

PATHOGENESIS & VIRULENCE FACTORS

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Normal Flora

Microorganisms that are associated with a host, established at a particular anatomical location and don't harm their host

Important part of innate immunity

- Compete for space and nutrients with harmful organisms

When displaced from normal site to other areas  may cause disease

- Example: *Staphylococcus aureus* in nose and throat can enter a wound and cause serious infections

Pathogenicity

Ability of microbes to cause disease in the host it infects

Virulence

Extent of pathogenicity

Capacity to cause disease

Related to severity of disease in the host

Infectious Disease Caused by Parasites

Infection :-

the state occurring when a parasite is growing and multiplying on or within a host

Infectious disease - a change from a state of health as a result of an infection by a parasitic organism.

- Adverse affect on the function of part or all of the host body as a result of the presence of a parasite or its toxic products

Pathogen - any parasitic organism that produces an infectious disease

Pathogenicity - the ability of a parasitic organism to cause a disease

Latency

When no symptoms present themselves

Intermittent latency

- Herpes simplex virus (HSV)
 - Lies dormant in neural tissue and is induced to replicate by various factors including intense sunlight and stress

Quiescent latency

- Persistence over very long periods of time (many years)
 - Varicella zoster
 - Chickenpox in children
 - Shingles in the elderly

Outcome of Host-Parasite Relationships

The final outcome of host-parasite relationships

- Dependent on three factors:
 - The actual number of parasites in the body
 - How virulent the parasite is
 - How effective the host's resistance is to infection

- Disease often incurred if parasite is particularly virulent, even if the host has high resistance

- Disease also incurred if virulence isn't particularly intense, but the host's resistance is weakened

- Age
- Illness
- Immunosuppressive drugs

What Determines Virulence?

Virulence – a measure of pathogenic intensity determined by three properties of the pathogen:

- **Invasiveness** – organism's ability to penetrate the first line of defense and spread to adjoining tissues in the host
- **Infectivity** – organism's ability to establish a primary site of infection
- **Pathogenic potential** – organism's ability to induce morbid symptoms, determined by toxigenicity

What is toxigenicity?

Refers to organisms ability to produce toxic compounds (toxins) that are harmful and cause disease

Toxins = specific metabolic products of pathogen

- Exotoxins
- Endotoxins
- Leukocidins
- Hemolysins

LD₅₀ and ID₅₀

LD₅₀

- Lethal dose 50
- Number of pathogens required to kill 50% of subjects in a given time period

ID₅₀

- Infectious dose 50
- Number of pathogens required to infect 50% of subjects

Components Influencing Infectious Disease

Transmissibility of the pathogen - involves initial transport to the host

- **Direct contact** - coughing, sneezing, body contact (shaking hands, kissing)
- **Indirect contact** – deposition into an environmental medium including soil, water, food and bedding
- **Vectors** - living organisms that transmit a pathogen from one host to another
 - Mosquitoes (Malaria, West Nile Virus)
 - Tick (Rocky Mountain spotted fever, Lyme disease)
 - Flea (Plague)

Zoonoses

- Disease which are mainly prevalent in an animal population but can be transferred to humans
 - Rabies
 - Plaque
 - Brucellosis

Methods by which pathogens cause disease:

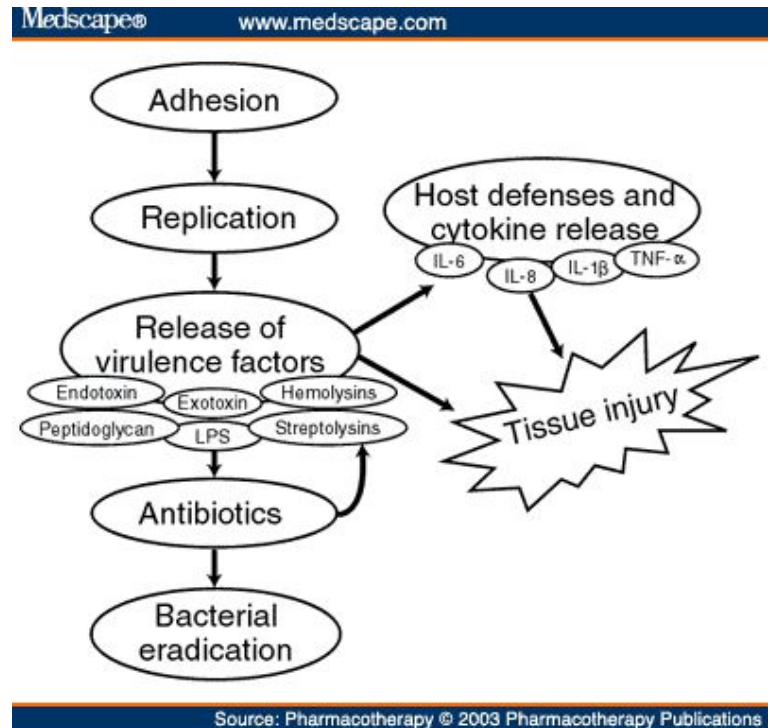
Adhesion.

Colonization.

Invasion .

Evasion of host defenses.

Toxin releas .



Adhesion

Specific adherence involves complementary chemical interactions between the host cell or tissue surface and the bacterial surface. In the language of medical microbiologist, a bacterial "**adhesin**" attaches covalently to a host "**receptor**" so that the bacterium "docks" itself on the host surface.

- **The adhesins of bacterial cells are**
 - **chemical components of capsules.**
 - **cell walls.**
 - **pili or fimbriae.**

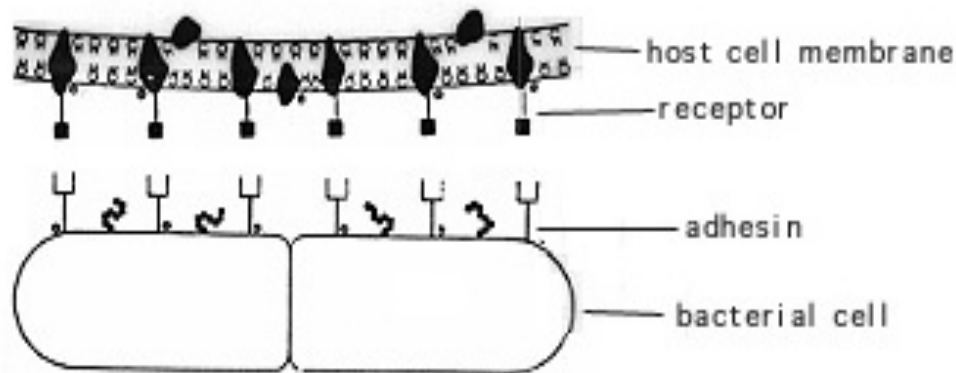
The host receptors are usually glycoproteins located on the cell membrane or tissue surface.

S. pyogenes has surface fimbriae which contain two major components the M protein and lipoteichoic acid for adhesion.

The adhesins of *E. coli* are their common pili or fimbriae.. *E. coli* .

Pseudomonas, Vibrio and Neisseria possess pili.

pili are the fimbriae used in attachment of *Vibrio cholerae* to the gastrointestinal epithelium.

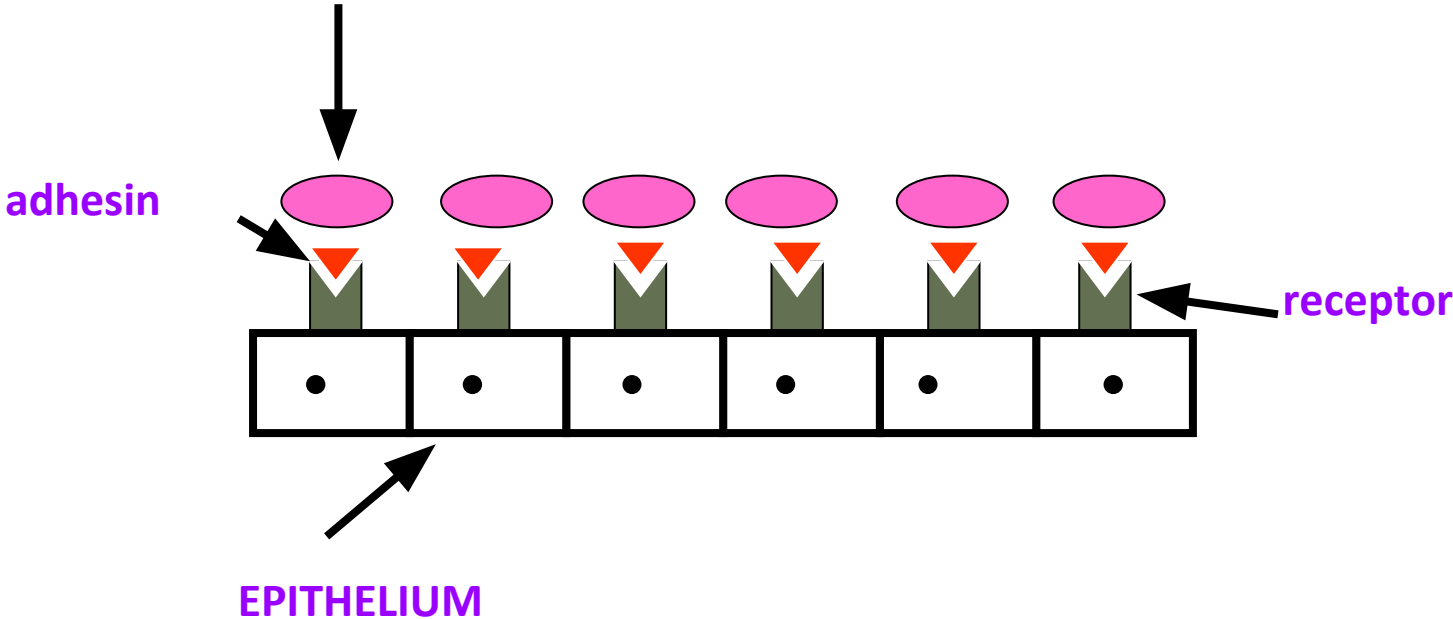


Attachment and colonization (multiplication) by the pathogen

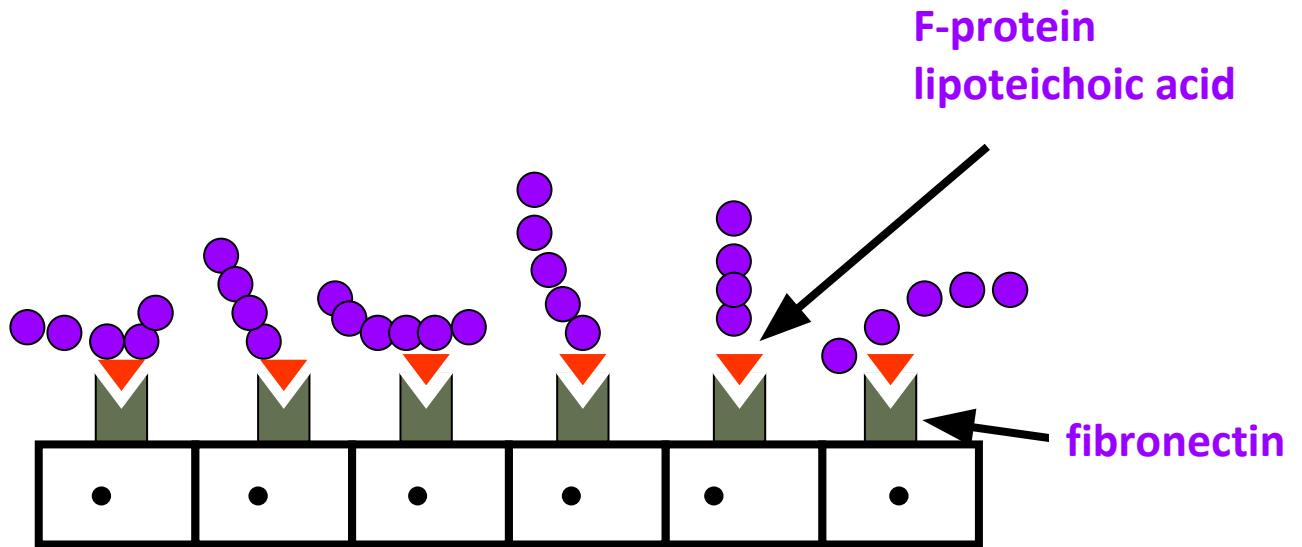
- Pathogen must be able to adhere to and colonize host cells and tissue;
 - this is mediated by special molecules or structures called **adhesins**
- **Examples of adhesins**
 - Filamentous hemagglutinin of *Bordetella pertussis* (binds to cilia of RT)
 - Fimbriae, pili
 - Glycocalyx (dental plaque)
 - Lectin
 - Capsule
 - Slime layer
 - Teichoic and lipoteichoic acids

Adhesion

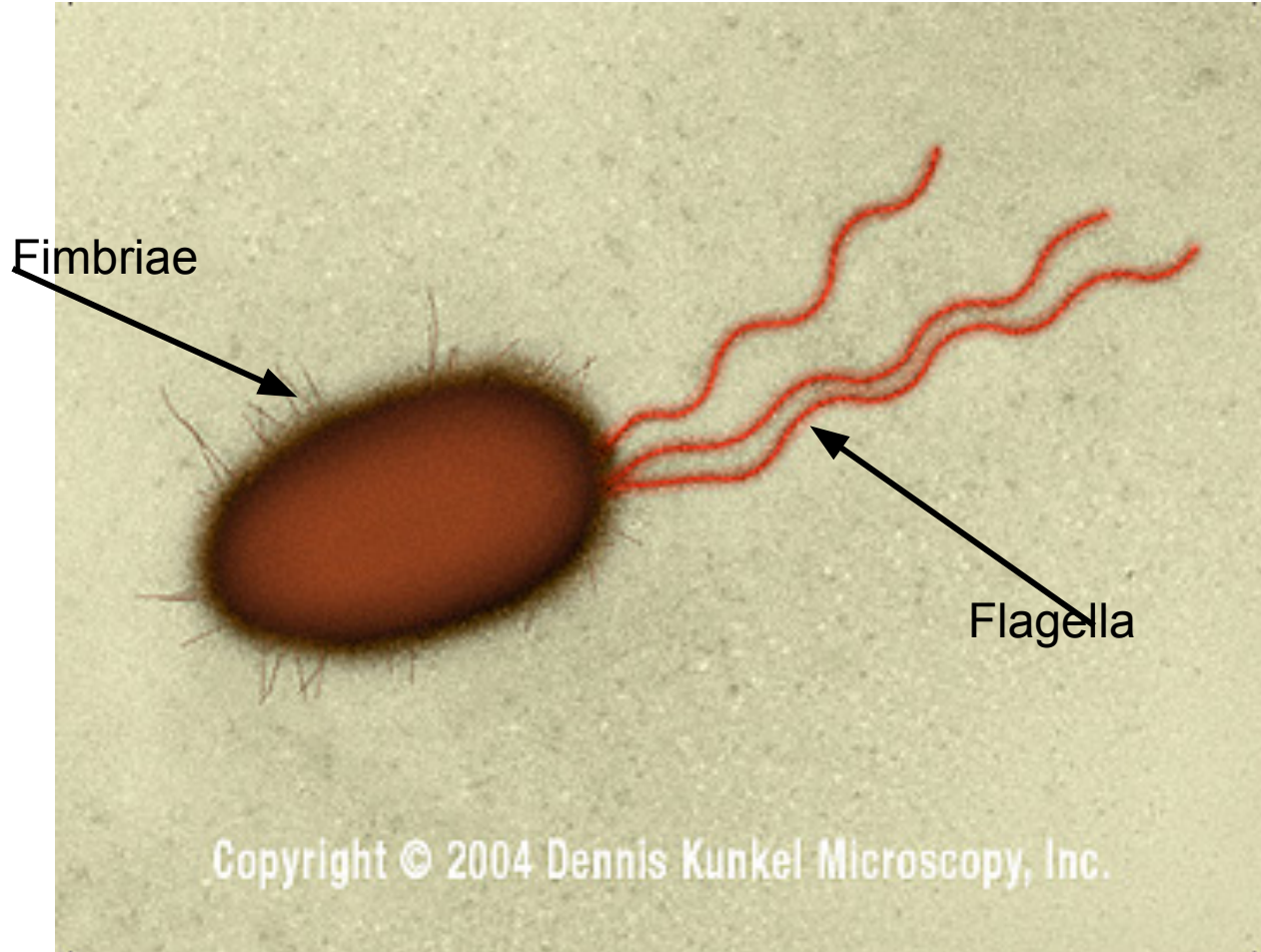
BACTERIUM



S. pyogenes

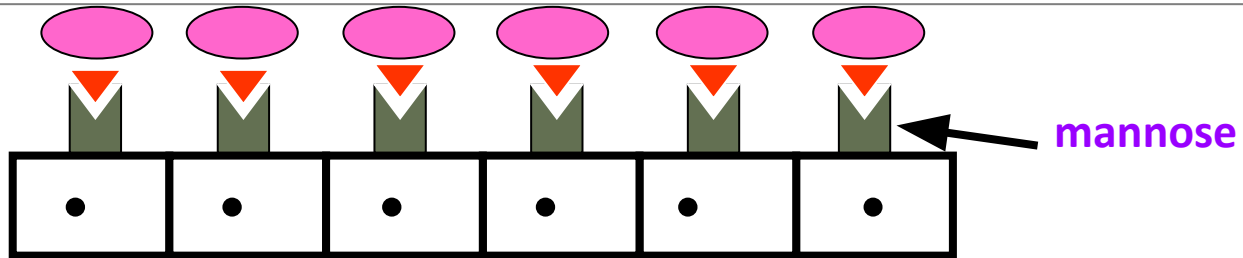


E. coli

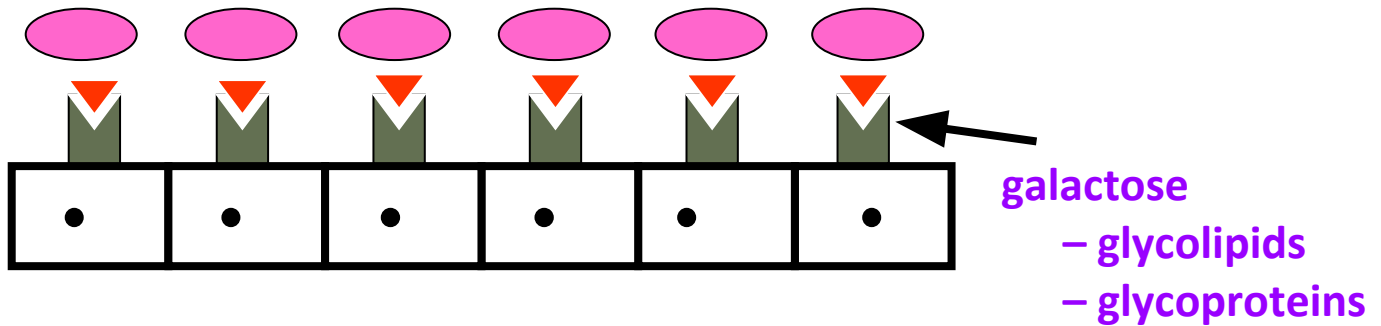


E. coli fimbriae

Type 1



P



Invasion and Evasion of Host Defense Mechanisms

Invasion of the pathogen

- Requires penetration of the host's epithelial cells or tissues
- Invasiveness = features that enable pathogens to escape immune detection/defenses and cause overt infection

Portals of Entry

Each infectious organism has its own portal of entry and portal of exit from the host

Entry:

- Respiratory tract via nose and throat
 - M tuberculosis can survive in dried sputum for weeks
- Gastrointestinal tract via mouth
 - S. typhi multiply only in cells of intestinal mucosa
- Skin and mucus membranes
- Genitourinary system (STD)
- Blood (insects, transfusions, needles)

Exit: Usually the same as the portals of entry

- **Passive mechanisms of entry involve:**

- **Breaks, lesions, or ulcers** in the mucous membranes
- **Wounds, abrasions, or burns** on the skin surface
- **Arthropod vectors** that penetrate when feeding
- **Tissue damage** caused by other organisms
- **Endocytosis** by host cells
- **Gaining of access** to deeper tissues
- **Penetration** into the circulatory system

Growth and multiplication of the pathogen:-

pathogen must find an appropriate environment

- pH
- Oxygen tension
- Nutrient availability (including specialized growth factors)
- Intracellular growth
 - *Mycobacterium tuberculosis* in alveolar macrophages
- Extracellular growth
 - Pyogenic infections – pus formation in extracellular spaces (*Streptococcus pyogenes*)

Dissemination by Evasion

Pathogens spread throughout the host tissue and sometimes even gain entry into lymphatic capillaries and then eventually into the circulation

- Localized infection = limited
- Systemic dissemination = multiple organs

Enhanced by microbial products and enzymes (virulence factors)

Capsules and fimbriae – antiphagocytic, requires antibodies for opsonization

Leukocidins - extracellular enzymes that kill phagocytic leukocytes by causing degranulation of lysosomes

Hemolysins - extracellular enzymes that kill erythrocytes by forming a pore (iron released)

- **Streptolysin O** – inactivated by oxygen, beta hemolysis when incubated anaerobically (*S. pyogenes*)
- **Streptolysin S** – not oxygen sensitive, beta hemolysis under aerobic conditions
 - If phagocytosed, acts as a leukocidin and kills macrophages

Coagulase – clots fibrinogen in plasma, protecting pathogen from phagocytosis and other host defenses

Collagenase – Degrades collagen in connective tissue promoting the spread of the pathogen

Deoxyribonuclease – reduces viscosity of exudates, improving pathogen mobility

Elastase – degrades laminin in ECM

Exotoxin B – aka pyrogenic exotoxin b –
protease

Hydrogen peroxide and ammonia – damage to
respiratory and urogenital systems

Hyaluronidase – degrades hyaluronic acid in intercellular ground substances holding cells together – increases mobility

IgA protease – Degrades antibody (IgA isotype) into Fab and Fc fragments

Lecithinase – degradation of lecithin in PM (phosphatidylcholine)

Protein A – binds IgG at Fc, prevents C' activation

Streptokinase (fibrinolysin, staphylokinase)– binds plasminogen and induces production of plasmin, and digestion of fibrin clots – increasing mobility of pathogen from clotted areas