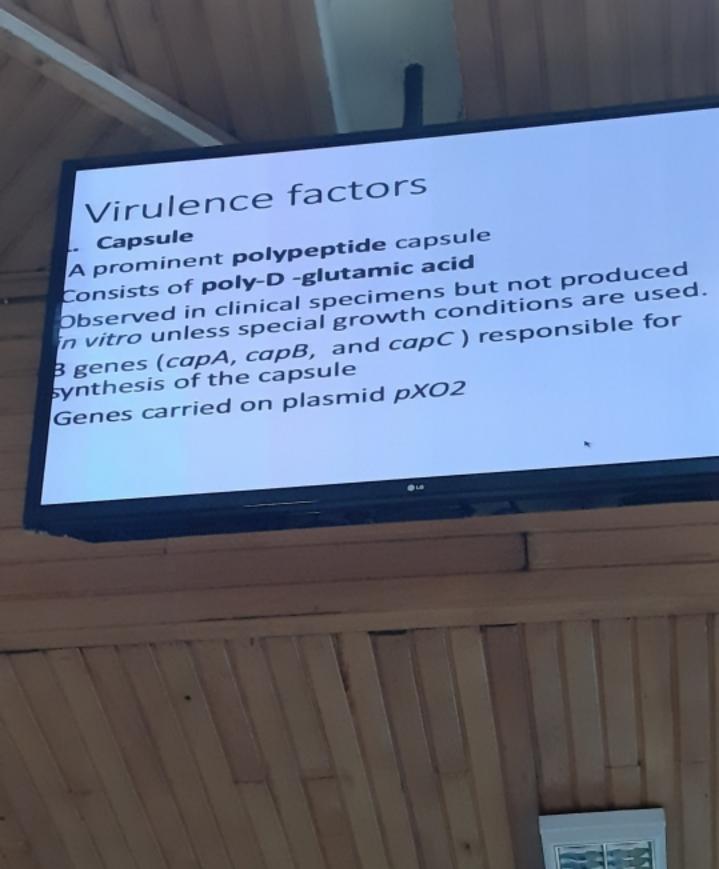


- Gram-positive rods
 - Straight or slightly curved
 - Single cells or in chains
 - Bamboo rod appearance
- Capsulated in tissues
- Forms spores:
- When shed in the environment or grown on
 - Spores are oval, centrally placed and same diameter as the width of the cell



- Vegetative cells: destroyed by heat at 60°C for 30 minutes
- •Spores:
 - Relatively resistant to disinfectant and heat
 - Some can withstand dry heat at 140°C for 1-3 hours and boiling at 100°C
 - · Can survive in the environment or in the hosts for long





Virulence Factors

Protective antigen (PA), edema factor (EF), and lethal factor (LF)

Nontoxic individually but form important toxins when combined:

• PA + EF=edema toxin, and PA + LF =lethal toxin PA binds to one of two receptors on host cell

Host proteases cleave PA, releasing a small fragment and retaining a 63-kDa fragment (PA63) on the cell

PA63 fragments self-associate forming a ringshaped complex of seven fragments (pore precursor or 'prepore")





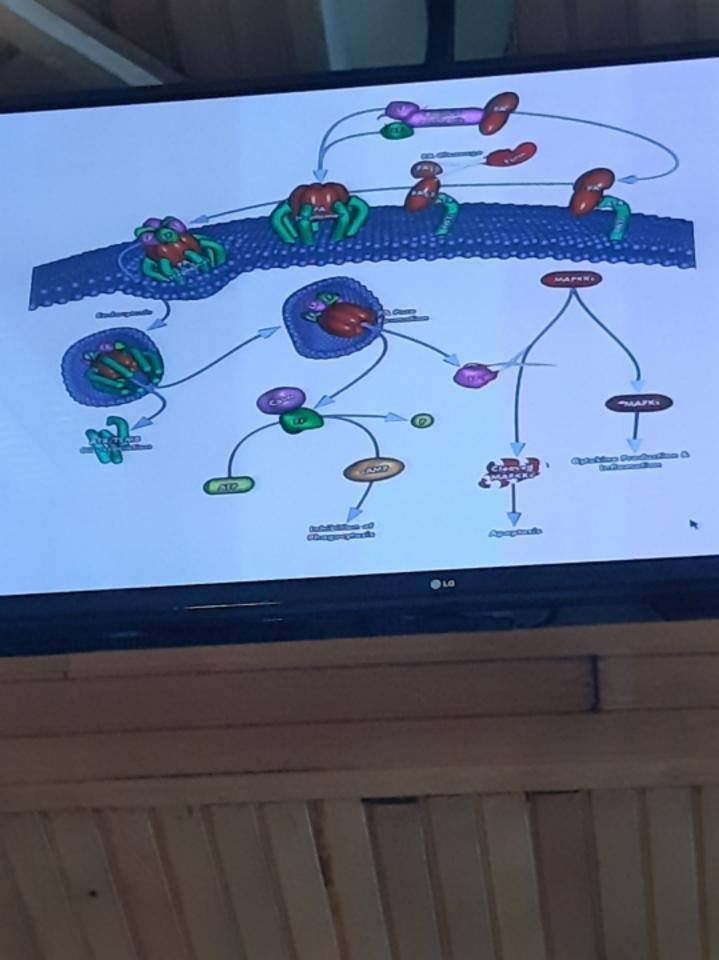
- The prepore can then bind up to 3 molecules of LF and/or EF through competitive binding
- Heptameric complex forms a transmembrane pore and releases LF and EF into the cell interior.

 a zinc-dependent protease capable of cleaving mitogen activated protein (MAP) kinase, leading to cell death

EF

- a calmodulin-dependent adenylate cyclase that increases the intracellular cAMP levels and results in edema
- *Genes for the protein components found on a large plasmid, pXO1





Clinical Implications

- Causes anthrax
- Associated with outbreaks
- Primarily a disease of herbivores
- Human infections are accidental



- Exists in the environment as a spore and can remain viable in the soil for decades
- Spores ingested by grazing herbivores
- Germinate within the animal to produce the virulent vegetative forms.
- Replicate and eventually kill the host
- Products (e.g meat or hides) from infected animals serve as a reservoir for human disease

Clinical Manifestations

- Small pimple or pustule appears at the 1. Cutaneous anthrax site of inoculation 2-3 days after
 - Ring of vesicles develop→coalesce to form an erythematous ring.
 - A small dark area appears in the centre of the ring and eventually ulcerates and dries(eschar)





- 2. Inhalation anthrax/ Woolsorter's disease
 - Spores included
 - Severe signs and symptoms
- Starts as a non-specific illness: mild fever, fatigue and malaise 2-5 days after exposure
- Sudden severe case with respiratory distress

Clinical Manifestations

- Spores are inoculated into a lesion on the 3. Gl anthrax intestinal mucosa following ingestion of spores
 - Abdominal pain, nausea, vomiting, anorexia

4. Injectional anthrax

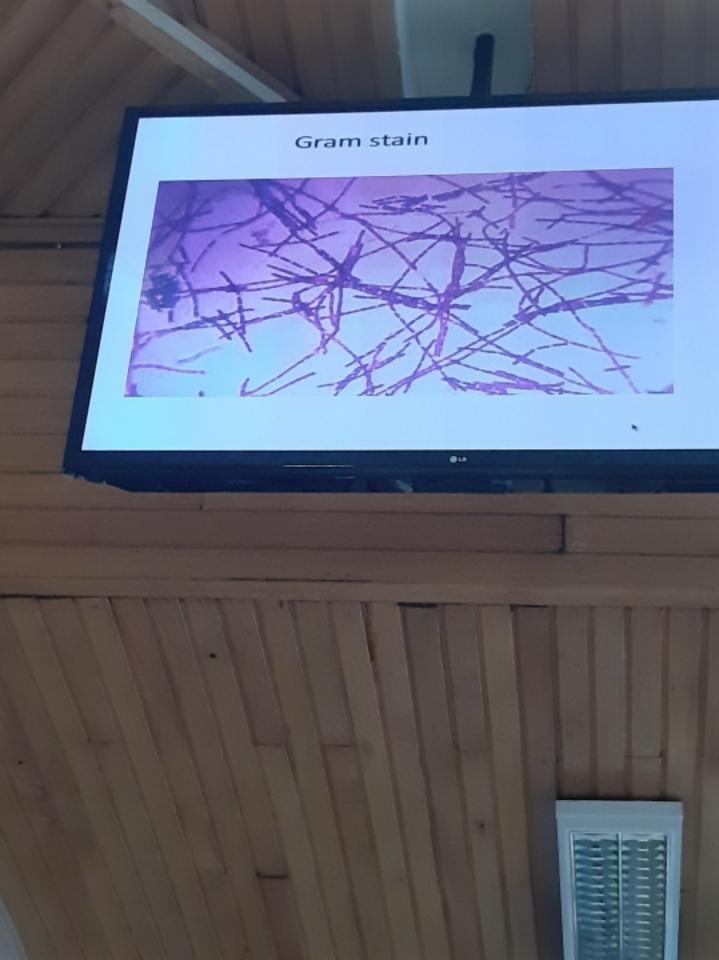
1st recognised in 2001 in Norway

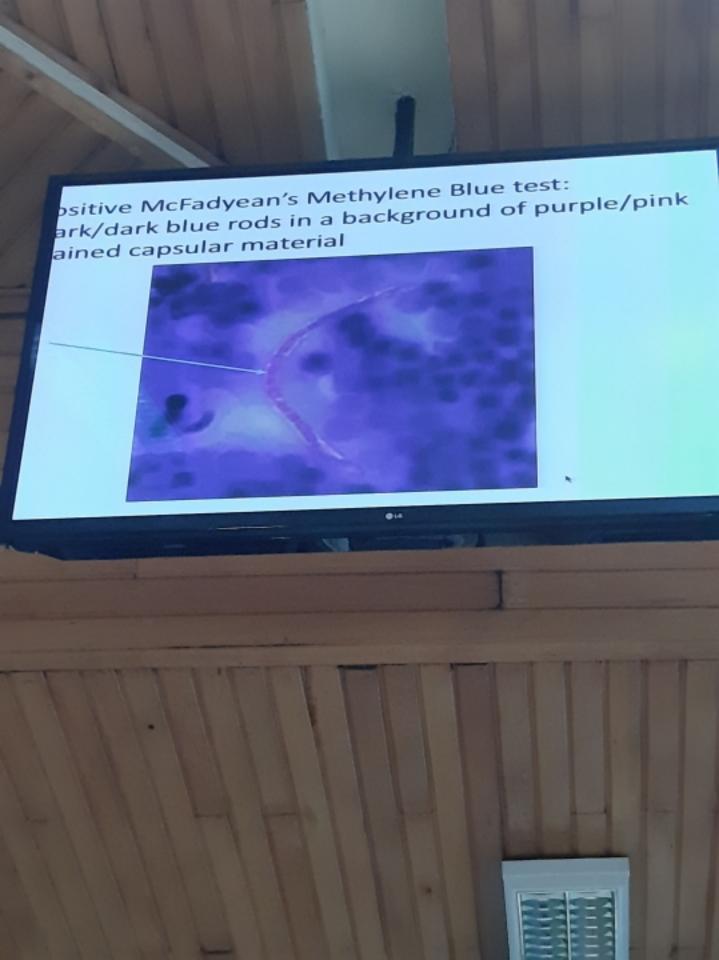
Can arise as a complication of the other forms 5. Septicaemic anthrax

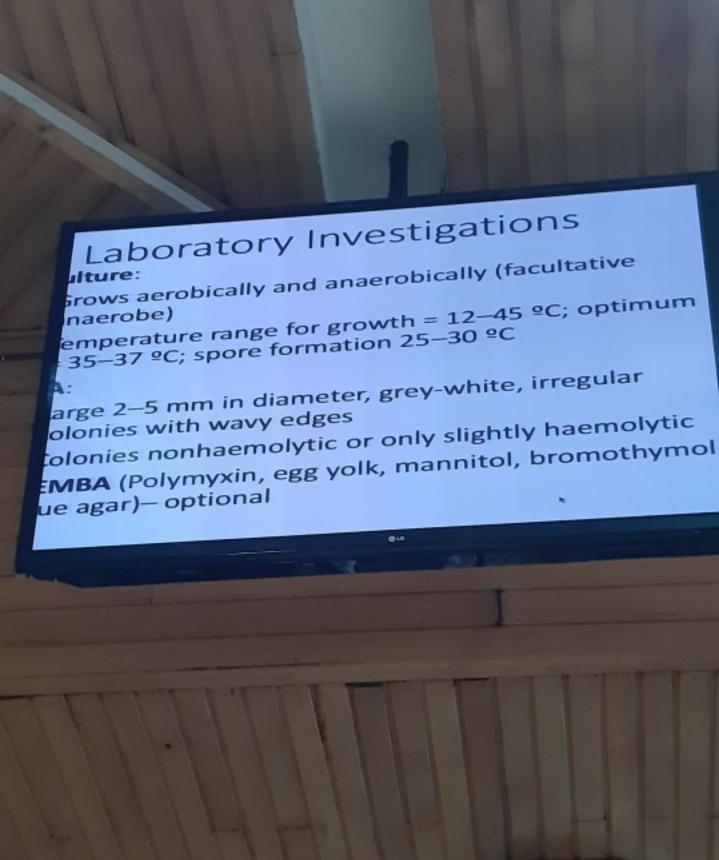


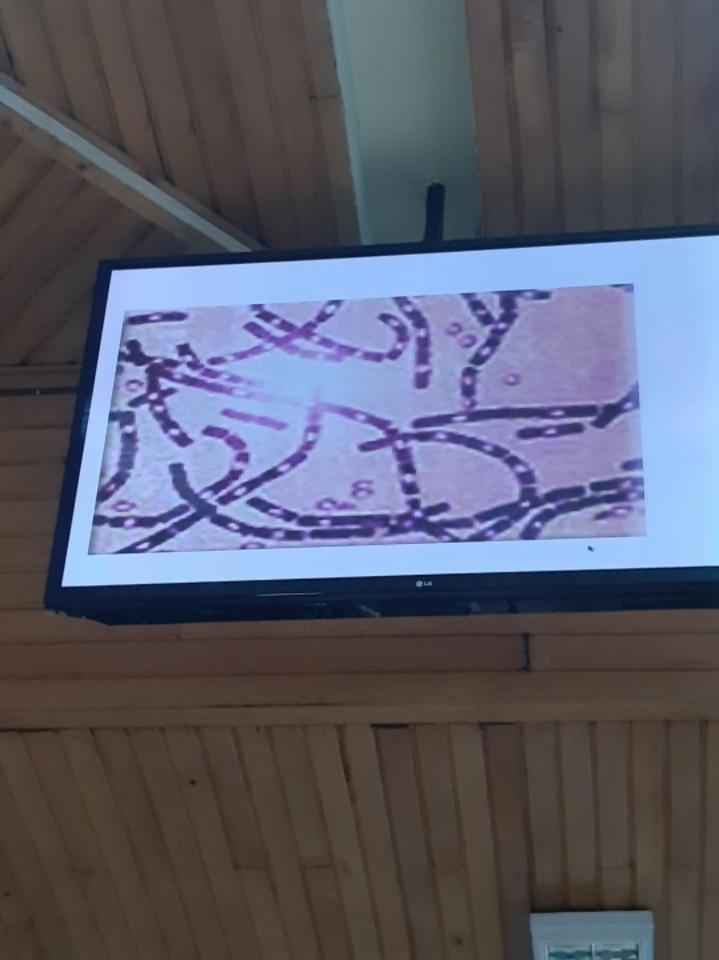


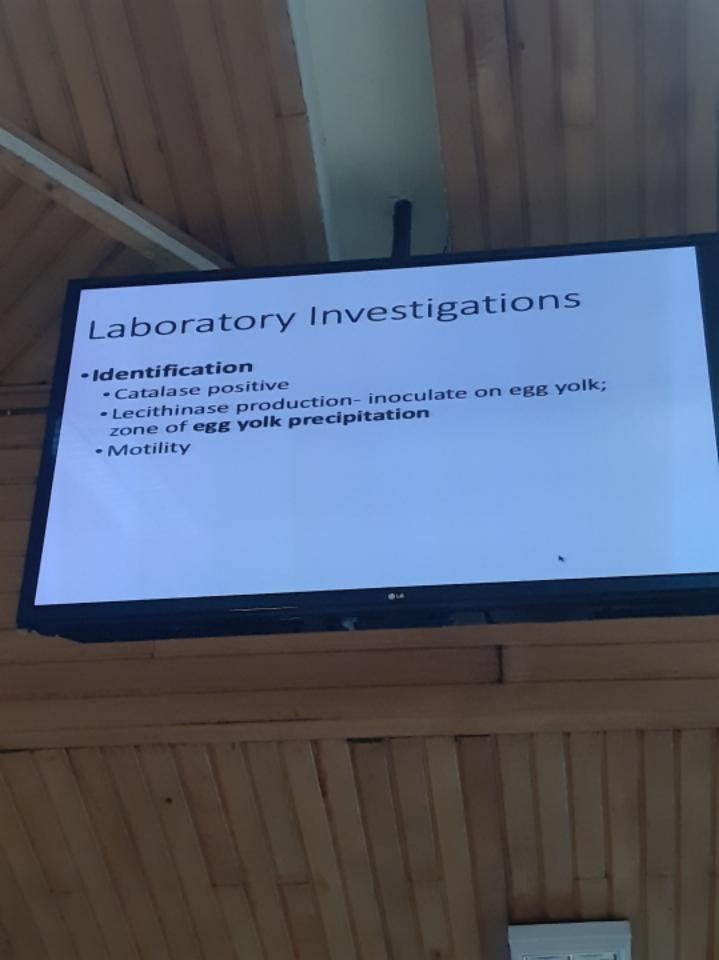
- Specimen
- fluid aspirated from cutaneous lesions,
 - sputum,
 - Cerebrospinal fluid
 - blood for culture.
 - Highly infectious
- In smears from specimen, B.anthracis is capsulated
 - Polychrome methylene blue(McFadyean) stain; Giemsa, India ink





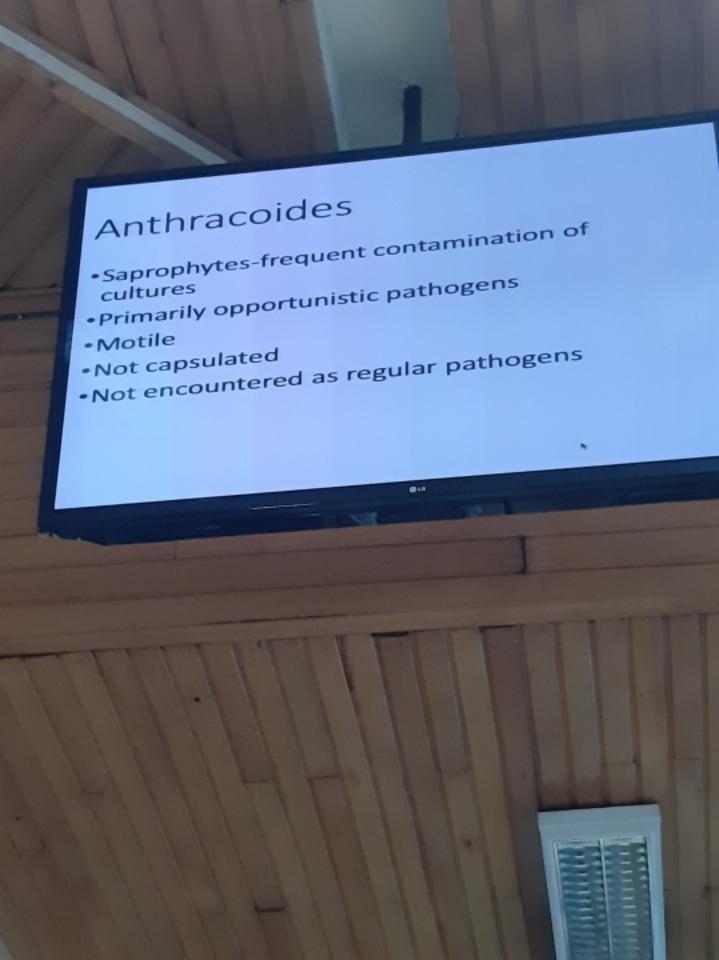






Anthracoides - motile anthracis= on-motile

reatment/Prevention/Control **Treatment** Penicillin Chloramphenicol Tetracycline Erythromycin Streptomycin Fluoroquinolones First-generation cephalosporins Anthrax is resistant to many later-generation cephalosporins Prevention and Control?



Bacillus cereus Associated with Food poisoning Toxin-induced- rice and meat stews Mild- diarrhoea and vomiting- a few hours 2. Severe eye infections 3. Anthrax-like progressive pneumonia, 4. Fulminant sepsis 5. CNS infections

