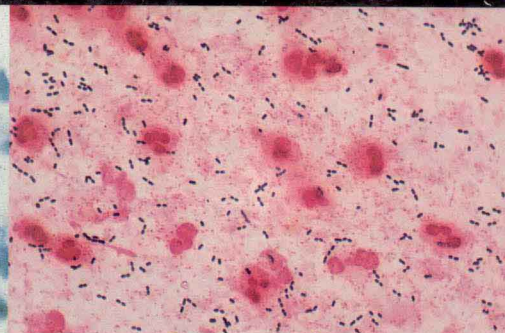
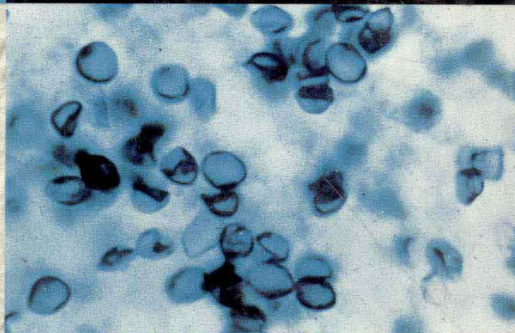
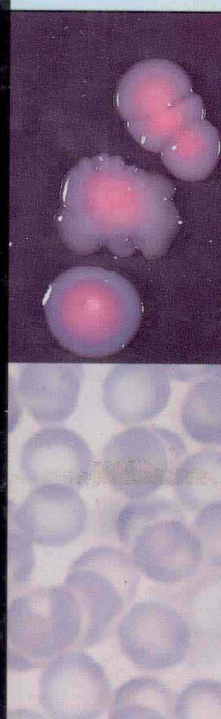
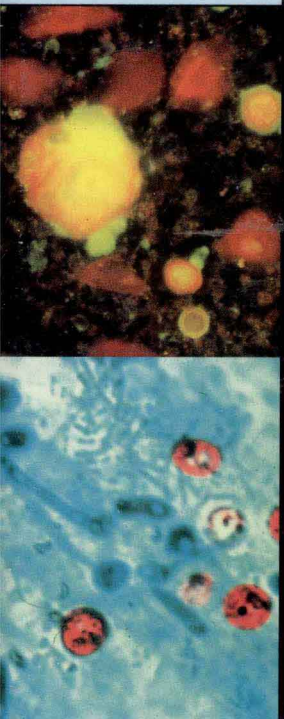


CLINICAL AND PATHOGENIC
MICROBIOLOGY

SECOND EDITION



Barbara J. Howard

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CLINICAL AND PATHOGENIC MICROBIOLOGY

Second Edition

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Cover illustrations: *Center*, Racemose form of *Cysticercus* removed from fourth ventricle of brain in young woman from Central America. (Photograph by Barbara Neuburger, Medical Photography, Biomedical Communications, George Washington University Medical Center, Washington, D.C.) *Counterclockwise*, Direct fluorescent antibody stain of herpes simplex II in genital ulcer. (Courtesy Peter McEvoy, Walter Reed Army Medical Center, Washington, D.C.) *Cryptosporidium*. In acid-fast stain of stool sample, *Cryptosporidium* oocysts stain red, whereas everything else stains blue. Cysts of *Pneumocystis carinii* stained with Grocott-Gomori methenamine–silver nitrate stain. Gram stain of sputum showing gram-positive, lancet-shaped diplococci of *Streptococcus pneumoniae* and gram-negative short, slender rods of *Haemophilus influenzae*. (Courtesy Carol Ormes, Washington Hospital Center, Washington, D.C.). Trypomastigote of *Trypanosoma cruzi* (Giemsa stain). Pink, mucoid colonies of *Klebsiella pneumoniae* on MacConkey agar. (Courtesy Carol Ormes, Washington Hospital Center, Washington, D.C.).

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P R E F A C E

The opening comments in the preface to the first edition of this book remain applicable: "*Clinical and Pathogenic Microbiology* combines in one volume the study of the materials and methods used for identification of pathogenic organisms and the study of these organisms in relation to their disease processes in humans."

As with the first edition, the authors have sought to strike a balance between theory and practice and between identification procedures and clinical significance of organisms. As before, we have attempted to present microbiology within an epidemiologic, diagnostic, and clinical framework.

Just as microbiology has changed since the first edition, so has this book. The chapter on safety reflects the heightened and vital concern with safety in the laboratory. The continued adaptation of molecular biologic techniques to clinical microbiology testing has resulted in a new chapter on molecular techniques as well as a separate subheading, "Identification by Molecular Methods," in the chapters on various bacteria. New chapters on mycoplasmas and retroviruses and expanded sections on organisms such as *Rochalimaea* underscore the increasing importance of these microorganisms in the laboratory.

The countless references from the last 3 years reflect the authors' concern that the book be as up-to-date as possible. In addition to updating material, the second edition seeks to be more focused on clinically relevant information. The chapters on specimen collection and processing and antimicrobial susceptibility testing have been expanded considerably as a reflection of the paramount importance of these topics in clinical microbiology.

Most important, this book is primarily written for instructional purposes, and as such it seeks to present the most pertinent and vital information in a clear and concise manner without overwhelming the reader.

Among the numerous people I would like to thank for their assistance are Pat Loughlin, and Diane Haddick, for their endless typing and retyping and Joanne Comerford for her superb editorial assistance and dogged commitment to this project. I thank many people for making helpful comments about portions of the text, including Dr. Robert Weaver for his careful review of Chapter 17. Perhaps the most important people to thank are the many readers who not only made the first edition a success but also provided many insights and helpful suggestions that have provided the basis for many of the revisions.

Barbara J. Howard

PREFACE TO FIRST EDITION

Although separate treatments of clinical and pathogenic microbiology abound, no previous work has satisfactorily integrated these two subject areas. *Clinical and Pathogenic Microbiology* combines in one volume the study of the materials and methods used for the identification of pathogenic organisms and the study of these organisms in relation to their disease processes in humans. The authors have striven to create a comprehensive book that strikes a balance between theory and practice.

Clinical and Pathogenic Microbiology is intended as a text for medical technology students and students in pathogenic and diagnostic microbiology courses at advanced undergraduate and graduate levels. In addition, clinical laboratories will find the book to be a well-documented reference tool.

The reader will find comprehensive coverage of mycology, parasitology, and virology, which should obviate the need for supplementary texts in these areas. The use of consistent subheadings throughout the text makes all material readily accessible.

The student can easily assimilate complex material in *Clinical and Pathogenic Microbiology* because the text has not neglected extensive explanatory information and coverage of basic science. The reader is led through difficult material in a logical fashion. Basic concepts that are presented early in the text are carefully followed and given enhanced treatment through the remainder of the text.

I acknowledge gratefully the assistance of many individuals in the preparation of this book. Invaluable suggestions and reviews

of chapters were made by Dean (Ike) Armstrong, Marilyn S. Bartlett, Don Brenner, William J. Brown, Elizabeth P. Cato, Patricia Charache, Marie B. Coyle, Cecil S. Cummins, Madeline Ducate, Richard R. Facklam, James C. Feely, Lynn S. Garcia, G.L. Gilaridi, Patricia Greenup, Dieter H.M. Groschel, George R. Healy, Dannie G. Hollis, Marguerite M. Jackson, J. Michael Janda, William M. Janda, Samuel W. Joseph, Raymond L. Kaplan, John F. Keiser, Michael T. Kelly, Mogens Kilian, Wesley E. Kloos, James T. Kvach, Jean F. MacFaddin, Abe Macher, J. Kenneth McClatchy, Michael R. McGinnis, Cedric A. Mims, Linda Minnich, Josephine A. Morello, David Power, Eileen L. Randall, Alan M. Rauch, Arthur L. Reingold, Morrison Rogosa, Louis D.S. Smith, Walter E. Stamm, Thomas F. Smith, A. von Graevenitz, and Robert E. Weaver. I am also most appreciative of the skill of Jack P. Tandy in preparing our illustrations and for the photographs supplied by Leon J. LeBeau, Carol A. Ormes, and many others cited in the text. The work would never have been realized without the expert typing and retyping of the manuscript by numerous individuals including Diane Haddick, Grace Cannata, Judy Smith, Pansy Palmer, Adrienne Lucke, and Gloria Condit. A very special thanks goes to Thu-Thao Trinh, Maria Finelli, Joanne Comerford, and Eugene R. Kennedy, who assisted in checking references, renumbering references, proofreading galleys, and perhaps most important, keeping up my spirits. And finally I extend my deepest gratitude to my family for their unending patience and support.

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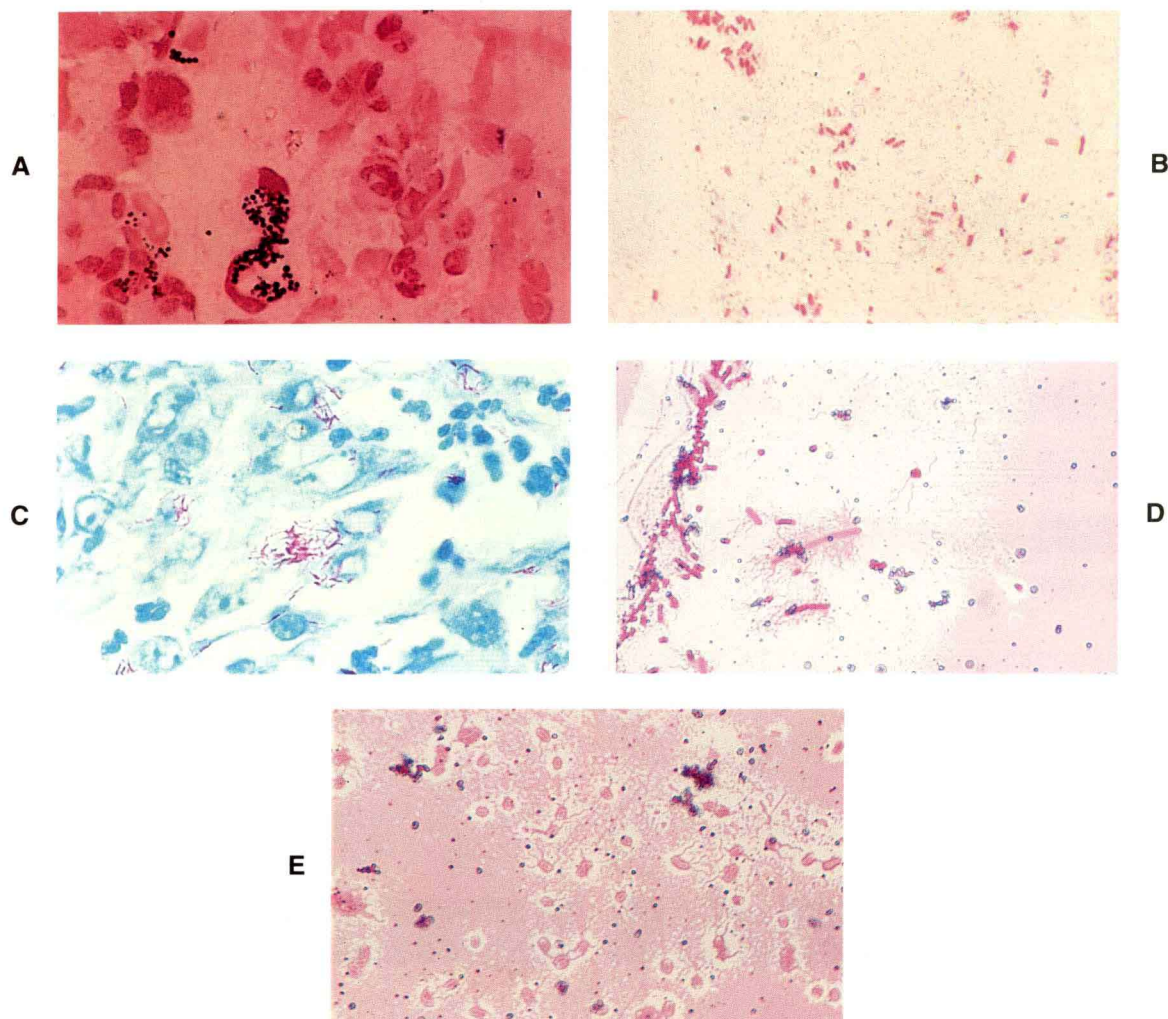


PLATE 1. **A**, Gram stain showing clusters of gram-positive cocci (*Staphylococcus aureus*) in sputum. **B**, Gram stain showing gram-negative rods of *Yersinia enterocolitica* in fluid (Courtesy of Jill Clarridge, VA Medical Center, Houston) **C**, Ziehl-Neelsen stain of tissue. Acid-fast organisms of *Mycobacterium kansasii* stain red against blue background. (Courtesy Carol Ormes, Washington Hospital Center, Washington, D.C.) **D**, flagella stain of *Proteus mirabilis*. Flagella are distributed across entire cell surface; this is called peritrichous flagellation. **E**, flagella stain of *Aeromonas hydrophila*. This organism demonstrates polar flagellation; that is, flagella are present only at poles.

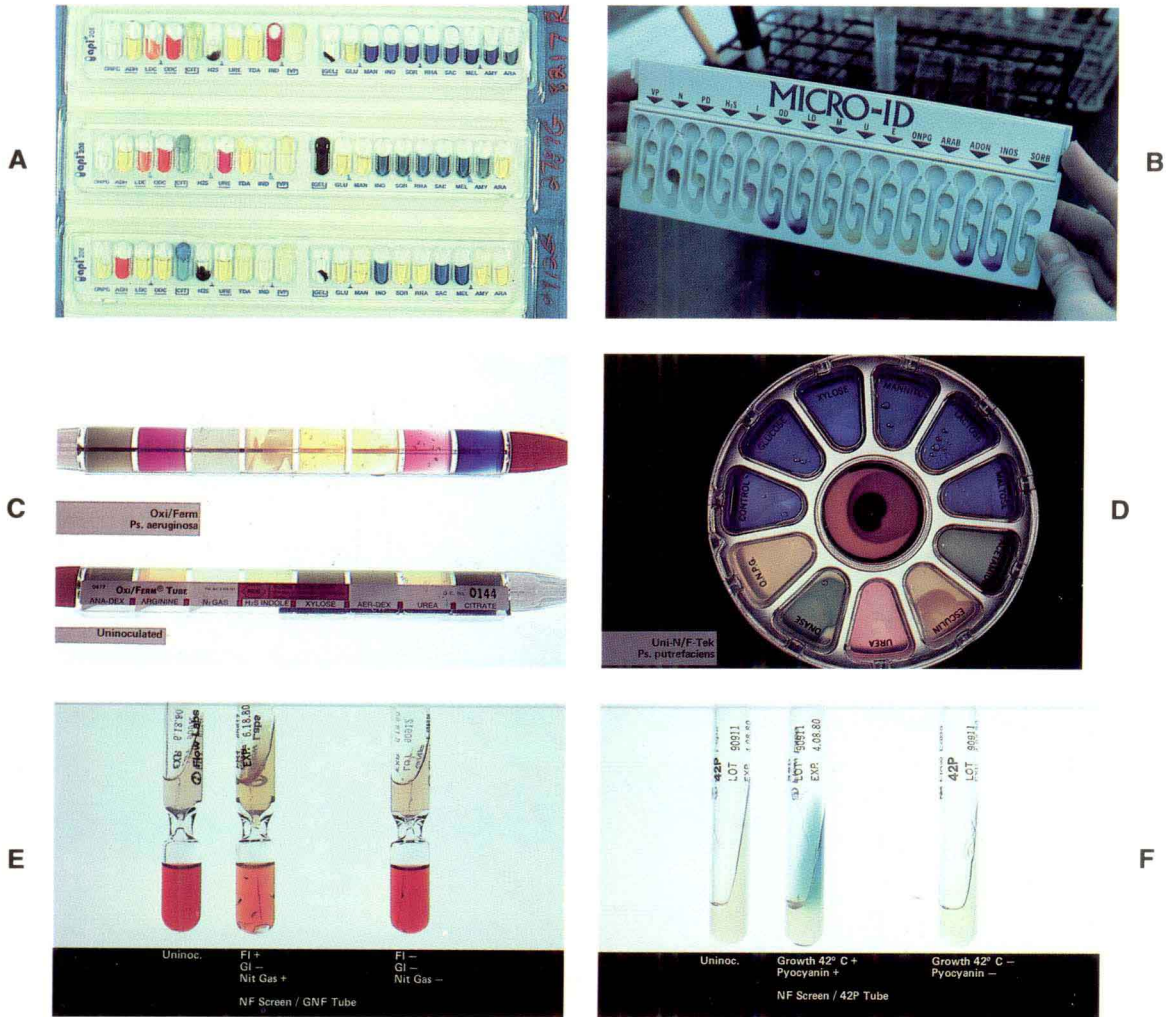


PLATE 2. A, API20E system. B, Micro-ID system. C, Oxi-Ferm system. D, Uni-N/F-Tek system. E, GNF screening tube; glucose fermentation is detected in the base of the agar and denitrification and fluorescein production in the upper portion. F, the 42P screening tube detects growth at 42° C and production of pyocyanin. Blue-green color is due to pyocyanin production by *Pseudomonas aeruginosa*.

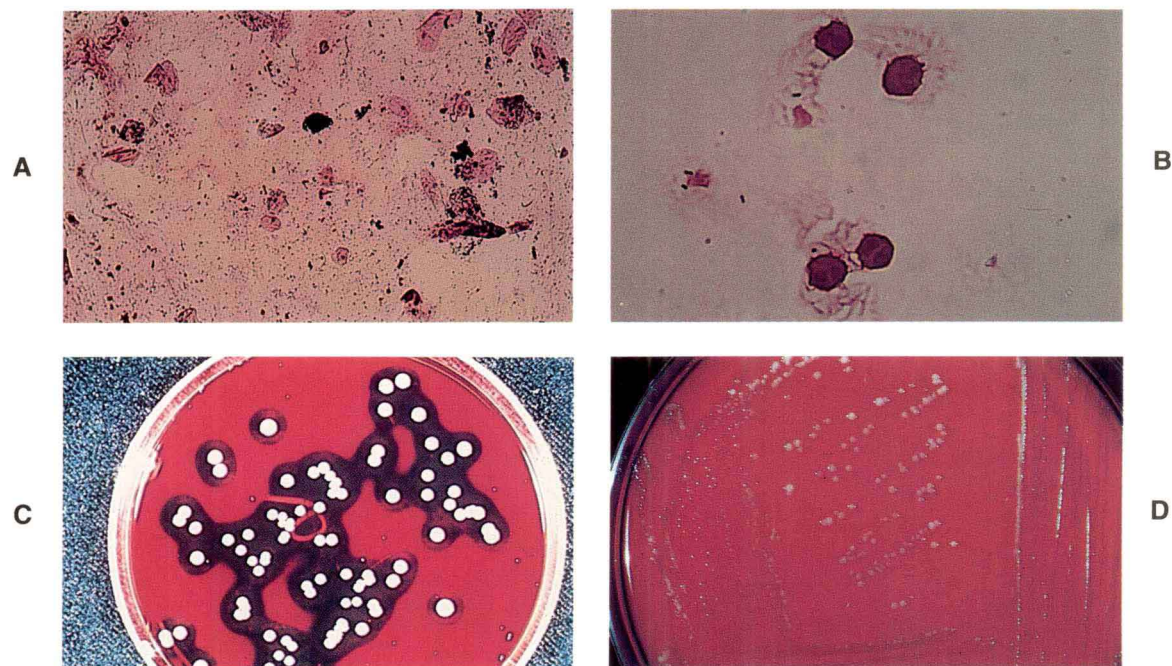


PLATE 3. **A**, Gram-stained sputum smear with greater than 25 squamous epithelial cells per low power field. **B**, Gram stain of cerebrospinal fluid with *Streptococcus pneumoniae*. **C**, β -hemolytic colonies of *Staphylococcus aureus* on sheep blood agar. **D**, colonies of *Staphylococcus epidermidis* on sheep blood agar (1:4.5). (Courtesy of Dr. Leon J. LeBeau, Department of Biocommunication Arts, Medical Center, University of Illinois at Chicago.)

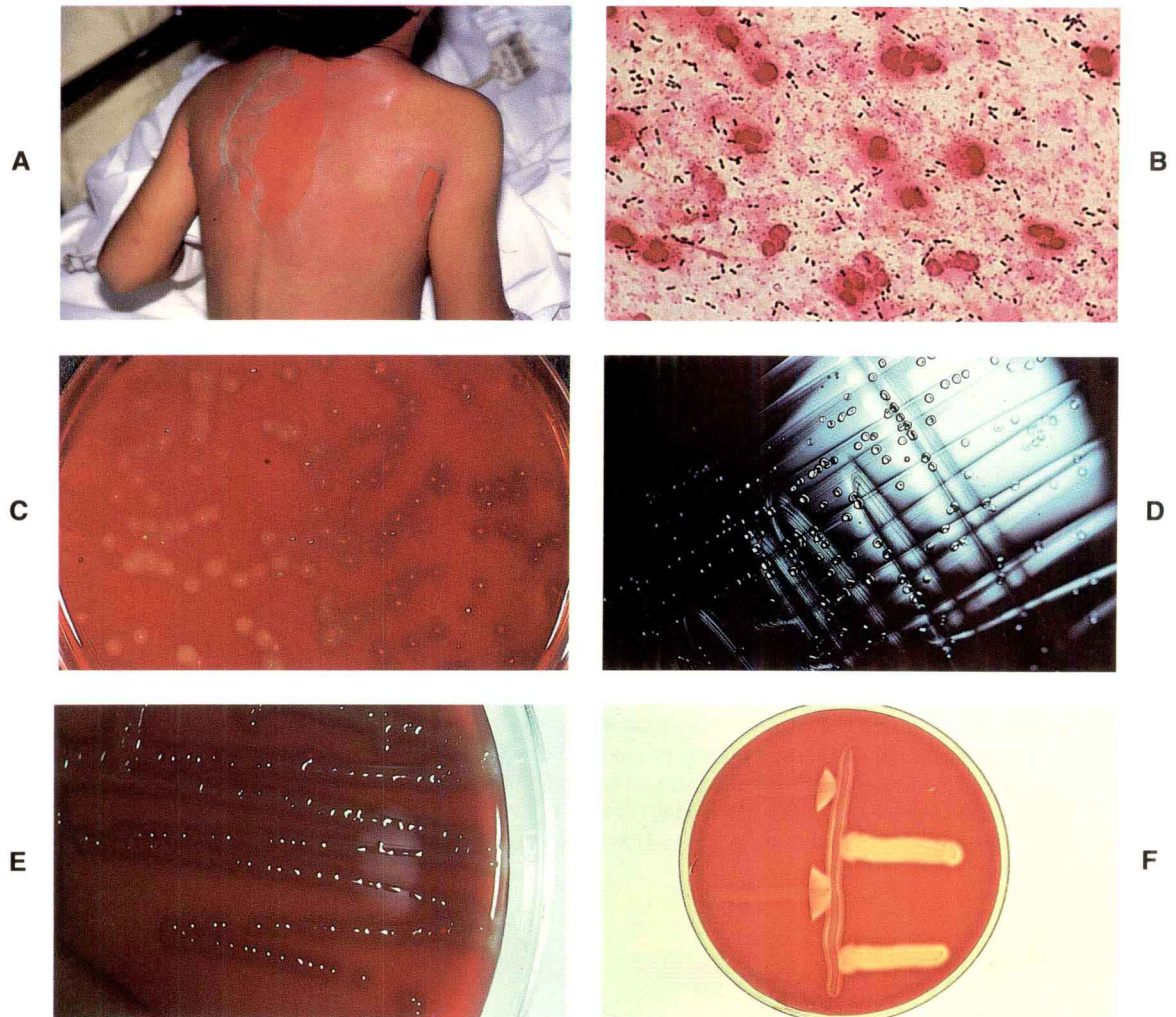


PLATE 4. **A**, scalded skin syndrome. (Courtesy of Dr. Marian Melish, Kapiolani Children's Medical Center, Honolulu.) **B**, Gram stain of sputum showing gram-positive, lancet-shaped diplococci of *Streptococcus pneumoniae* and gram-negative, short, slender rods of *Haemophilus influenzae*. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **C**, group A β -streptococcus on sheep blood agar (1:4.5). Note large zone of hemolysis in relation to size of colony. **D**, umbilicated colonies of *S. pneumoniae*. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **E**, watery-appearing mucoid colonies of *S. pneumoniae*. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **F**, CAMP test. Arrowhead hemolysis demonstrated by two strains on *left* is a positive reaction and is presumptive identification of group B β -streptococcus. Isolates on *right* are negative for CAMP test. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.)

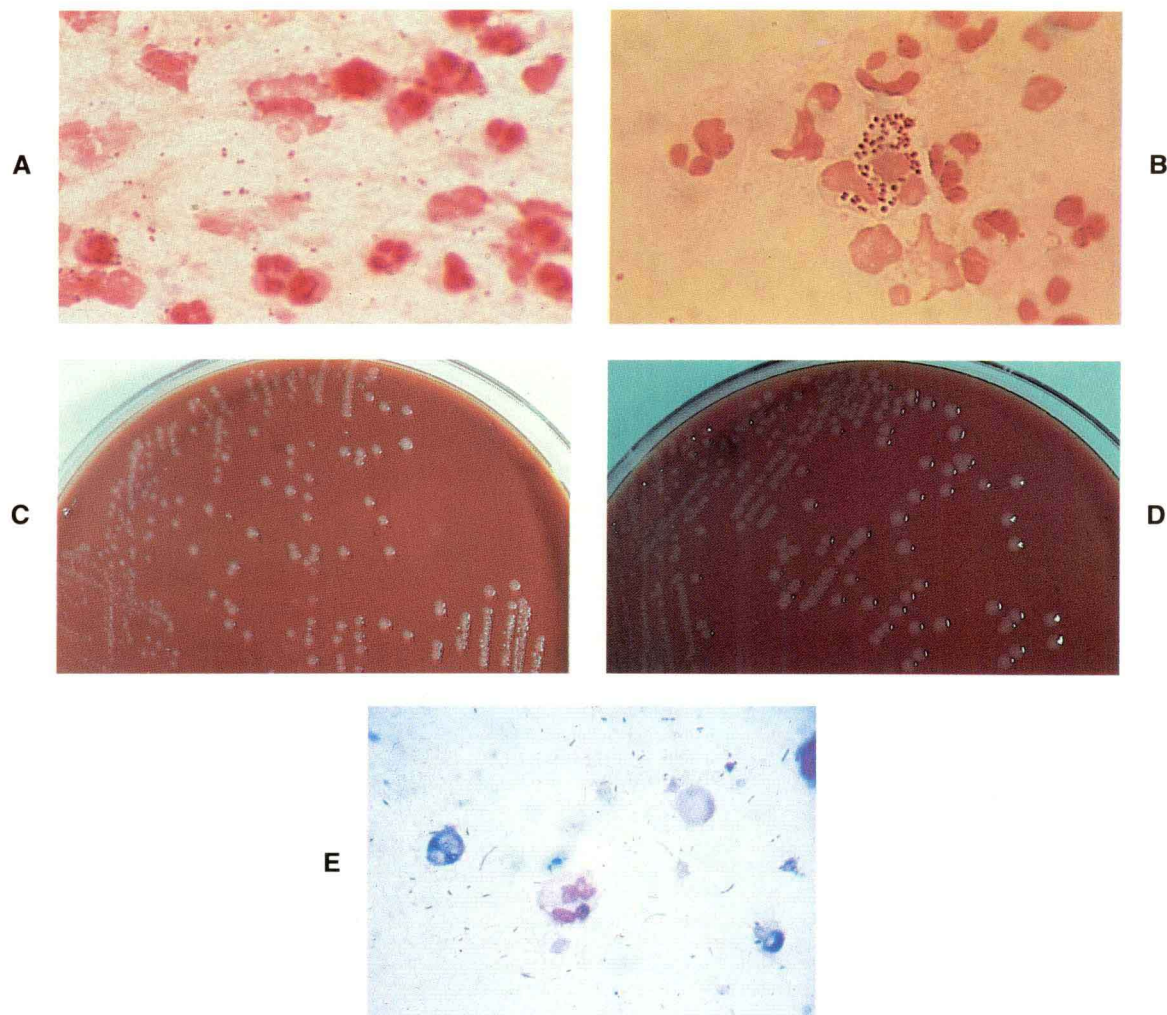


PLATE 5. **A**, Gram stain of sputum with *Moraxella catarrhalis*. This organism typically appears as gram-negative diplococci with adjacent sides flattened. **B**, typical intracellular, gram-negative, kidney bean-shaped diplococci of *Neisseria gonorrhoeae* in exudate from male. **C**, colonies of *N. gonorrhoeae* on chocolate agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **D**, colonies of *Neisseria meningitidis* on chocolate agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **E**, Gram stain of cerebrospinal fluid showing typical short and slender gram-negative rods of *Haemophilus influenzae*. Organisms stain very lightly and may be mistaken for debris.

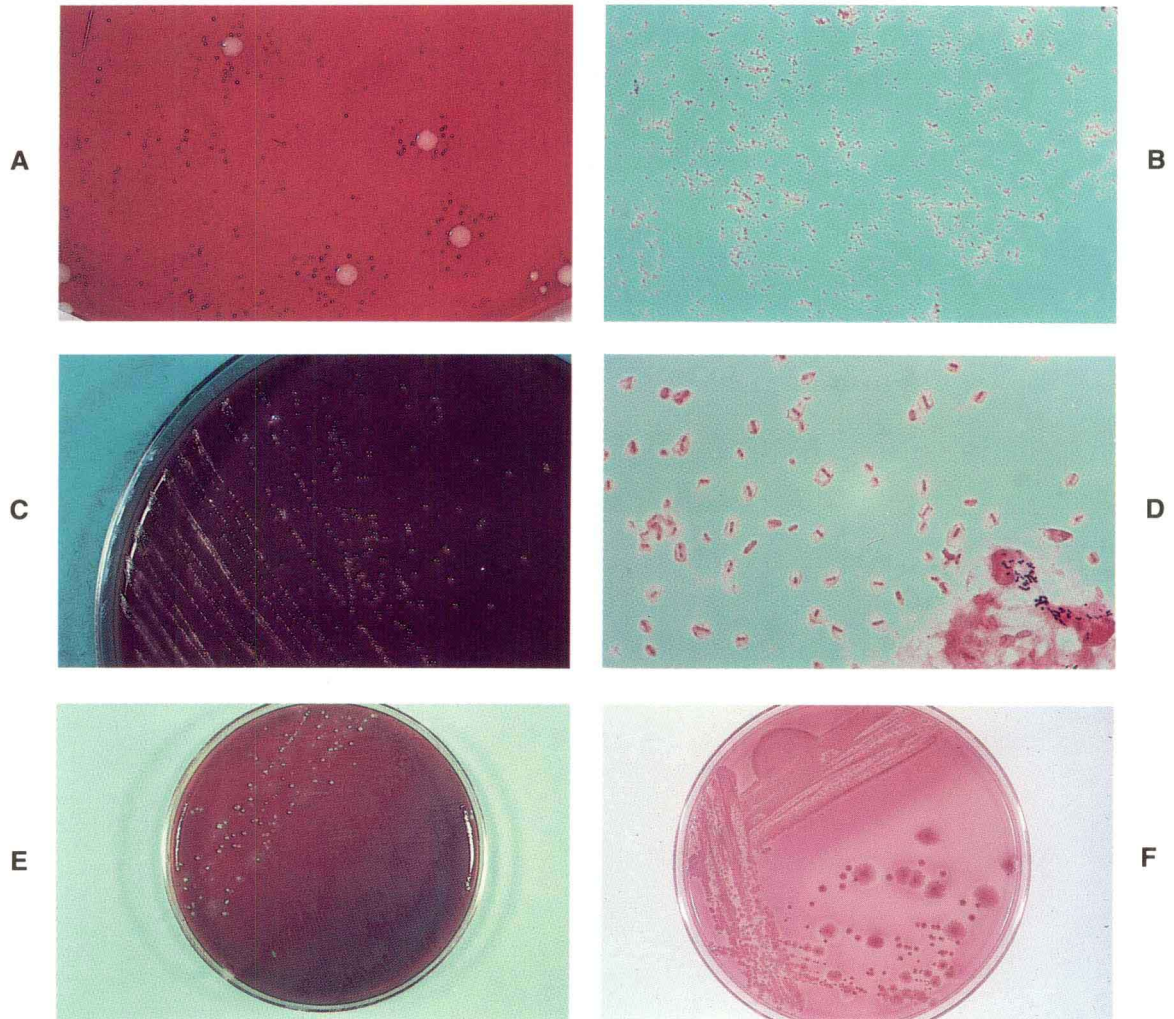


PLATE 6. **A**, *Haemophilus influenzae* satelliting staphylococci on blood agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **B**, Gram stain of *H. influenzae* from chocolate agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **C**, small, smooth, translucent, gray colonies of *H. influenzae* on chocolate agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **D**, direct smear of sputum showing encapsulated *Klebsiella pneumoniae*. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **E**, *Proteus mirabilis* swarming on blood agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **F**, two types of *Escherichia coli* on MacConkey agar.

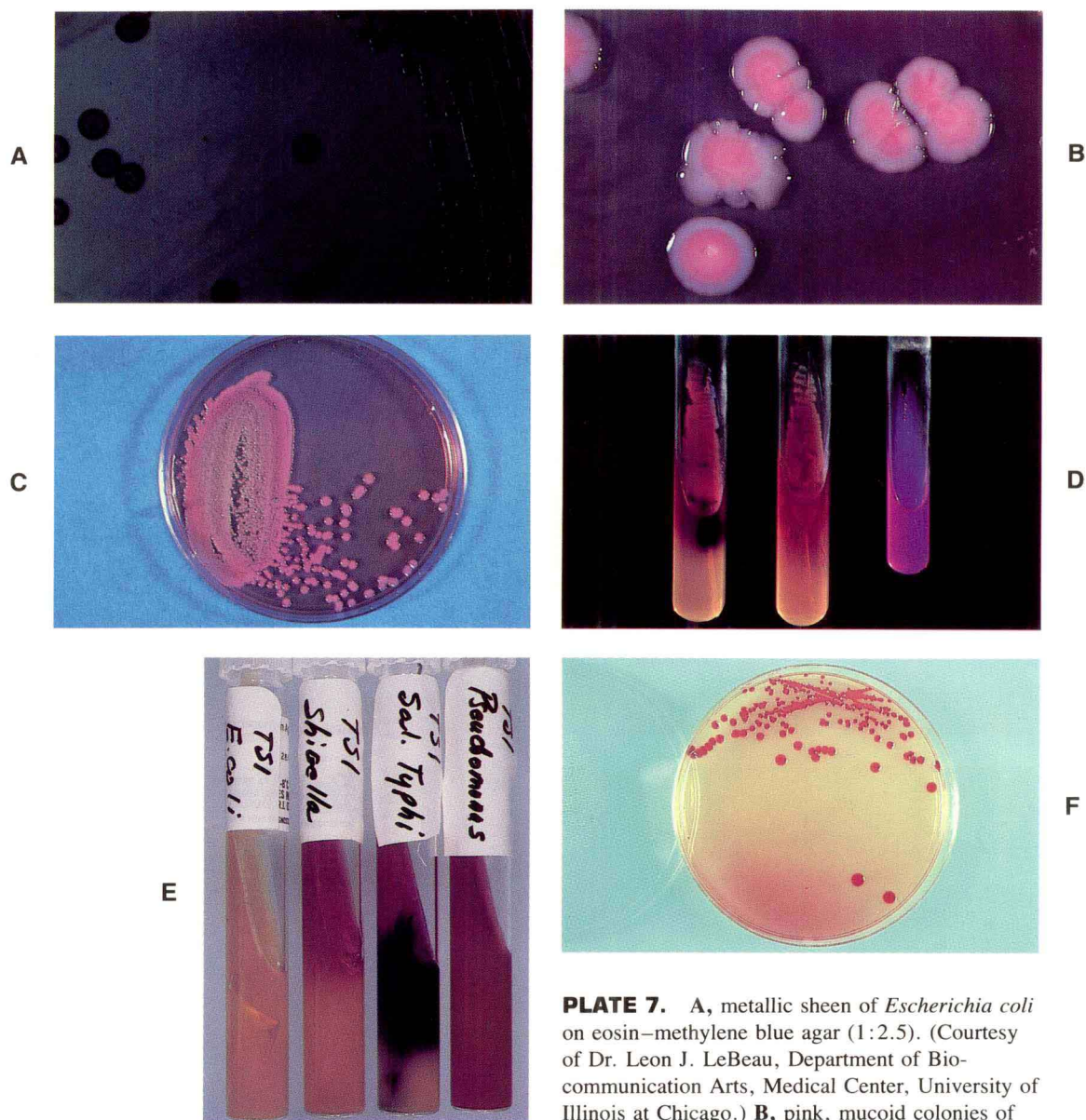


PLATE 7. **A**, metallic sheen of *Escherichia coli* on eosin–methylene blue agar (1:2.5). (Courtesy of Dr. Leon J. LeBeau, Department of Biocommunication Arts, Medical Center, University of Illinois at Chicago.) **B**, pink, mucoid colonies of *Klebsiella pneumoniae* on MacConkey agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **C**, pink colonies of *Enterobacter* on MacConkey agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **D**, triple sugar iron, lysine iron agar, and urea screen of *Proteus*. (Courtesy of Dr. Leon J. LeBeau, Department of Biocommunication Arts, Medical Center, University of Illinois at Chicago.) **E**, Triple sugar iron reactions (left to right): *E. coli*, A/A + / - ; *Shigella*, K/A - / - ; *Salmonella typhi*, K/A - / + ; *Pseudomonas*, K/NC. **F**, pigmented *Serratia marcescens* on MacConkey agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.)

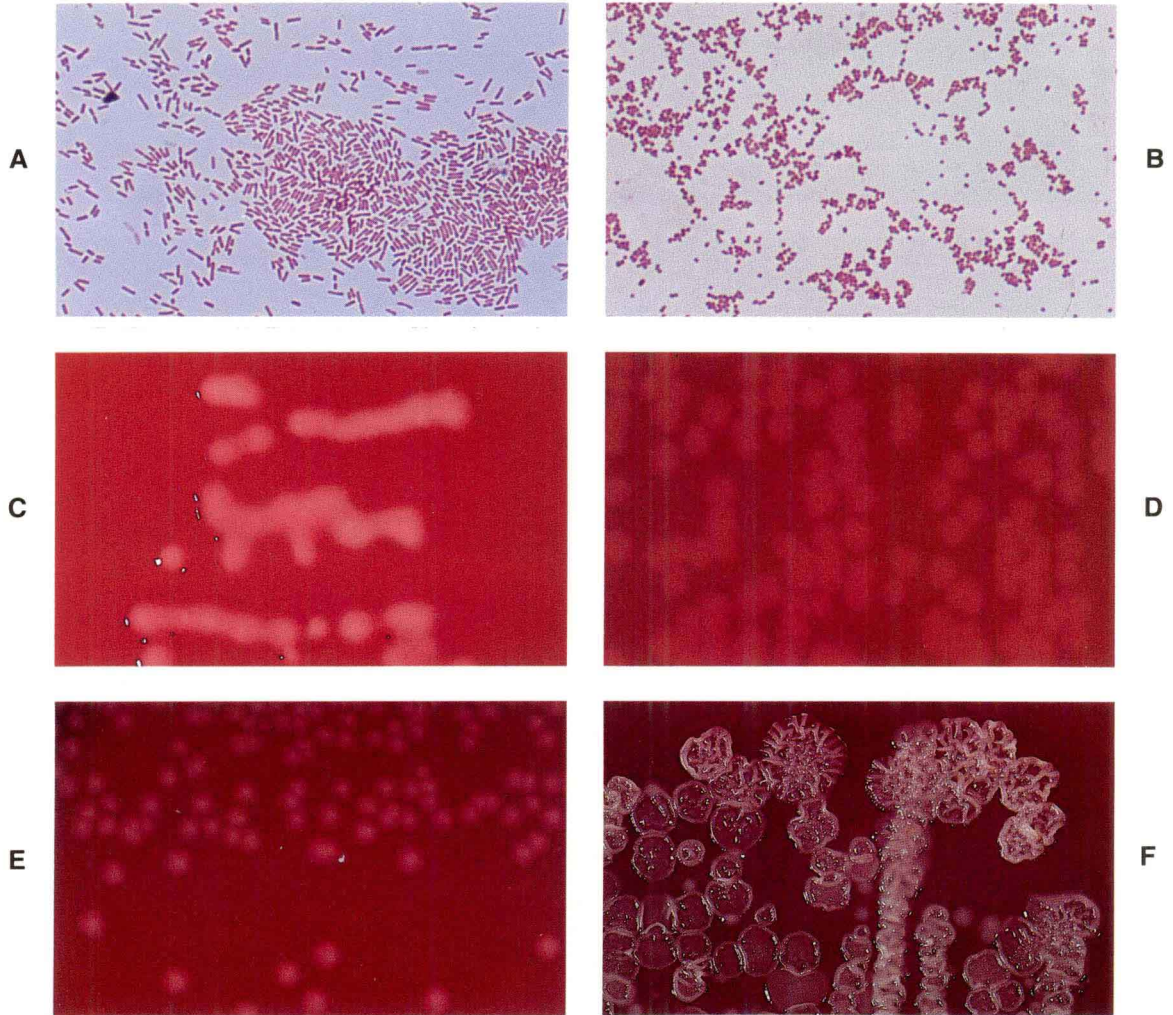


PLATE 8. **A**, long, thin, gram-negative rods of *Pseudomonas aeruginosa*. **B**, gram-negative coccobacilli of *Acinetobacter baumannii*. **C**, mucoid forms of *P. aeruginosa* on blood agar after 24 hours incubation. **D**, typical colonies of *P. aeruginosa* with ground-glass appearance. Blood agar after 24 hours incubation. **E**, smooth colonies of *P. aeruginosa* on blood agar after 24 hours incubation. **F**, mixed smooth and wrinkled colonies of *Pseudomonas stutzeri* after 48 hours incubation.

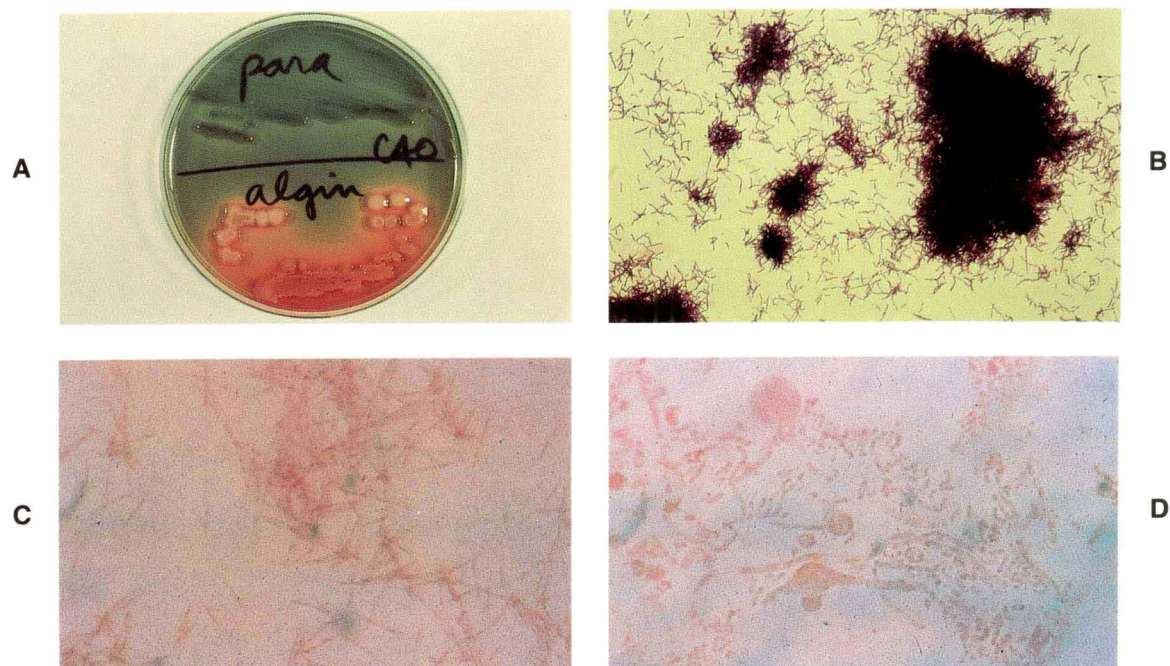


PLATE 9. **A**, colonies of *Vibrio parahaemolyticus* (top), and *Vibrio alginolyticus* on thiosulfate-citrate-bile salts sucrose (TCBS) agar. (Courtesy of Carol Ormes, Washington Hospital Center, Washington, D.C.) **B**, Gram stain of *Actinomyces israelii*. **C**, Gram stain of *Fusobacterium nucleatum* showing long, spindle-shaped bacilli. **D**, Gram stain of *Fusobacterium necrophorum*. Note pleomorphic gram-negative bacilli with swollen areas, filaments, and large round bodies.