

## Microbial Pathogenesis

### How do bacteria cause disease ?

- 1- Direct toxic effects – proteases – flesh eating bacteria
- 2- Activation of the host immune system –
  - Local – inflammation – PUS
  - Systemic – cardiovascular effects - SEPSIS

### How do *E.coli* become pathogens ?

#### Commensal flora –

Acquire genes that cause disease –

Colonization – attachment

Toxin of some sort –

*E. Coli* – UTI's - urinary tract infection – activate a PMN response

Diarrheal disease – interact with gut epithelial cells – cause fluid secretion

Sepsis – get into the blood – activate immune cells

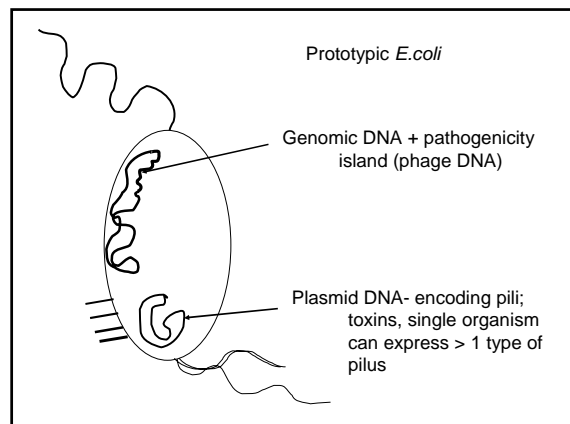
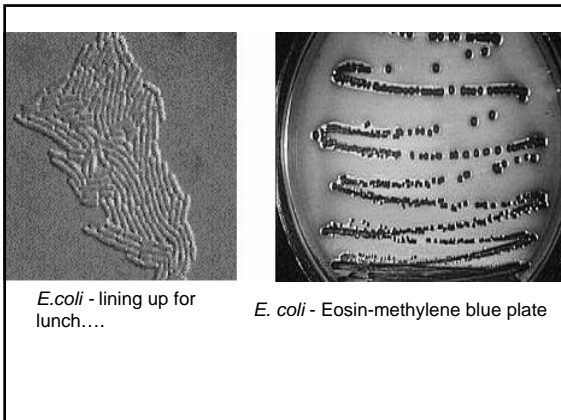
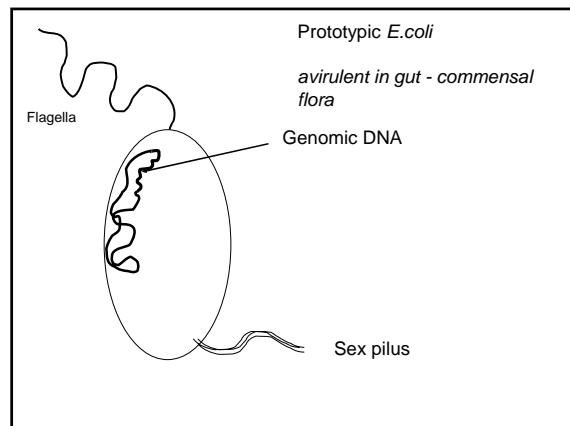
### Bacterial activation of the host immune response

#### Subclinical

Innate/Acquired  
Clearance mechanisms

#### Symptomatic

“Appropriate” → Resolution  
 Excessive → Septic Shock  
 Death



Urinary tract infection : Adherence

Fecal contamination of the bladder, urethra (primarily in females)  
Acquire a new organism from a partner

Organisms which express pili which bind to CHO

receptors on the uroepithelial cell - Gal-Gal - disaccharide ligand - Genetic susceptibility  
- display the receptor - acquire the organism which expresses the type1 pilus

Ligand - Receptor interaction

—————> Activates epithelial pro-inflammatory response

Pathogenesis of infection

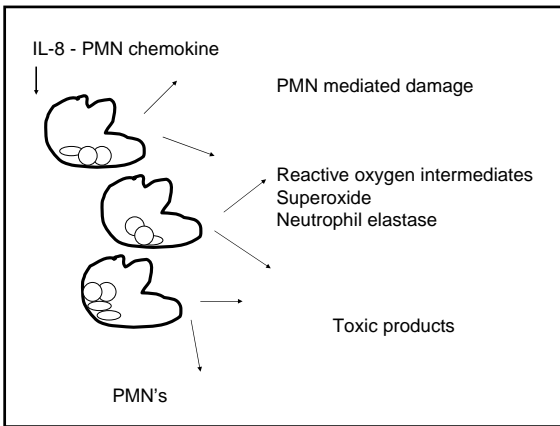
**Host factors** – Distribution of receptors – carbohydrates – related to blood group carbohydrates

Immune response – Overactive –lots of PMN's  
Excessive inflammation

Related to polymorphisms in specific Toll like receptors  
**Genetic predisposition**

**Microbial Factors**

Presence of appropriate ligands- flagella  
Pathogenicity islands – groups of virulence-associated genes



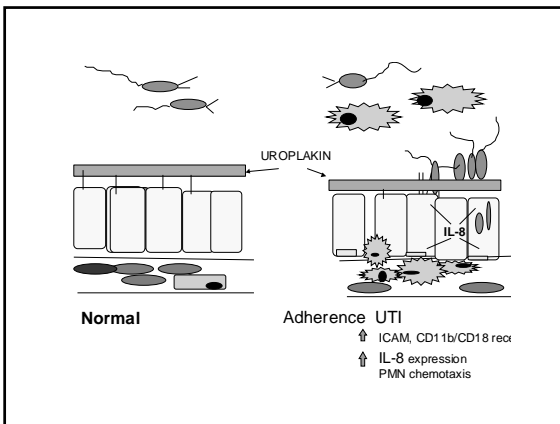
How do *E.coli* become pathogenic in the gut ?

Acquisition of virulence genes:

From other *E.coli/Shigella* -

pili - Required to attach  
(different pili for each type of disease)  
- bundle forming pili  
- *cfa* - colonization factor antigen

FECAL – ORAL contamination !



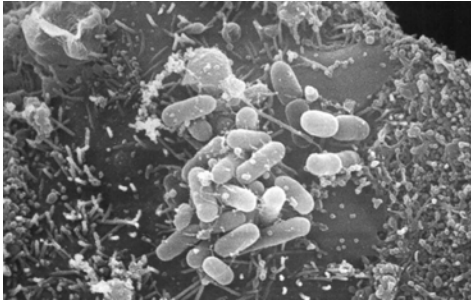
***E.coli* and diarrheal disease**

Acquisition of virulence genes: **TOXINS**

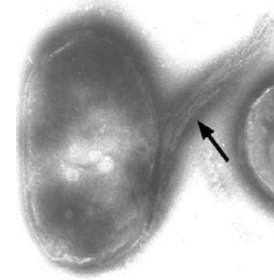
ETEC - Toxigenic - secretory diarrhea – Traveler's diarrhea

EHEC - enterohemorrhagic - 0H157:H7 - toxigenic –

(Shiga toxin) – Hemolytic uremic syndrome  
Interacts with platelets  
Renal endothelial cells  
(Jack in the Box hamburgers)



Enteropathogenic *E. coli* "pink" = gram negative rod  
M. Donnenberg, Univ. Maryland



Enteropathogenic *E. coli*  
*E. coli* - bundle forming pilus !

### Enteropathogenic *E. coli*

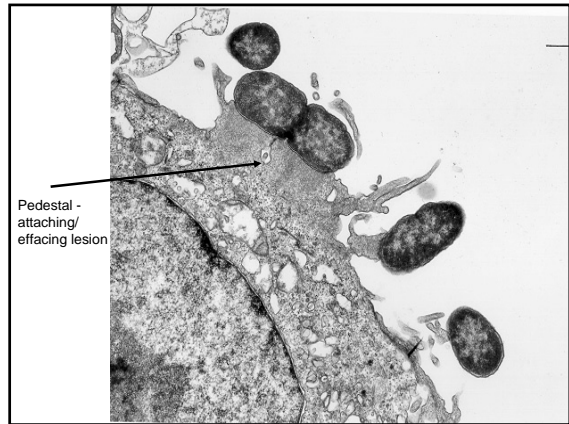
Acquire the genes for virulence

**Pathogenicity island**  
**Ligand to attach + toxin**

Bundle forming pilus

Pedestal formation - attaching/effacing lesion  
LEE Locus -  
Type III secretion genes SYRINGE GENES

Intimin expression - adhesin  
Tir - bacterially encoded receptor



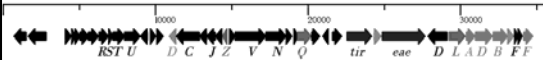
Pedestal -  
attaching/  
effacing lesion

Enteropathogenic *E. coli*

Activate rearrangements of the actin cytoskeleton

Stimulate phosphorylation of specific substrates

Interferes with the normal barrier function of the gut mucosal cell



**Locus of Enterocyte Effacement (LEE) pathogenicity island**  
41 open reading frames  
necessary and sufficient for attaching and effacing lesions

Genes - dark blue - esc genes- Yersinia type III secretion homologues

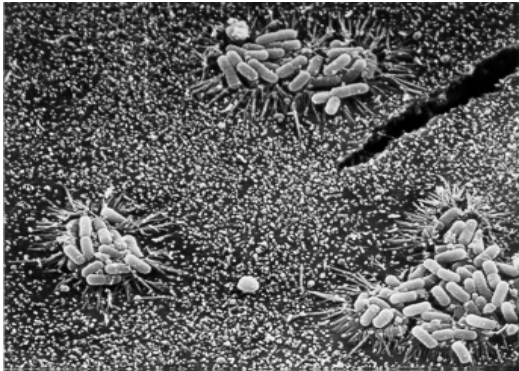
light blue - sep genes type III secretion system components

red encode the outer membrane adhesin intimin and its receptor Tir

teal blue - encode chaperones of secreted proteins

green encode -esp secreted proteins

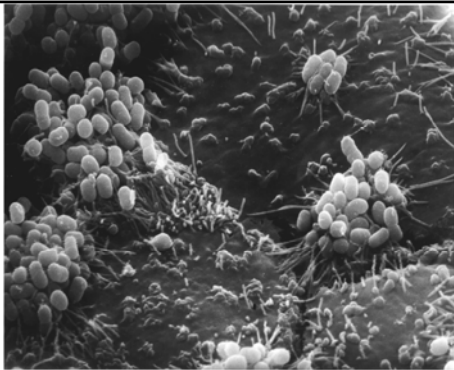
Enteropathogenic *E. coli*



### Enterohaemorrhagic *E. coli*

Pilin mediated attachment  
Pedestal formation – type III secretion  
**+ cytotoxin**

HUS - small blood vessel damage  
affects glomeruli  
platelets  
renal failure

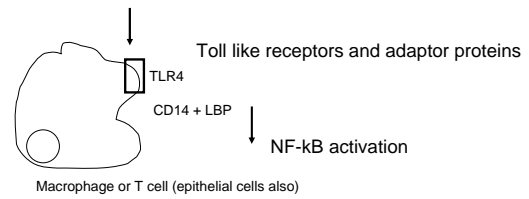


Scanning EM - EPEC

### SEPSIS

*E. coli* in the bloodstream - (perforated viscus etc)

LPS - endotoxin - actively shed

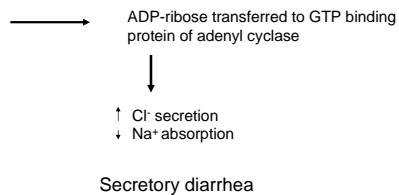


### ETEC

Toxigenic *E. coli* - like cholera -

Attachment - *cfa* pilus

Toxin - ADP ribosylating enzyme

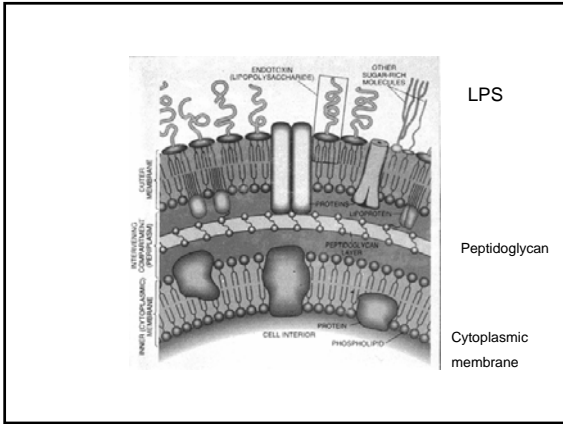


Lipopolysaccharide = Endotoxin

Gram negative bacteria – activate immune cells

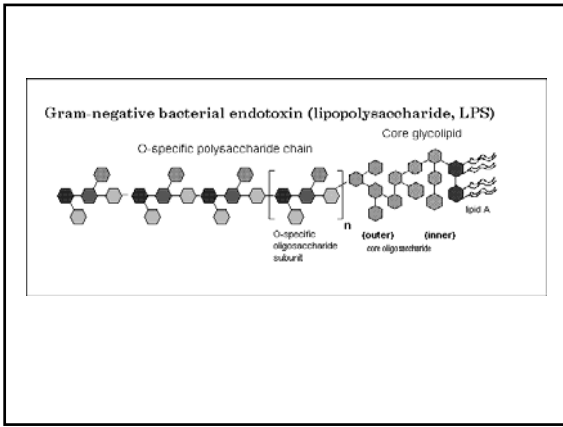
“toxicity” varies with species – **MICROBIAL FACTORS**

Clinical severity – dependent upon the **HOST response**



*P.aeruginosa*

**Opportunistic pathogen –**  
**Causes disease in impaired hosts**



Opportunistic pathogens

*Pseudomonas aeruginosa*  
Genetically versatile bacteria  
Few growth requirements  
Rarely pathogenic in the normal host

Major pathogens in immunocompromised patients  
Special settings - cystic fibrosis

Genomic sequencing – compare genetic organization of pathogens and non-pathogens

*E.coli* sepsis - organism in a normally sterile

Rapidly cleared - no immune response

Large inoculum - Activation of host cytokine expression

How are gram negative bacteria cleared from the blood ?

Innate immune defenses -  
"serum sensitive" - lysed by complement  
opsonized - phagocytosed  
reticuloendothelial clearance mechanisms

**Complete genome sequence of *Pseudomonas aeruginosa* PAO1, an opportunistic pathogen**

Nature (2000) 406:959-964

<http://www.pseudomonas.com>

**Virulence factors:**

1- Turn on one group of genes in response to the environment to **ESTABLISH** an infection

Flagella -motility  
immune activation

Hemolysins - Phospholipases - cleave host components

Proteases -

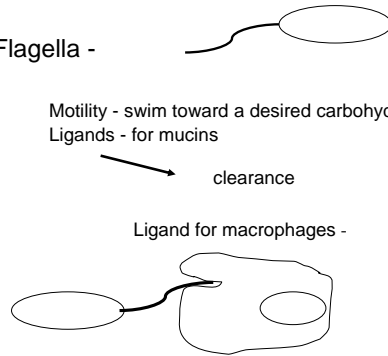
Siderophores - pigments - scavenge iron

**Flagella -**

Motility - swim toward a desired carbohydrate  
Ligands - for mucins

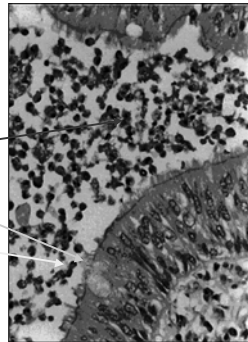
clearance

Ligand for macrophages -



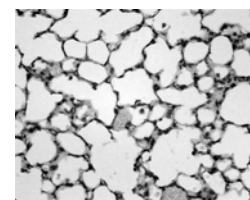
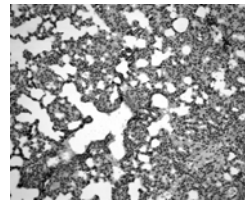
Airway inflammation  
in the CF lung

PMN's  
Mucin  
Bacteria



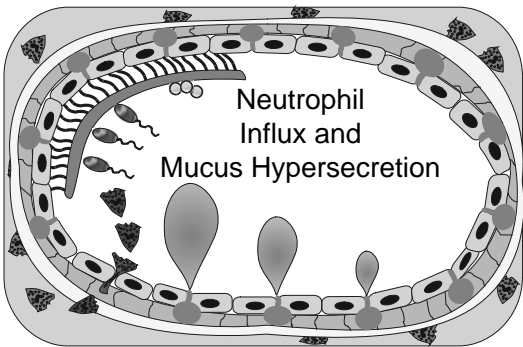
PA1244 - wild type

DB103 - mutant - lacks flagella



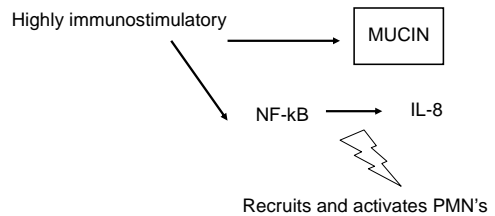
Analysis of these pathways - Identify mutants

Neutrophil  
Influx and  
Mucus Hypersecretion



**Flagella**

Multiple interactions with the host



## How are flagella signaled ??

Tissue dependent – Organism dependent

Extracellular pathogen – ***Pseudomonas aeruginosa***  
Inhaled organism  
airway epithelial cells  
↓  
TLR -5 (toll like receptors)

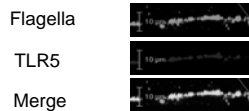
## Two-component signaling cascades

Insures the expression of the multiple virulence genes appropriate for the environment

Motility  
Pili  
Metabolic activation for growth

Pathogenicity island - often geographically linked  
facilitates transmission

## Human airway cells



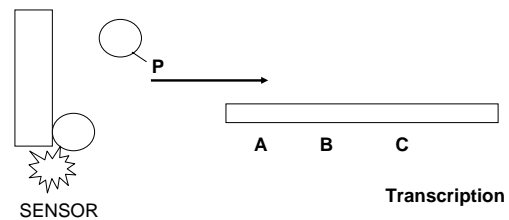
Airway – superficial stimulus is sufficient to activate inflammation  
Apical display of the toll like receptors

Mutations in TLR's – associated with increased susceptibility  
to specific bacterial infections

## Two component signaling -

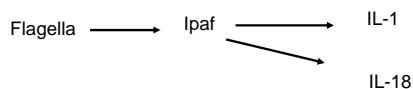
Coordinate regulation of virulence genes

In response to a given environmental signal:



## Intracellular pathogen *Salmonella enteritidis*

Gut pathogen – Need INVASION to activate inflammation



Monomeric flagellin – interacts with intracellular receptors

Mutations in these receptors – Inflammatory bowel disease

## Bacterial Adaptation –

Selection in vivo for “mutants” able to persist in the lung –

Less virulent – less “immunogenic”

don't make flagella (ligand for macrophages)  
flagella stimulate PMN's

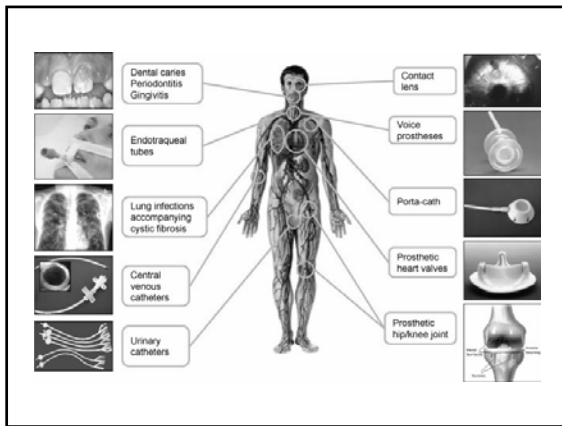
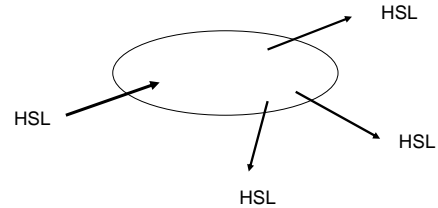
Actively express groups of genes to facilitate persistence  
within the host:  
(iron scavenging, immune evasion)

Communities - **Biofilms**

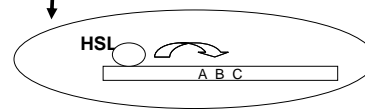
## Quorum sensing systems

- Coordinate expression of virulence factors -
- Regulation via transcriptional activation
- Secretion of small diffusible molecules - organize the bacterial population to respond
- Biofilm production - *SLIME*

Acyl homoserine lactones - small highly diffusible molecules (gram negatives), others in gram positive organisms



HSL concentration is high - diffuses back into the bacteria



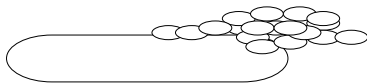
Transcriptional activation

Regulates the transcription of the same group of genes in many organisms at the same time – slime genes for example

## Quorum sensing -

How do communities of bacteria coordinate their activities?

Examples - Biofilms - dental plaque  
Airway colonization  
Infected intravenous catheters



## Summary – Bacterial pathogenesis

Commensal flora –

Pathogens – acquire blocks of DNA – contribute to virulence

Microbial factors – adhesins  
toxins

Host factors – Receptors – Tissue specific  
Immune responses

Opportunists –

Adapt to the environment  
Genetic flexibility – selection of mutants in vivo  
Persist -