

učební texty Univerzity Karlovy v Praze

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**PRINCIPLES
AND PRACTICALS
IN MEDICAL
MICROBIOLOGY**

Principles and Practicals in Medical Microbiology

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Published by Charles University

Karolinum Press

as a teaching text for the Second Faculty of Medicine

Cover by Kateřina Řezáčová

Typeset by Karolinum Press

First Edition

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ISBN 978-80-246-2413-6

ISBN 978-80-246-2545-4 (online : pdf)



Charles University
Karolinum Press 2018

www.karolinum.cz
ebooks@karolinum.cz

CONTENTS

Introduction	9
1 Laboratory safety rules	11
1.1 Purpose of the safety principles	11
1.2 Principles	11
GENERAL MICROBIOLOGY	
2 Specimen collection & diagnostic principles	13
2.1 Specimen collection & transport	13
2.2 Material & methods	13
2.3 Conditions for specimen collection & transport	14
2.4 Request form	14
2.5 Diagnostic principles in medical microbiology	15
2.6 Light microscopy	15
2.7 Gram staining – basic staining procedure in clinical microbiology	16
2.7.1 Smear preparation	16
2.7.2 Quality of cell wall & Gram staining procedure	16
2.8 Practical part – specimen collection & diagnostic principles	17
2.9 Lab quiz	18
3 Direct detection & typing of infectious agents	19
3.1 Definition of agent detection & typing	19
3.2 Application of microscopy technics	19
3.3 Application of nucleic acid based methods	21
3.3.1 Principle of DNA amplification by PCR methods	21
3.3.2 Principle of DNA hybridization methods	22
3.3.3 Principle of sequence based methods	22
3.4 Other methods in direct antigen detection	22
3.4.1 Immunochromatographic method	22
3.5 Practical part – direct detection & typing of infectious agents	23
3.6 Lab quiz	24
4 Cultivation of infectious agents	25
4.1 Cultivation – definition	25
4.2 Cultivation of bacterial, viral & parasitic agents	25
4.3 Media for bacterial cultivation	26
4.4 Examples of bacterial cultures	27
4.5 Conditions for cultivation	28
4.6 Special staining procedures	28

4.7	Practical part – special stainings & cultivation of infectious agents	28
4.8	Lab quiz	30
5	Antibiotic susceptibility testing	31
5.1	Antimicrobials; mode of action & resistance	31
5.2	Antimicrobial susceptibility testing	31
5.3	Basic methods	32
5.4	Interpretations of the results	32
5.5	Other methods; procedures & interpretation	33
5.6	Practical part – special stainings & cultivation of infectious agents	34
5.7	Lab quiz	36
6	Identification of infectious agents	37
6.1	Definition of identification of infectious agents	37
6.2	Phenotypical methods	37
6.3	Application of phenotypical methods	40
6.4	Genotypical methods & application	41
6.5	Practical part – identification of infectious agents	41
6.6	Lab quiz	43
7	Detection of specific antibodies	45
7.1	Immune response	45
7.2	Antigens & antibodies	45
7.3	Basic serological methods	46
7.4	Serological methods & application	48
7.5	Practical part – detection of specific antibodies	49
7.6	Lab quiz	50
8	General mycology	51
8.1	Fungi	51
8.2	Classification	51
8.3	Diagnostics	52
8.3.1	Microscopy	52
8.3.2	Cultivation	53
8.3.3	Identification	53
8.4	Susceptibility to antimycotical drugs	56
8.5	Serological methods	56
8.6	Direct detection of the agent in clinical material	57
8.7	Practical part – general mycology	57
8.8	Lab quiz	58
9	General virology	59
9.1	Definition of viruses	59
9.2	History	60
9.3	Electronmicroscopic evidence	60
9.4	Virus detection by other methods	60
9.5	Practical part – general virology	63
9.6	Lab quiz	64
10	General parasitology	65
10.1	Parasitism, parasite and host	65
10.2	Classification	65
10.3	Diagnostic methods	66
10.4	Material and diagnostics	67
10.5	Practical part – general parasitology	68
10.6	Lab quiz	69

11 Molecular microbiology & epidemiology	71
11.1 Definition	71
11.2 Bacterial cell wall synthesis and antibiotics	71
11.3 Antibiotic resistance genes	72
11.4 Regulation of structural genes for antibiotic resistance	72
11.5 Epidemiologic typing	73
11.6 Practical part – molecular microbiology & epidemiology	74
11.7 Lab quiz	75
SPECIAL MICROBIOLOGY	
12 Staphylococci	77
12.1 General features	77
12.2 Virulence factors and pathogenesis	77
12.3 Infections	77
12.4 Treatment, prevention & control	78
12.5 Laboratory diagnosis	78
12.6 Practical part – staphylococci	80
12.7 Lab quiz	81
13 Streptococci & enterococci	83
13.1 General features	83
13.2 Classification	83
13.3 Virulence factors and pathogenesis	83
13.4 Infections and poststreptococcal diseases	84
13.5 Treatment, prevention & control	84
13.6 Laboratory diagnosis	85
13.7 Practical part – streptococci & enterococci	87
13.8 Lab quiz	88
14 Corynebacteria & listeria	89
14.1 General features	89
14.2 Virulence factors & pathogenesis	89
14.3 Infections & epidemiology	90
14.4 Treatment, prevention & control	90
14.5 Laboratory diagnosis	90
14.6 Practical part – corynebacteria & listeria	92
14.7 Lab quiz	94
15 Enterobacteria & enteric pathogens	95
15.1 General features	95
15.2 Virulence factors & pathogenesis	95
15.3 Infections & epidemiology	96
15.4 Treatment, prevention & control	96
15.5 Laboratory diagnosis	96
15.6 Practical part – enterobacteria and enteric pathogens	98
15.7 Lab quiz	100
16 Anaerobic bacteria	101
16.1 General features	101
16.2 Virulence factors & pathogenesis	101
16.3 Infections & epidemiology	102
16.4 Treatment, prevention & control	102
16.5 Laboratory diagnosis	102
16.6 Practical part – anaerobic bacteria	104
16.7 Lab quiz	106

17	<i>Neisseria, Bordetella & Haemophilus</i>	107
17.1	General features	107
17.2	Virulence factors & pathogenesis	107
17.3	Infections & epidemiology	107
17.4	Treatment, prevention & control	108
17.5	Laboratory diagnosis	108
17.6	Practical part – <i>Neisseria, Bordetella, Haemophilus</i>	110
17.7	Lab quiz	112
18	<i>Pseudomonas aeruginosa & other non-fermenters</i>	113
18.1	General features	113
18.2	Virulence factors & pathogenesis	113
18.3	Infections & epidemiology	114
18.4	Treatment, prevention & control	114
18.5	Laboratory diagnosis	114
18.6	Practical part – <i>Pseudomonas</i> and non-fermenters	116
18.7	Lab quiz	118
19	Mycobacteria	119
19.1	General features	119
19.2	Classification of mycobacteria	119
19.3	Virulence factors & pathogenesis	119
19.4	Infections & epidemiology	120
19.5	Treatment, prevention & control	120
19.6	Laboratory diagnosis	121
19.7	Practical part – mycobacteria	122
19.8	LAB QUIZ	124
20	Yeasts	125
20.1	General features	125
20.2	Virulence factors & pathogenesis	125
20.3	Infections & epidemiology	126
20.4	Treatment, prevention & control	126
20.5	Laboratory diagnosis	126
20.6	Practical part – yeasts	128
20.7	Lab quiz	130
21	Arthropods	131
21.1	General properties	131
21.2	Classification	131
21.3	Pathogenesis	131
21.4	Infecton caused or trasmitted by arthropods	131
21.5	Treatment and prevention	132
21.6	Laboratory diagnosis	133
21.7	Practical part – arthropods	134
21.8	Lab quiz	135

INTRODUCTION

Enormous amounts of new information in medical microbiology are becoming available on a daily basis. The amazingly huge quantity of new data is often focused on details and too complicate situations for both undergraduate medical students and physicians. This book has been created for medical students to ease the comprehension of the relations between theory and practice in current medical microbiology. The core comprehensive data is reviewed from prestigious publications in the field (Brooks et al: Jawetz, Melnick & Adelbergs' Medical Microbiology, 24th edition, LANGE, 2007; Lippincott's Illustrated Reviews, Microbiology, 2nd edition, Lippincott Williams & Wilkins, 2007; Murray *et al*, Medical Microbiology, 5h edition, Elsevier Mosby, 2005) and professional experience of the authors.

Each chapter contains a theoretical and a practical part. The practical part is divided into a few exercises which allows for the practice of some of the basic experimental procedures used in laboratories of medical microbiology. We believe that the original photographs and the diagrams that have been newly created by the authors will improve the understanding of the basic principles of microbiological diagnosis. Each chapter is complemented with a lab quiz intended to help students review their knowledge.

Acknowledgements

We would like to thank Adam Whitley and Florian Merkle, pregraduate Medical students, 2nd Faculty of Medicine of Charles University in Prague, for outstanding reviewing of the manuscript and for his suggestions. We also would like to thank specialists from our department for their help and preparation of the chapters of parasitology (Jan Urban, MSc., Ph.D.), virology (Petr Hubáček, M.D., Ph.D.) and mycology (Vanda Chrenková, M.D.). We also would like to thank both reviewers and outstanding clinical microbiologists: Eliška Běbrová, M.D., Department of Medical Microbiology of the 2nd Faculty of Medicine of Charles University in Prague, and Tamara Bergerová, M.D., Department of Microbiology, Faculty Hospital, Plzeň, for their critical suggestions and Bc. Vanessa Majeski for language revision.

1 LABORATORY SAFETY RULES

1.1 Purpose of the safety principles

The purpose of the safety principles is to reduce or eliminate exposure of potentially hazardous agents to

- a) laboratory workers
- b) other people
- c) the outside environment

1.2 Principles

1. Use a protective lab coat and other appropriate items when handling potentially infected clinical materials or microbial cultures. Use the coat and the items only in the laboratory area.
2. Don't eat, drink or smoke and never touch your mouth, eyes or nose while in the laboratory.
3. Process clinical materials and cultures only in designated areas and never carry them away.
4. Keep your bench in order.
5. Sterilize bacteriological loops in a flame after usage, or use disposable ones.
6. After handling, cover petri dishes, tubes and flasks containing microbial cultures with a lid. (figure 1.1).
7. Disinfect laboratory glassware and other items with a disinfectant solution. If disposable, discard them into a special container.
8. Disinfect skin, mucosa and laboratory surfaces immediately after contamination with infectious agents.
9. After handling potentially infectious materials or cultures wash your hands in a disinfectant solution containing soap and rinse properly with running water.
10. All laboratory accidents should be reported immediately to the laboratory supervisor.
11. Respect the fire protection rules when working with fire.
12. Taking microbial cultures and laboratory animals away from the laboratory is strictly forbidden.

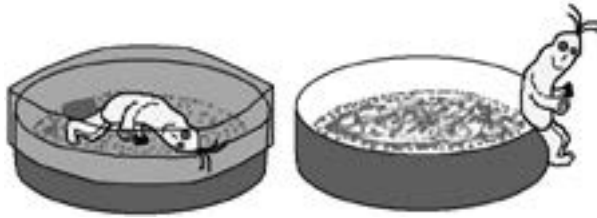


Fig. 1.1 Bacterial contamination. Make sure that you apply the laboratory safety rules to avoid spread of infection.

2 SPECIMEN COLLECTION & DIAGNOSTIC PRINCIPLES

2.1 Specimen collection & transport

The microbiological diagnosis is only as reliable as the quality of the specimen being tested (figure 2.1)!



Fig.2.1 There are three fundamental parts of microbiological a diagnosis: 1. specimen collection and transport, 2. results, 3. result interpretation

2.2 Material & methods

Specimens are collected from the patients using sterile tools such as swabs, tubes, containers etc. (figure 2.2). The rotating **swab** collects **surface specimen** (skin or underlying tissue) or specimen from **accessible mucosal surfaces** (e.g. pharyngeal swab) by direct contact with clinical material. The swab is then inserted into a transport medium. This is a medium without nutrients but with a preserving agent. **Blood, fluids and tissue samples** are collected into tubes and containers. Collected and labeled (errors may have disastrous consequences) specimen is sent with a **request form** to the lab as soon as possible (table 3.1).



Fig. 2.2 Material for collection of respiratory tract infection specimen
Swabs (1, 2), swabs and transport media (3, 4), spatula (5), container (6), anaerobic, aerobic and mycotic haemoculture containing liquid and solid culture media (7, 8, 9)

2.3 Conditions for specimen collection & transport

Table 2.1 Conditions for specimen collection and transport

AGENT	CONDITIONS	STORAGE, TRANSPORT
bacteria	swab and transport medium	RT*
viruses	swab, fluid, tissue culture medium	4–8 °C culture medium is used as transport medium
parasites/eggs	Three collections are made each two days apart. (container / tube)	RT* (storage 4–8 °C up to week)
anaerobes	fluid, tissue (avoid contact with oxygen)	RT*
fastidious bacteria	special conditions (e.g. <i>Neisseria</i> spp.)	various (if delay – freeze the sample)

Note: *RT – room temperature

2.4 Request form

All specimens should be accompanied by a request form (table 2.2).

Table 2.2 Example of request form

Record number	2489
Date of specimen collection	28.8.2008
Surname, first name & patient ID	Smile Frank 680811/1458
Ward	Surgery
Specimen	Sputum
Physician	Dr. Whitley
Clinical diagnosis	Pneumonia
Investigation required	Microscopy, culture, antibiotic sensitivity