

Sharq Elneil College  
School of Medical Laboratory Sciences  
Department of Microbiology  
Medical Bacteriology course

# NEISSERIA

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Bsc, Msc, MIBMS Microbiology

# Free-living Bacteria

Gram-positive

Gram-negative

Cocci

Rods

Cocci

Enteric  
Rods

Nonenteric  
Rods

*Neisseria*

*Neisseria gonorrhoeae* Ⓢ

*Neisseria meningitidis* Ⓢ

*Moraxella*

*Moraxella catarrhalis*

*Acinetobacter*

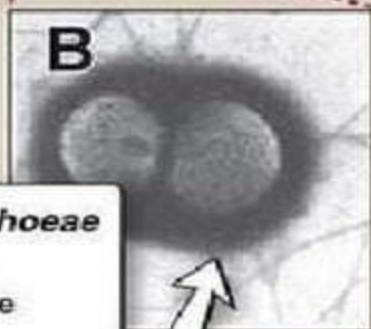
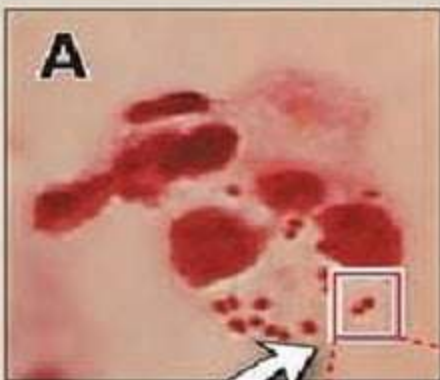
*Acinetobacter*

## Classification

- Family *Neisseriaceae*
- genera *Neisseria*, *Kingella*, *Eikenella*, *Simonsiella*, *Alysiella*, and several unnamed species

## General properties

- It's aerobic G<sup>-ve</sup> kidney shape diplococci found intracellular (inside pus cells) and extracellular, non motile and non spore forming.
- Catalase and Oxidase +ve.
- Can't grow on ordinary culture media need chocolate agar with 5% CO<sub>2</sub> (capnophilic).
- Not found as normal flora or comensals (primary human pathogens).
- Produce  $\gamma$ -glutamyl aminopeptidase



*Neisseria gonorrhoeae*

- Diplococcus
- Gram-negative
- Piliated
- Nonencapsulated
- Nonmotile

## **Species of medical importance**

- *Neisseria gonorrhoeae* ----- Gonorrhoea.
- *Neisseria meningitidis* ----- Meningitis.
- *Branhamella catarrhalis* ---- Opportunistic infection.

# Neisseria meningitidis

- Found in **nasopharynx** in 3-30% of carrier individuals.
- Cause **meningitis** (spread through inhalation and characterized by frontal head ache high grade fever and stiff neck.

**SEROGROUP  
CLASSIFICATION****COMMENT****A**

Usually responsible for massive epidemics in developing countries.

**B**

Does not elicit an effective immune response.

**B, C**

Responsible for most endemic meningitis in the United States.

**A, C,  
W-135, Y**

Effective capsular vaccine is available.



- **Septicemia.**
- Rarely cause **pneumonia, endophthalmitis and arthritis.**
- Complication of the disease includes **DIC, septic shock, and adrenal haemorrhage.**

# Virulence Factor

- Polysaccharide capsule (13 serogroup the most pathogenic is A,B,C,Y, and W-135).
- Pili.
- IgA protease.
- Endotoxins.

## Pathogenicity of *N. meningitidis*

- **Pyogenic** (purulent) meningitis ( a sudden onset with intense headache, vomiting and a stiff neck)
- Meningococcal **septicaemia**.
- Chronic meningococcal **arthritis**.

# Laboratory diagnosis

- Specimens:
  - Neisseria meningitidis:
    - C.S.F.
    - Blood.
    - Nasopharyngeal swab.
  - Transport media is Aimies or Stuart transport media.

- **Direct Gram stain:**
  - Gram **Negative** kidney shape **diplococci** intra and extracellular.





## Culture:

- Chocolate agar with a 5-10% CO<sub>2</sub>.
- Blood Agar.



# Blood cultures

*Meningococci grow well in*

- **Columbia diphasic** medium Because sodium polyanethol sulphonate (SPS) may be inhibitory to meningococci.
- add sterile gelatin (1% final concentration) to neutralize the effect of SPS.
- Subculture a positive blood culture onto chocolate agar and incubate in a carbon-dioxide enriched atmosphere

## Incubation:

- At 37°C in candle jar for 24-48 hrs.
- Colonial morphology:
  - small, gray, translucent and raised.
- Biochemical reaction:
  - Oxidase +ve.
  - Catalase +ve.

## Rapid Carbohydrate Utilization test:

	Glucose	Maltose
<i>Neisseria meningitidis</i>	+ (Acid)	+ (Acid)



sucrose

maltose

glucose

# Serology

Neisseria meningitidis are capsulate

- Direct from C.S.F.
- From culture incase of gonococci.

Molecular technique:

- Using Nucleic acid probe for detection of gonococcal DNA by using PCR.

# **Antimicrobial susceptibility testing**

- Ceftriaxone
- Penicillin
- Chloramphenicol
- Ampicillin
- Trimethoprim-sulphonate

## Control and prevention

- Diagnosis:
- Vaccines: A conjugate meningococcal vaccine
- quadrivalent polysaccharide vaccine. MCV<sub>4</sub> is a tetravalent vaccine that contains capsular polysaccharides from serogroups A, C, W-135, and Y conjugated to diphtheria toxoid.
- Prophylaxis: Rifampin is usually used to treat family members of an infected individual; the drug is effective in eliminating the carrier state. Other drugs used for prophylaxis include oral ciprofloxacin and intramuscular ceftriaxon

# Virulence factor

- **Pili** --- most important virulence factors helping the gonococci to stick on the epithelial cells.
- **IgA** protease that cleave IgA on mucosal surface.
- **Lipopolysaccharide** damage tissue and prevent phagocytosis.



# Neisseria gonorrhoeae

- Cause a sexually transmitted disease (**gonorrhoea**).
- In male appears as acute urethritis with purulent discharge.
- In female infect the **endocervic** resulting in vaginal discharge and dysuria. 50% of females are a symptomatic carrier. Could lead to pelvic inflammatory disease and sterility.

- **Disseminated gonococcal infection** appears as arthritis and septcemia.
- gonococci occasionally isolated from **mouth and anus** from homosexual and unusual sexual activities.
- **Ophthalmia neonatorum** is an eye infection to a neonate during delivery

**Inflammation and edema appear two to five days after birth. These symptoms are more severe than that observed with chlamydia infection.**




# Laboratory diagnosis

## ■ Specimens:

- N.gonorrhoeae: (avoid using cotton or calcium alginate swab use Rayon or Dacron swab)
  - Urethral swab.
  - Endocervical swab.
  - Eye swab.
  - Throat swab and Rectal swab.

## Culture:

- Chocolate agar with a 5-10% CO<sub>2</sub>.
- Selective media for gonococci:
  - **Thayer-Martin** media chocolate agar contain:
    - Vancomycin for G+ve
    - Colistin for G-ve.
    - Nystatin for fungi and Yeast.
  - **Modified Thayer-Martin** media:
    - Addition of Trimethoprim which kill swarming proteus species.



**Culture of sample from cervix on plain chocolate agar allows growth of contaminating organisms.**

**Culture on Thayer-Martin chocolate agar medium (containing vancomycin, colistin, trimethoprim, and nystatin) allows selective growth of *Neisseria*.**

- **Martin-Lewis:**
  - Contain Anisomycin instead of Nystatin
- **Modified New York City media contain:**
  - Vancomycin.
  - Colistin.
  - Amphotericin B
  - Trimethoprim

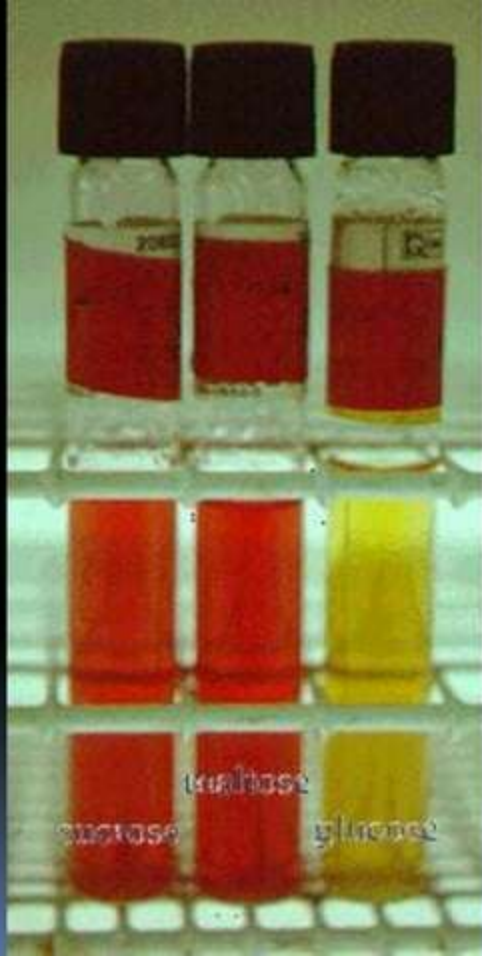
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## Rapid Carbohydrate Utilization test:

	<b>Glucose</b>	<b>Maltose</b>
<i>Neisseria gonorrhoeae</i>	+ (Acid)	-
<i>Neisseria meningitidis</i>	+ (Acid)	+ (Acid)
<i>Branhamella catarrhalis</i>	-	-



	GLUCOSE FERMENTATION	MALTOSE FERMENTATION	PLASMIDS	VACCINE AVAILABLE	POLY- SACCHARIDE CAPSULE	$\beta$ -LACTAMASE PRODUCTION	OXIDASE
<i>Neisseria gonorrhoeae</i>	+	-	Common	-	-	Common	+
<i>Neisseria meningitidis</i>	+	+	Rare	Serogroups A, C, W-135, Y	+	None	+

## **Antimicrobial susceptibility testing**

- **Penicillin**
- **Tetracycline**
- **Cefoxitin, and/or spectinomycin**
- Penicillin-resistant organisms due to penicillinase-producing *N.gonorrhoeae*
- third-generation cephalosporins

# Moraxella

- nonmotile
- gram-negative coccobacilli that are generally found in pairs.
- Moraxella are aerobic, oxidase-positive
- fastidious organisms that do not ferment carbohydrates.

- The most important pathogen in the genus is *Moraxella* (formerly, *Branhamella*) *catarrhalis*.
- This organism can cause infections of the respiratory system, middle ear, eye, CNS, and joints.

# Acinetobacter

Members of the genus  
Acinetobacter

- are nonmotile coccobacilli
- are frequently confused with neisseriae in gram-stained samples.
- Generally encapsulated

- oxidase-negative
- obligately aerobic
- do not ferment carbohydrates. They are important nosocomial (hospital-acquired) pathogens.