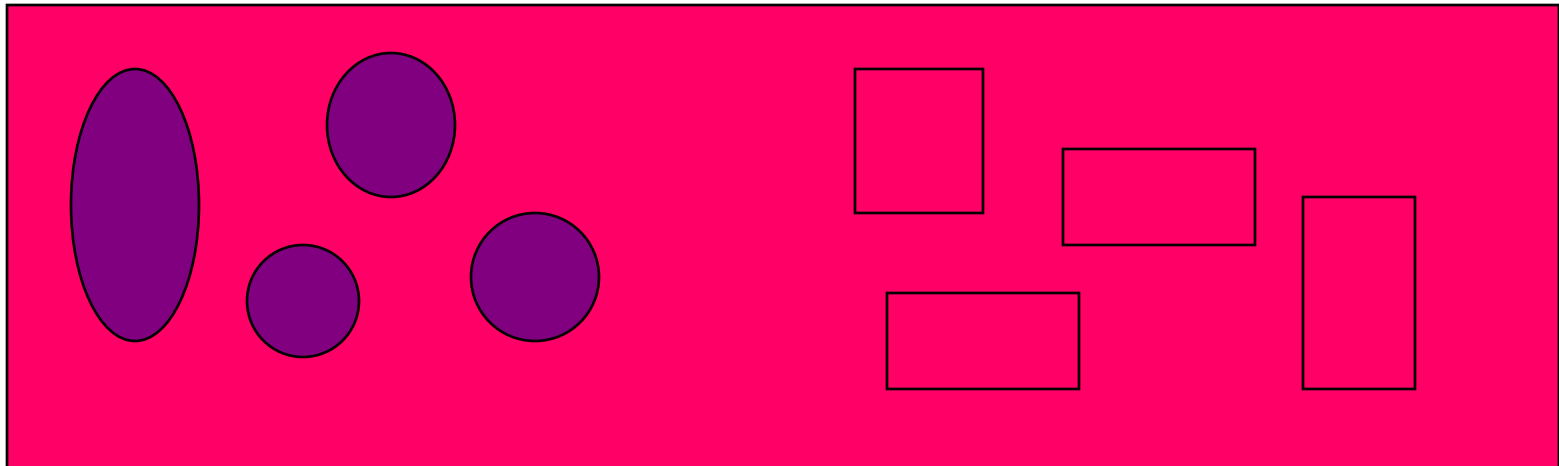


# The Gram Stain Procedure

- Step 7-Counterstain

Flood the slide with **Safranin** solution.

Let stand 30 sec.



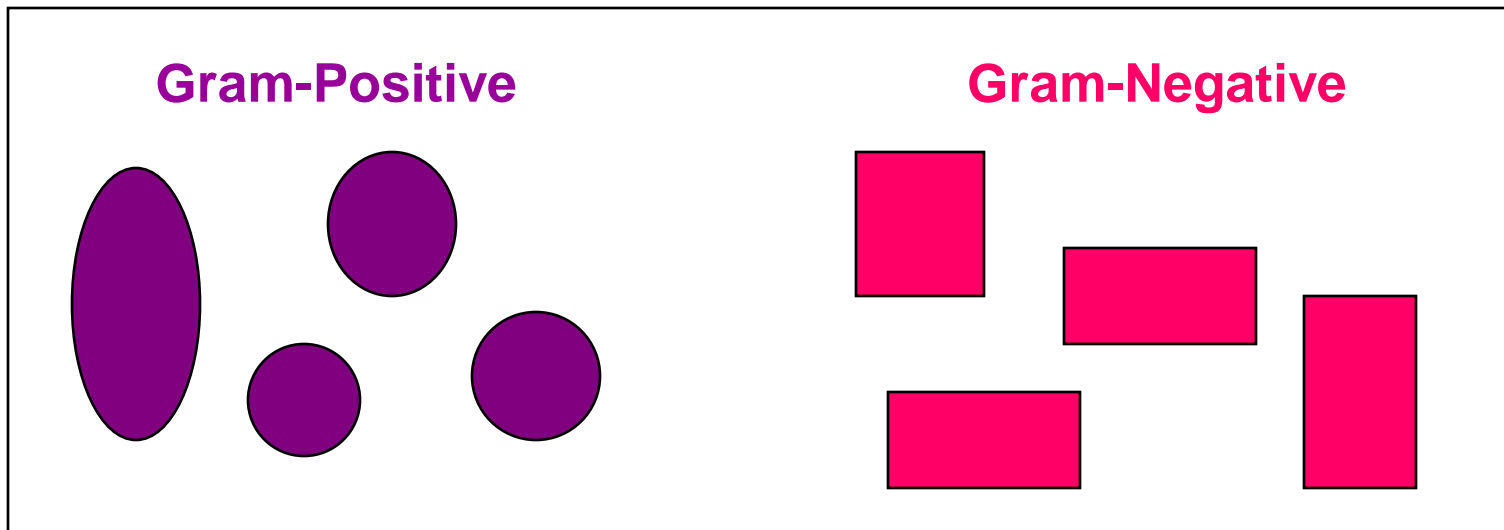
# The Gram Stain

- Step 8-Rinse, Dry and Observe

Rinse with water to remove excess stain.

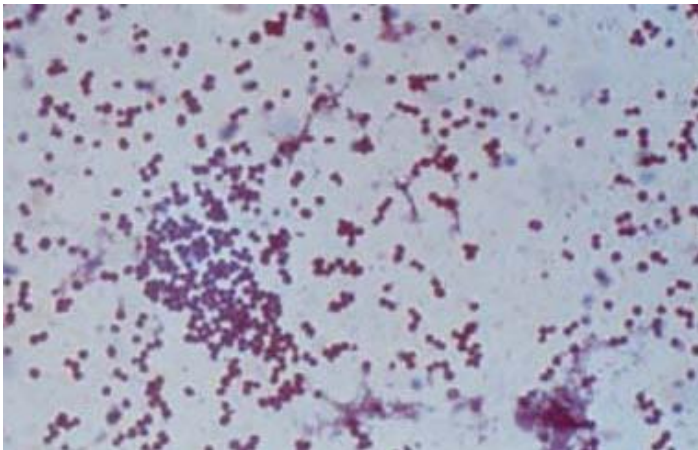
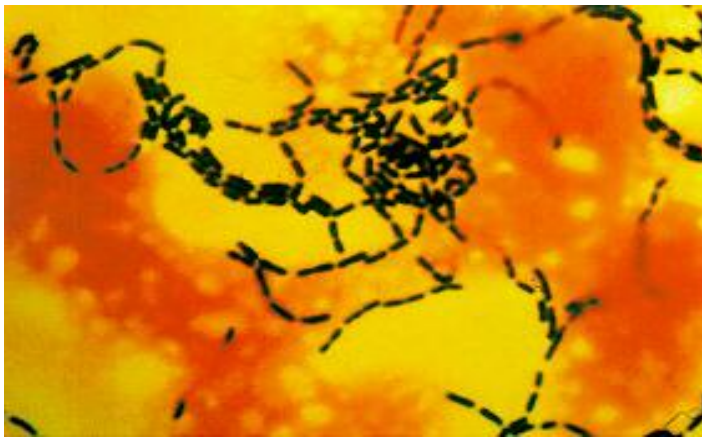
Blot dry.

Observe under oil immersion.

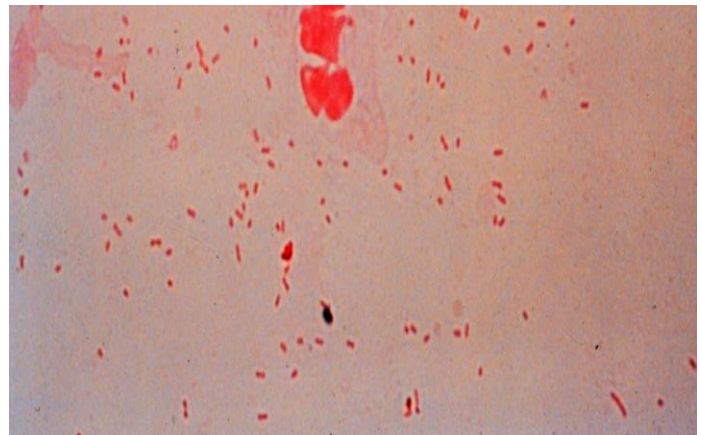


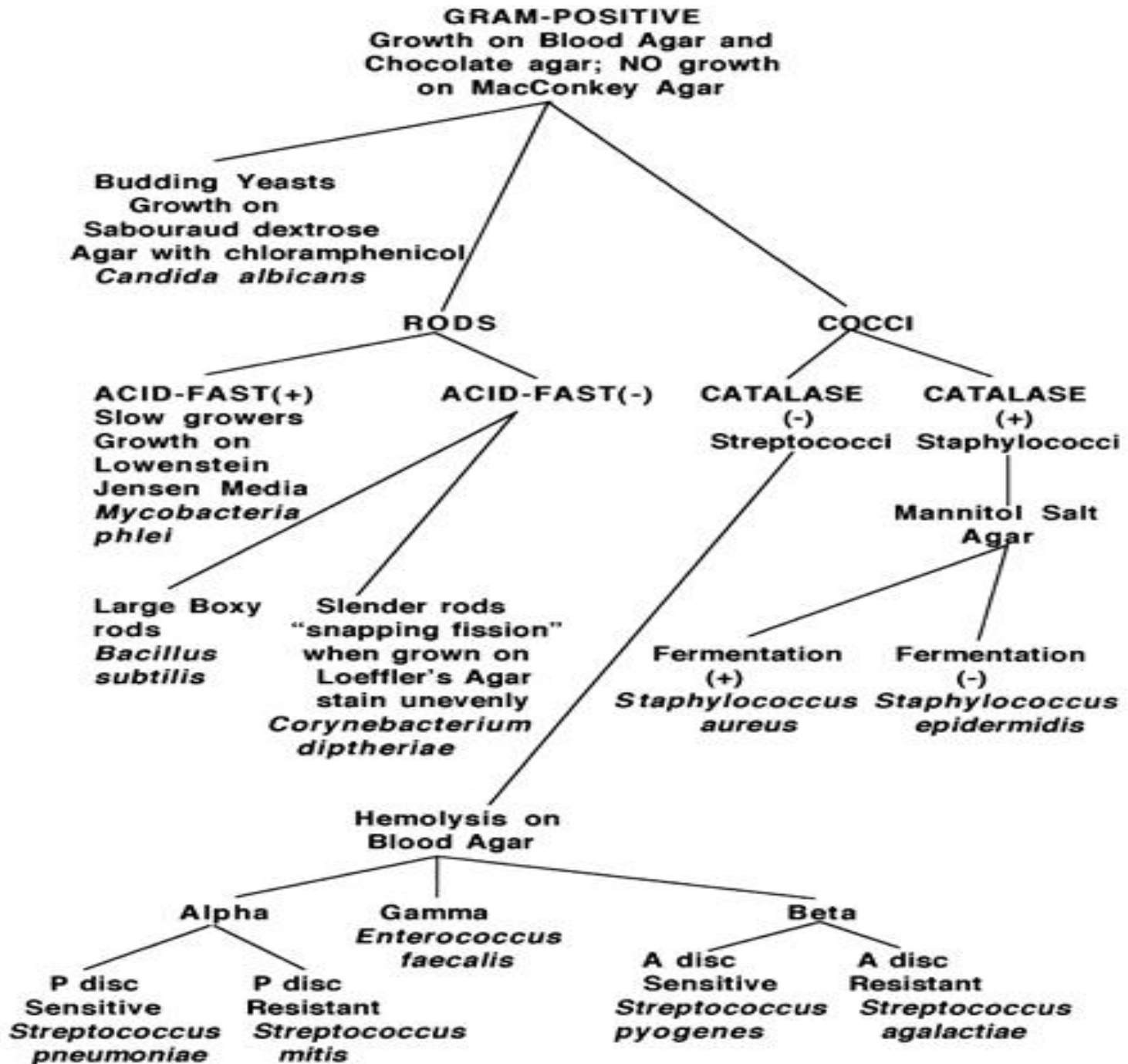
# Examples of Gram Stains

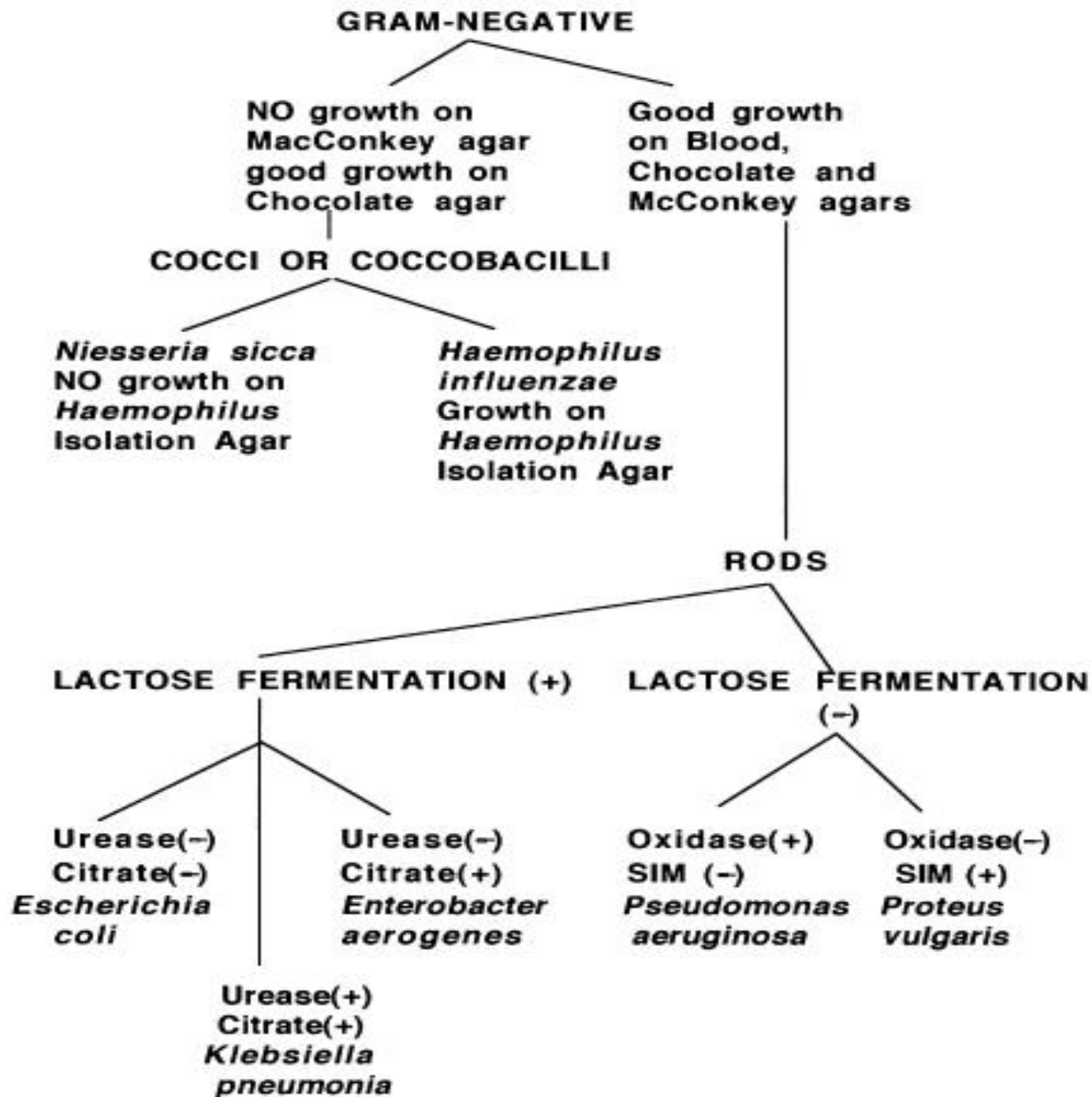
Gram-Positive Rods  
and Cocci



Gram-Negative Rods  
and Cocci

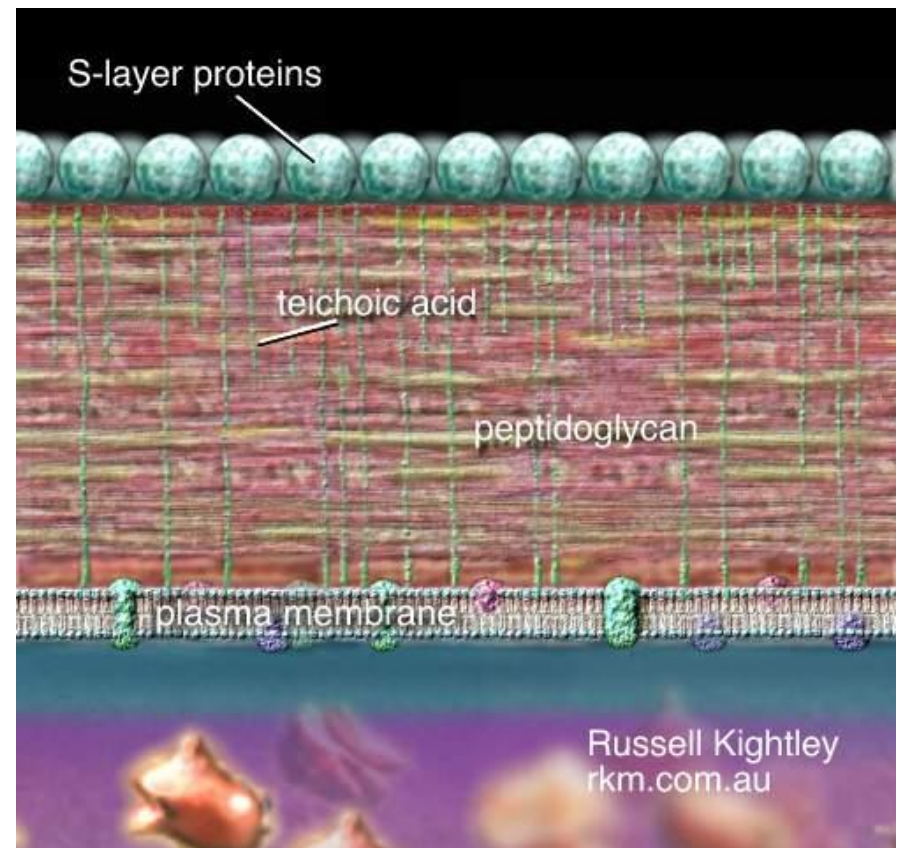




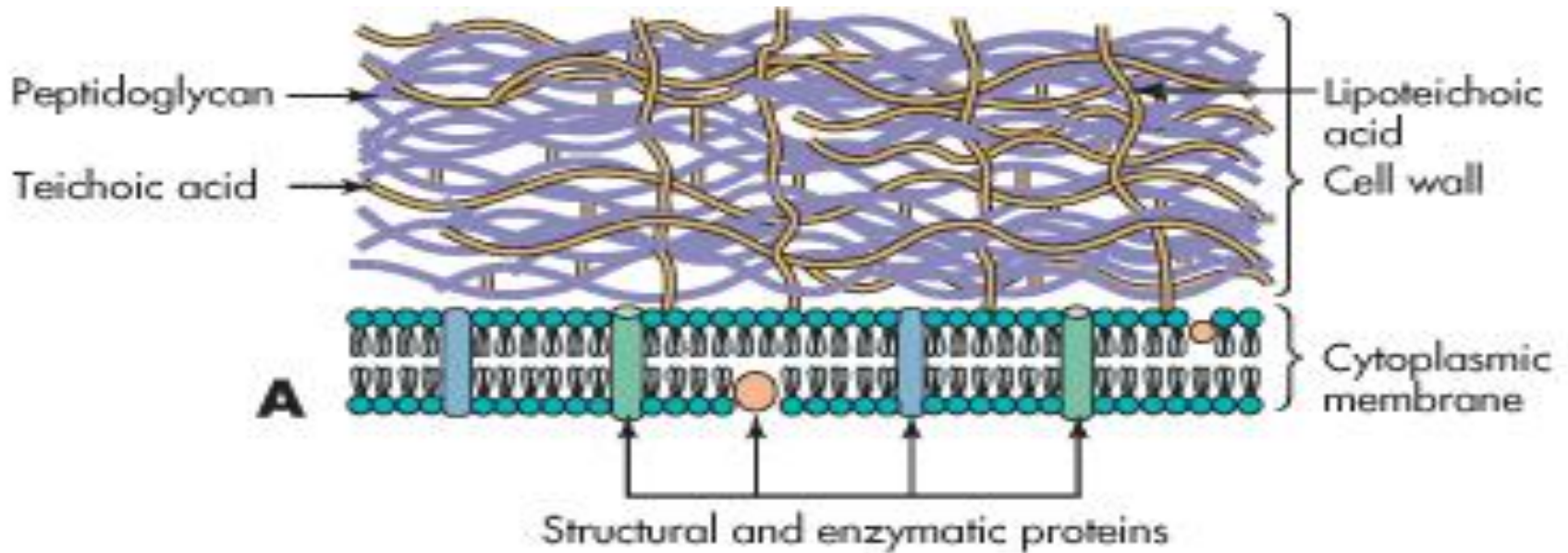


# Gram-Positive Cell Wall

- Thick, multilayered cell wall consisting mainly of peptidoglycan (150-500 Å).
- Similar to the exoskeleton of an insect except it is **porous**.



# Gram-Positive Cell Wall

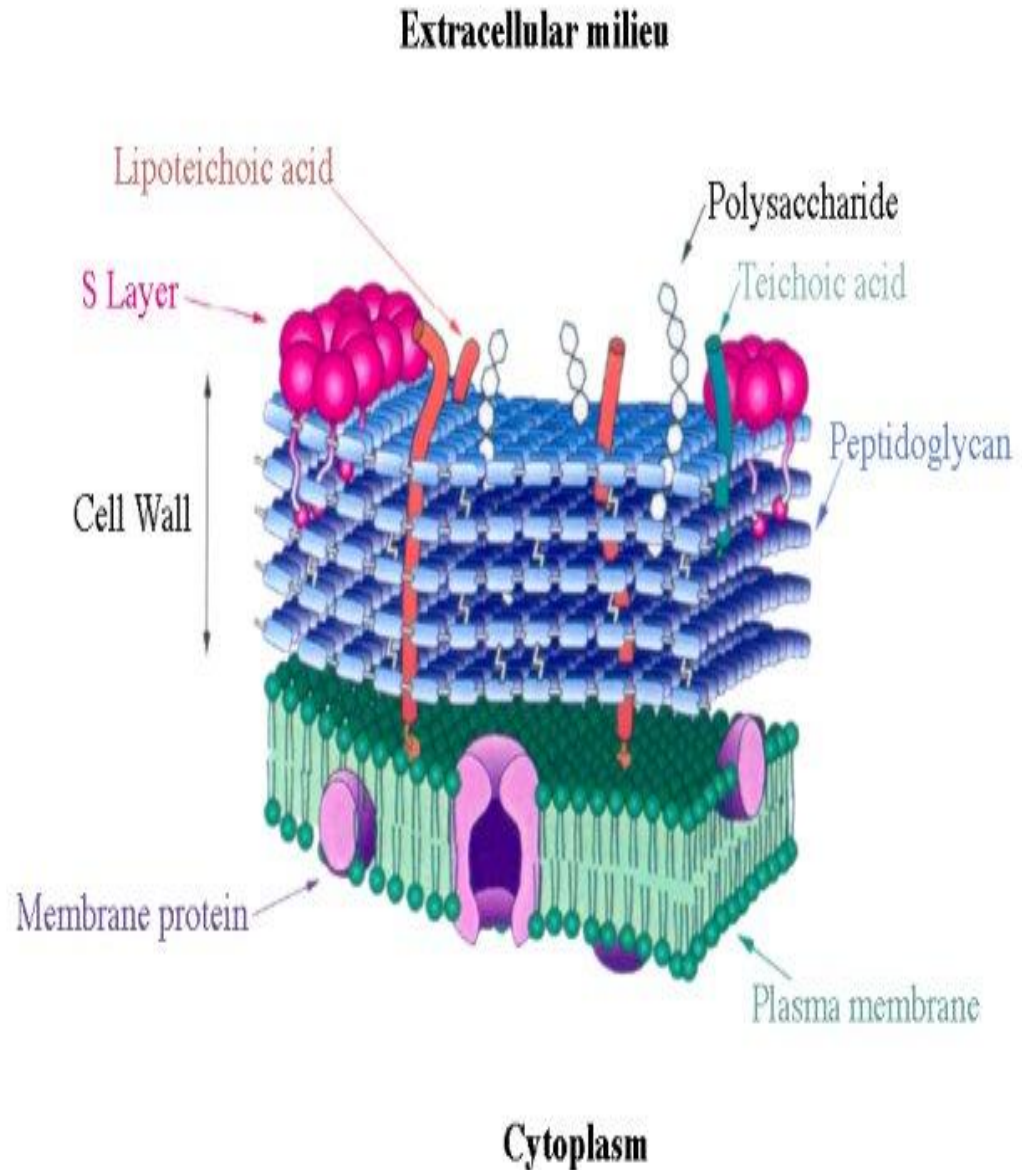


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- Peptidoglycan essential for structure, replication and survival.
- Can interfere with phagocytosis and stimulate innate immune responses.
- Pyrogenic.

# Gram-Positive Cell Wall

- **Teichoic acids** are water soluble, anionic polymers covalently linked to the peptidoglycan.
- **Lipoteichoic acids** have a fatty acid modification and are anchored to the cytoplasmic membrane.
- Both are common surface antigens that distinguish **bacterial serotypes** and promote attachment to other bacteria and to specific receptors on mammalian cell surfaces.

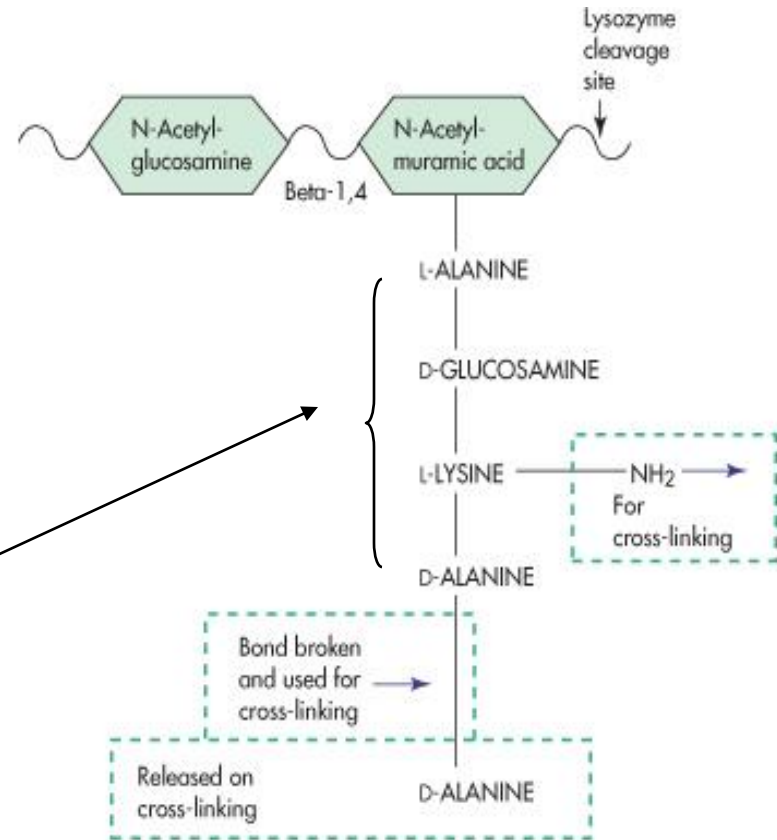


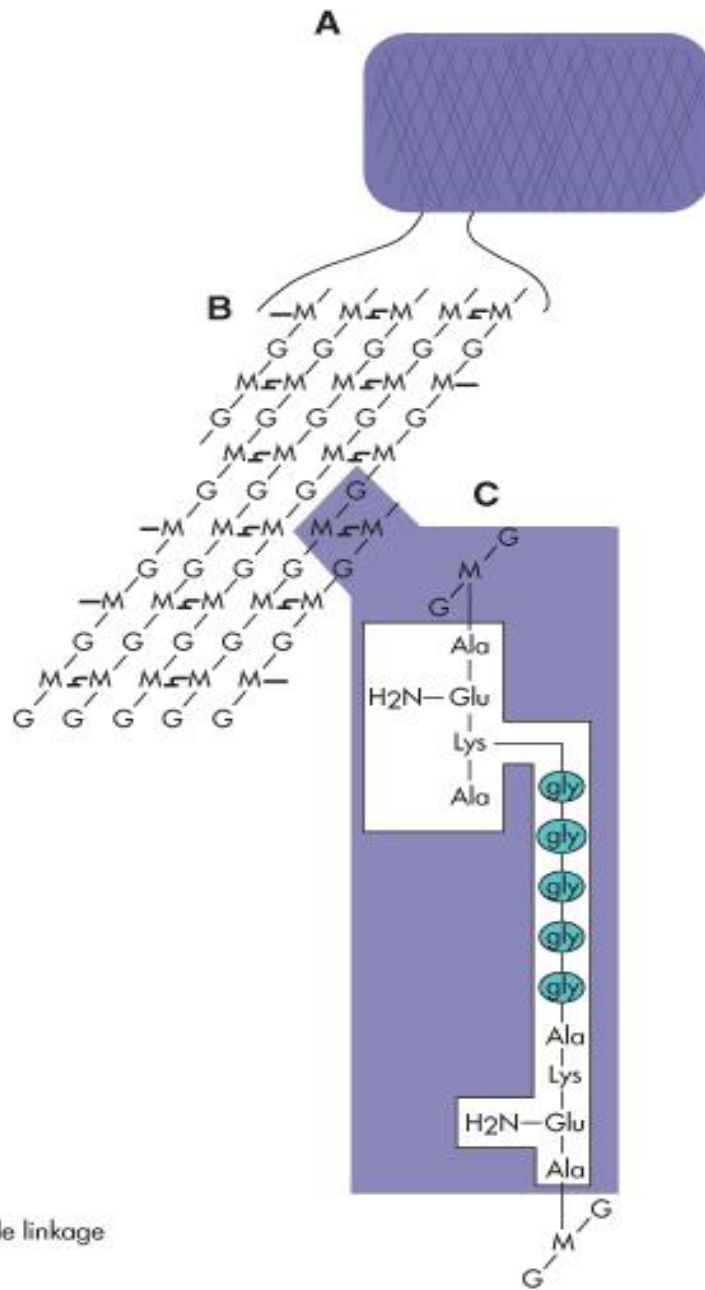
# Structure and Biosynthesis of the Major Components of the Bacterial Cell Wall

Cell wall components are prefabricated precursors and subunits of the final structure are assembled on the inside and then brought to the surface.

# PEPTIDOGLYCAN

- Peptidoglycan is a rigid mesh made up of ropelike linear polysaccharide chains made up of repeating disaccharides of **N-acetylglucosamine (GlcNAc, NAG, G)** and **N-acetylmuramic acid (MurNAc, NAM, M)**.
- Tetrapeptide attached to MurNAc.





# PEPTIDOGLYCAN

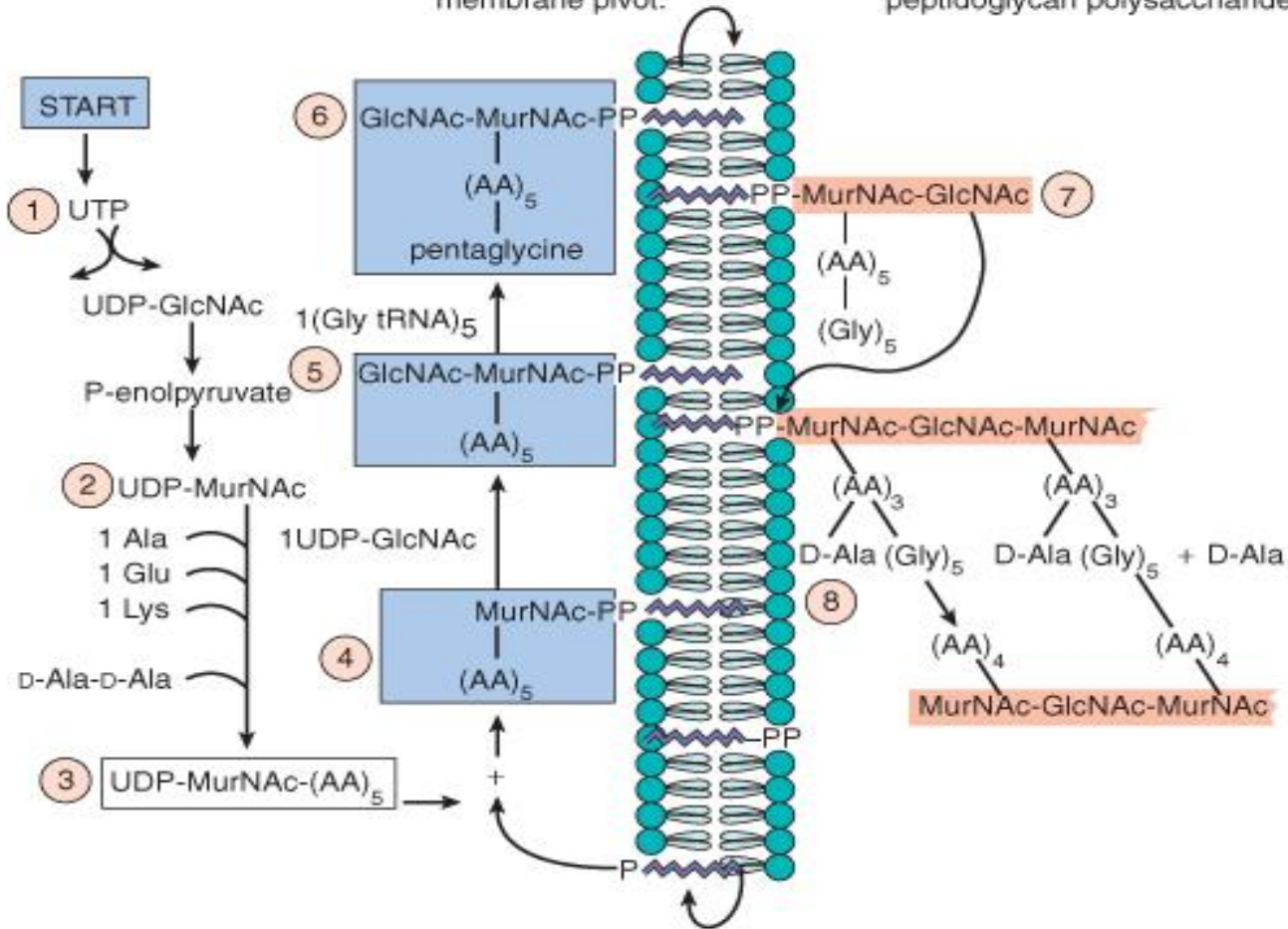
# PEPTIDOGLYCAN SYNTHESIS

## Peptidoglycan Synthesis

(1) **INSIDE:**  
Soluble substrates are activated and peptidoglycan units are built.

(2) **MEMBRANE:**  
Activated units are attached and assembled on the undecaprenol phosphate membrane pivot.

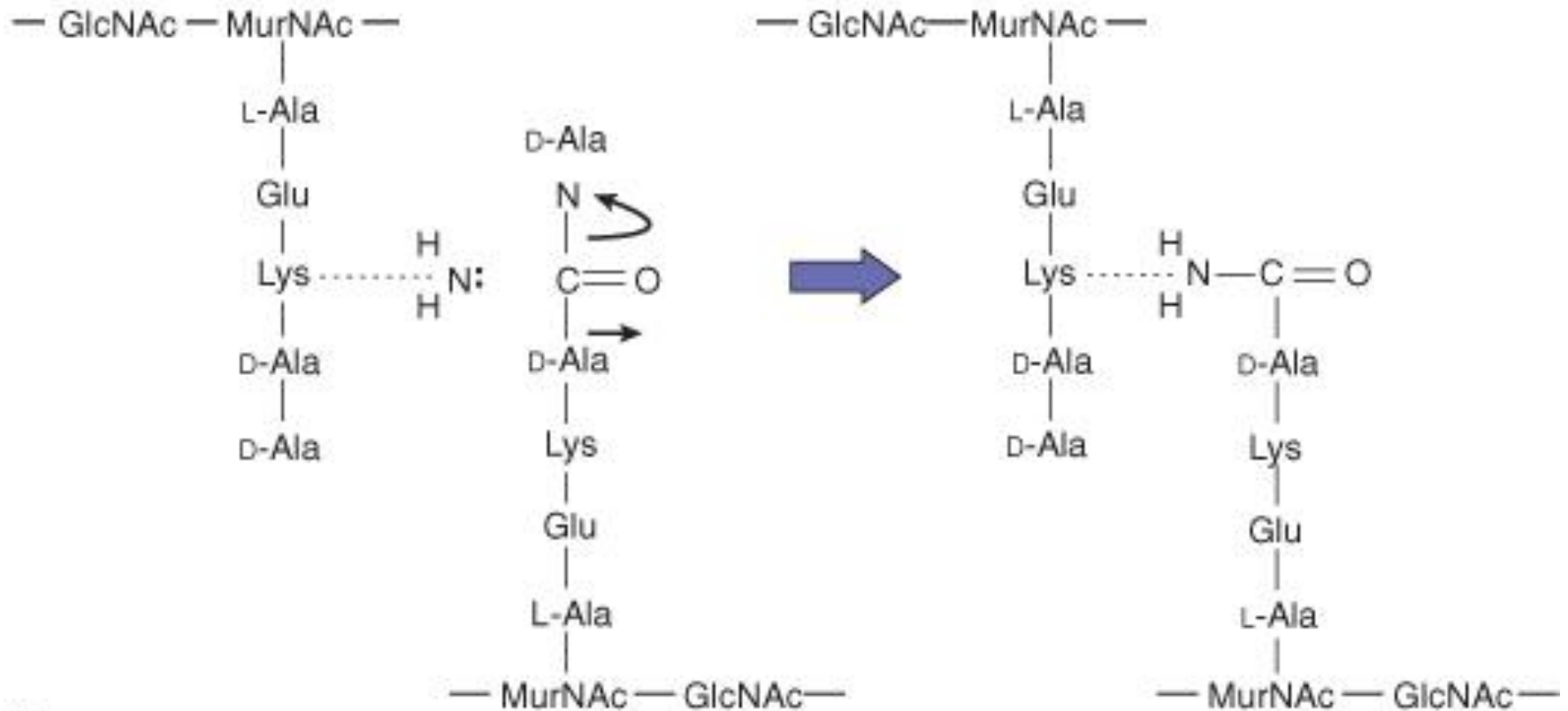
(3) **OUTSIDE:**  
The peptidoglycan units are attached to, and cross-linked into, the peptidoglycan polysaccharide.



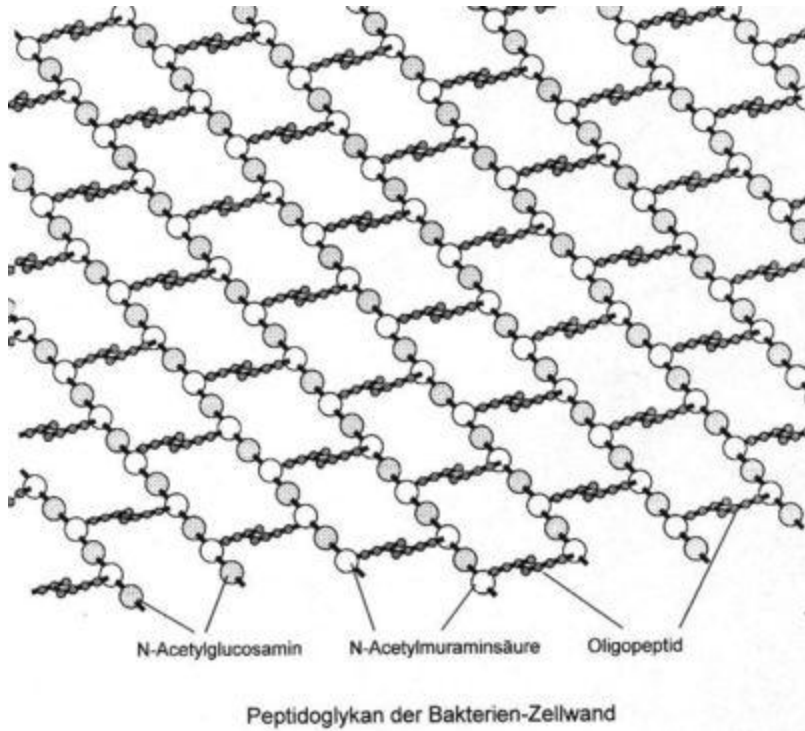
A

# PEPTIDOGLYCAN SYNTHESIS

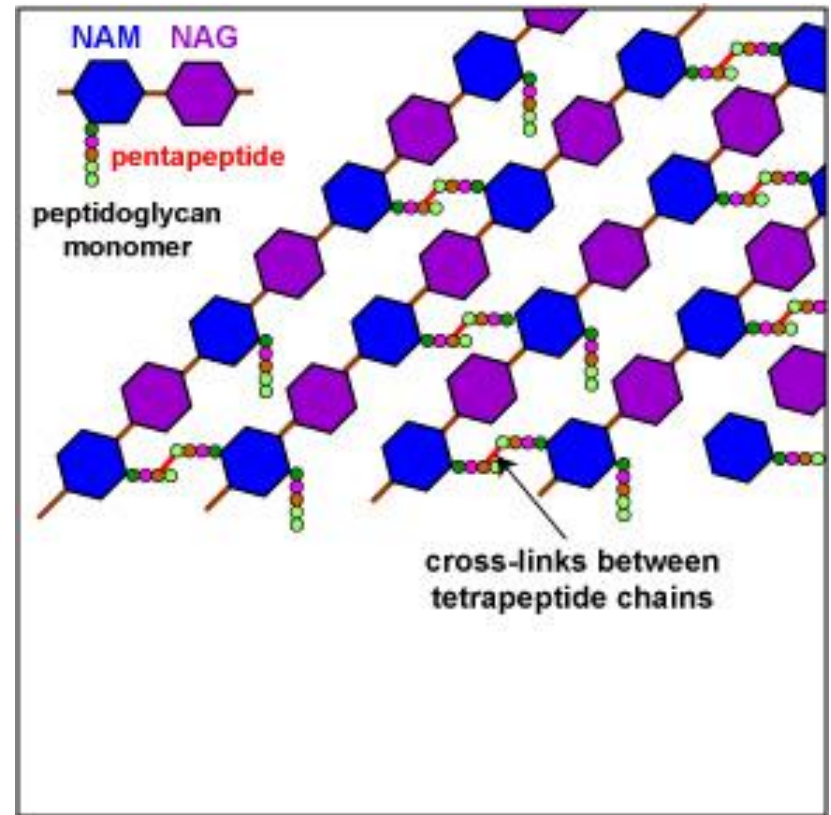
## Transpeptidation Reaction



**B**

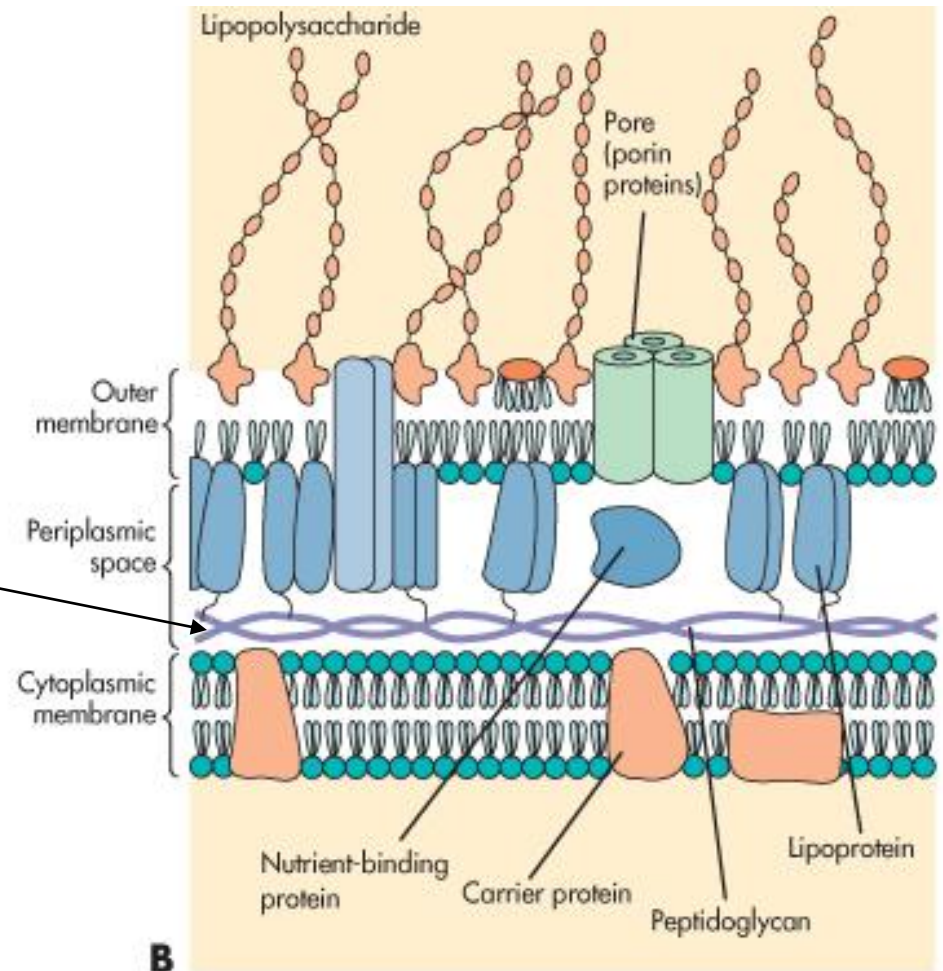


The number of cross-links and the length of the cross-links determine the rigidity of the peptidoglycan mesh.



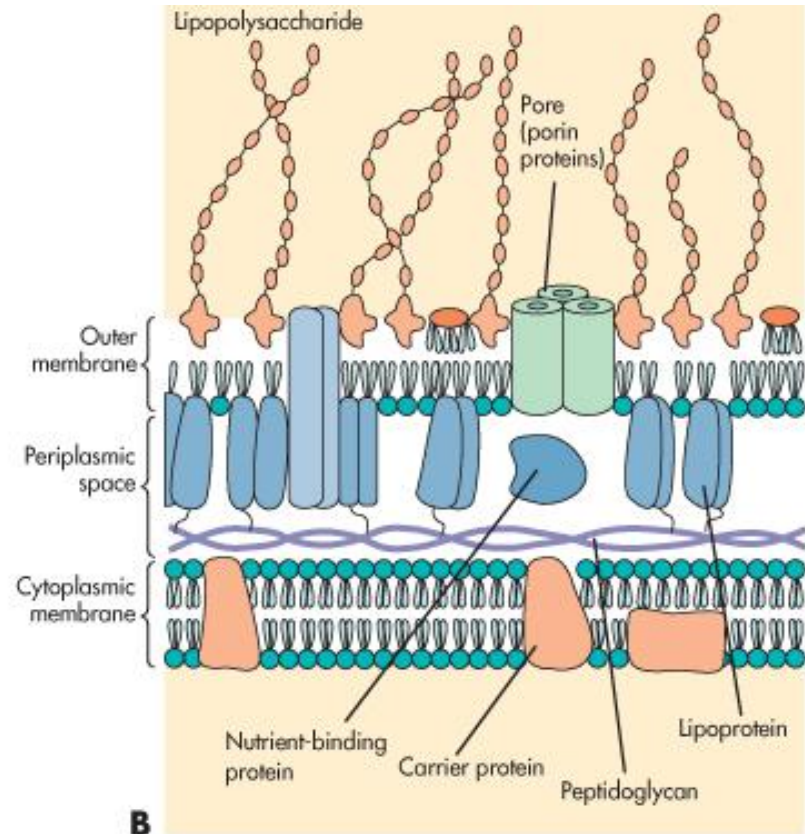
# Gram-Negative Cell Wall

- More complex than Gram-positive cell wall.
- 2 layers external to the cytoplasmic membrane.
  - thin peptidoglycan layer (5-10% of the cell wall by weight).
  - external to the peptidoglycan layer is the **outer membrane**.



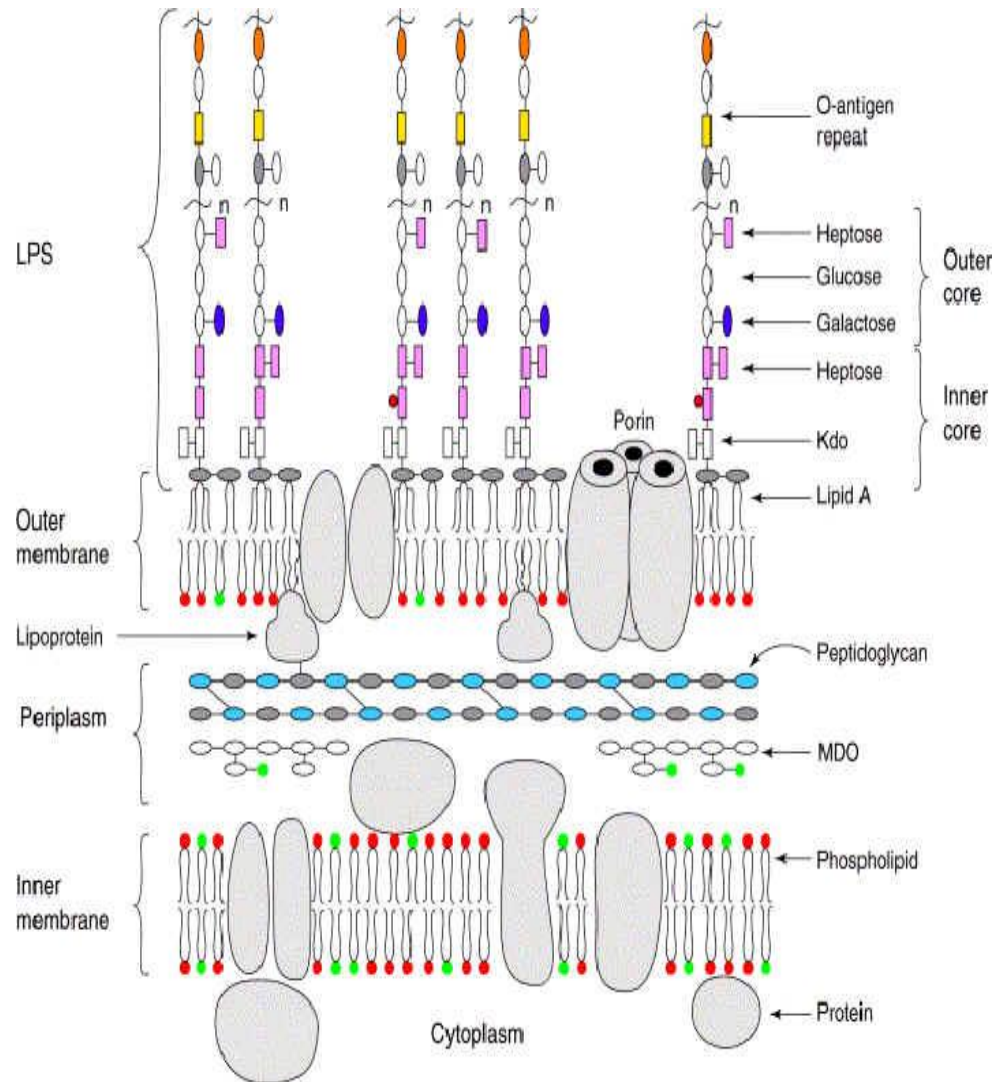
# Gram-Negative Cell Wall

- **Periplasmic space-**
  - The area between the external surface of the cytoplasmic membrane and the internal surface of the outer membrane.
  - Contains hydrolytic enzymes important to the cell for breakdown of large macromolecules for metabolism. →
  - Also contains enzymes associated with pathology *e.g.*, proteases, hyaluronidase, collagenases and  $\beta$ -lactamase.

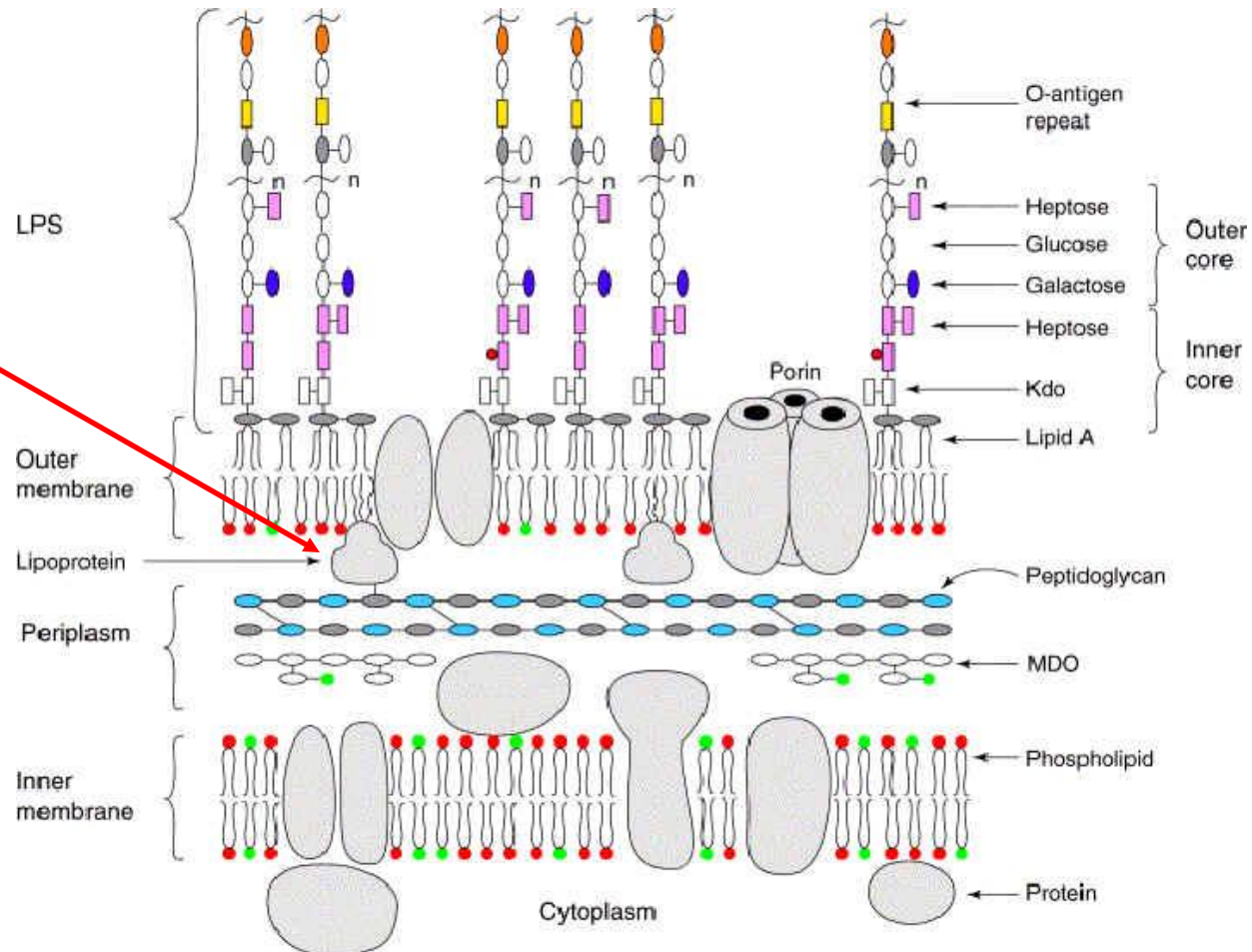


# Gram-Negative Cell Wall

- **Outer membrane-**
  - unique to gram negative bacteria.
  - has similar roll as peptidoglycan does in Gram-positive bacteria.
    - *i.e.*, it maintains the bacterial structure and is a permeability barrier to large molecules.
  - **Asymmetric.**
    - bilayer structure unique among biologic membranes.
      - inner leaflet-phospholipids
      - outer leaflet-LPS which is amphipathic.
      - Only place where LPS is found.
      - LPS=endotoxin

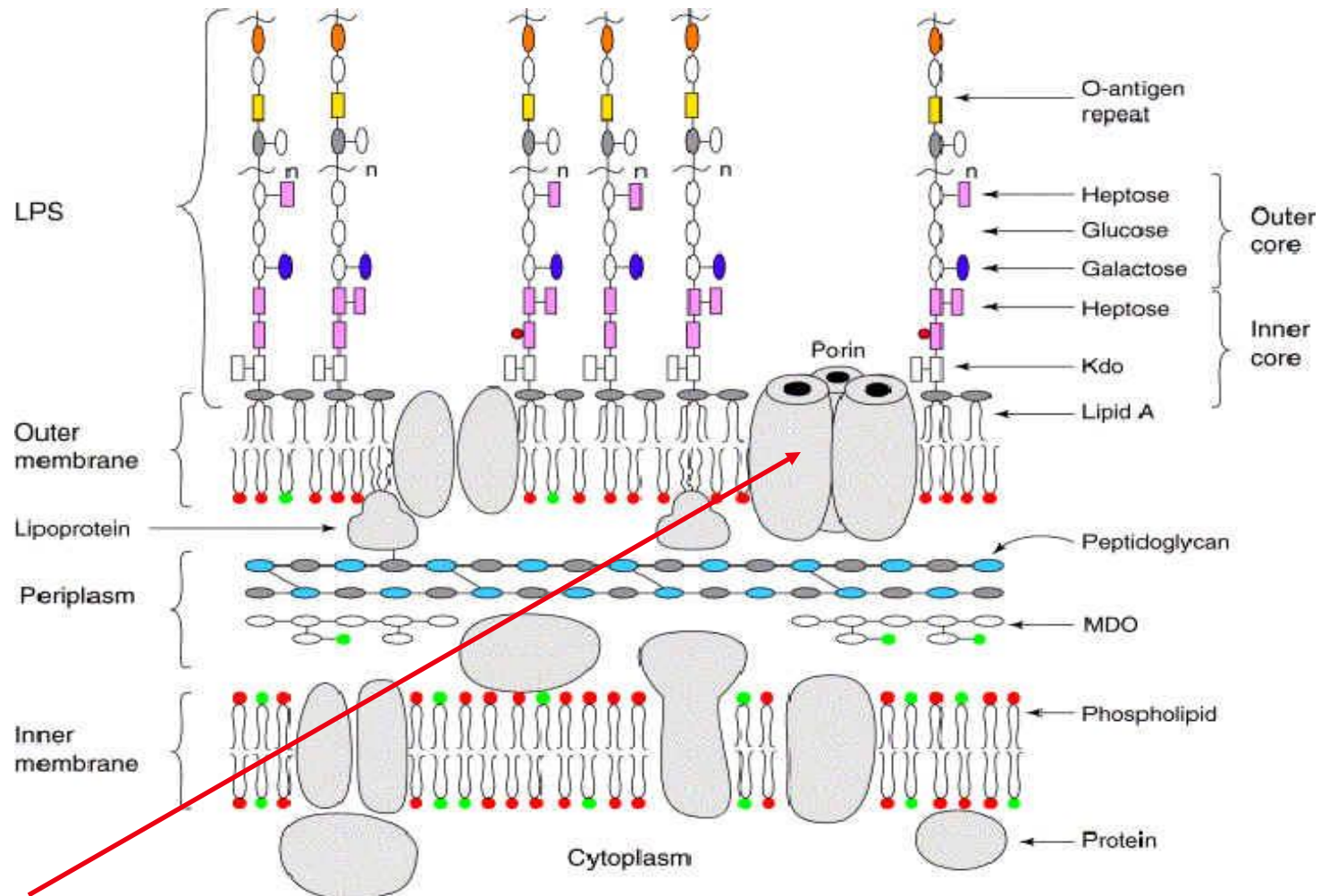


# Gram-Negative Cell Wall



The outer membrane is connected to the cytoplasmic membrane at adhesion sites and is tied to the peptidoglycan by **lipoprotein**.

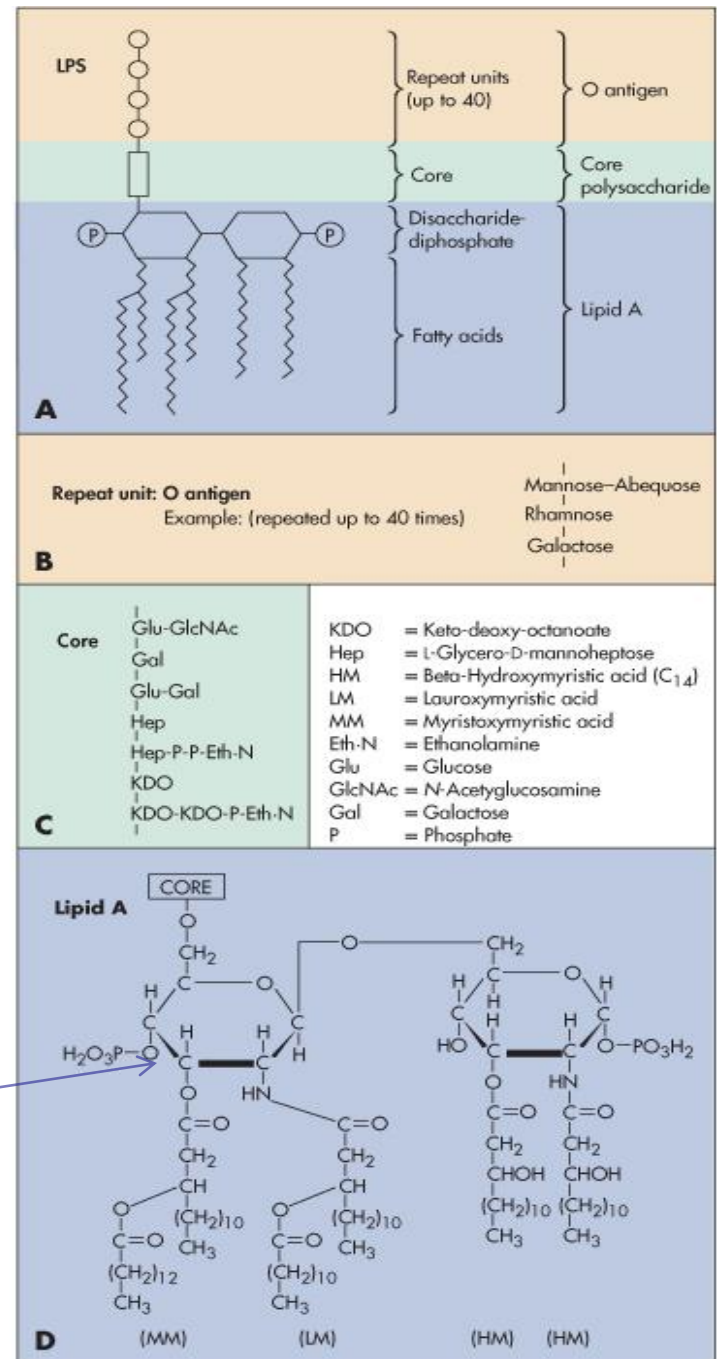
# Gram-Negative Cell Wall



Porins allow the diffusion of hydrophilic molecules: metabolites and **small** hydrophylic antibiotics.

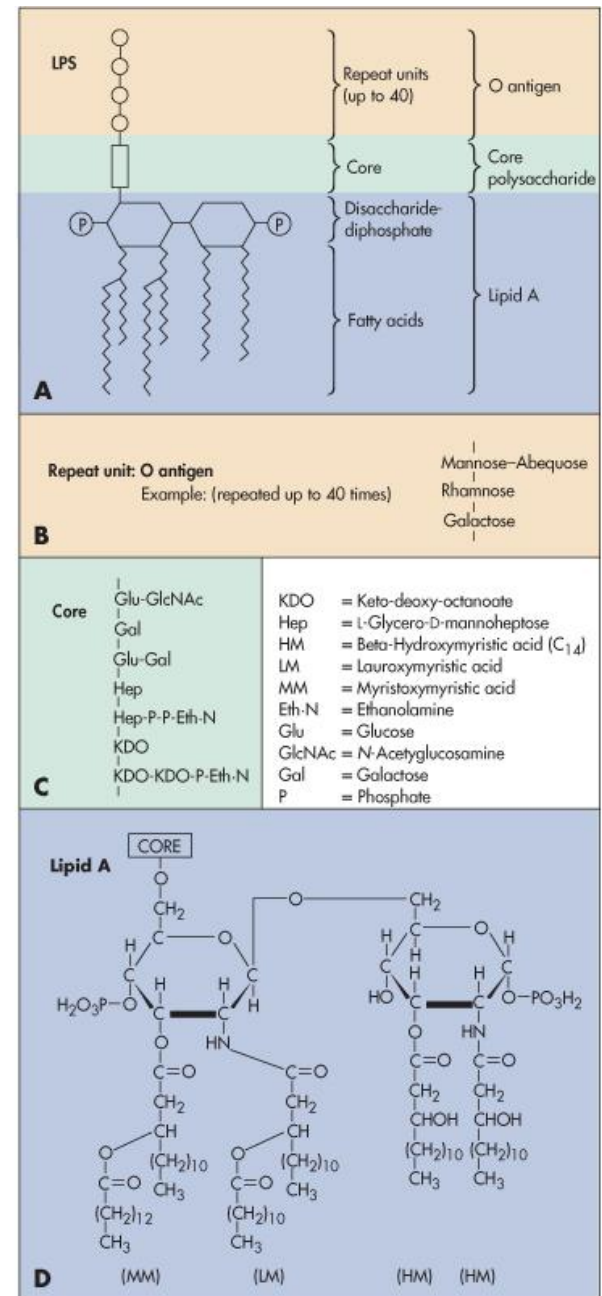
# LPS

- Consists of three structural sections:
  - Lipid A
  - Core polysaccharide
  - O-antigen
- Lipid A is responsible for the endotoxin activity of LPS.
  - Phosphorylated glucosamine disaccharide backbone.
  - Phosphates connect LPS molecules into aggregates.



# LPS

- **Core**
  - Polysaccharide is a branched polysaccharide of 9-12 sugars.
  - Essential for LPS structure
- **O-Antigen**
  - Attached to core
  - Long, linear polysaccharide consisting of 50-100 repeating saccharide units of 4-7 sugars per unit.



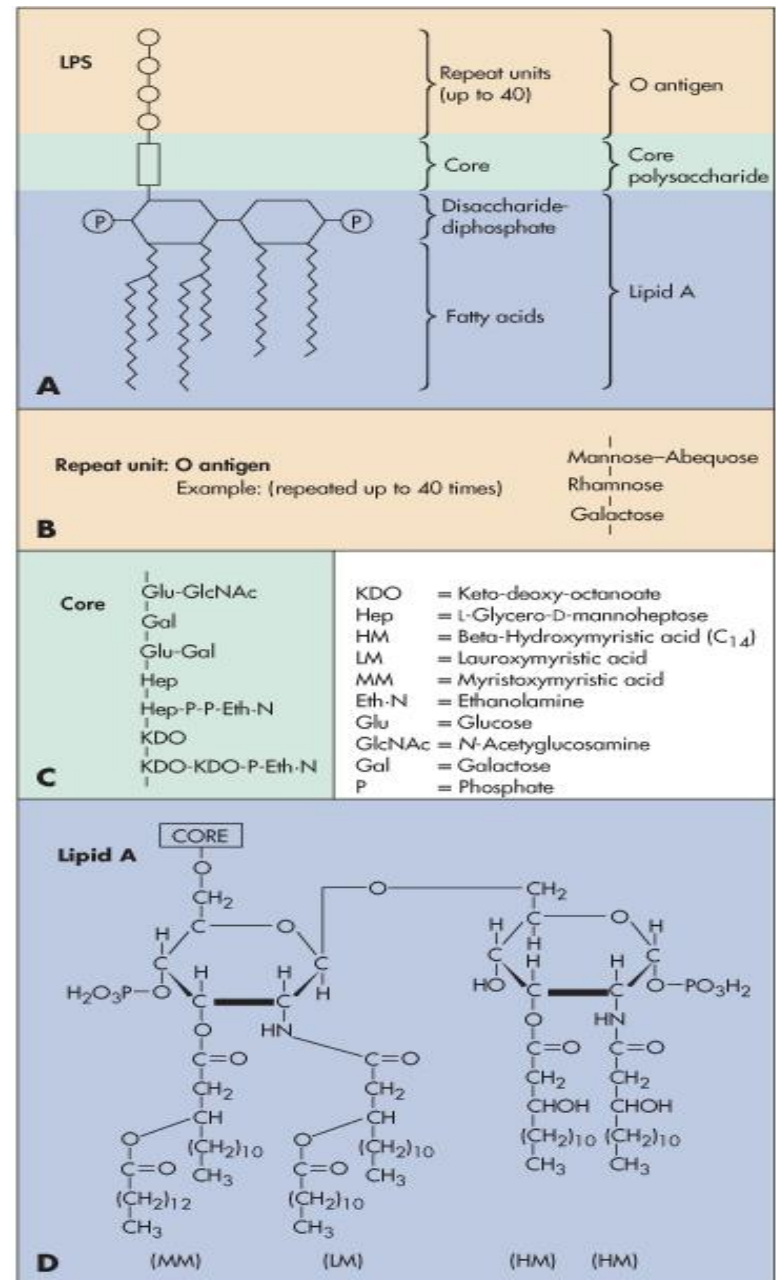
# LPS

LPS structure used to classify bacteria.

Lipid A is identical for related bacteria and similar for all Gram-negative Enterobacteriaceae.

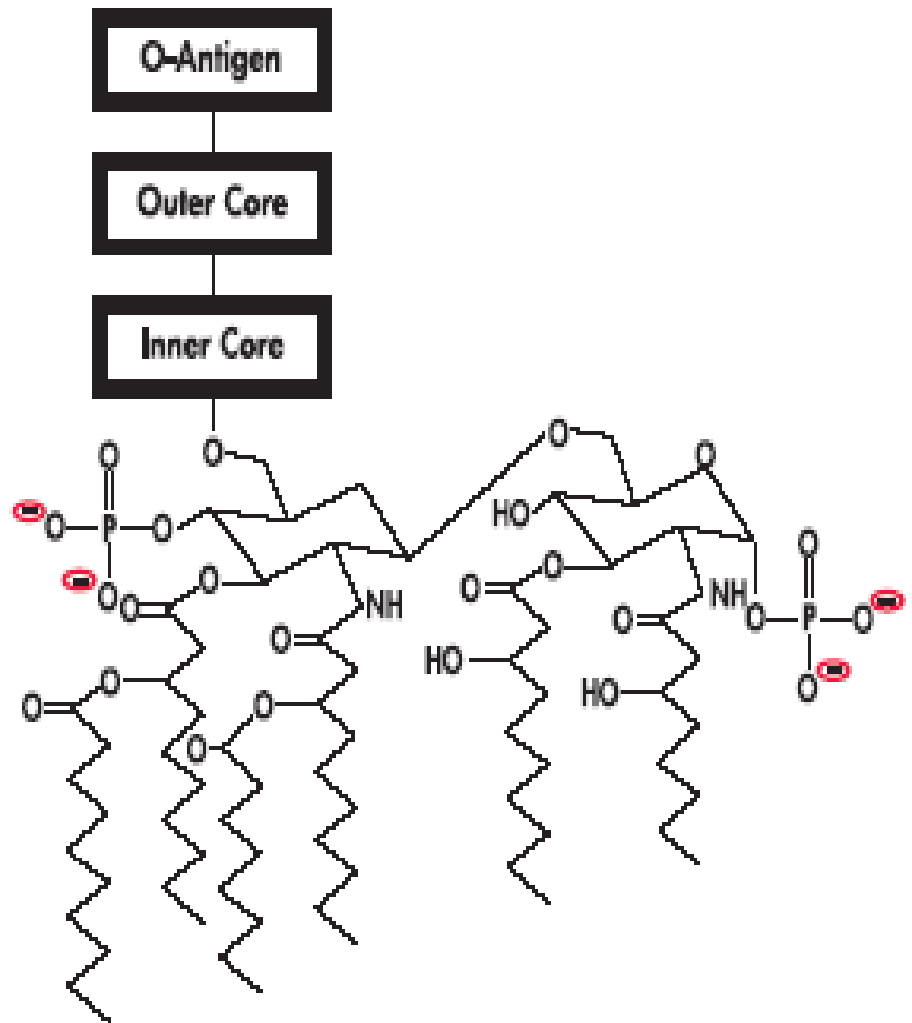
The core region is the same for a species of bacteria.

The O antigen distinguishes serotypes (stains) of a bacterial species e.g., *E. coli* O157:H7.



# LPS

- Powerful nonspecific stimulator of the immune system.
- Activate B cells (non specifically) and induce macrophages, dendritic, and other cells to release IL-1, IL-6, and TNF- $\alpha$ .
- Induce shock if reaches blood stream at elevated levels.
  - Disseminated Intravascular Coagulation.



# Summary—Gram-positive vs. Gram-negative (membrane characteristics)

Characteristic	Gram-positive	Gram-negative
Outer Membrane	-	+
LPS	-	+
Cell wall	Thicker	Thinner
Teichoic acid	Often present	-
Lysozyme	Sensitive	Resistant
Penicillin susceptibility	More susceptible	More resistant

# Immunology Overview/Review

# Infection Dynamics



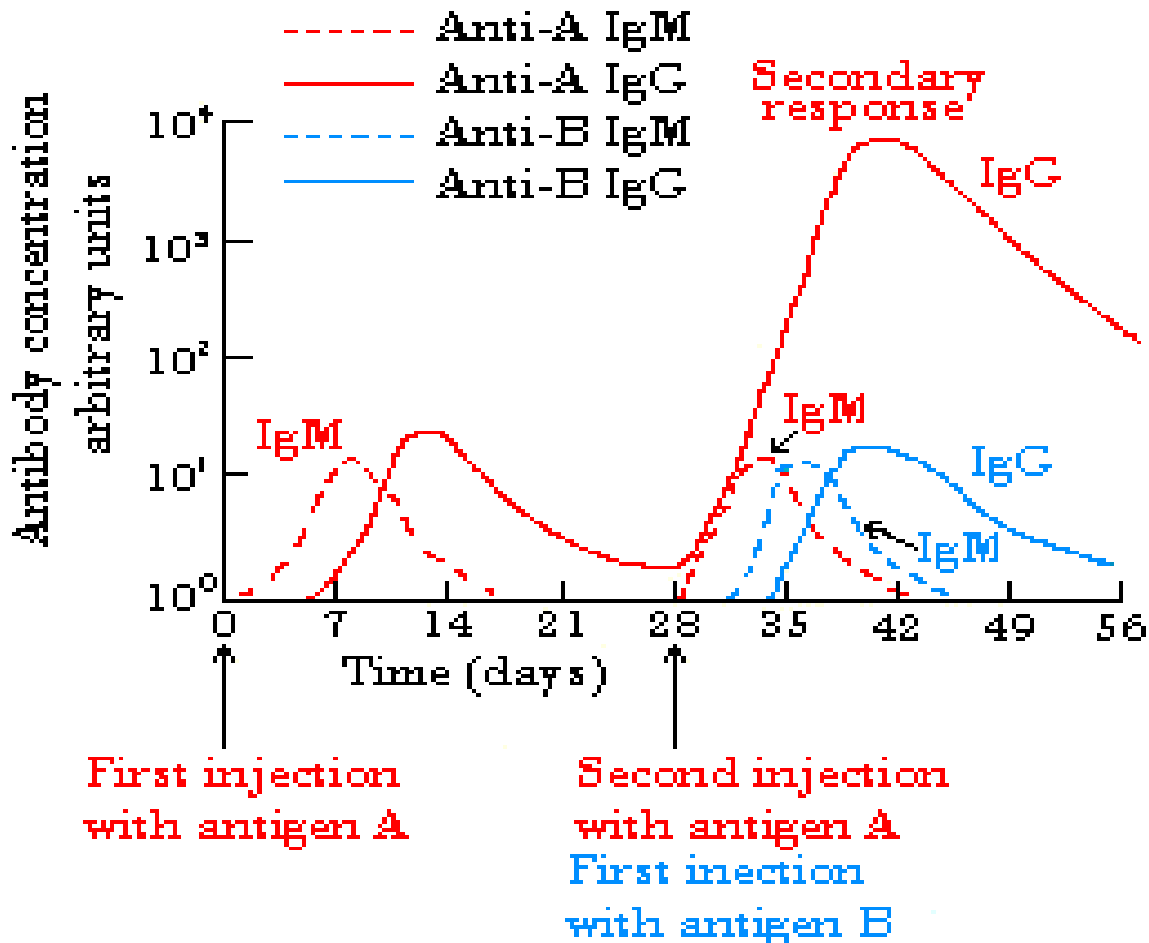
# OBJECTIVES

- **1. The general nature of immune responsiveness.**
  - **Memory**
  - **Specificity**
    - **Innate immunity**
    - **Acquired Immunity**
- **2 Infection and Immunity**
- **3. The anatomic basis of immune responsiveness.**

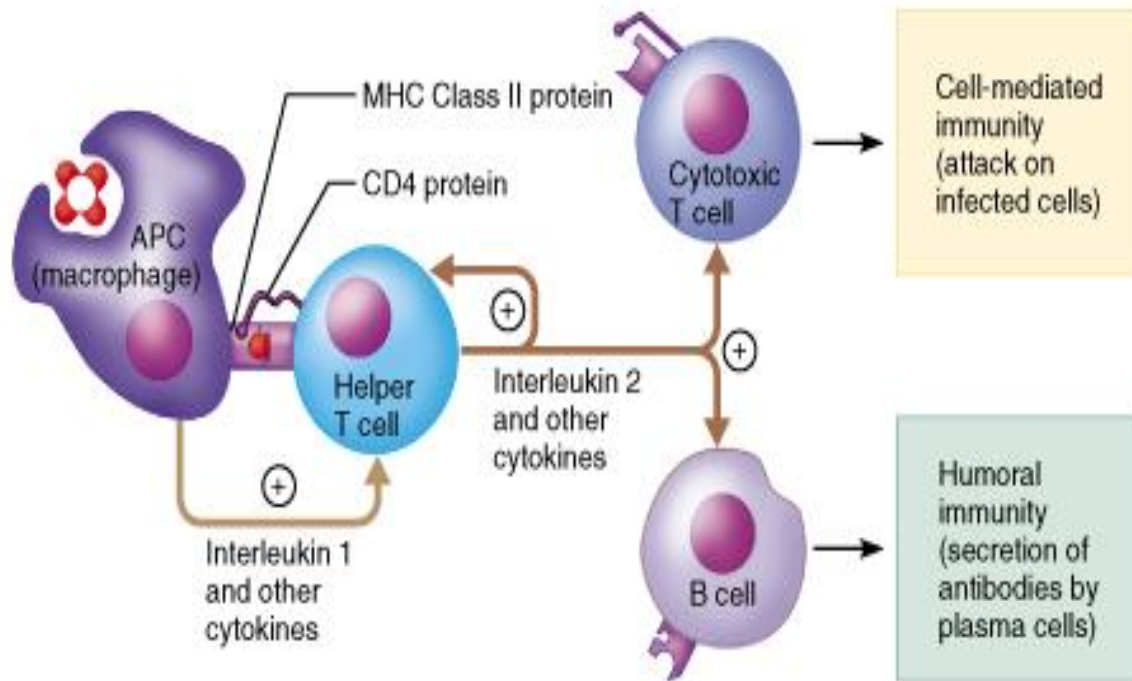
# Definitions

- **Innate**=macrophages, dendritic cells, eosinophils, basophils, neutrophils.
- **Acquired**=T cells; B cells.
- **Humoral**=antibody-mediated
- **Cellular**=dendritic cells, macrophages
- **APC**=antigen presenting cells
- **Antigen**=Any protein, carbohydrate, lipid etc. against which an immune response can be made (**Under the right conditions**).
- **Cytokines**=proteins (like hormones) used by immune cells to communicate.

# Specificity and Memory

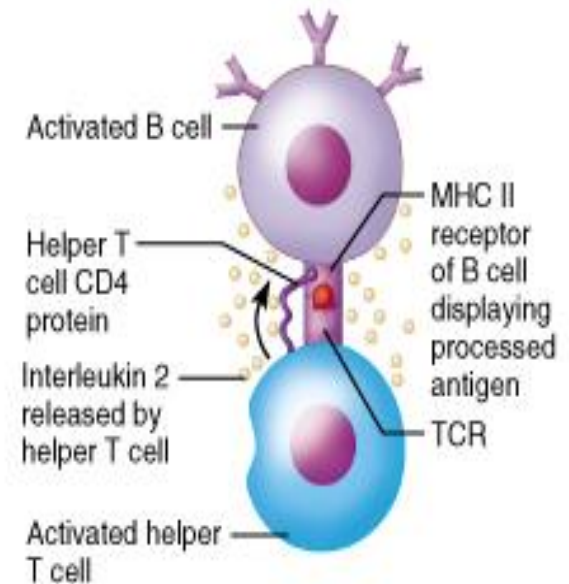


# Specific & Anamnetic Immune Recognition: (Antibodies or Cells other immune components)



(a)

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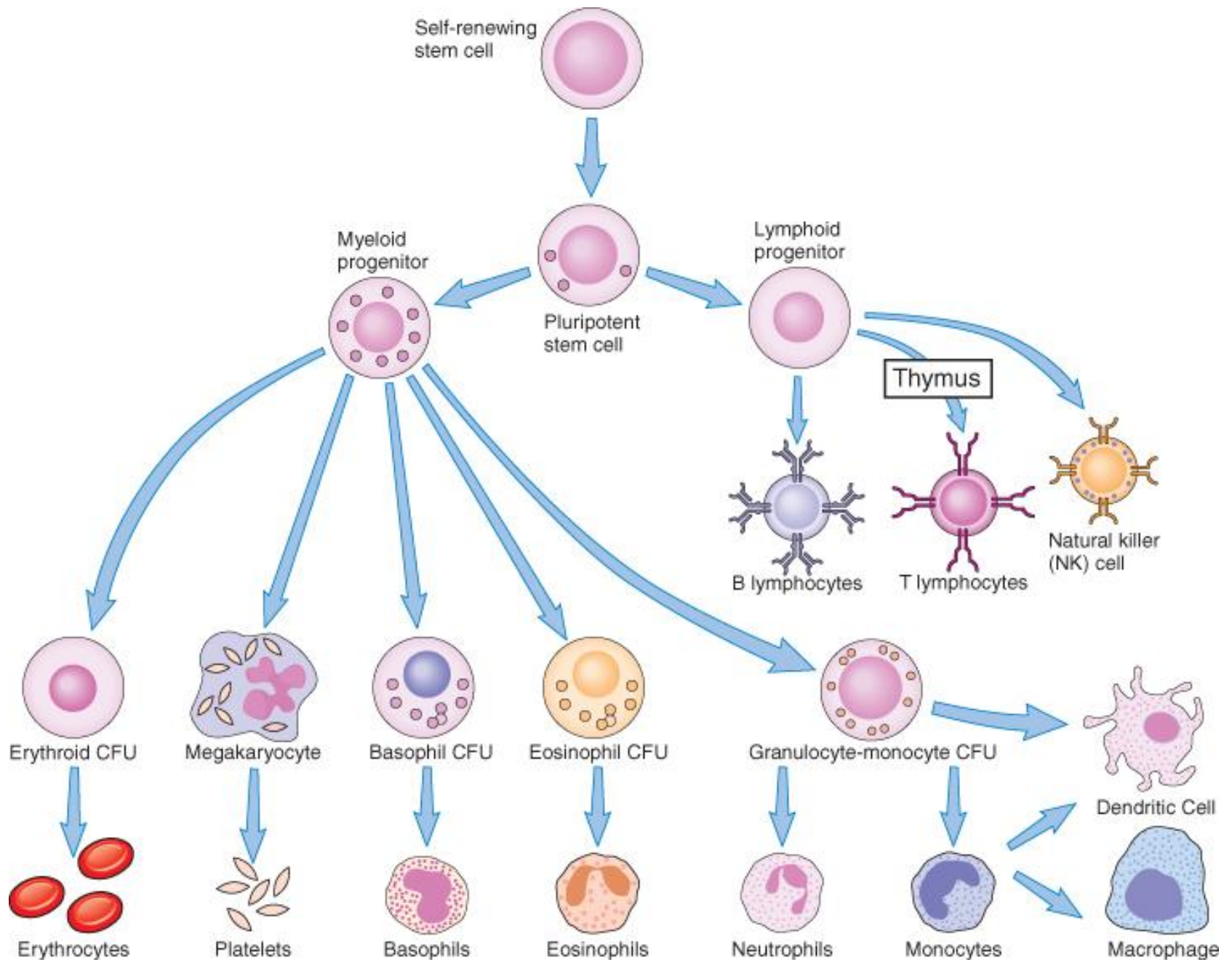
(b)

**Sensitized  
lymphocytes**

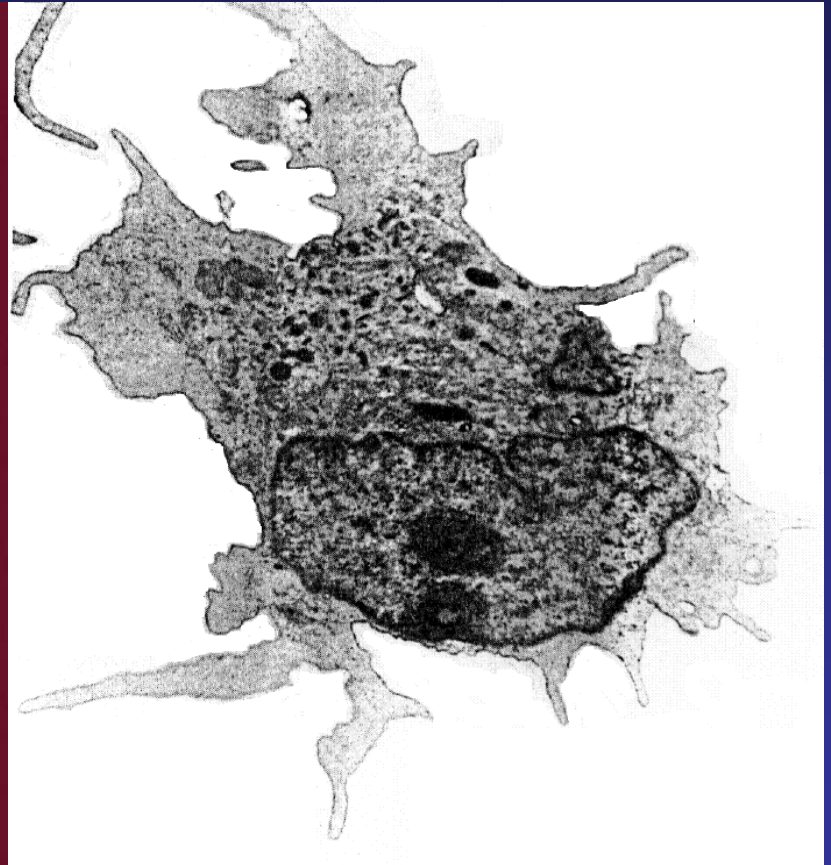
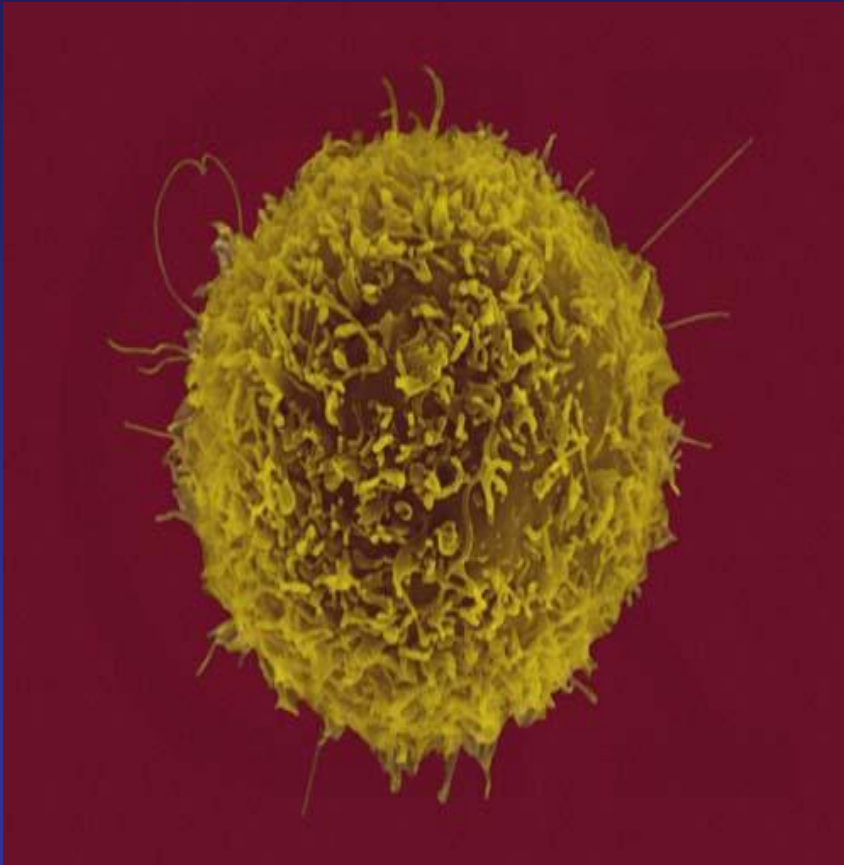
**More later...**

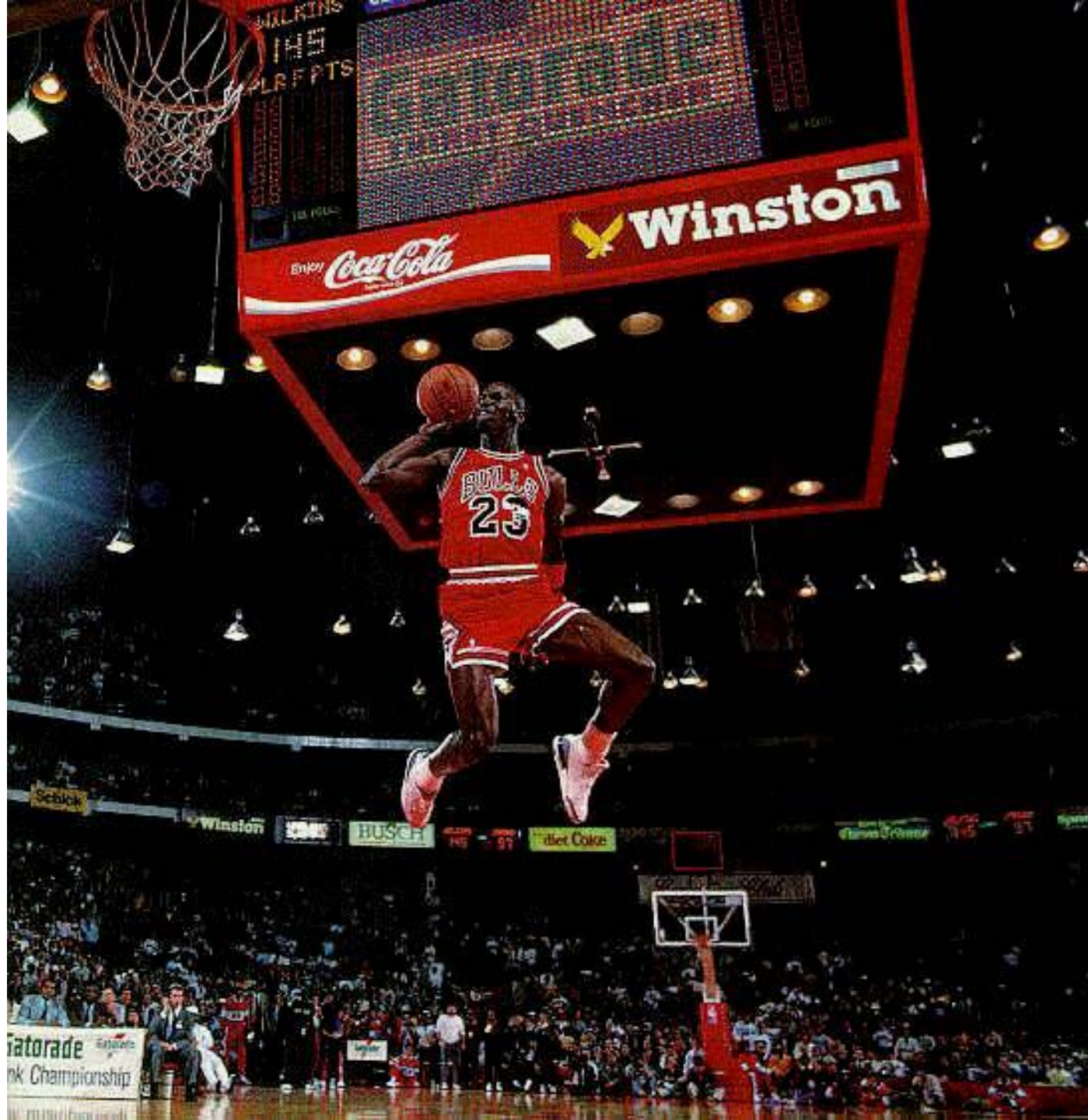
What cells are the main players of the immune system and of an immune **response**?

Where do they arise?



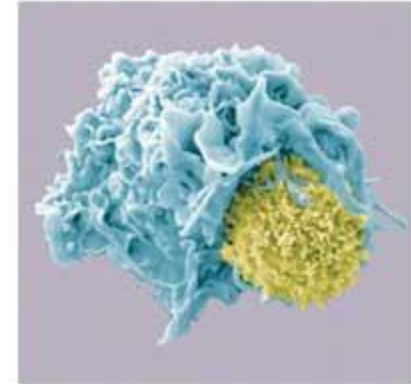
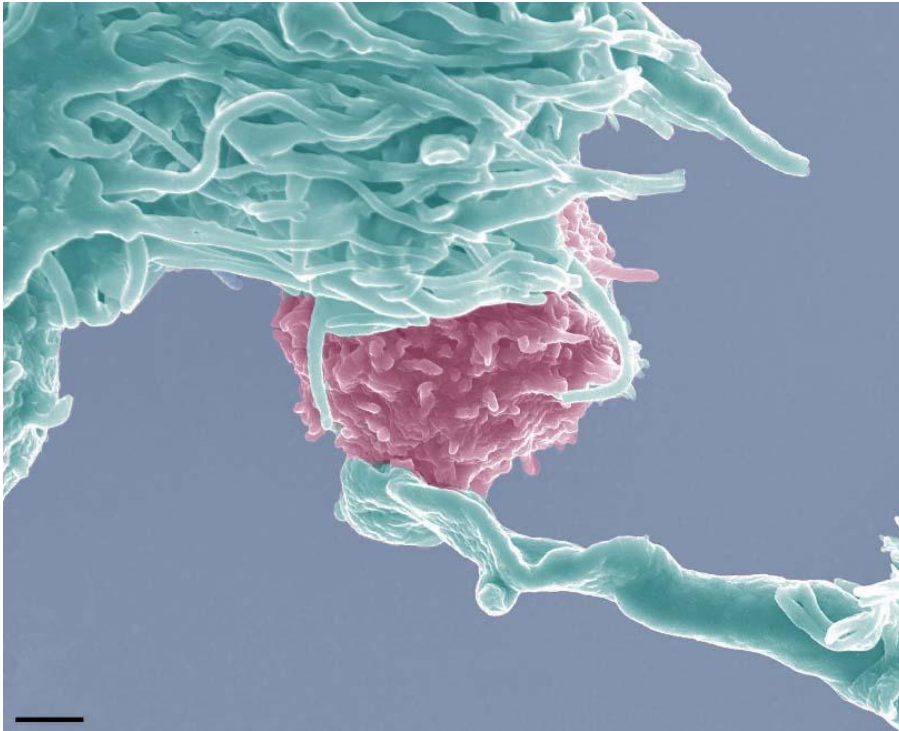
# T cell-----MØ

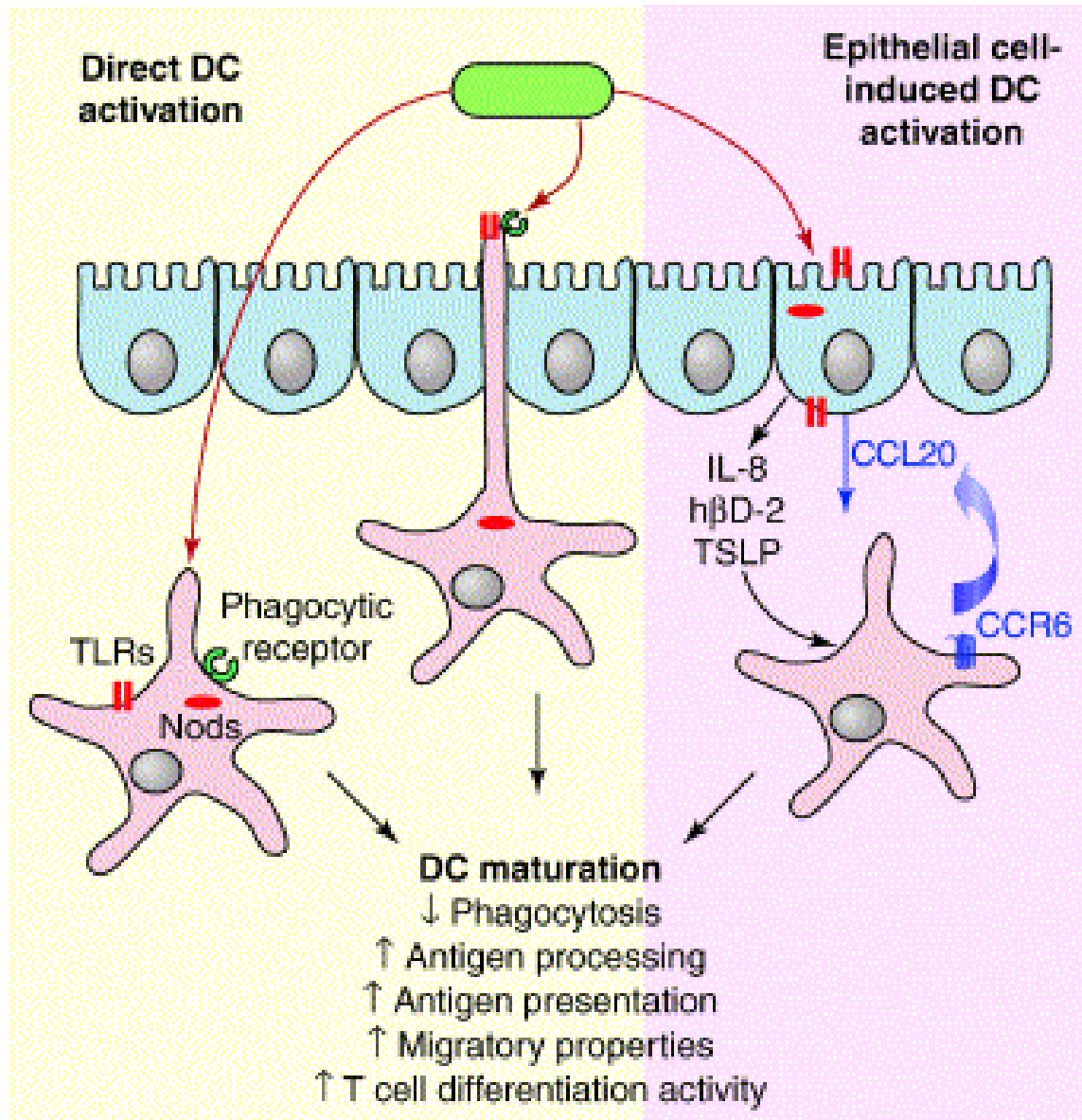






# Dendritic-T cell Interaction





# Old vs. New

- Innate-intrinsic *e.g.*, macrophages, neutrophils, DC, NK cells
  - Ancient
  - Recognize general patterns on pathogens (*e.g.*, LPS, carbohydrates).
- Acquired-adaptive, learned *e.g.*, T and B cells
  - Recognize specific protein sequences or structures.

# **Innate Immune Cells & Defense Mechanisms**

# Brief History of Complement



Bordet



Ehrlich

Hans Buchner-  
demonstrated that  
heating serum  
inactivated its lytic  
properties; alexin

Jules Bordet (Nobel  
1919)-serum  
contained heat-stable  
(Antibodies) and a  
heat labile component  
that 'complemented'  
antibody

- Paul Ehrlich (1899)-  
coined the name  
'complement'

# Complement

- The complement system comprises more than 30 plasma (1/2 for regulation).
- The liver produces ~90% of the plasma complement components, however...
- Production of virtually all components has been documented in monocytes/macrophages and in astrocytes.

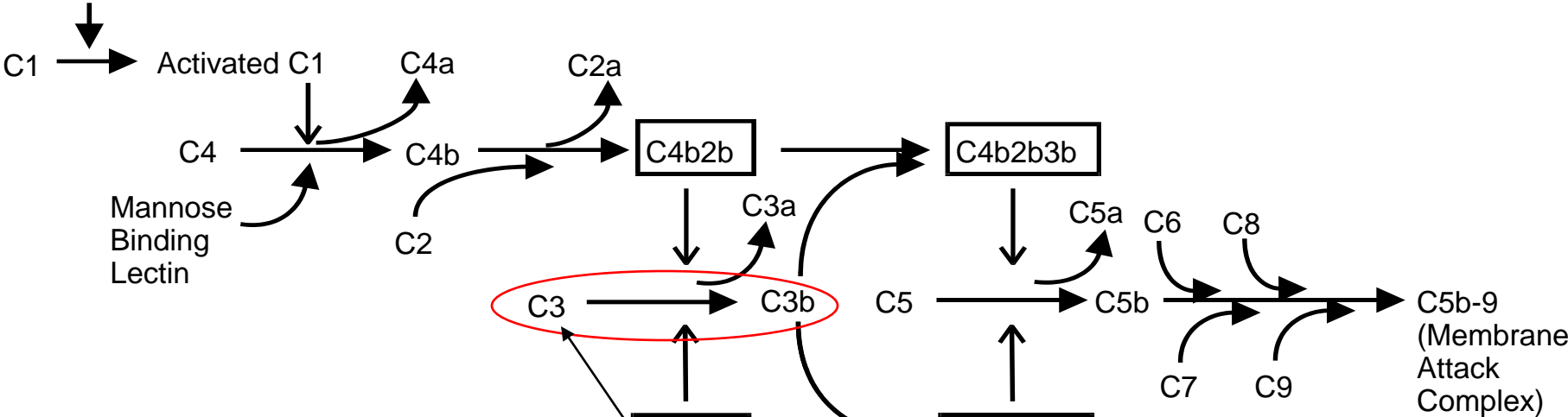
# What is complement and why is this important?

- Complement serves as a primitive surveillance system against microbes.
- Independent from antibodies or T cells.
- During evolution it became intertwined with humoral immunity and now represents a major effector system for antibodies.
- Alternative pathway is 500 million years old. Found in most vertebrates and primitive C3 analogs are present in non vertebrates.

# Complement Pathways

Antigen-Antibody Complex (IgG or IgM)

Classical Pathway



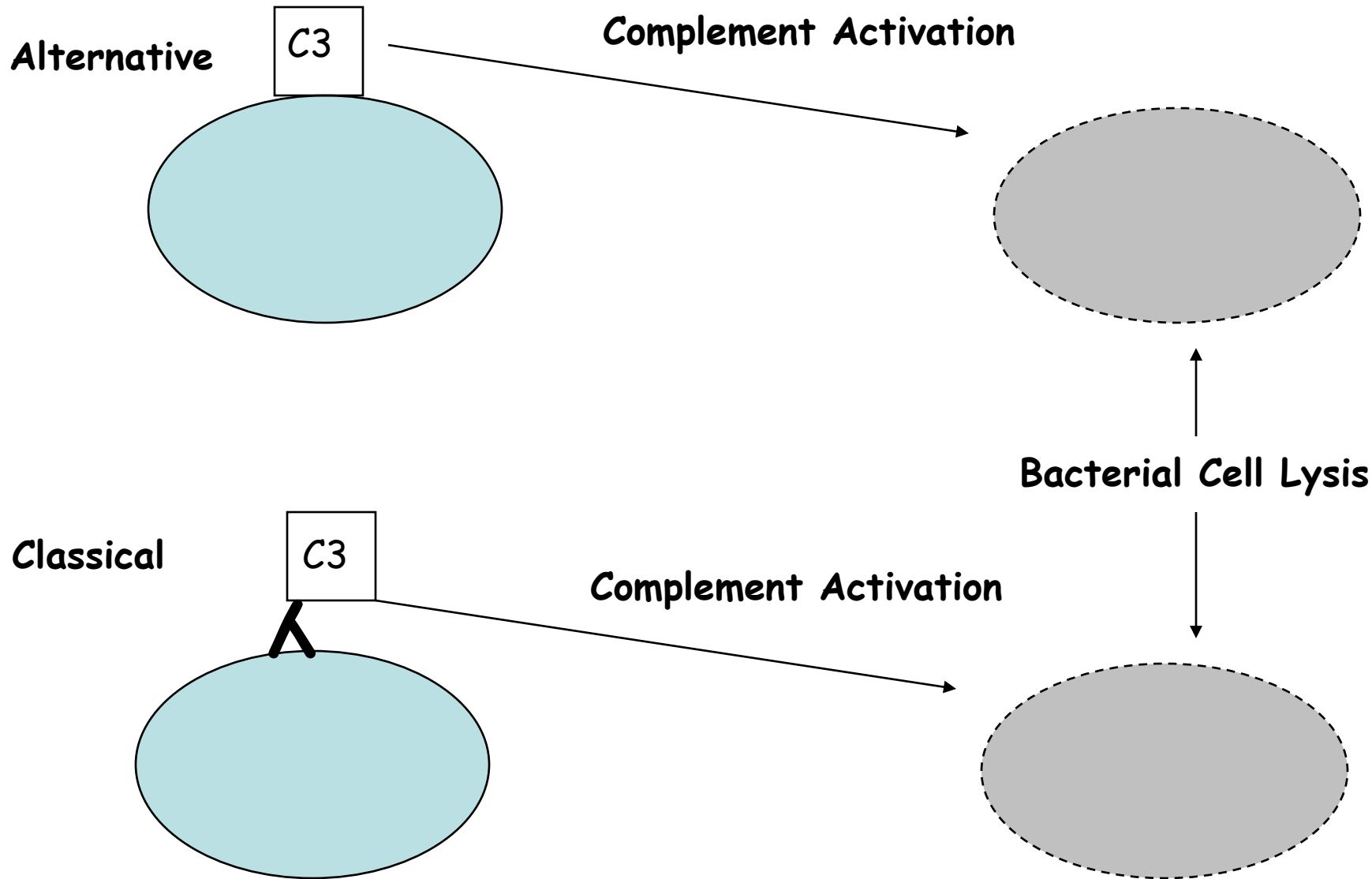
Lipopoly-saccharides  
Viruses  
Fungi

Factor B  
Factor D

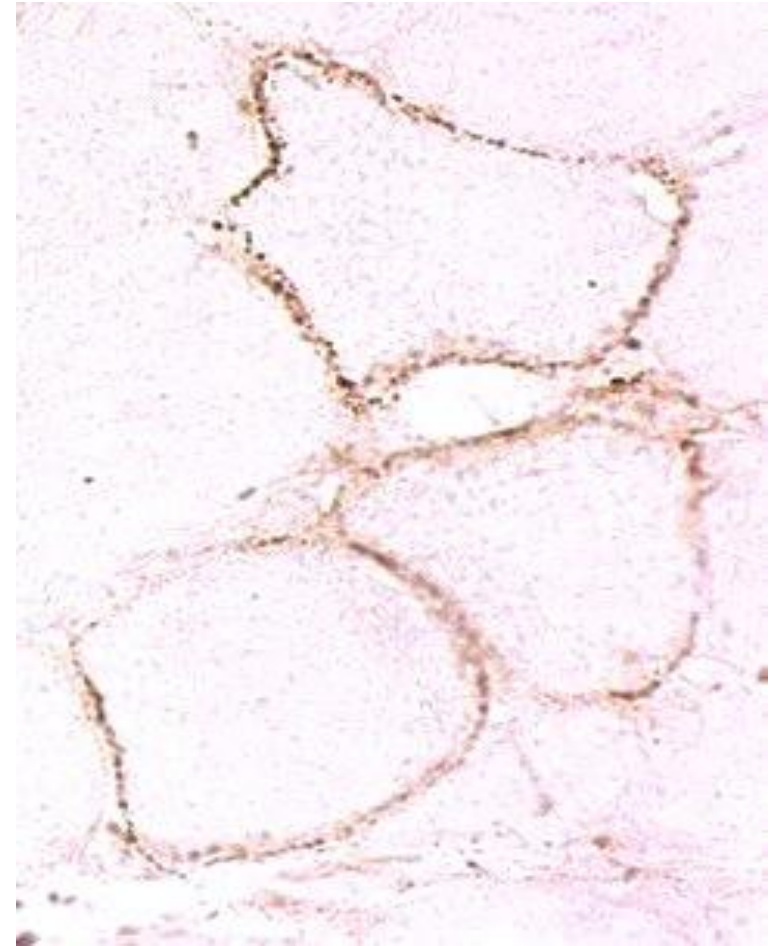
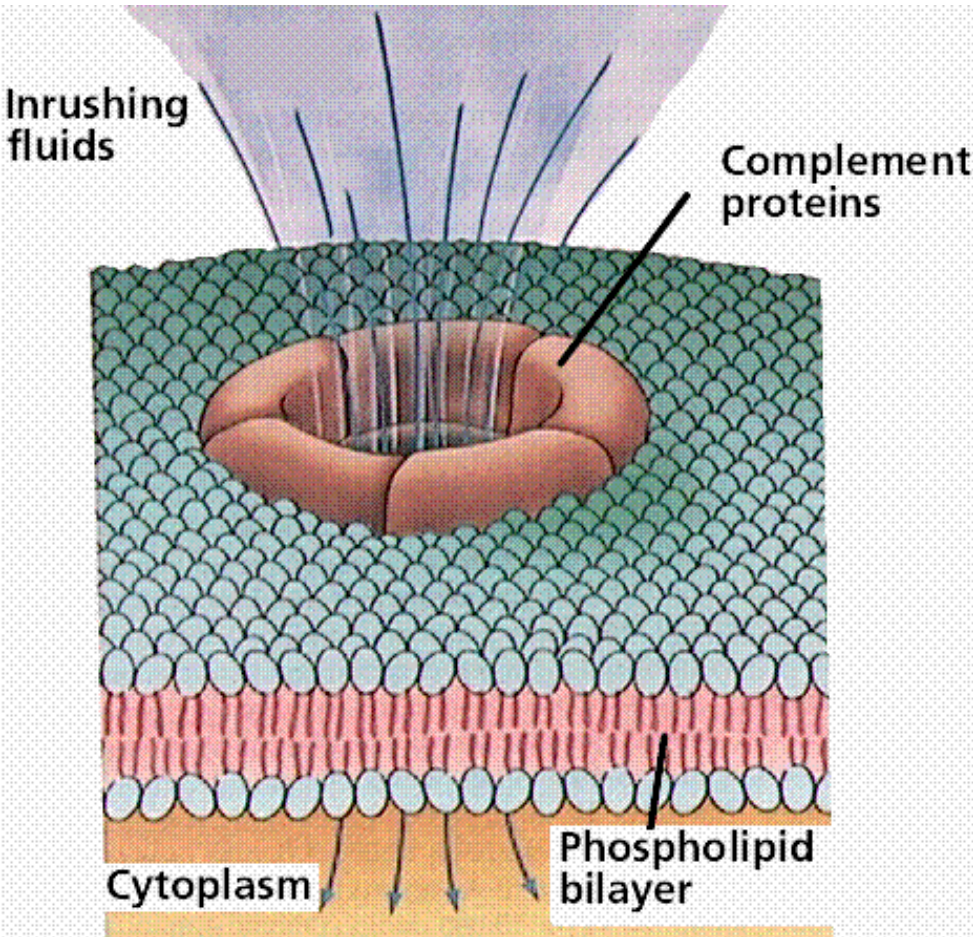
1.4 mg/ml

Alternate Pathway

C5b-9  
(Membrane  
Attack  
Complex)



# Complement-Mediated Lysis



# Biological Functions

- **Cytolysis**
- Immune complexes
- **Opsonization**
- Mediate Inflammation
- Chemotaxis

C4b  
C3b → Opsonins

C3a  
C4a  
C5a → Anaphylatoxins

C3a  
C5a → Chemotactic

# Complement Deficiency States

- **Component (Cases)**

- C1 (50-100)
- C4 (20-50)
- C2 (>100)
- C3 (20-50)
- B (None)
- D (3)
- P (50-100)
- H (20-50)
- C5 (20-50)
- C6 (>100)
- C7 (>100)
- C8 (>100)
- C9 (>100)

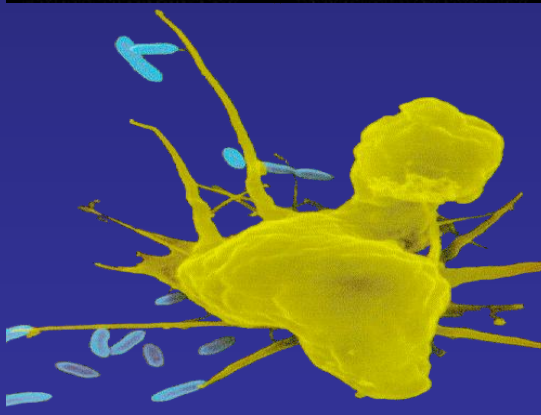
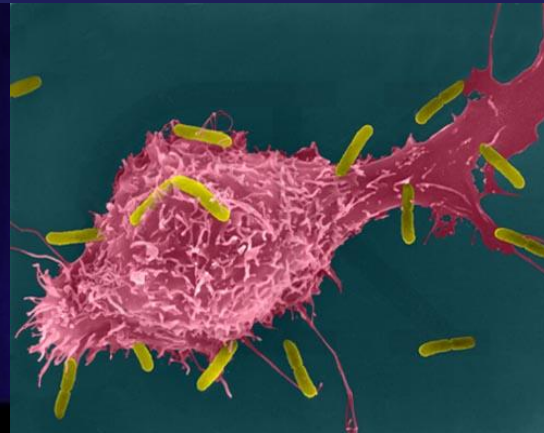
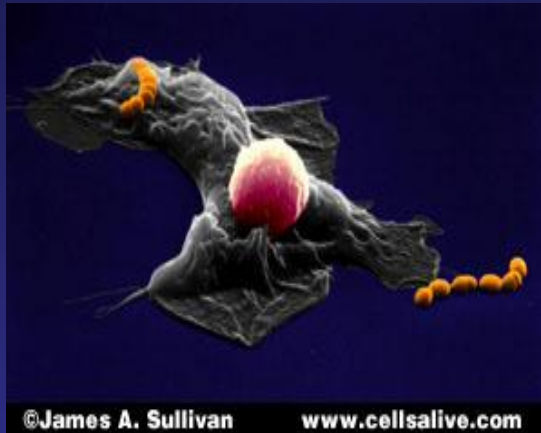
- **Disease associations**

- SLE, bacterial infections
- SLE, bacterial infections
- SLE, bacterial infections
- Bacterial infections
- Incompatible with life?
- Bacterial infections?
- Meningococcal infections
- “ ” /glomerulonephritis
- Bacterial infections
- Meningococcal infections
- Meningococcal infections
- Meningococcal infections
- Meningococcal infections

Because complement is a critical defense against most infectious agents, it is not surprising many pathogens have developed strategies to circumvent the complement cascade.

# Cells of the Innate Immune System

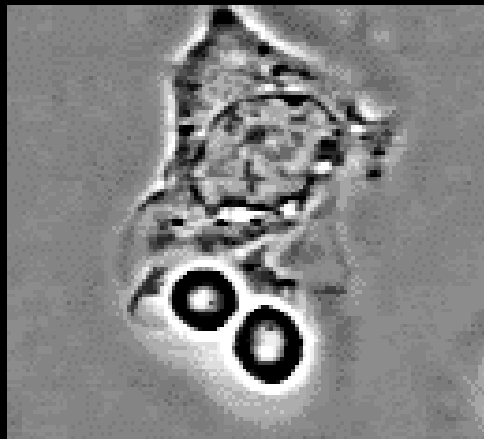
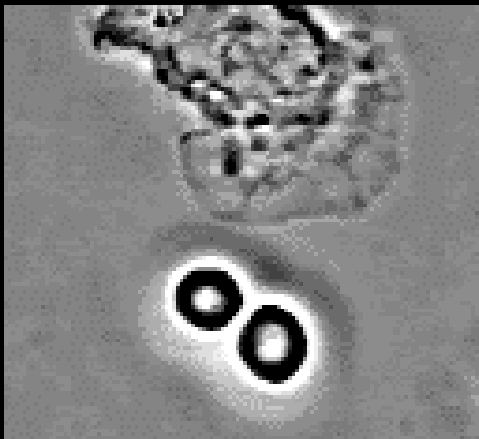
# Macrophages Doing Their Thing



But what makes them 'eat'?

# The Activated Macrophage

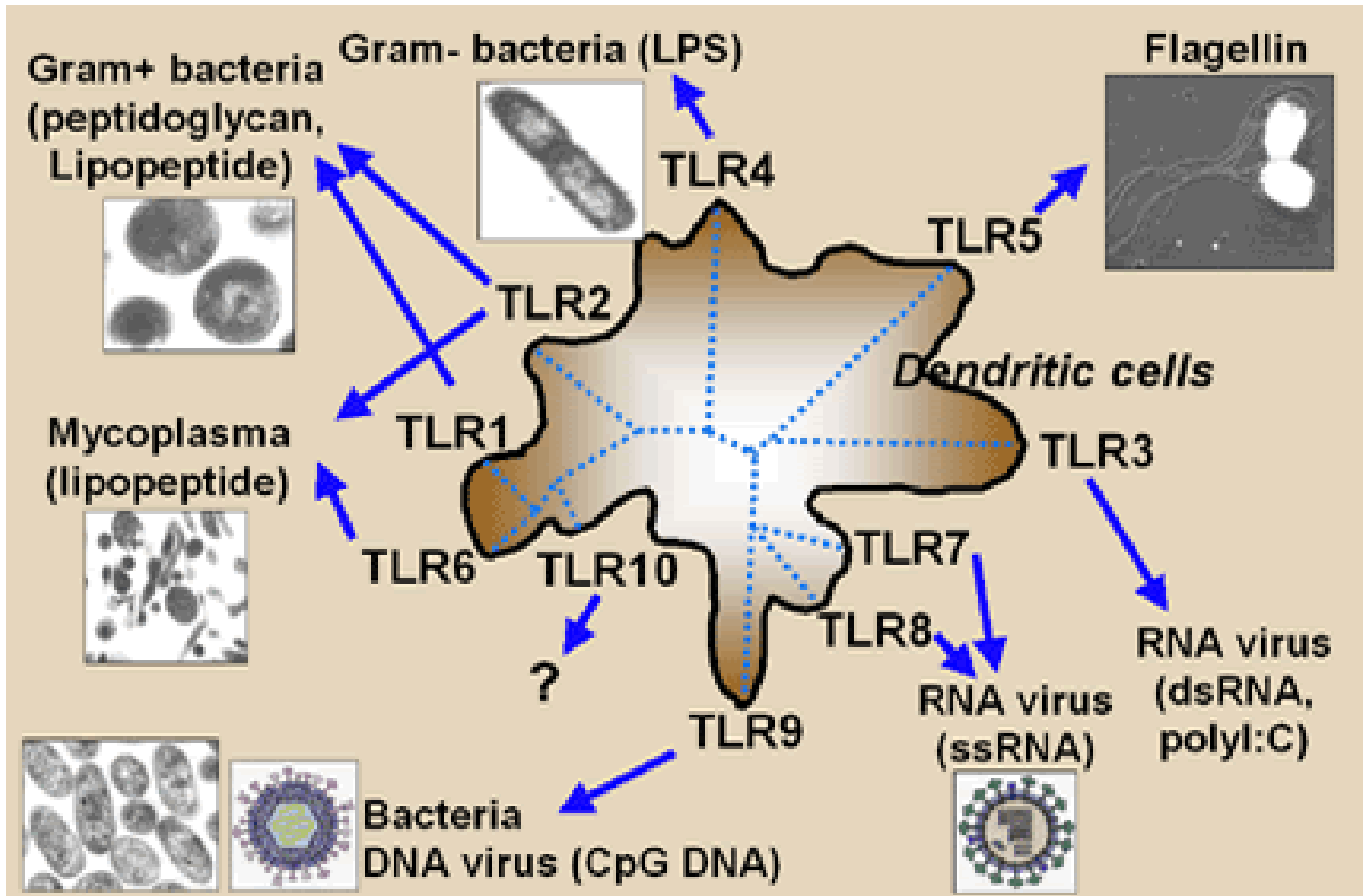
- Professional APCs possess a myriad of receptors recognizing molecular structures on microbial pathogens.
- Bacterial attachment to macrophages via receptors can lead to survival or death.



©James A. Sullivan

[www.cellsalive.com](http://www.cellsalive.com)

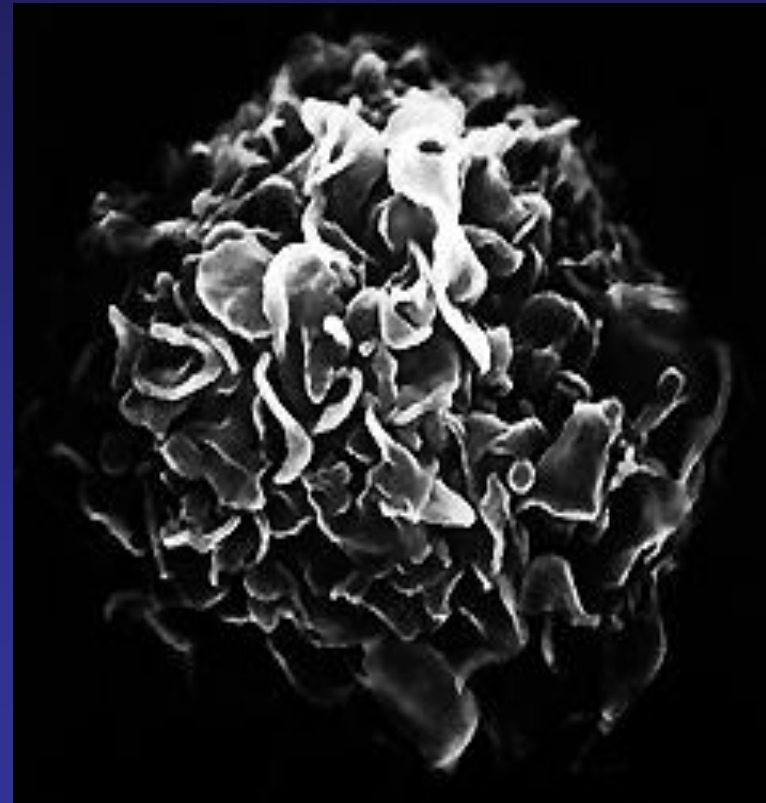
# Toll Receptors



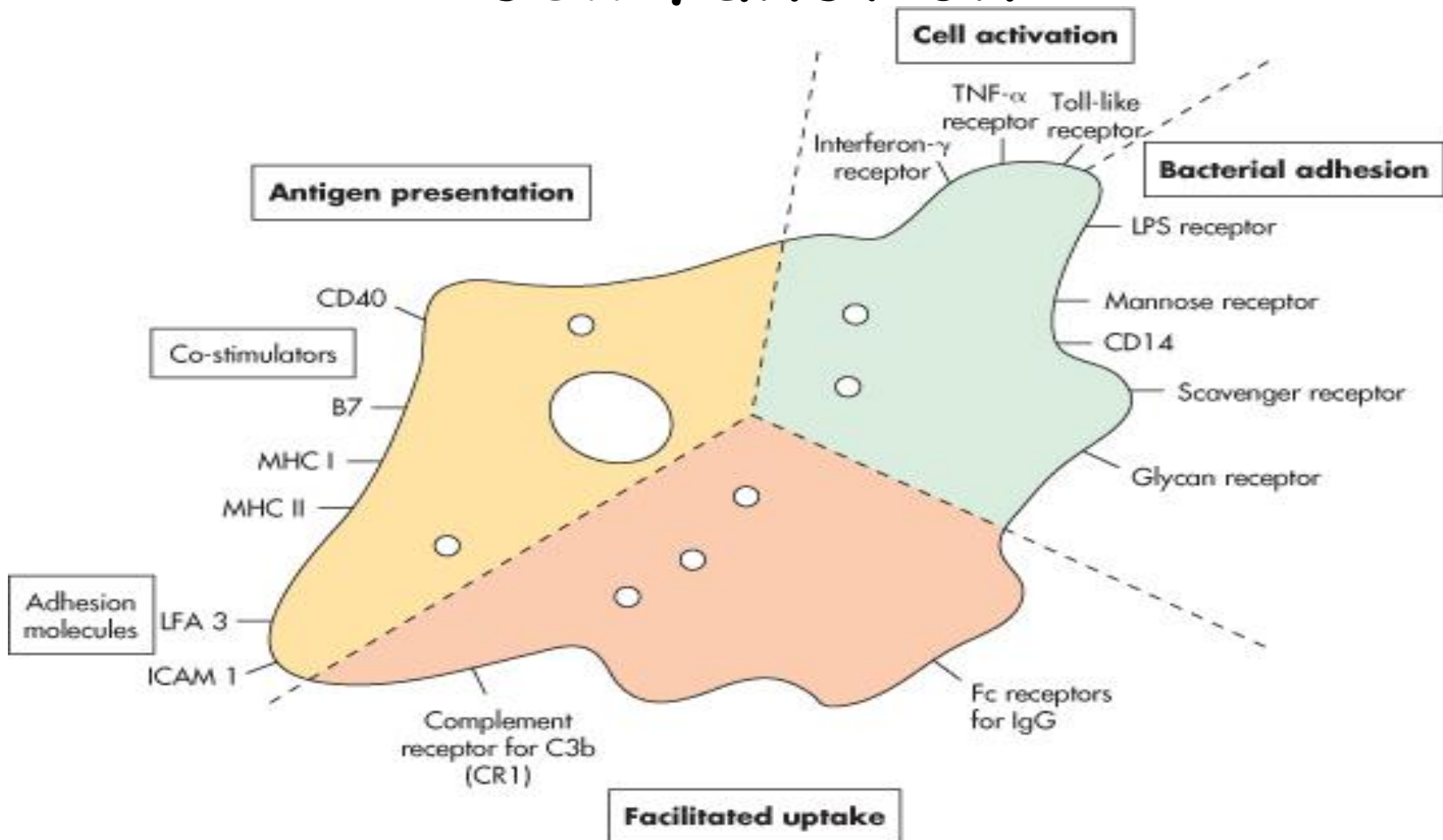
# Macrophage Receptors

## Pattern Recognition

- **Fcy receptors/  
Opsonization**
- **Scavenger  
receptors**
- **Complement  
receptors**
- **Cytokine  
receptors**



# MØ surface structures mediate cell function

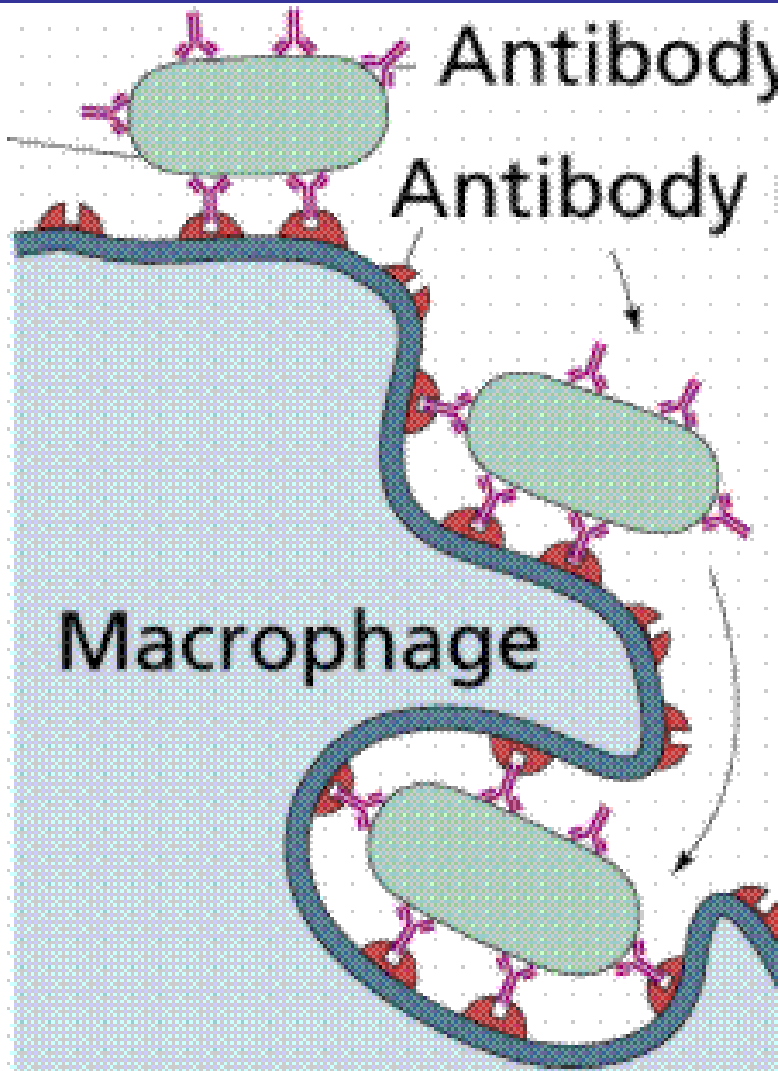


Bacterium covered with IgG antibody

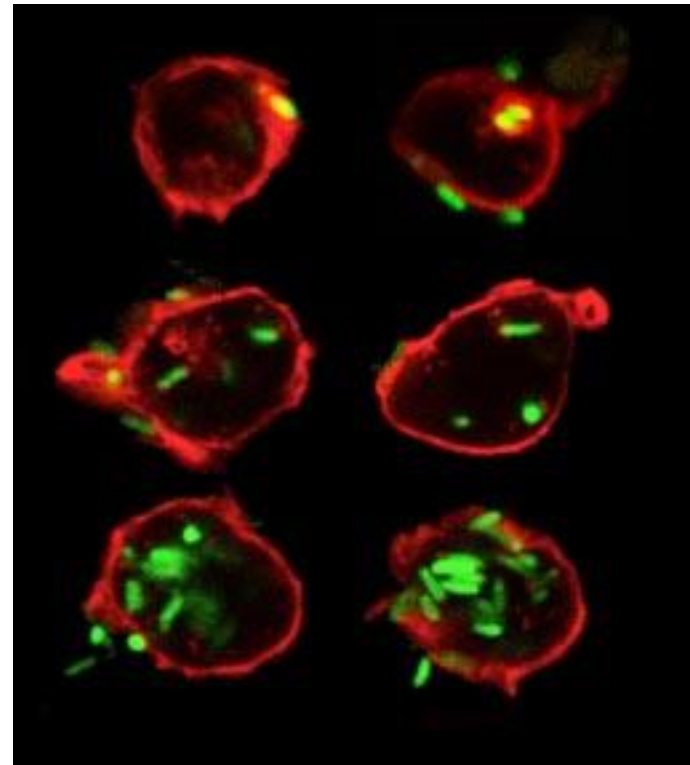
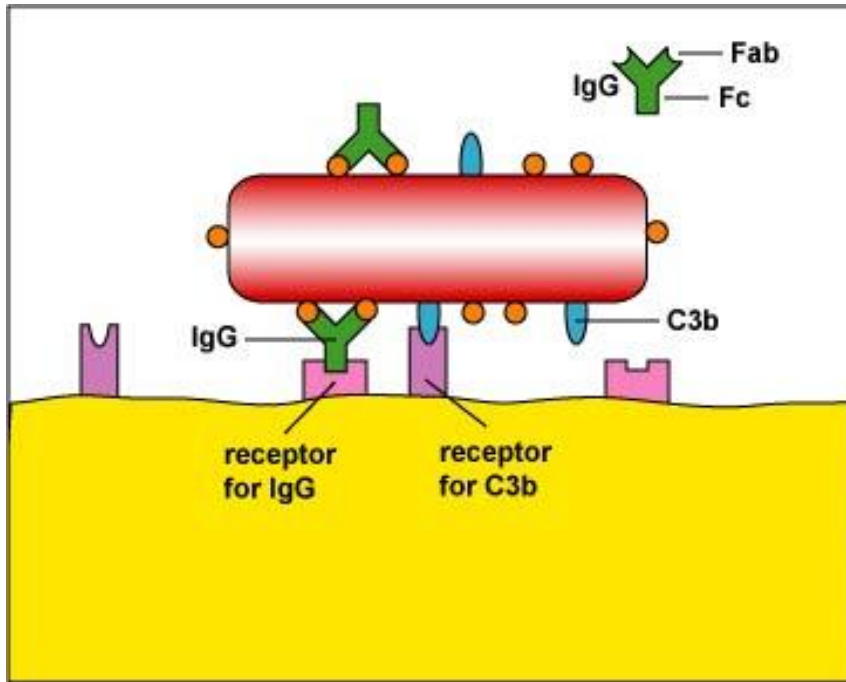
Antibody

Antibody receptor

Macrophage



# Opsonophagocytosis



# Antibacterial Capacities of Activated Macrophages

## Macrophage effector capacity

## Microbial evasion mechanism

**Defensins**

**Unknown**

**Phagosome acidification**

**Phagosome neutralization**

**Phagosome–lysosome fusion**

**Inhibition of  
phagosome–lysosome fusion**

**Lysosomal enzymes**

**Resistance against enzymes**

**Intraphagolysosomal killing**

**Evasion into cytosol  
Robust cell wall**

**ROI**

**CR-mediated uptake,  
ROI detoxifiers, ROI scavengers**

**RNI**

**Unknown (ROI detoxifiers probably  
interfere with RNI)**

**Iron starvation**

**Microbial iron scavengers  
(e.g., siderophores)**

**Tryptophan starvation**

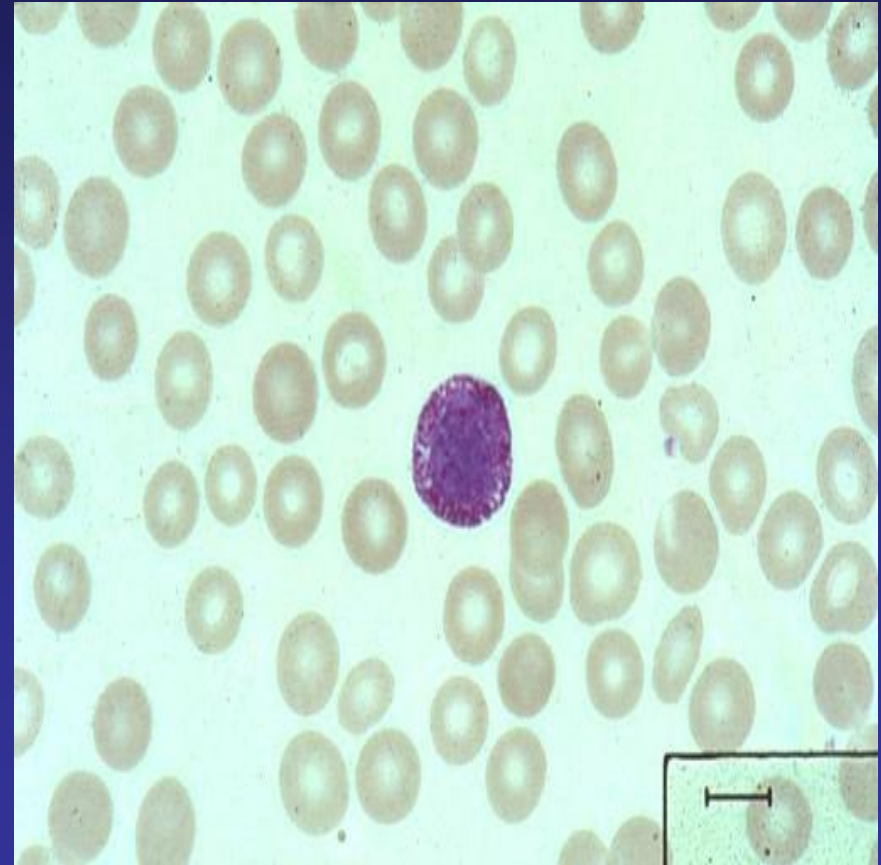
**Unknown**

**ROI, reactive oxygen intermediates; RNI, reactive nitrogen intermediates.**

**Other cells of the Innate  
Immune System  
(The Large Granular  
Lymphocytes)**

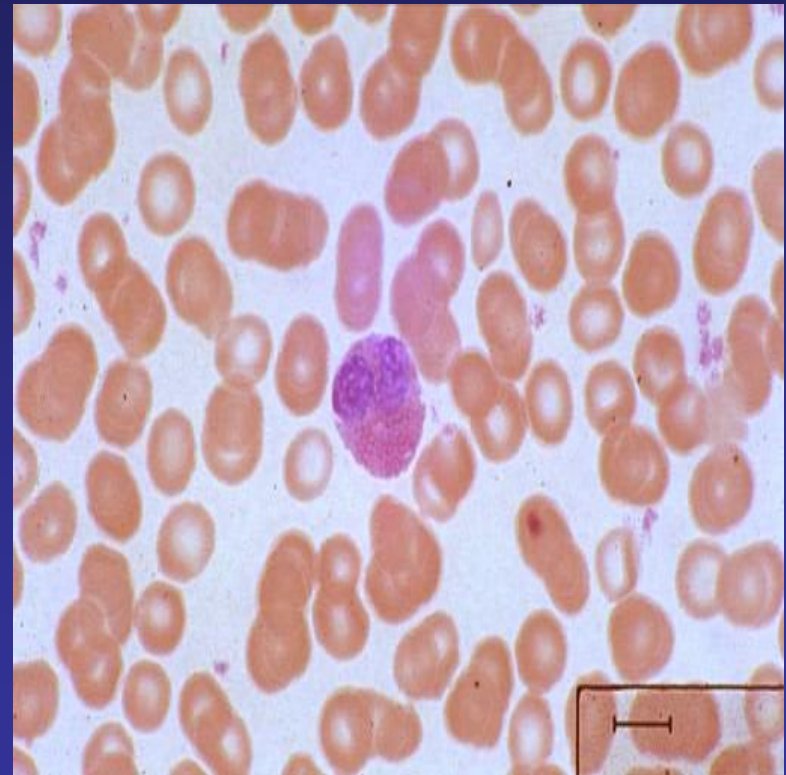
# The Polymorphonuclear Monocytes...

- Basophiles
  - Bind IgE and some IgG
  - 1% of leukocyte
  - Release histamine and serotonin
  - Initiate allergy and anaphylactic-type responses



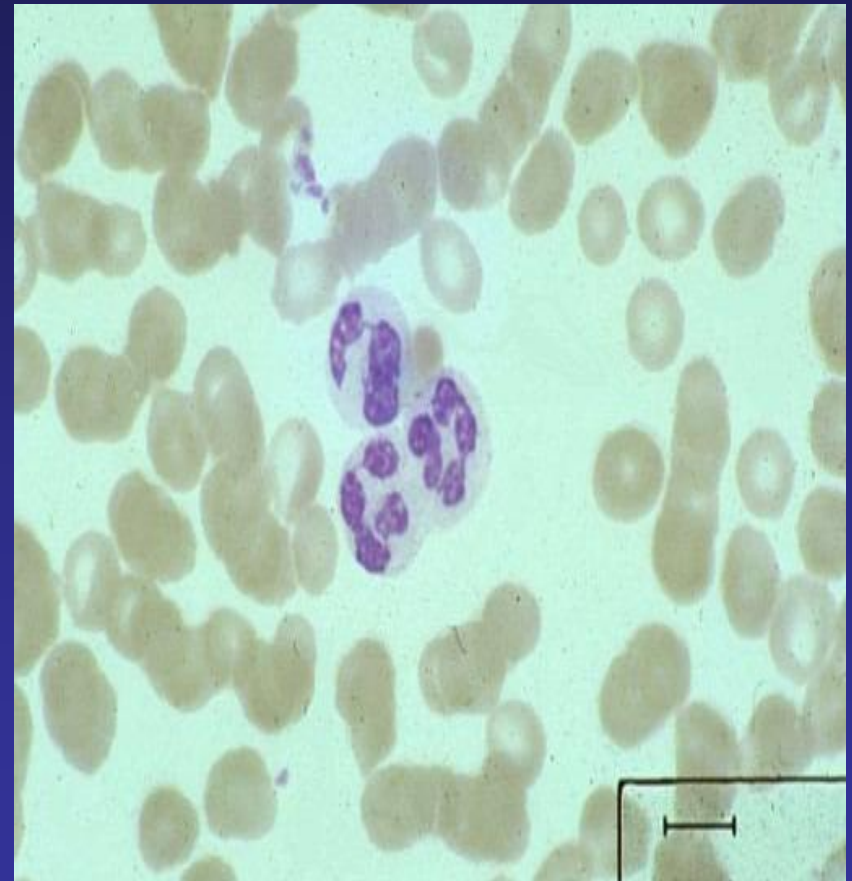
# The Polymorphonuclear Monocytes...

- Eosinophils
  - 2-5% leukocytes
  - IL-5-induced
  - Helminth infections
  - Mucosal epithelia



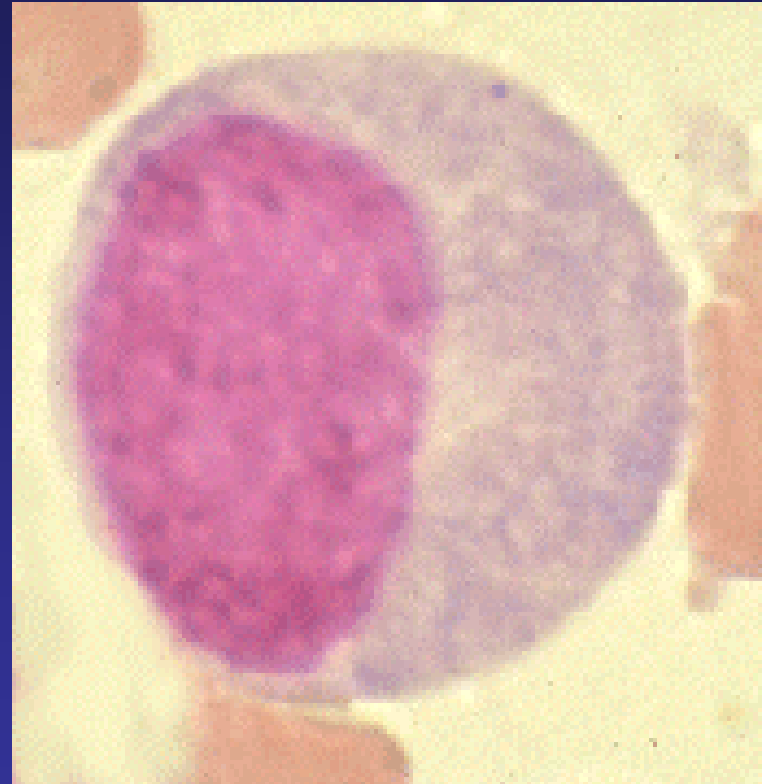
# The Polymorphonuclear Monocytes...

- Neutrophils
  - >40-50% leukocytes
  - $1 \times 10^8$ /day
  - Mediate wide range of inflammatory reactions
  - Primary line of defense
  - **Extracellular bacteria**



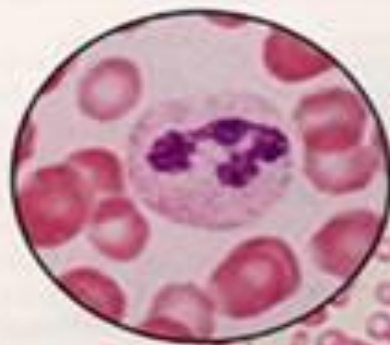
# NK cells--Lymphocytes

- Natural Killer cells
  - **Hybrid** between acquired and innate.
  - Acts like CTL (cytotoxic T lymphocyte).
  - Present in unimmunized individuals (opposite of CTLs).
  - These cells 'scan' the MHC I density of other cells...**why?**



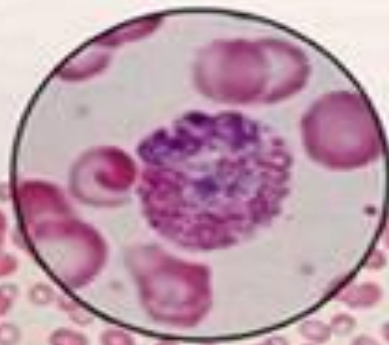
**NEUTROPHIL**

Common phagocytic cell



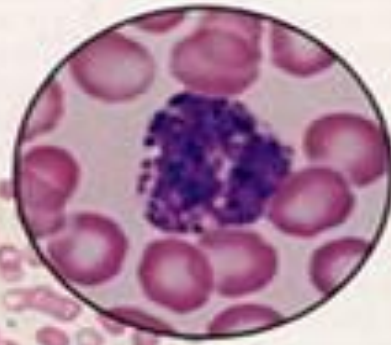
**EOSINOPHIL**

Allergic conditions and parasites

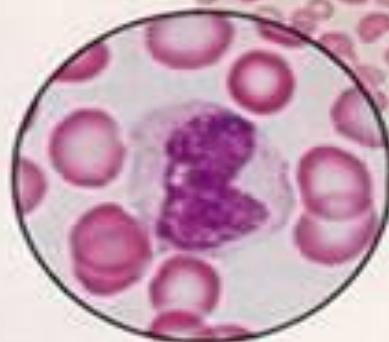


**BASOPHIL**

Synthesize-store heparin/histamine

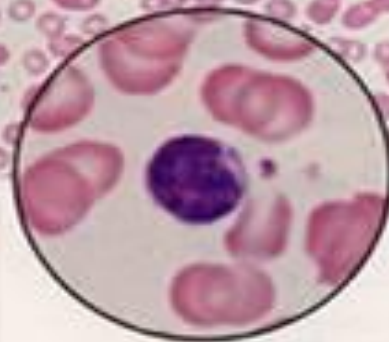


Note the relative # of RBCs to WBCs



**MONOCYTE**

A large phagocyte



**B LYMPHOCYTE**

Antibody production



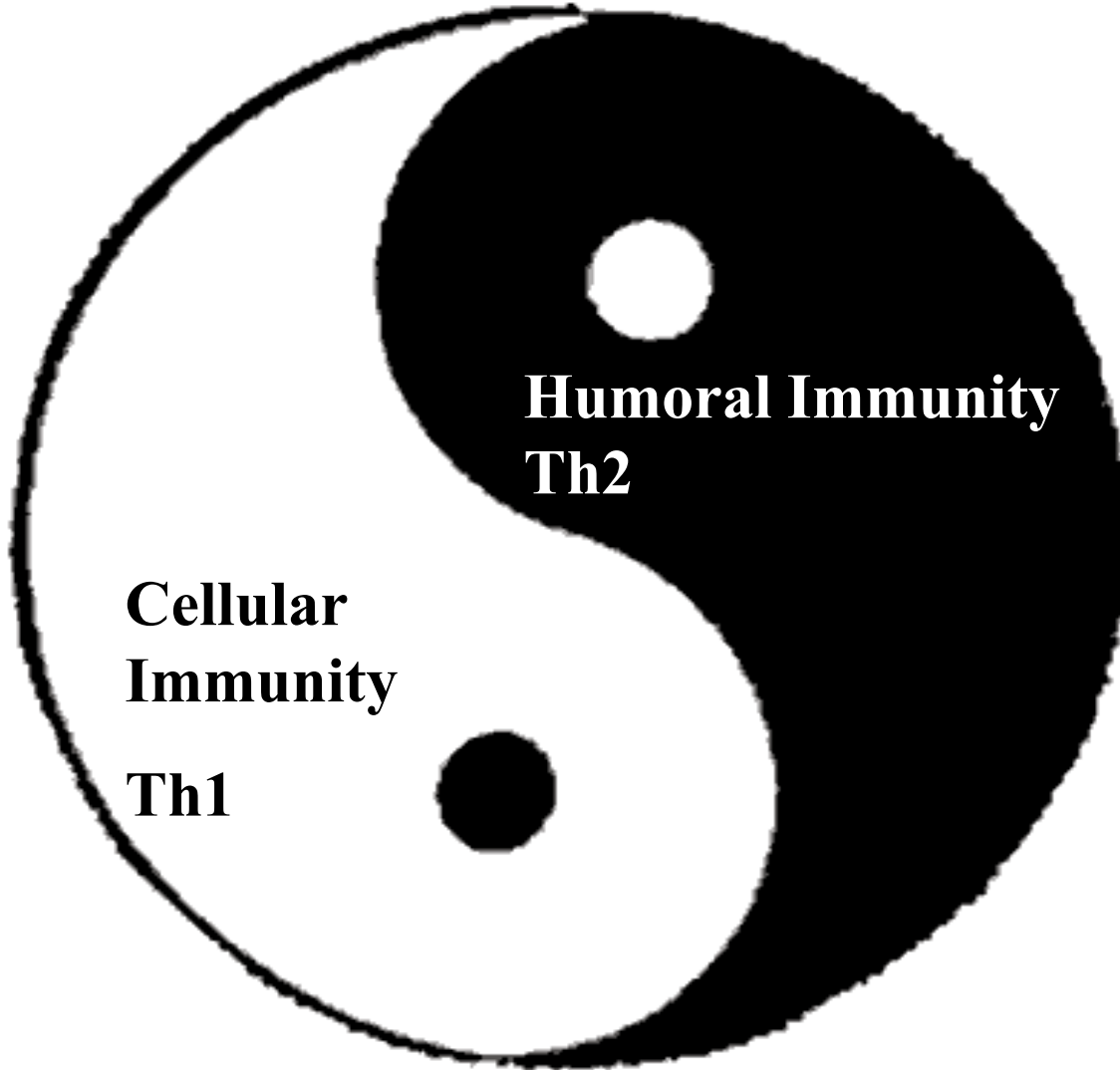
**T LYMPHOCYTE**

Destroy targets (viruses and cancer cells)

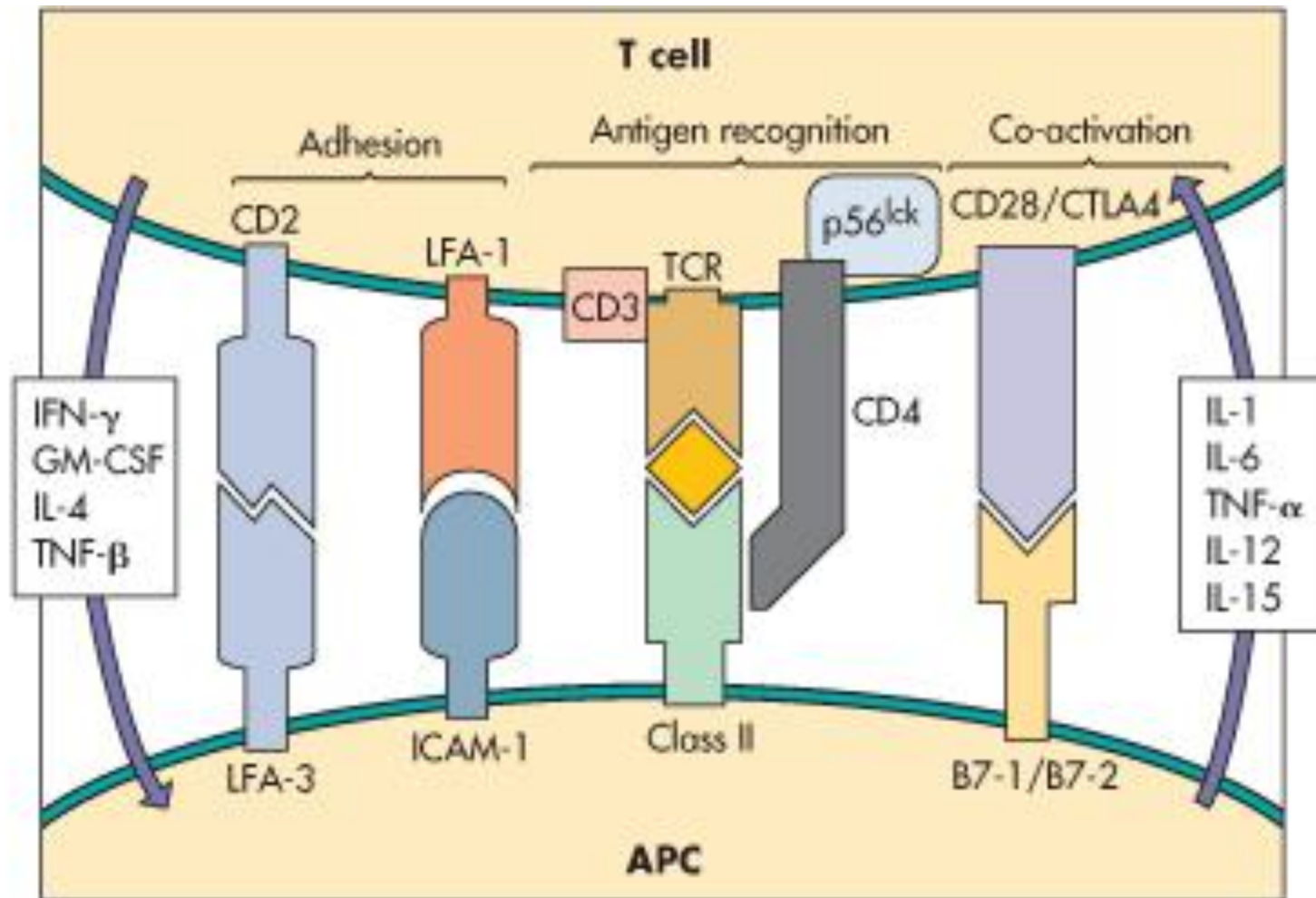
# Acquired Immunity

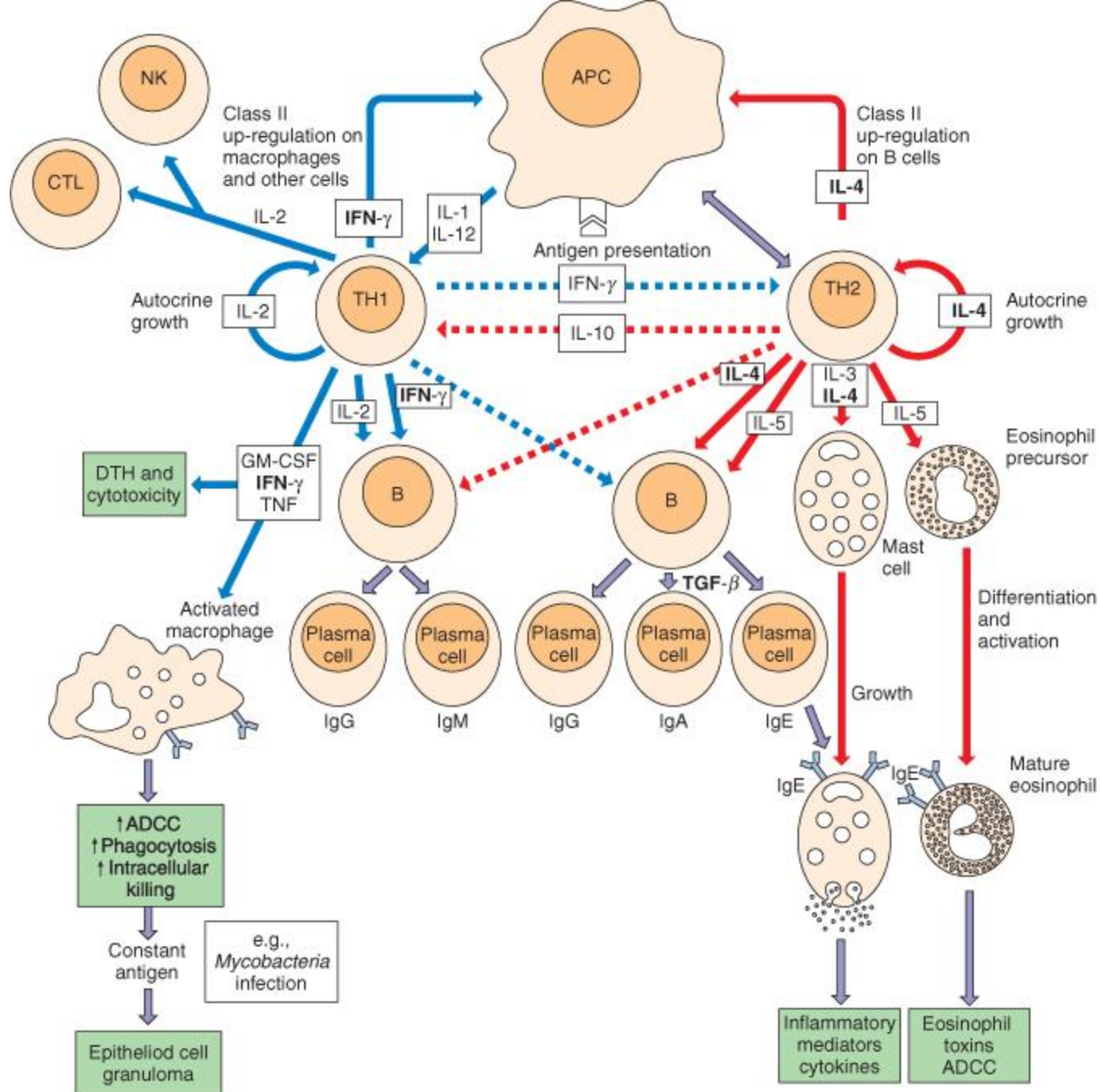
- Learned.
- Responsible for immunologic memory.
- Cells of the Acquired Immune System:
  - T-cells
  - B-cells
  - NK cells

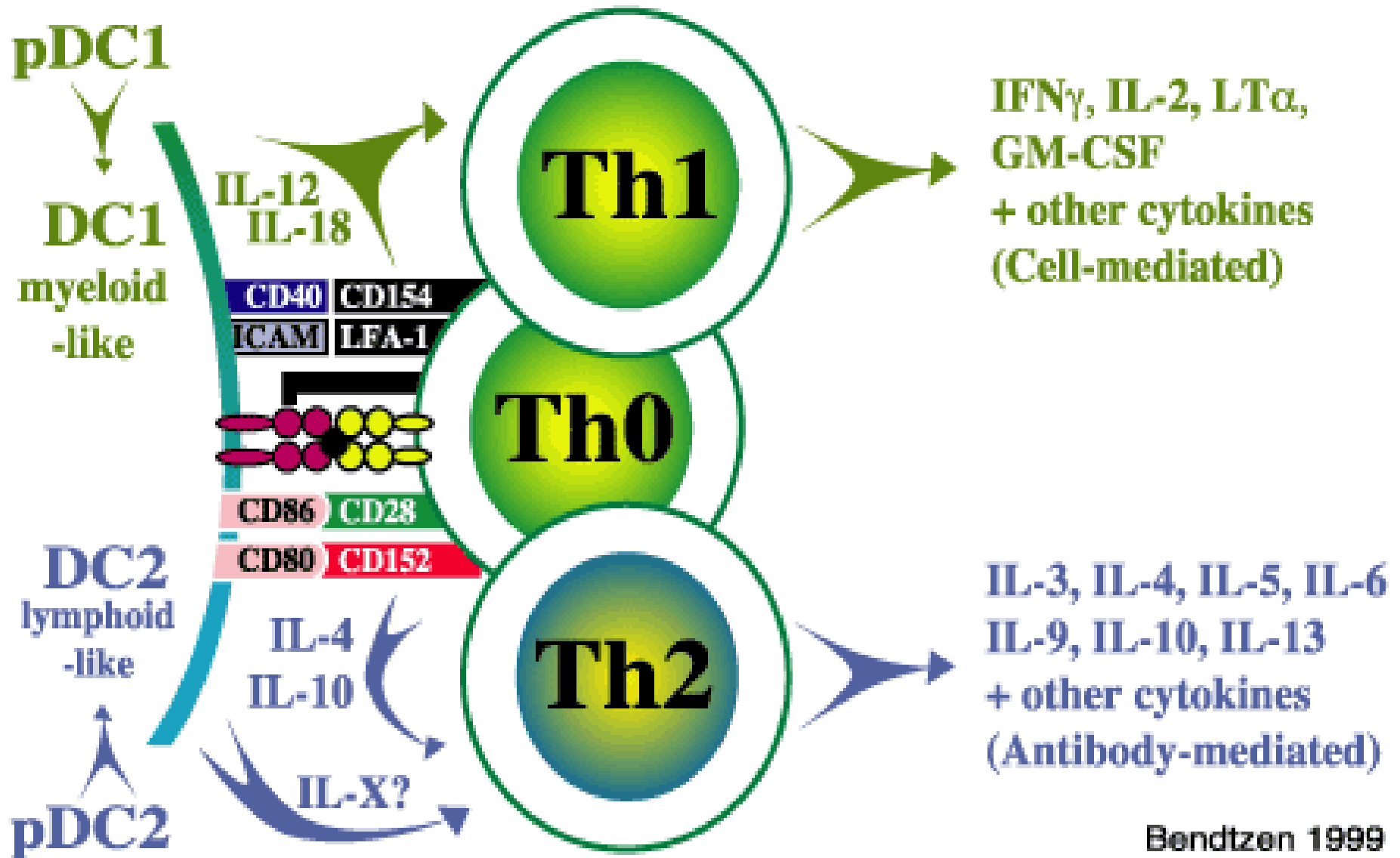
# Immune System Dynamics



# Response Initiation

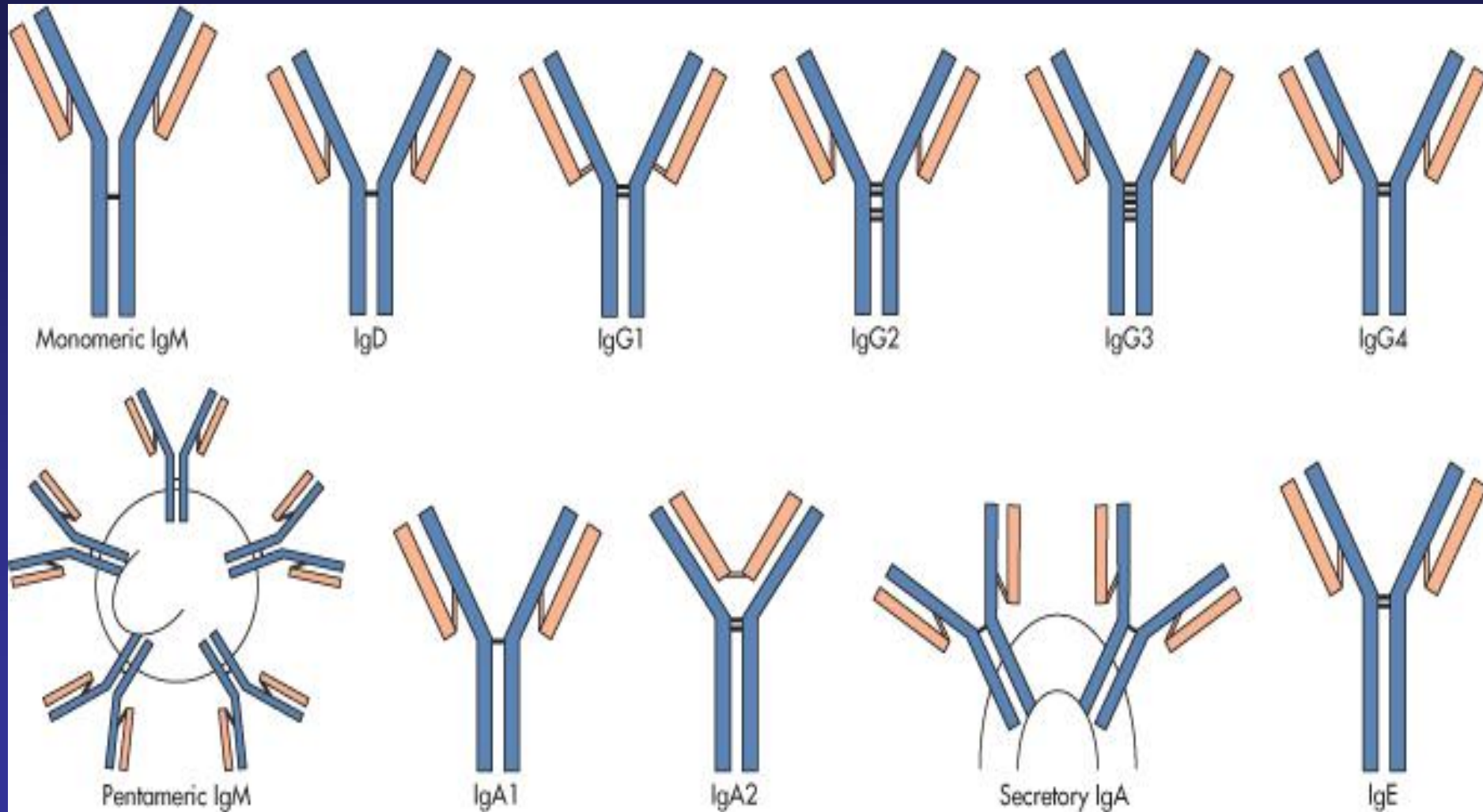






Bendtsen 1999

# Antibody Classes



# OBJECTIVES

- 1. The general nature of immune responsiveness.
  - Memory
  - Specificity
    - Innate immunity
    - Acquired Immunity
- 2 Infection and Immunity
- 3. The anatomic basis of immune responsiveness.

# Nature of Infection

- Plays a critical role in the interactions between Acquired and Adaptive immunity
  - Intracellular pathogens
  - Extracellular pathogens
  - Dose
  - Route

# Infection-Immunity- Pathogenicity

- Only rarely is the infectious disease the direct and invariable consequence of an encounter between host and pathogen.
- Rather, it is the eventual outcome of complex interactions between them

# Intracellular Bacteria

- Routs of Infection

- Directly into the blood *e.g.*, *Rickettsia* sp.
- Mucosa *e.g.*, *M. tuberculosis* and *L. pneumophila*
- Intestine *e.g.*, *S. enterica* and *L. monocytogenes*

# Fate of Bacteria

- Removed nonspecifically by mucociliary movements and gut peristalsis
- Destroyed by professional phagocytes without **SPECIFIC** attention of the immune system
- Cells surviving these nonspecific mechanisms colonize deeper and stably infect a suitable niche.

# Hallmark 1

Intracellular lifestyle represents the distinguishing feature of intracellular bacteria.

Invasion of host cells is not restricted to these pathogens.

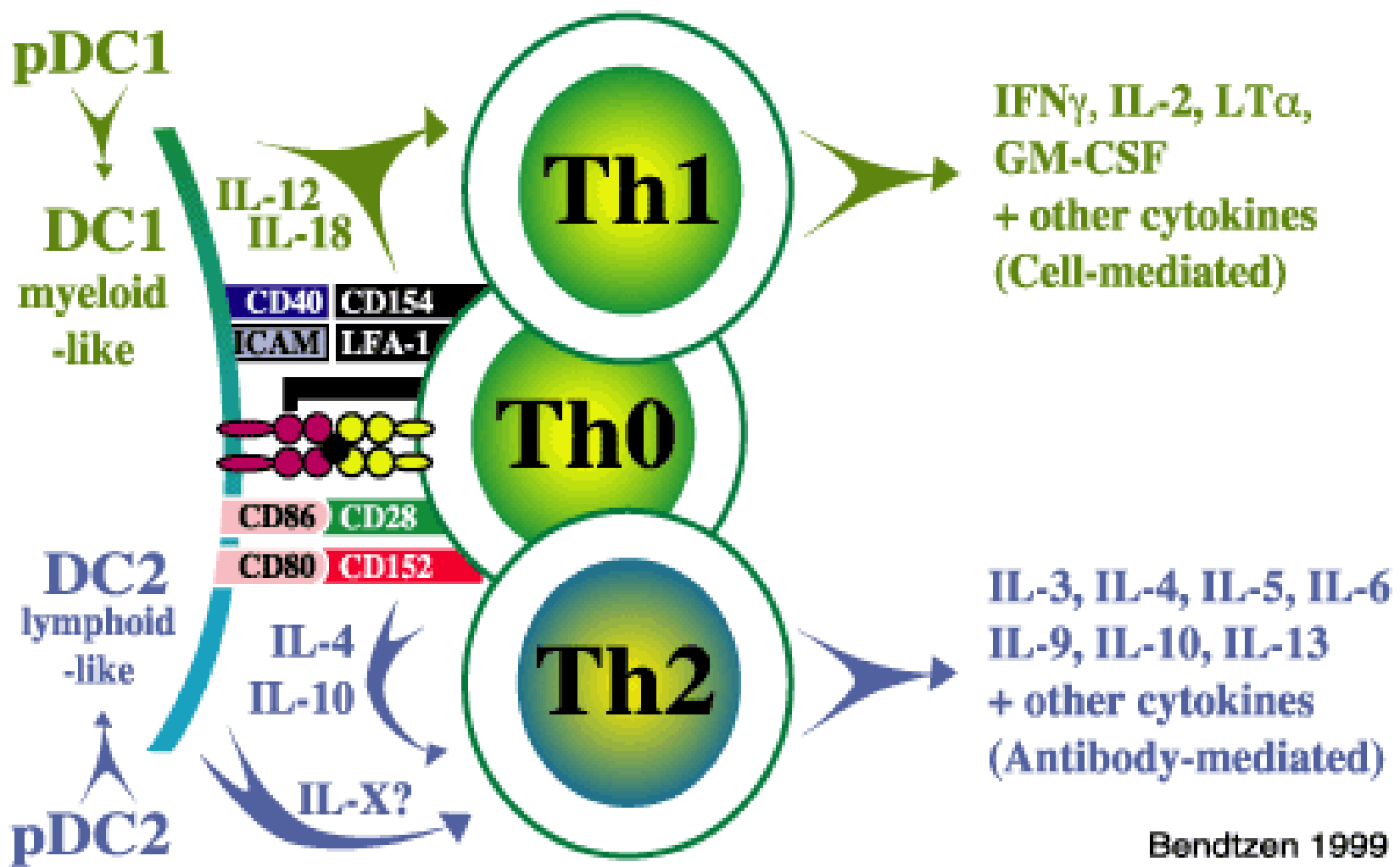
Transient trespassing through epithelial cells is a common invasion mechanism of BOTH intracellular and extracellular pathogens.

# Hallmark 2

- T cells are the central mediators of protection
- These T cells do not interact with microbes directly
- Interact with the infected host cell.
- In contrast, antibodies that recognize microbial antigens directly are of exquisite importance for defense against extracellular bacteria.

# Hallmark 3

- Infections are accompanied by delayed-type hypersensitivity (DTH).
- DTH expresses itself after local administration of soluble antigens as a delayed tissue reaction
- DTH is mediated by T cells and effected by macrophages.



Bendtsen 1999

# Tuberculin Test

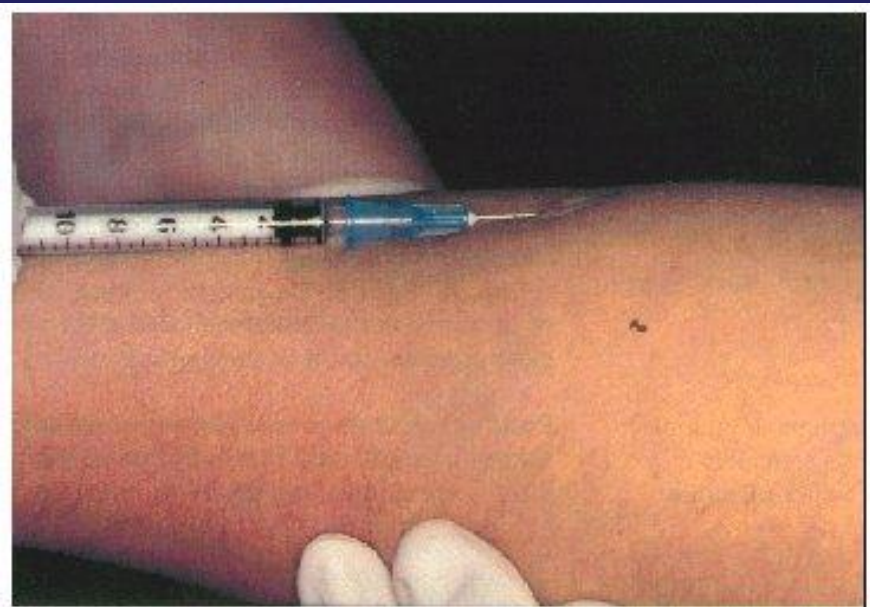
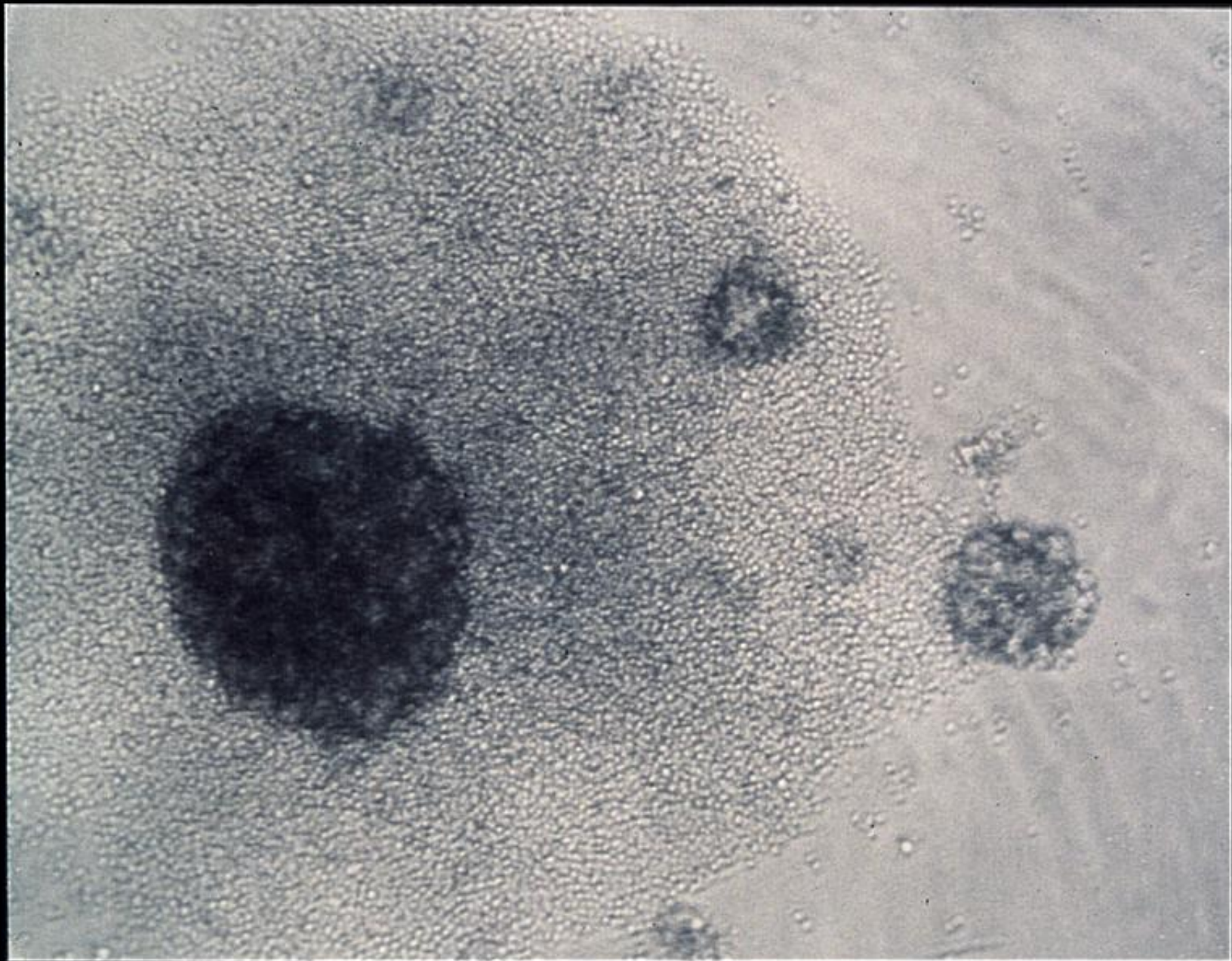


Figure 3.1 Giving the Mantoux tuberculin skin test.





# Hallmark 4

- Tissue reactions against intracellular bacteria are granulomatous.
- Rupture of a granuloma promotes bacterial dissemination and formation of additional lesions.
- In contrast, tissue reactions against extracellular bacteria are purulent and lead to abscess formation or systemic reactions.

# Hallmark 5

- Intracellular bacteria express little or no toxicity for host cells by themselves
- Pathology is primarily a result of immune reactions, particularly those mediated by T-lymphocytes.
- In contrast, extracellular bacteria produce various toxins, which are directly responsible for tissue damage.

# Hallmark 6

- Intracellular bacteria coexist with their cellular habitat for long periods.
- A balance develops between persistent infection and protective immunity, resulting in long incubation time and in chronic disease.
- Infection can be dissociated from disease.
- In contrast, extracellular bacteria typically cause acute diseases, which develop soon after their entry into the host and are terminated once the immune response has developed.

# Two Types of Intracellular Bacteria

- Facultative
- Obligate

# Major infections of humans caused by **facultative** intracellular bacteria

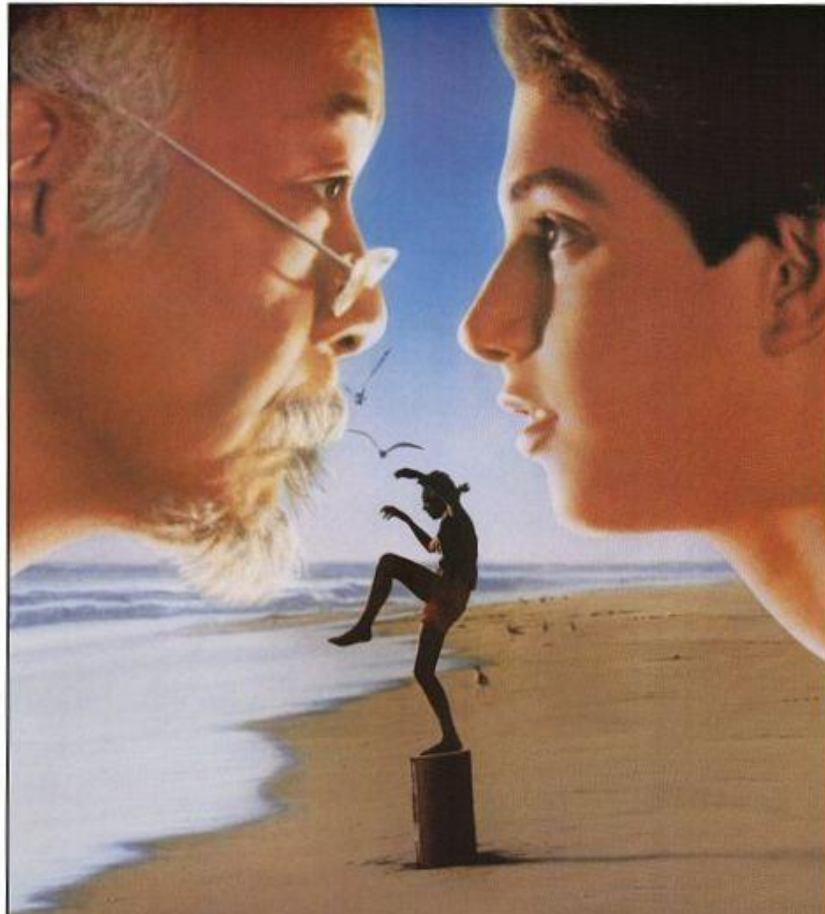
Pathogen	Disease	Preferred target cell
• <i>Mycobacterium tuberculosis</i> / <i>M. bovis</i>	Tuberculosis	Macrophages
• <i>Mycobacterium leprae</i>	Leprosy	Macrophages
• <i>Salmonella enterica</i>	Typhoid fever	Macrophages
• <i>Brucella sp.</i>	Brucellosis	Macrophages
• <i>Legionella pneumophila</i>	Legionnaire's disease	Macrophages
• <i>Listeria monocytogene</i>	Listeriosis	Macrophages
• <i>Francisella tularensis</i>	Tularaemia	Macrophages

# Major infections of humans caused by **obligate** intracellular bacteria

<u>Pathogen</u>	<u>Disease</u>	<u>Preferred target cell</u>
• <i>Rickettsia rickettsii</i>	Rocky Mountain spotted fever	Endothelial cells, smooth muscle cell
• <i>Rickettsia prowazekii</i>	Endemic typhus	Endothelial cells
• <i>Rickettsia typhi</i>	Typhus	Endothelial cells
• <i>Rickettsia tsutsugamushi</i>	Scrub typhus	Endothelial cells
• <i>Coxiella burnetii</i>	Q-fever	Macrophages, lung parenchyma cells
• <i>Chlamydia trachomatis</i>	Urogenital infection, conjunctivitis, trachoma, lymphogranuloma venerum	Epithelial cells
• <i>Chlamydia psittaci</i>	Psittacosis	Macrophages, lung parenchyma cell
<i>Chlamydia pneumoniae</i>	Pneumonia, coronaryheart disease (?)	Lung parenchyma cells

# Mechanisms of Immune Evasion

- Easy way—avoid the immune system entirely...how?
- MIMs (Microbial Immunomodulatory Molecules)



He taught him the secret to Karate lies in  
the mind and heart. Not in the hands.

# The Karate Kid

COLUMBIA PICTURES Presents  
A JERRY WEINTRAUB Production of A JOHN G. AVILDSSEN Film  
"THE KARATE KID"

Starring RALPH MACCHIO · NORIYUKI "PAT" MORITA · ELISABETH SHUE

Music by BILL CONTI      Music Supervisor BROOKS ARTHUR

Executive Producer R. J. LOUIS      Written by ROBERT MARK KAMEN

Produced by JERRY WEINTRAUB      Directed by JOHN G. AVILDSSEN

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Original Soundtrack Album Available on Columbia Records and Cassette

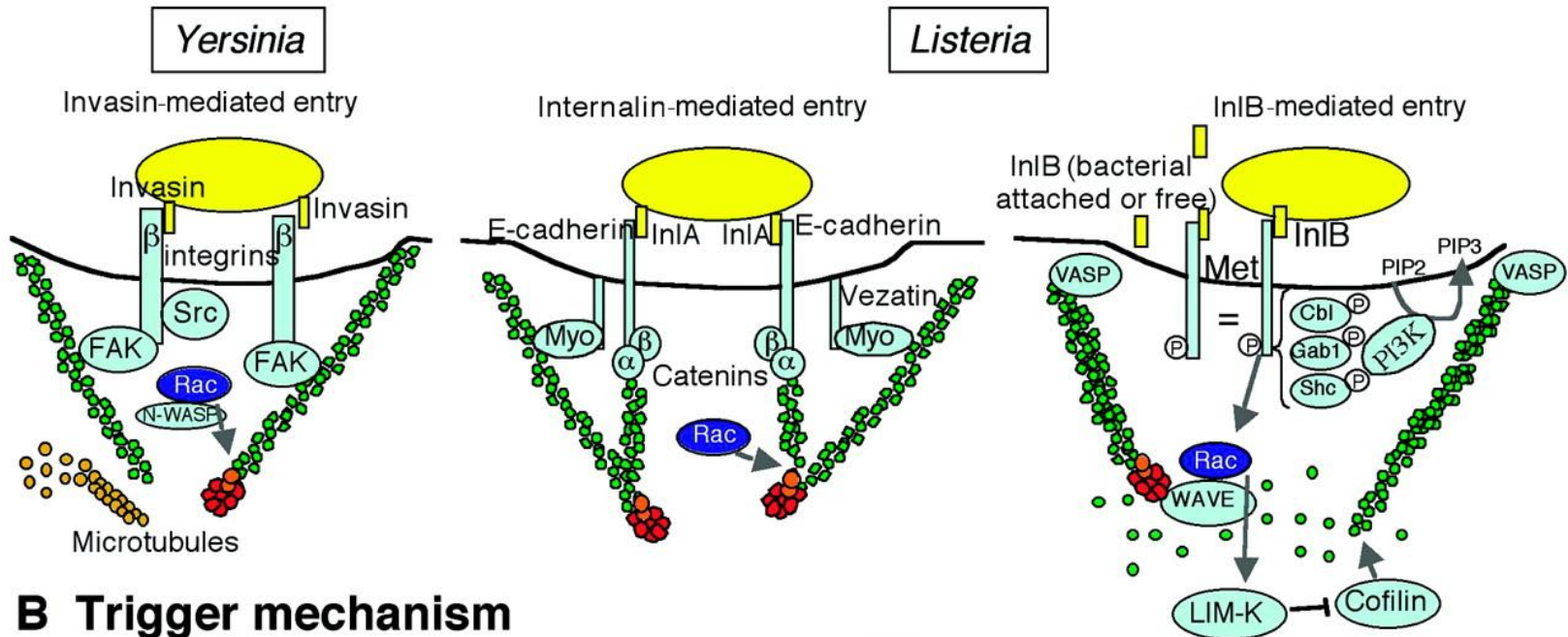
DCI GROUP COMPANY



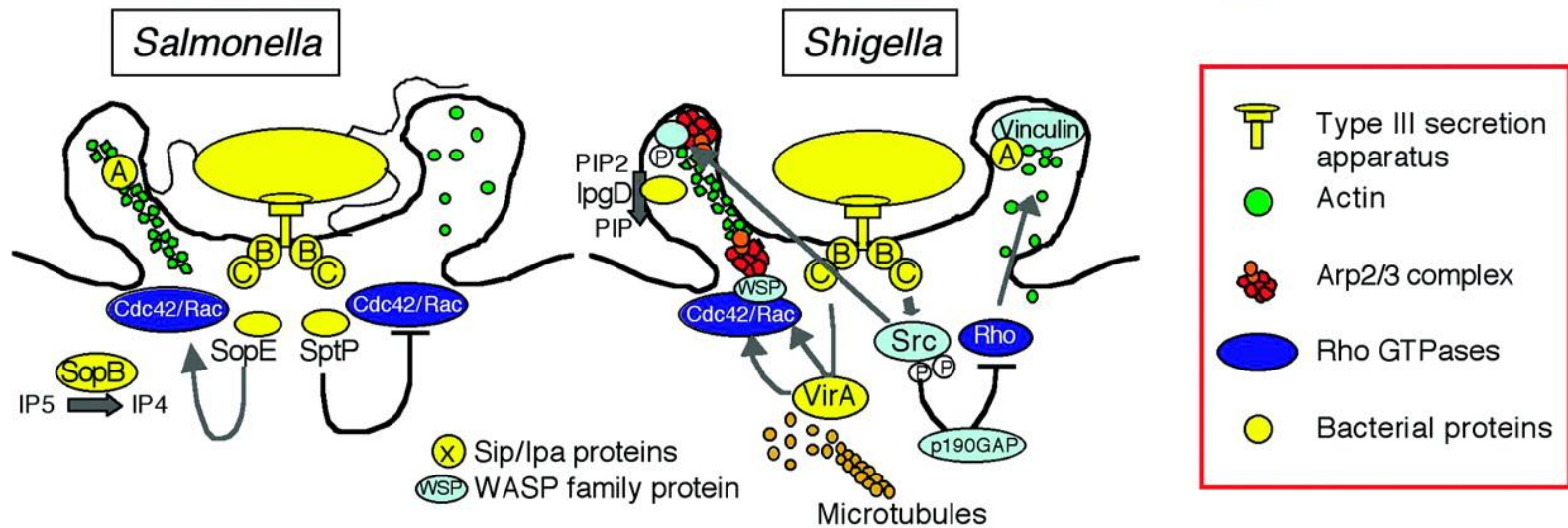
# Bacterial Invasion

- Invasive bacteria actively induce their own uptake by phagocytosis in normally **nonphagocytic** cells.
  - Establish a protective niche.
  - Avoid immunity.
  - Multiply.
  - Active process.
    - **Opposite to phagocytosis by phagocytes which is active.**

# A Zipper mechanism

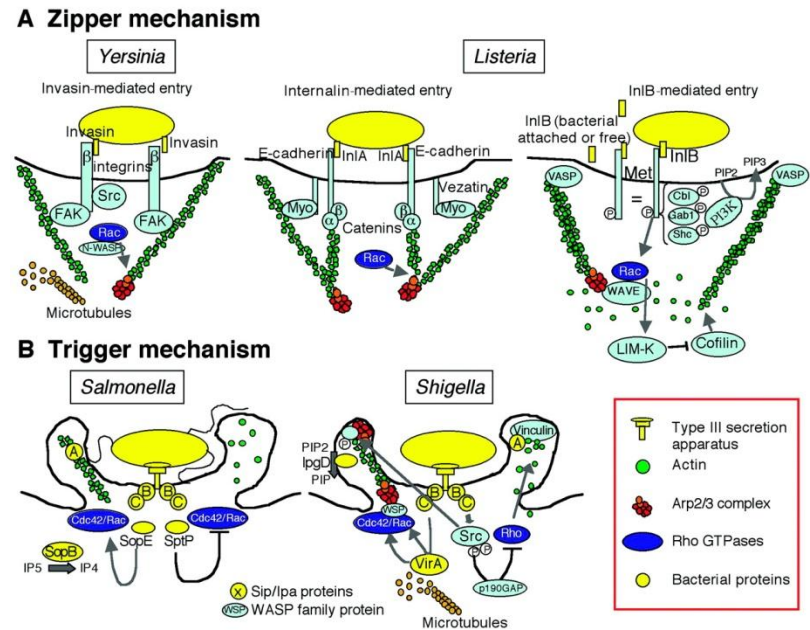


# B Trigger mechanism



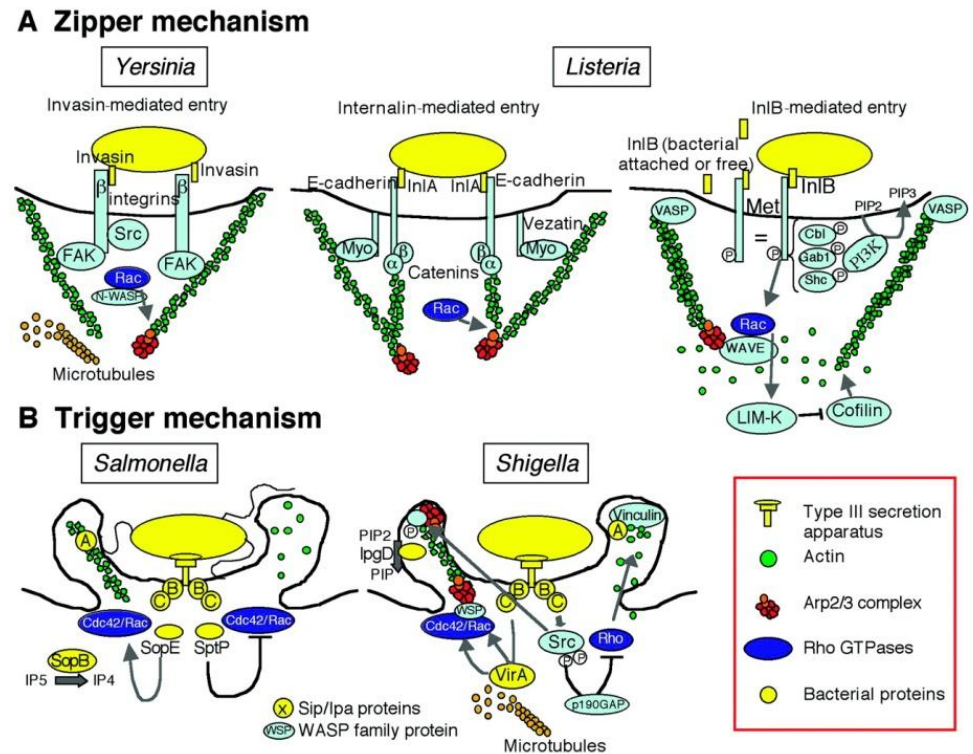
# Zipper Mechanism

- 1-Contact and adherence
- 2-Phagocytic cup formation
- 3-Phagocytic cup closure and retraction, and actin depolymerization.

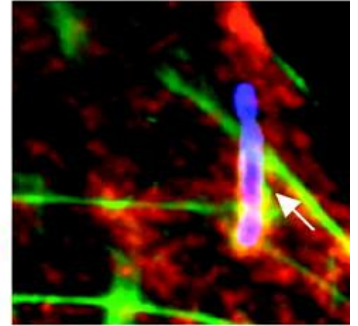
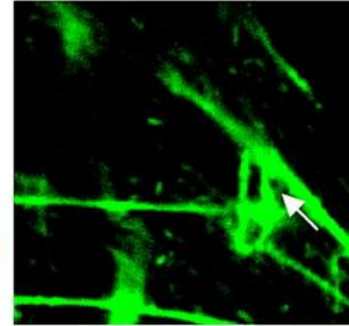
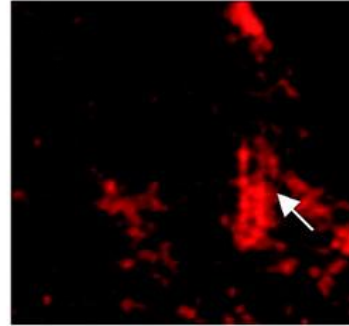
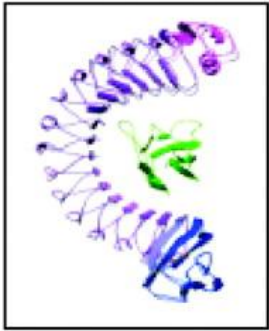


# Trigger Mechanism—Requires a Type III Secretory System (TTSS)

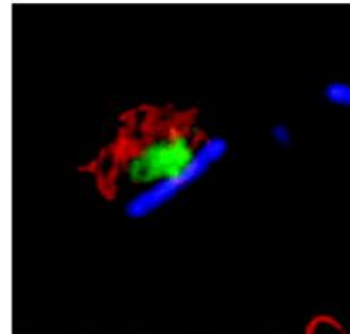
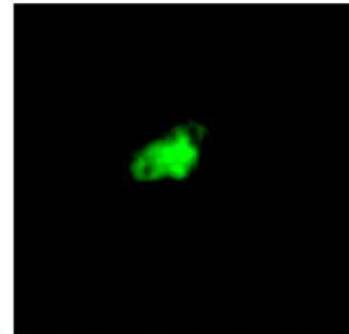
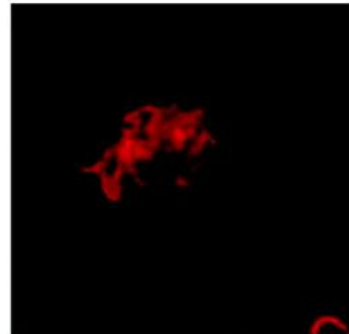
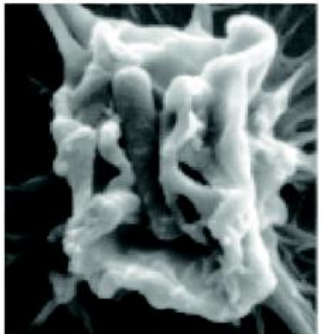
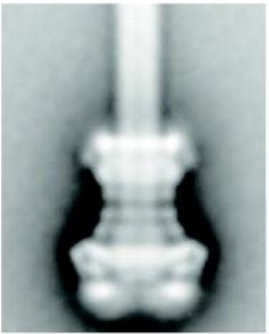
- 1-Pre interaction stage.
  - TTSS assembled
- 2-Interaction stage.
  - Injection of material via needle.
- 3-Formation of the macropinocytic pocket.
- 4-Actin depolymerization and closing of the macropinocytic pocket.



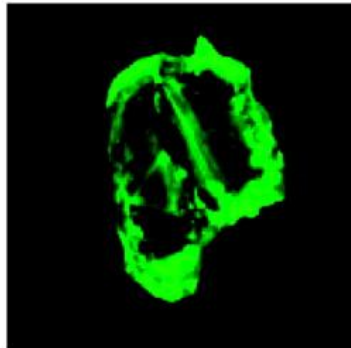
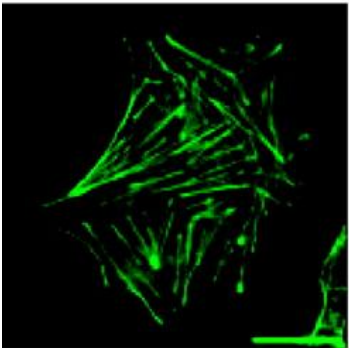
### A Zipper mechanism



### B Trigger mechanism



### C InIB-mediated ruffling

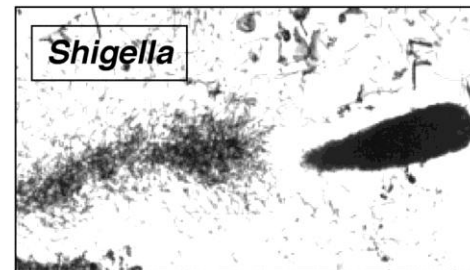
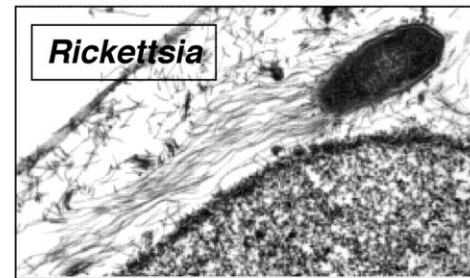
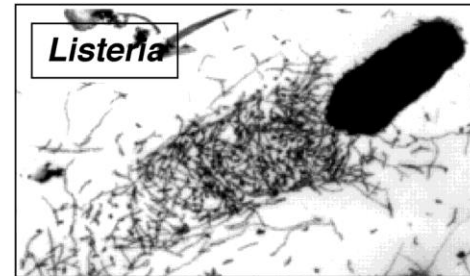


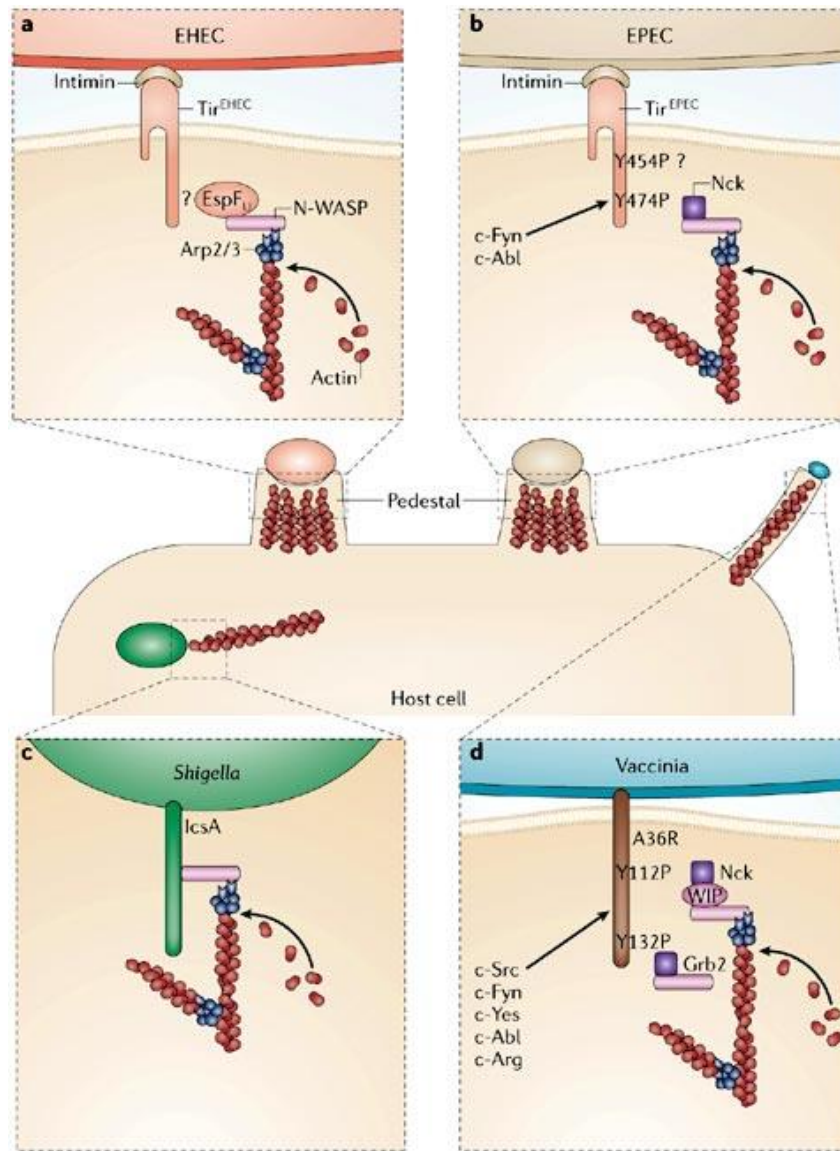
# Following Internalization...

- Bacteria that replicate inside the internalization vacuole have developed an impressive array of survival strategies.
  - Adapt to and eventually resist the hostile conditions.
  - Alter the dynamics of the vacuolar compartment.
  - Combinations of the two *e.g.*,  
Salmonella

# Following Internalization...

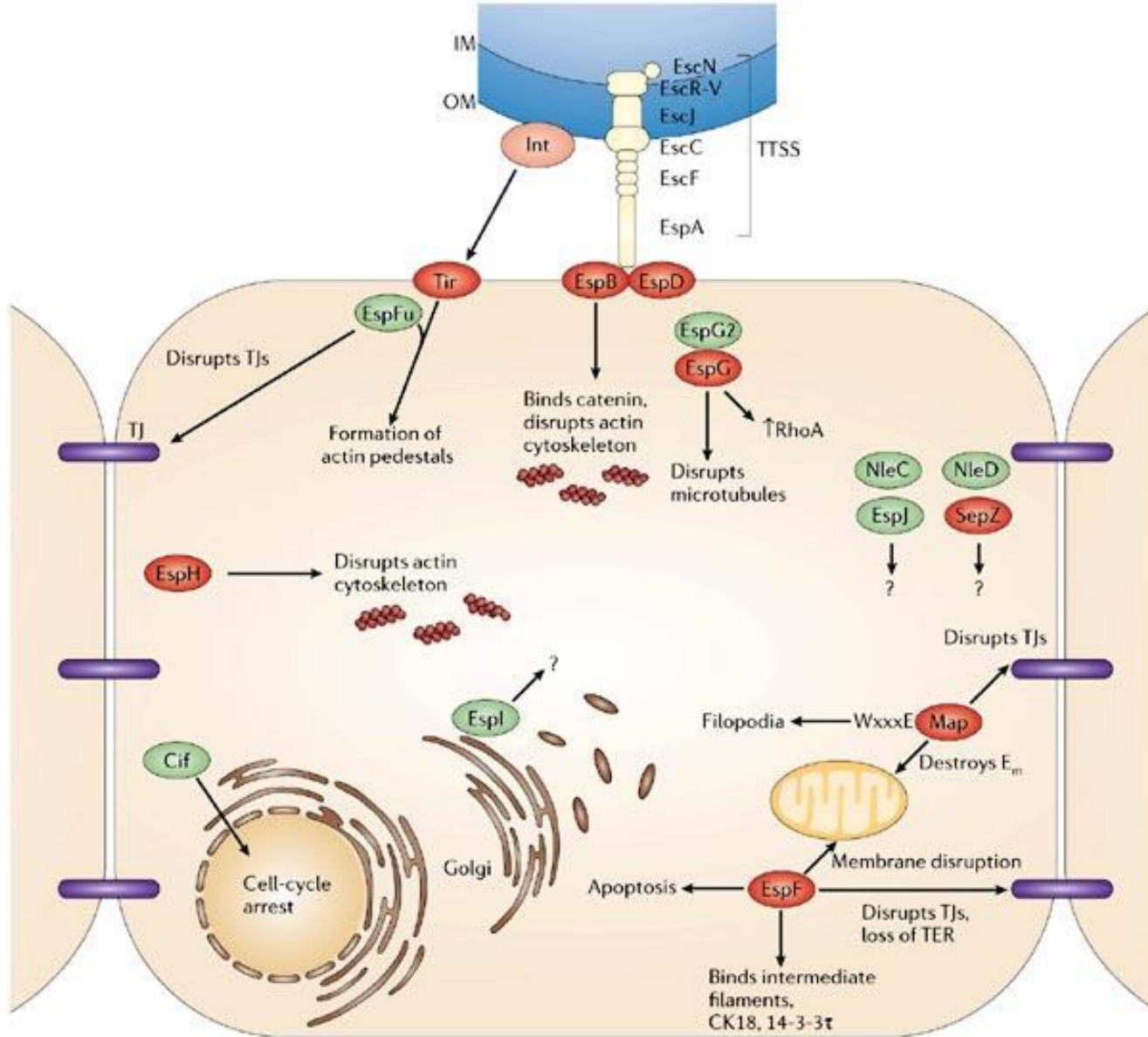
- Some bacteria later 'escape' the vacuole, replicate in the cytosol, and move by recruiting and polymerizing actin (actin tails).
- Facilitates transmission to other cells.





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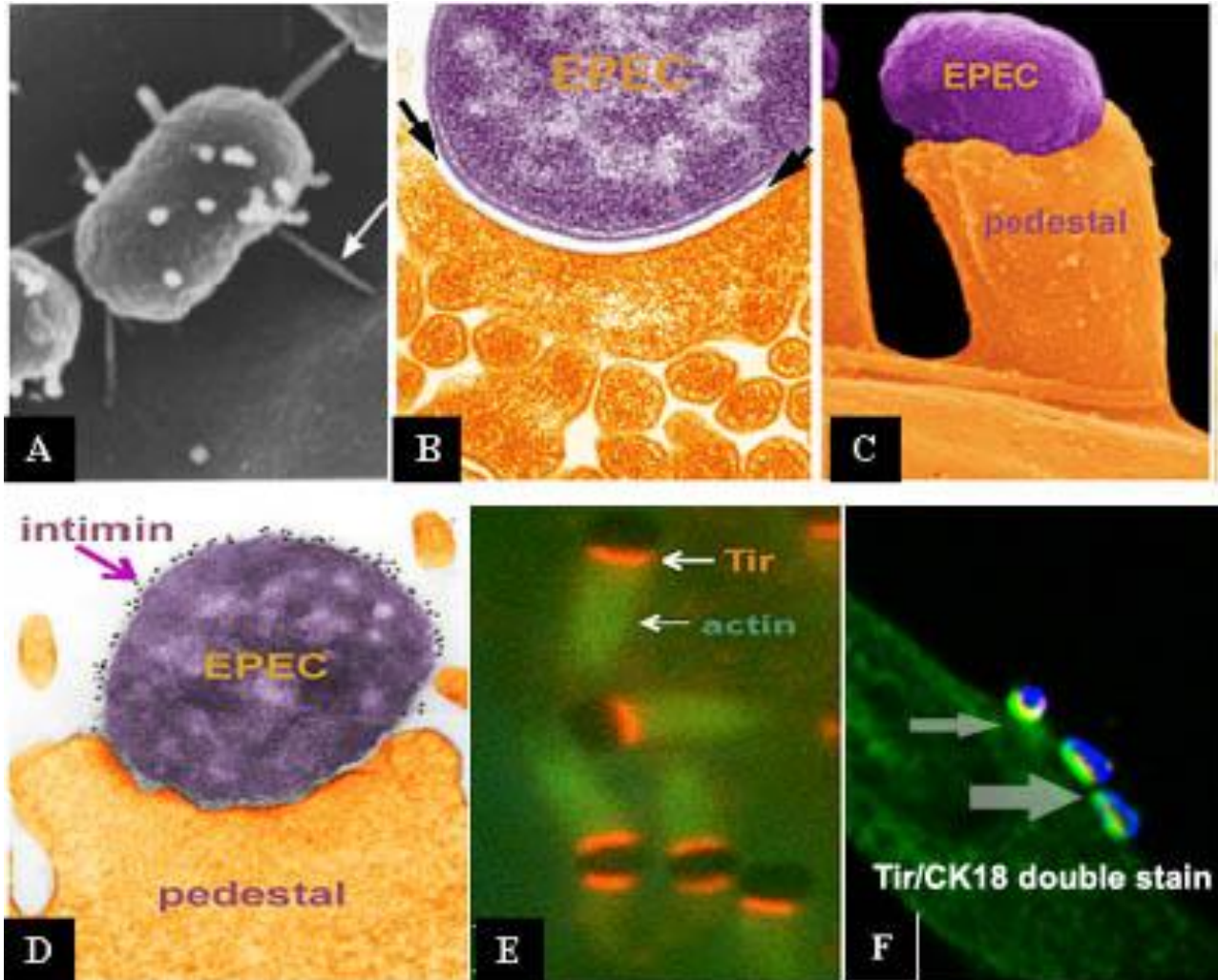
Hayward *et al.* Nature Reviews Microbiology;  
published online 03 April 2006 | doi:10.1038/nrmicro1391

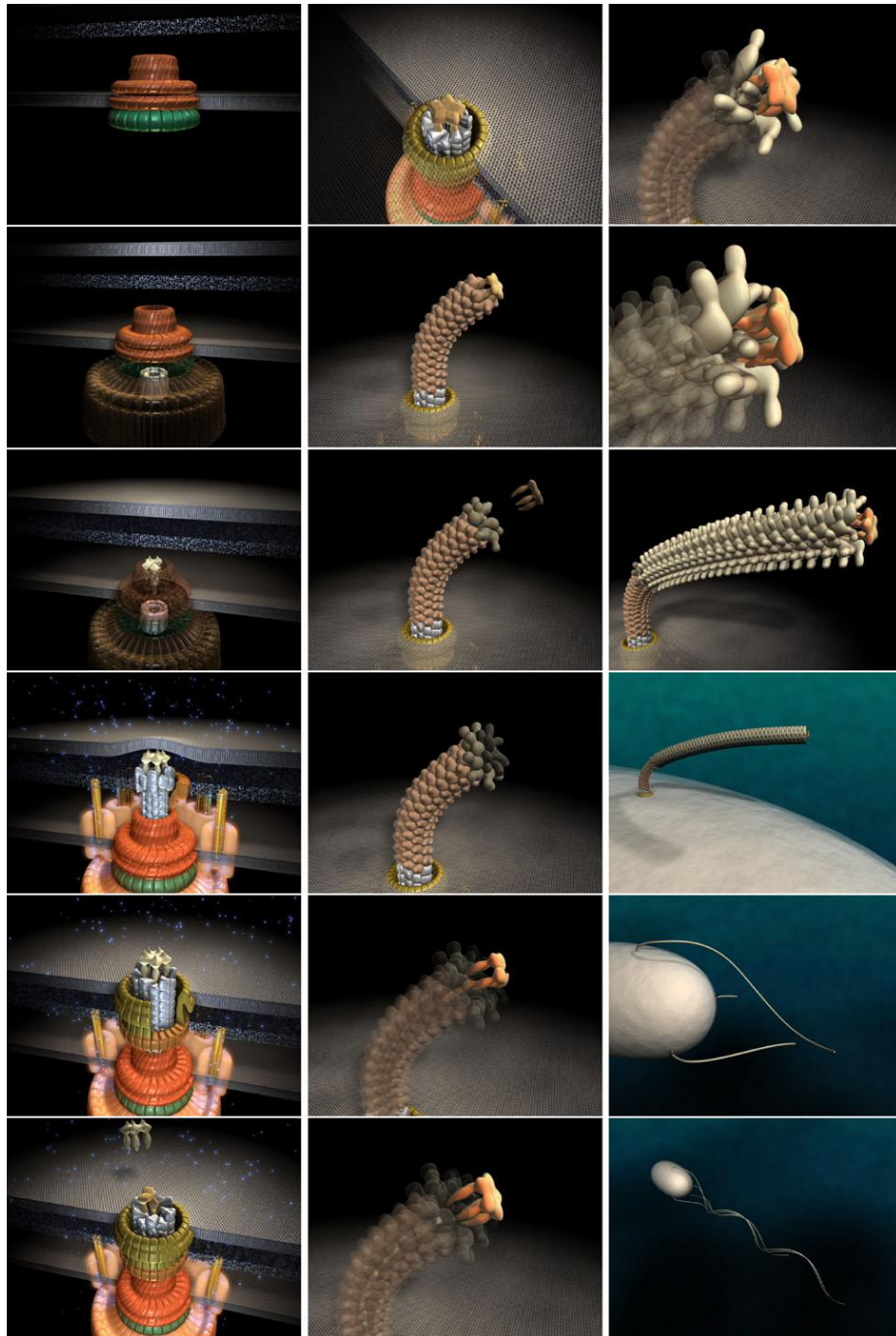


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Hayward *et al. Nature Reviews Microbiology*;  
 published online 03 April 2006 | doi:10.1038/nrmicro1391

# Pedestal Formation





# Flagella and T3SS

# Extracellular bacteria

## Species

*N. gonorrhoeae*

*N. meningitidis*

*H. influenzae*

*H. ducreyi*

*B. pertussis*

*P. aeruginosa*

*E. coli*

*V. cholera*

*H. pylori*

*T. pallidum*

*S. pneumoniae*

*S. aureus*

*S. pyogenes*

## Diseases

urethritis, cervicitis salpingitis

meningitis, arthritis, pneumonia

meningitis, sepsis, arthritis

genital ulcer disease

whooping cough

pneumonia, sepsis

UTI, sepsis, diarrhea, meningitis

diarrhea

peptic ulcer disease

syphilis

pneumonia, otitis media, meningitis

impetigo, folliculitis, boils, toxic shock

osteomyelitis, endocarditis, bacteremia

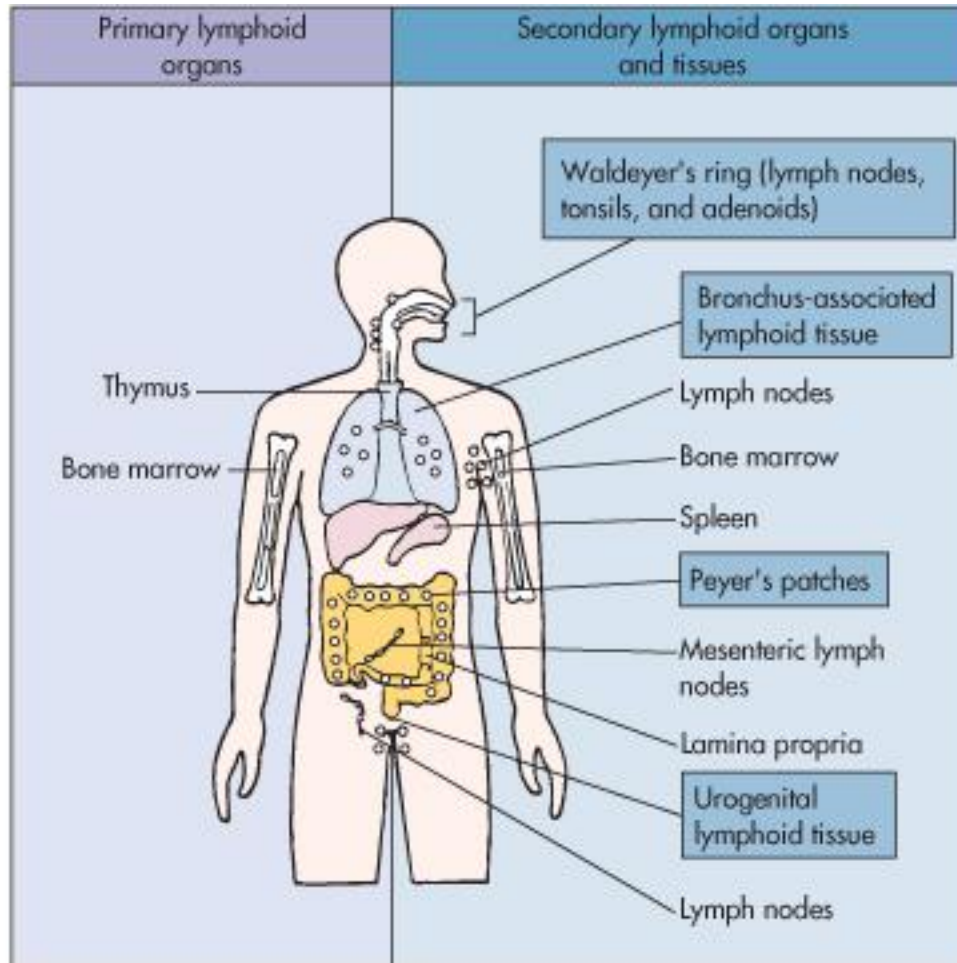
scarlet fever, necrotizing fasciitis



# OBJECTIVES

- **1. The general nature of immune responsiveness.**
  - Memory
  - Specificity
    - Innate immunity
    - Acquired Immunity
- **2 Infection and Immunity**
- **3. The anatomic basis of immune responsiveness.**

# Where things happen



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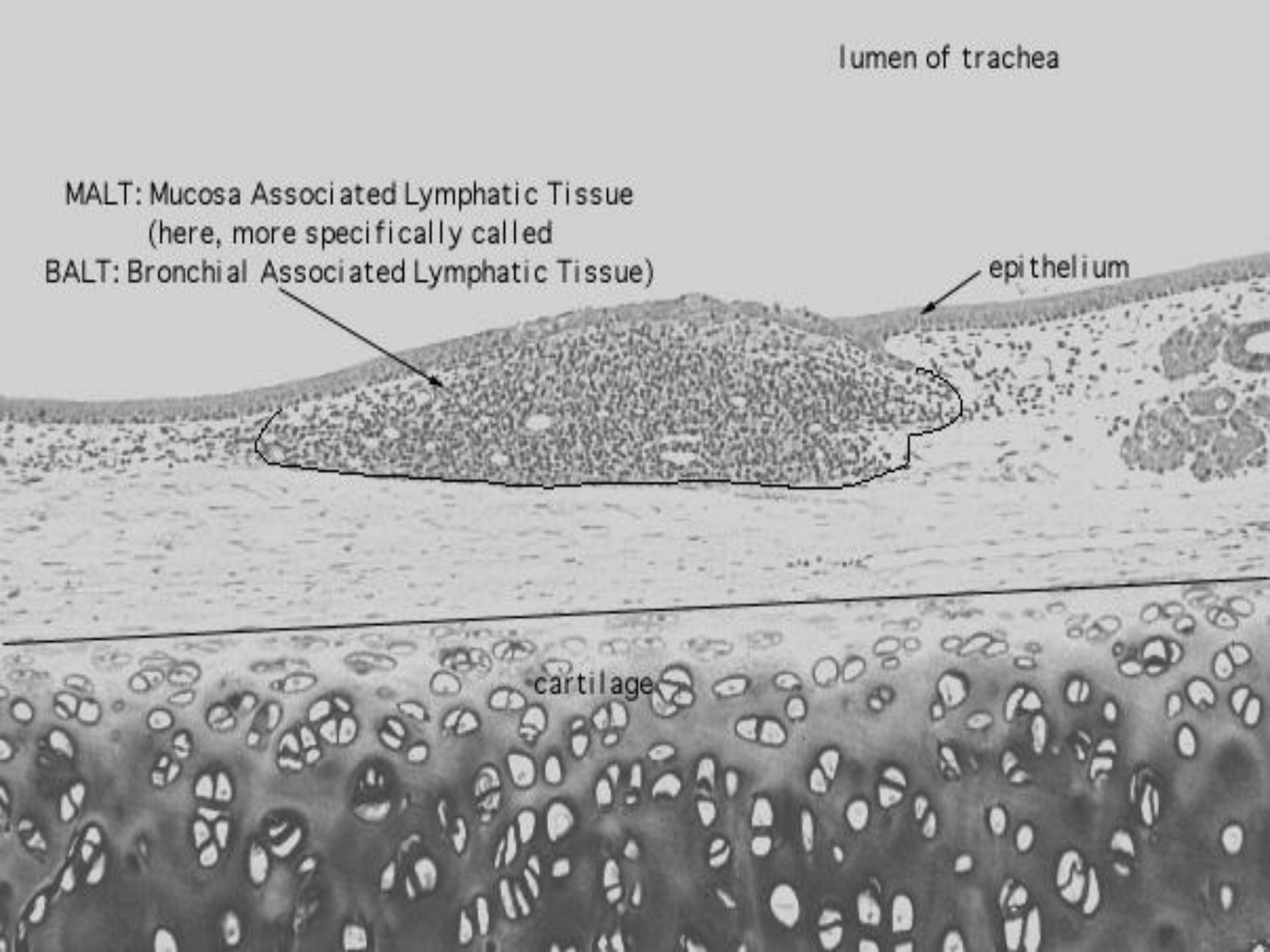
**But...**

lumen of trachea

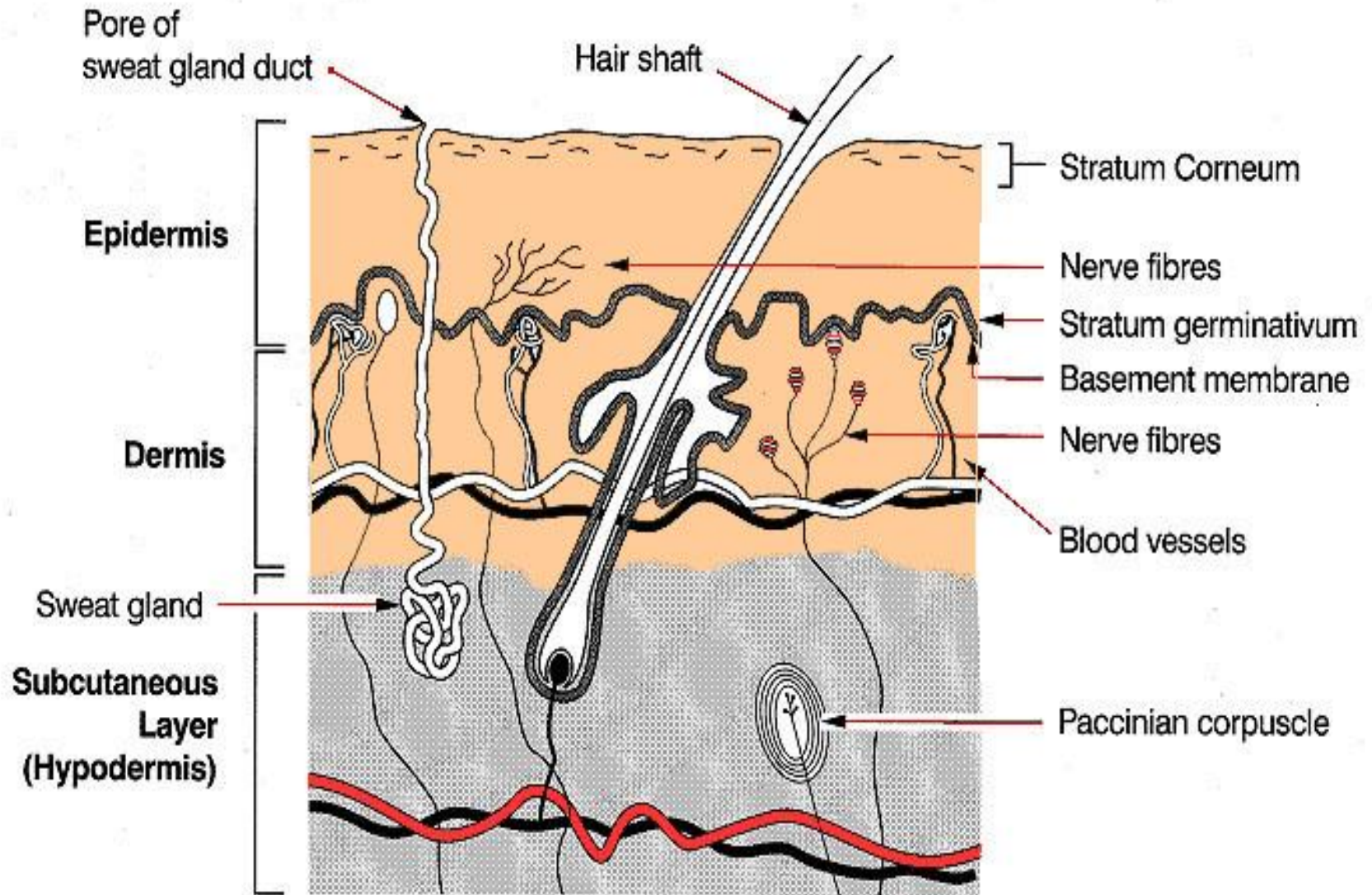
MALT: Mucosa Associated Lymphatic Tissue  
(here, more specifically called  
BALT: Bronchial Associated Lymphatic Tissue)

epithelium

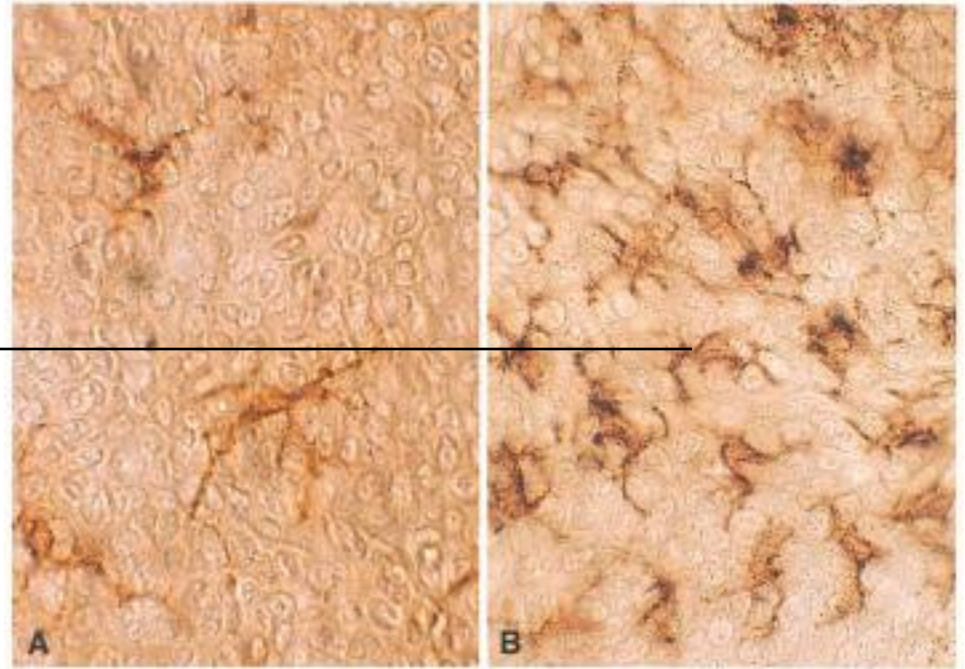
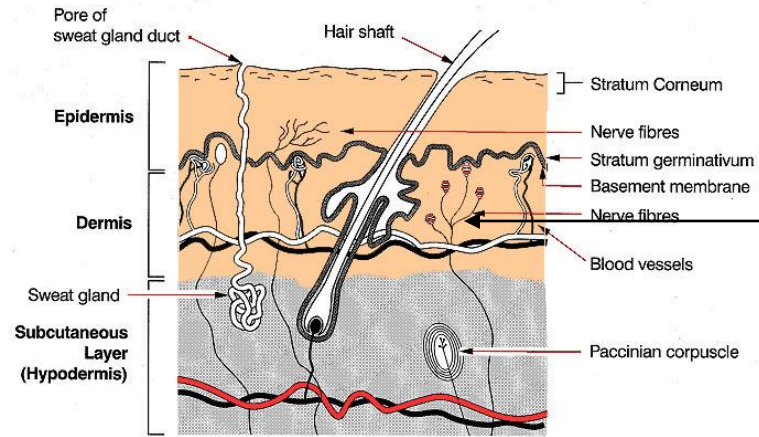
cartilage



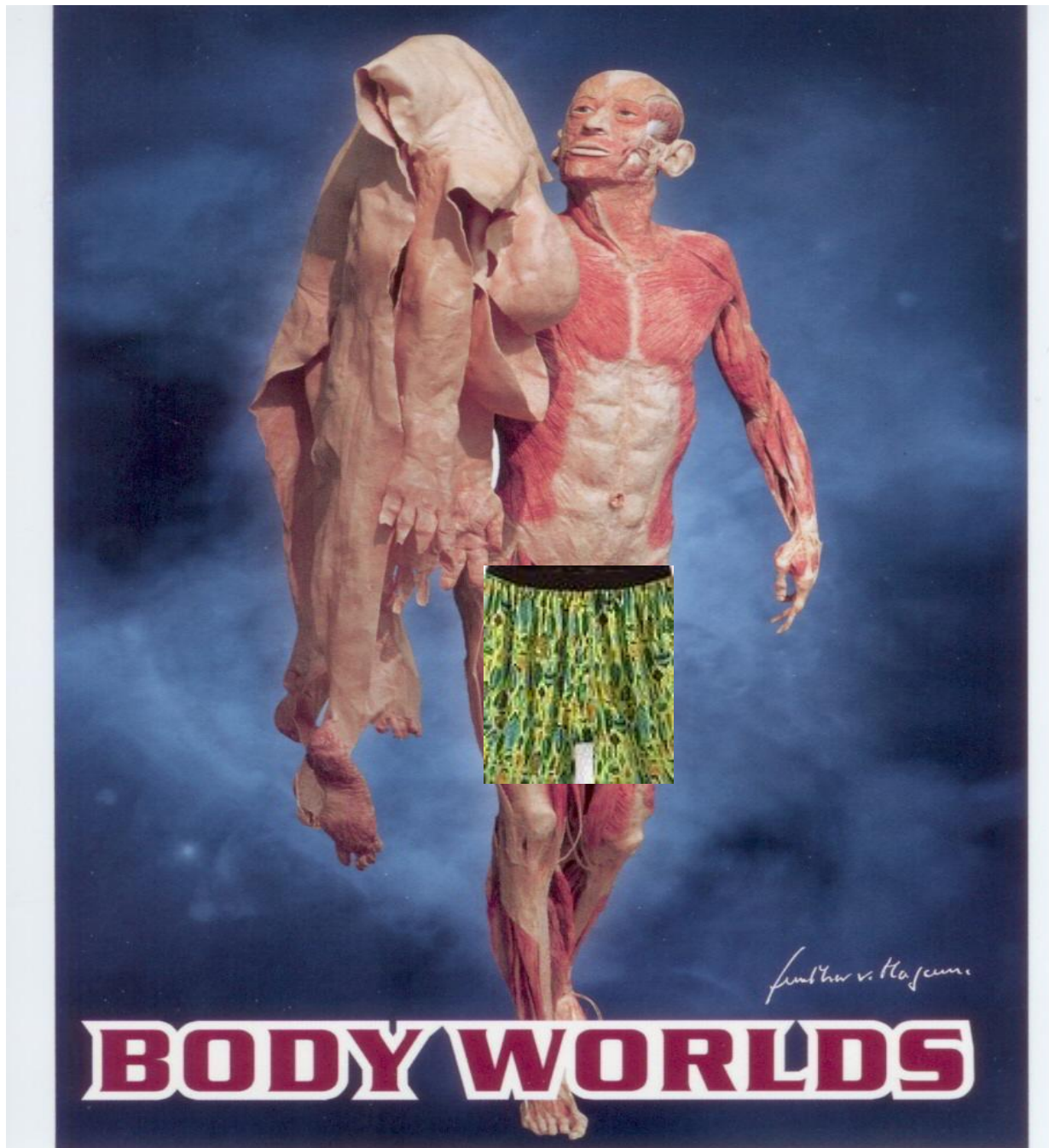
# Mounting a Response



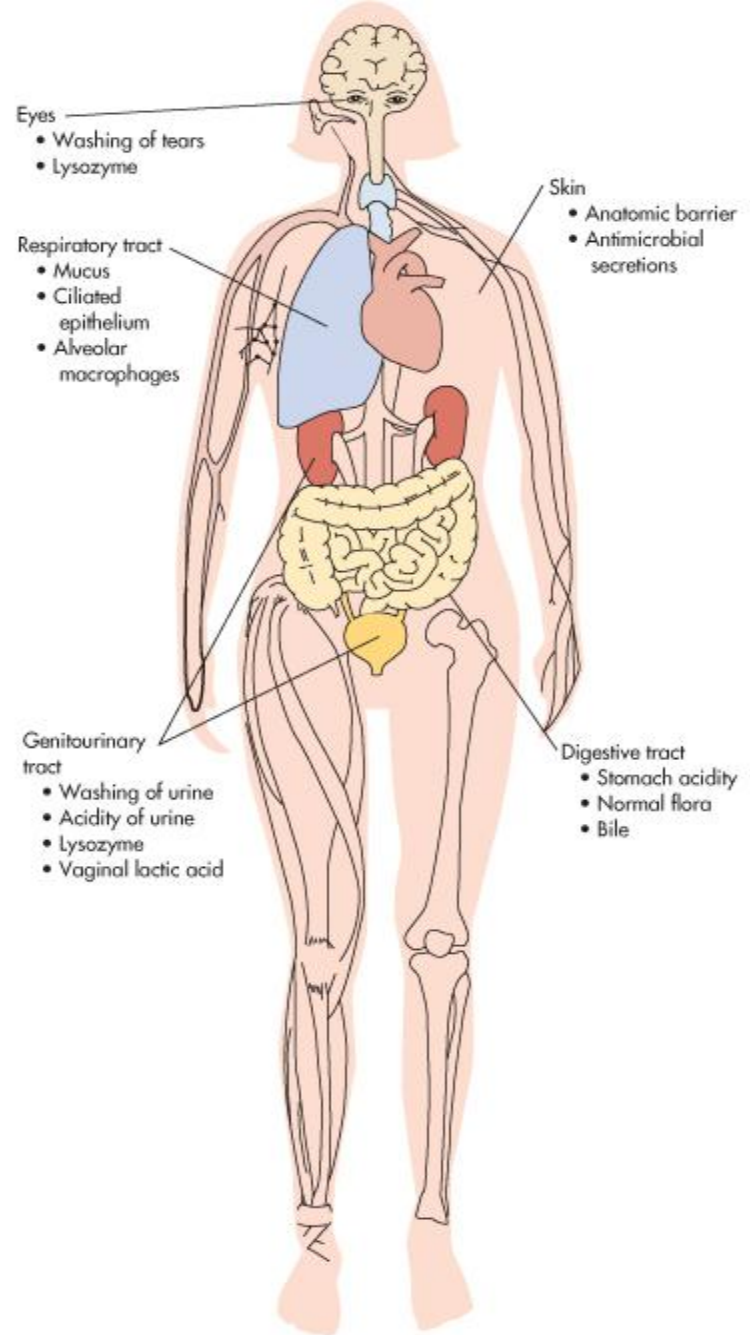
# Mounting a Response



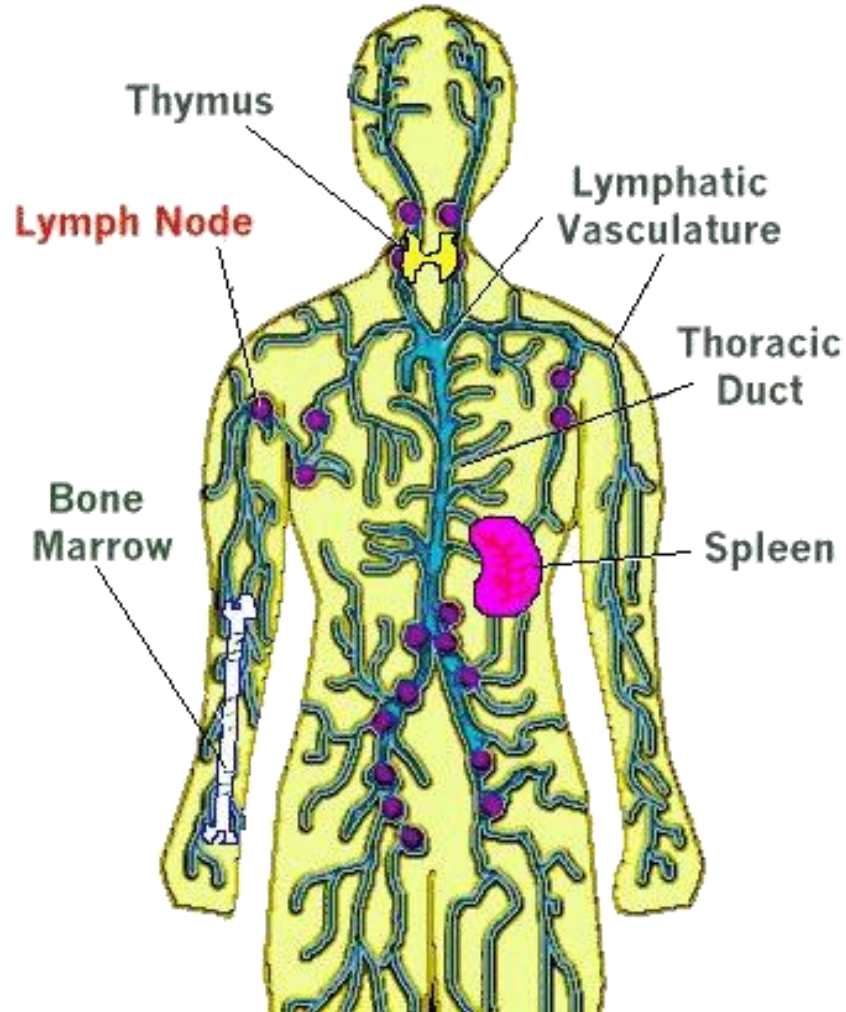
# The Largest Immune Organ



# Additional Barriers



# Mounting a Response



# Mounting a Response

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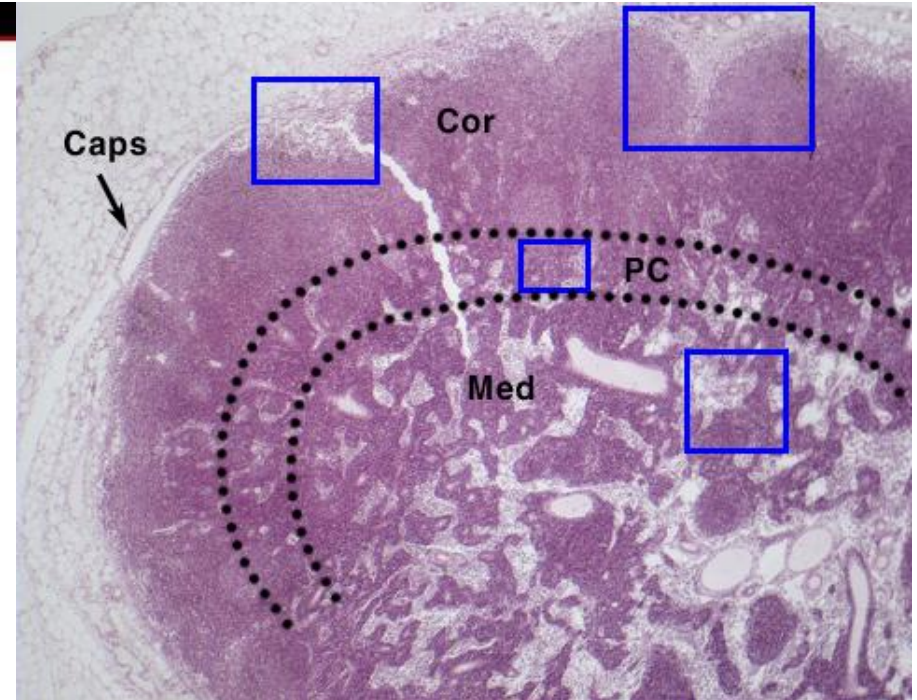
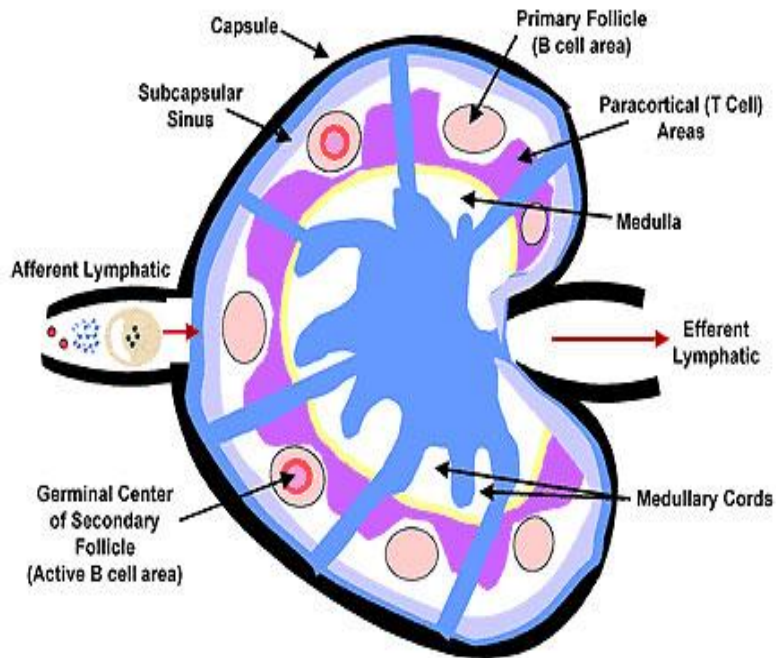
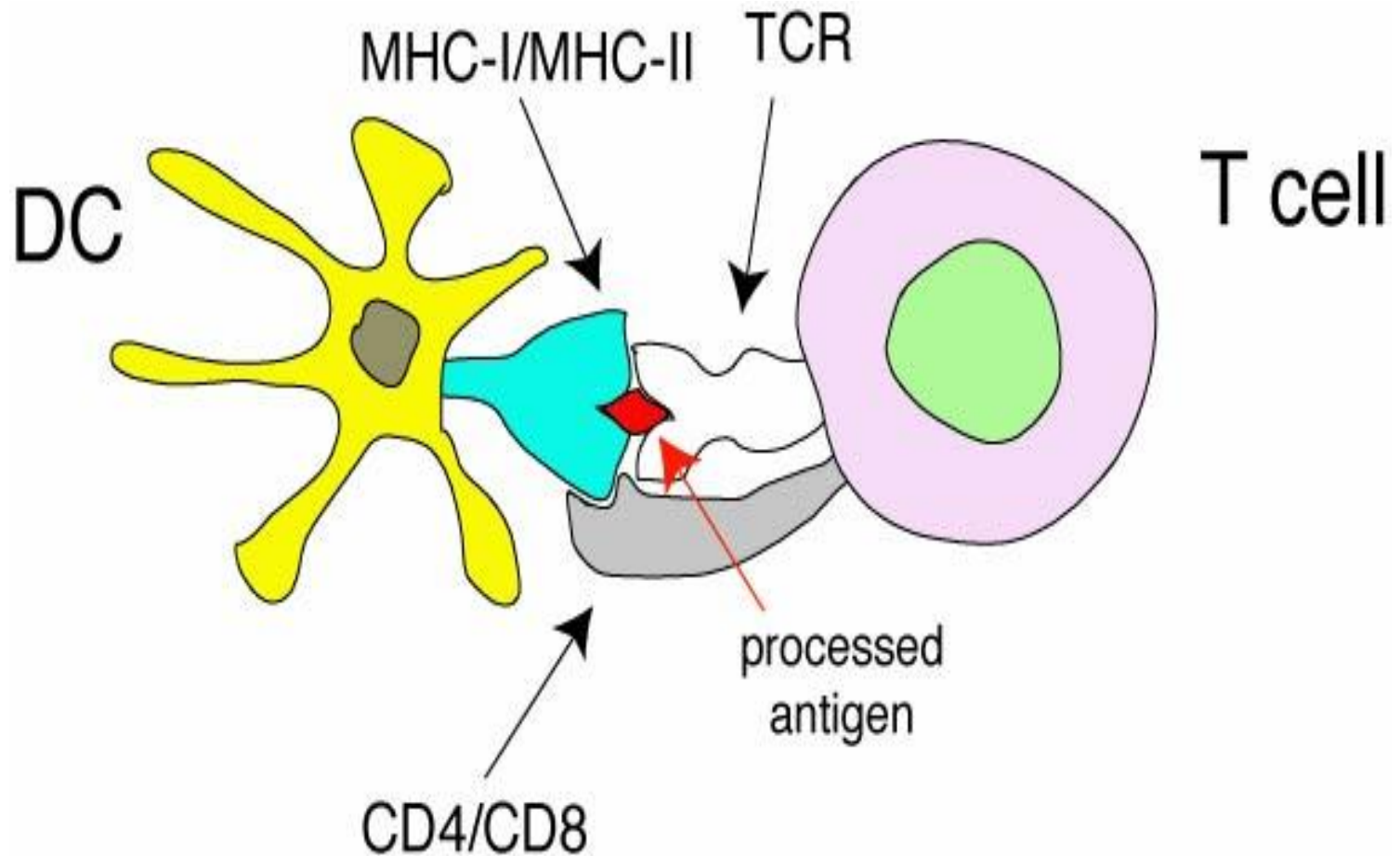
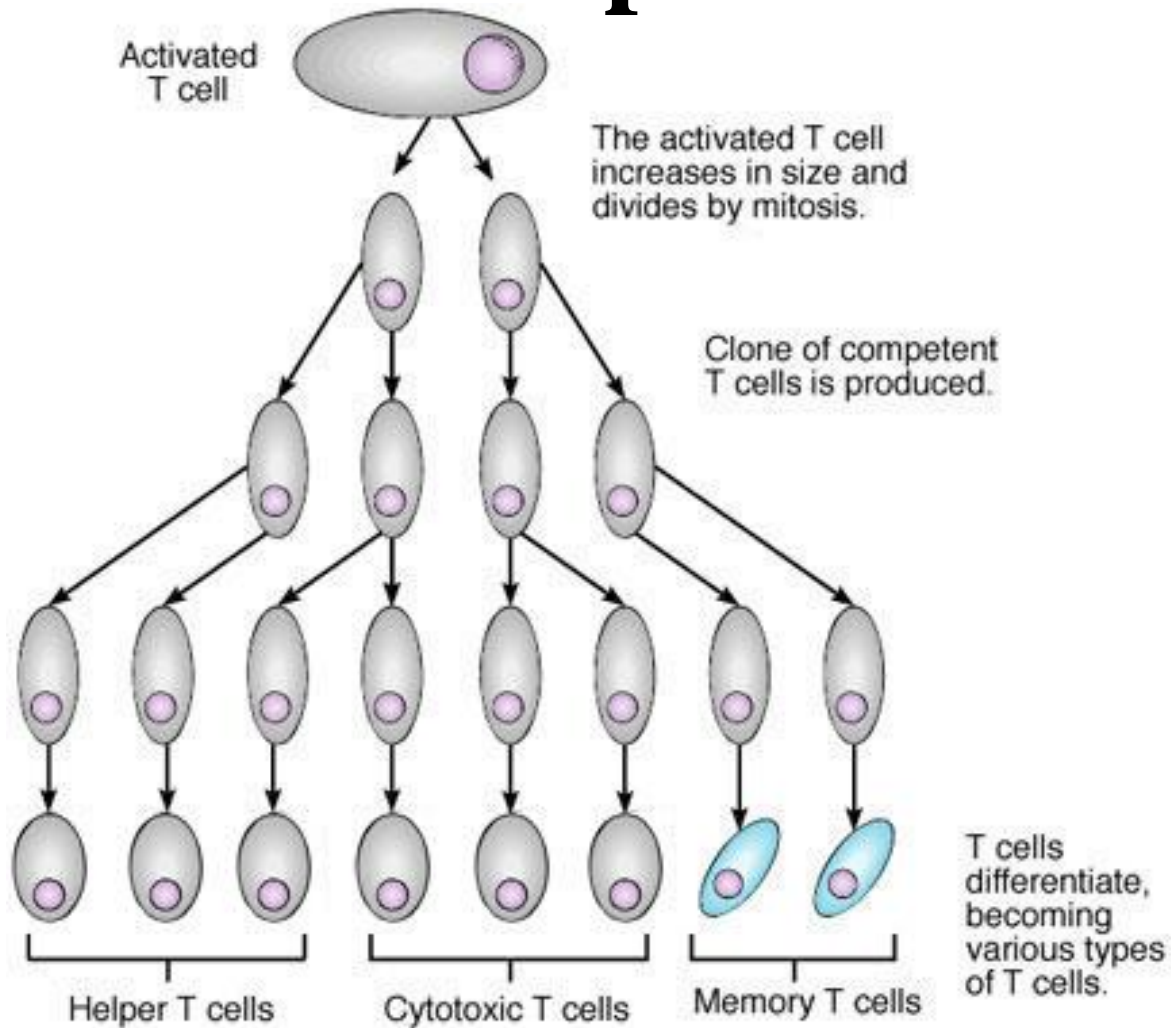


Figure 2. The lymph node.

# Mounting a Response



# Clonal Expansion



# Distribution of Activated/Primed Lymphocytes

