

# Game plan

## Lecture

Antibiotics  
Antibiotic resistance  
Gene transfer  
Transformation  
Transduction  
Conjugation

## Lab

Review temp and UV labs  
Growth control: alcohol, antiseptics  
and antibiotics

## **Pre-lab**

Transformation and DNA fingerprinting



# Discovery of Antimicrobial Drugs

- **1928:** Fleming discovered penicillin, produced by *Penicillium*

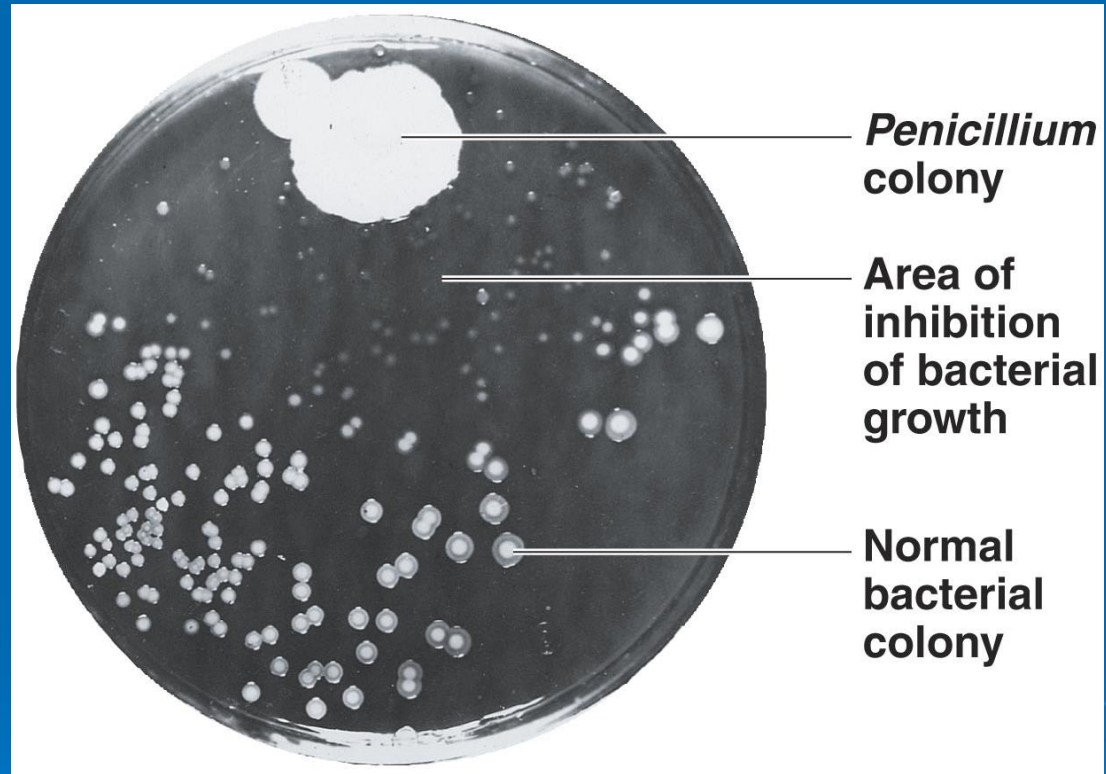


Figure 1.5

# Where to antimicrobials come from?

## Gram-Positive Rods

*Bacillus subtilis*

Bacitracin

*Paenibacillus polymyxa*

Polymyxin

## Actinomycetes

*Streptomyces nodosus*

Amphotericin B

*Streptomyces venezuelae*

Chloramphenicol

*Streptomyces aureofaciens*

Chlortetracycline and  
tetracycline

*Saccharopolyspora erythraea*

Erythromycin

*Streptomyces fradiae*

Neomycin

*Streptomyces griseus*

Streptomycin

*Micromonospora purpurea*

Gentamicin

## Fungi

*Cephalosporium* spp.

Cephalothin

*Penicillium griseofulvum*

Griseofulvin

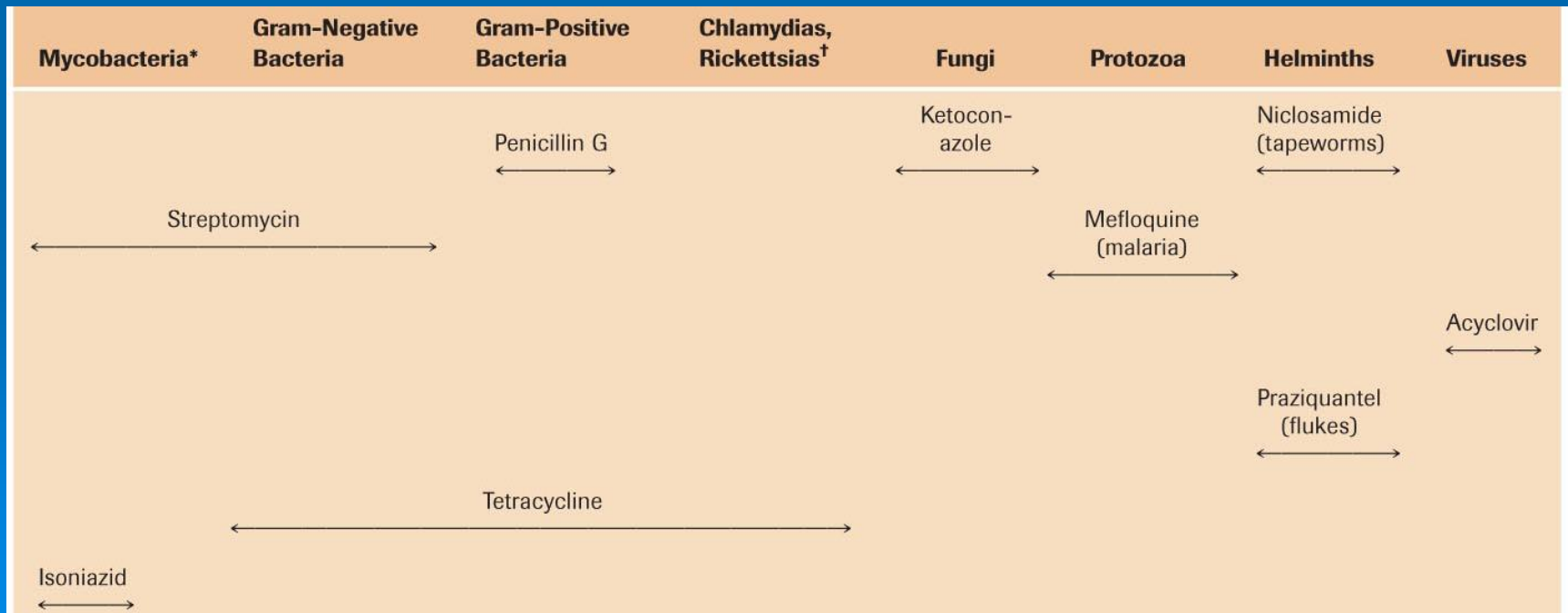
*Penicillium chrysogenum*

Penicillin

# Spectrum of activity

**Broad spectrum**- affect a broad range of gram-positive and gram-negative bacteria

**Narrow spectrum**- affects a narrow range of bacteria



# Pit Stop



This bacterium is lysing because an antibiotic disrupted its cell wall. Why doesn't the antibiotic lyse human cells?

# The Action of Antimicrobial Drugs

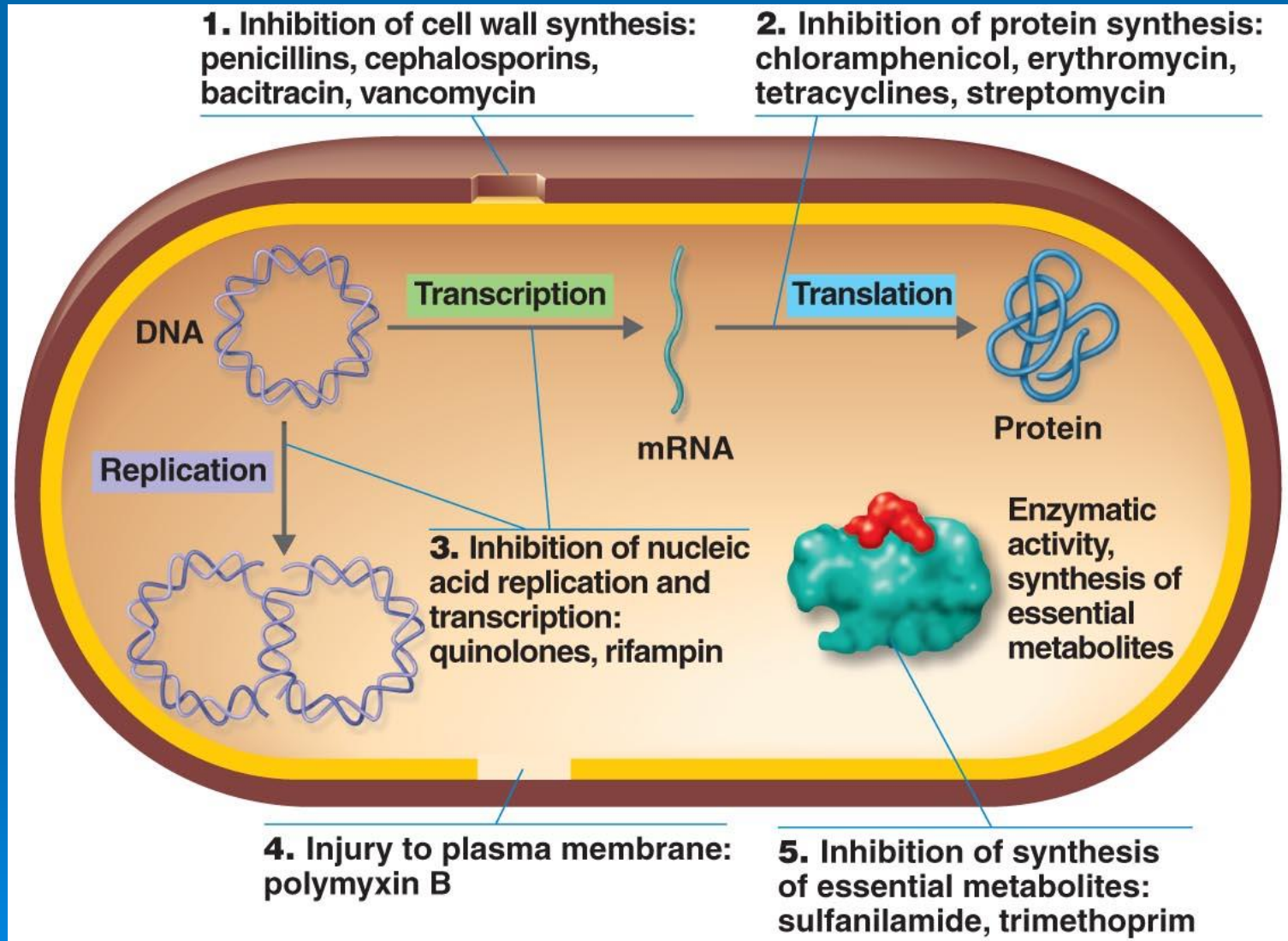
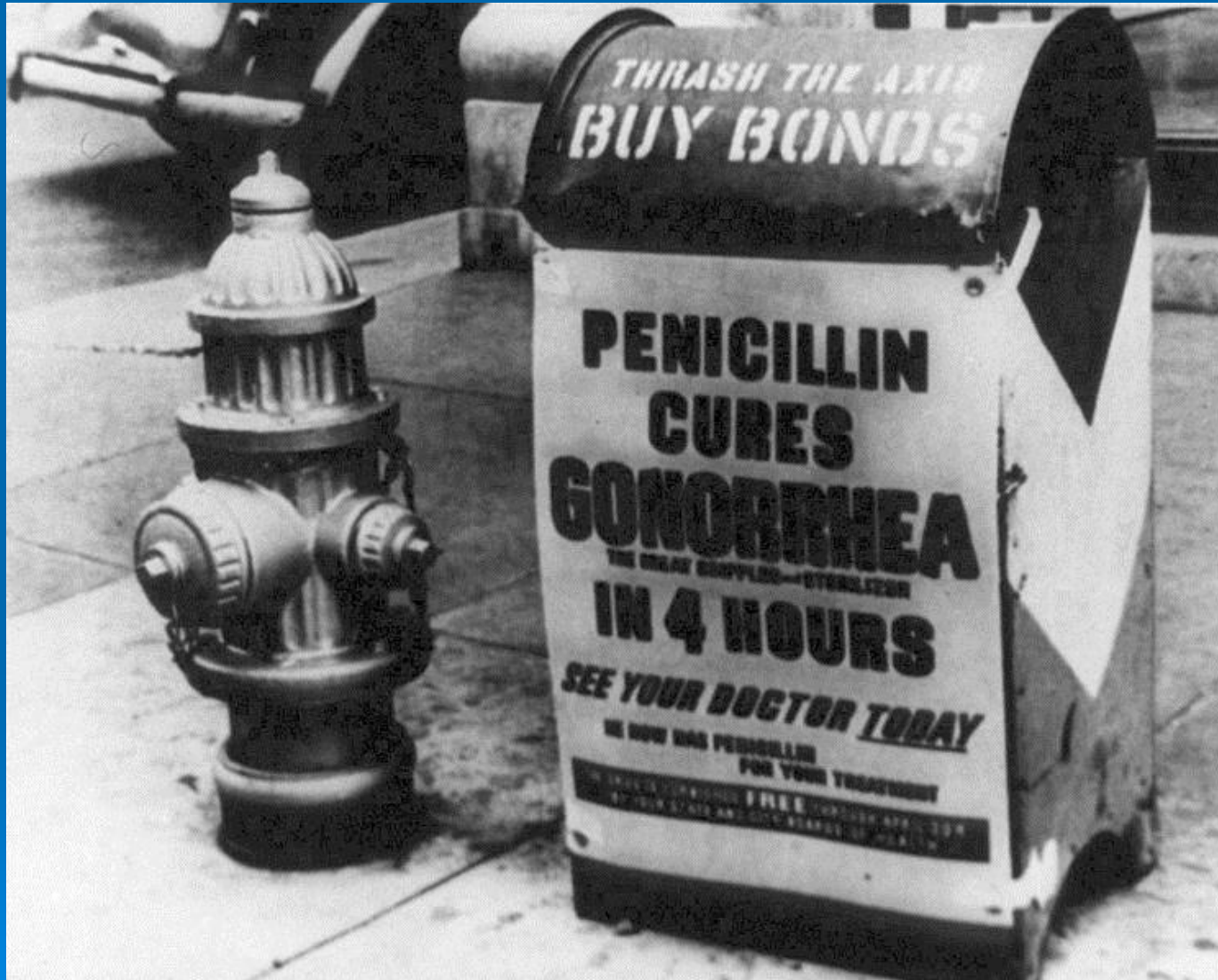


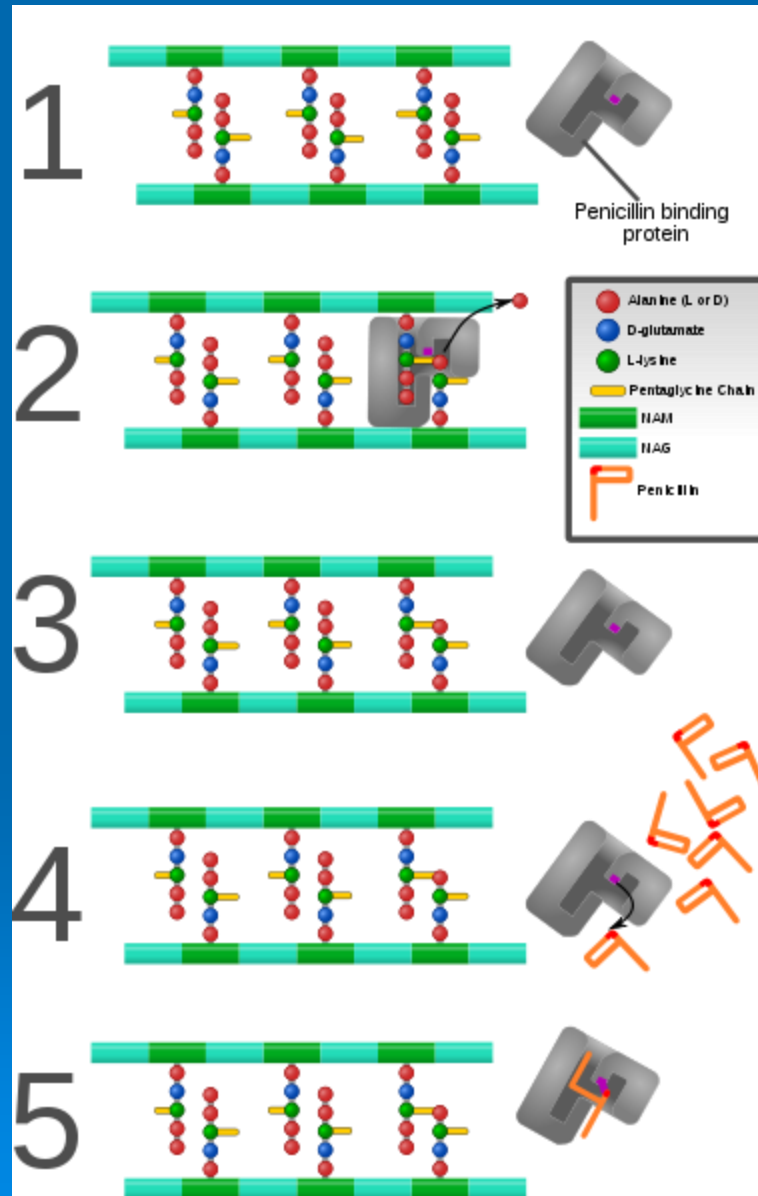
Figure 20.2



# Case study in narrow spectrum antibiotics: Penicillin



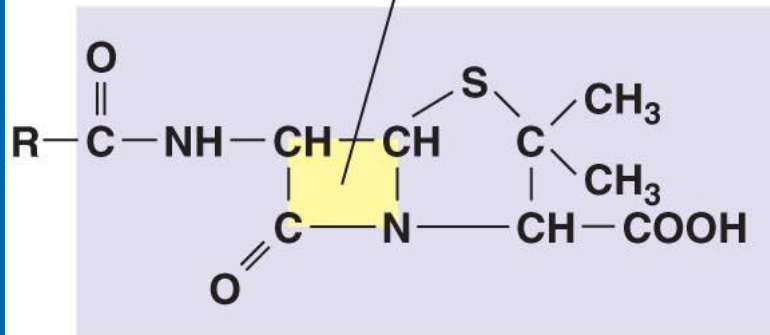
# Penicillin prevents cross-linking in cell wall





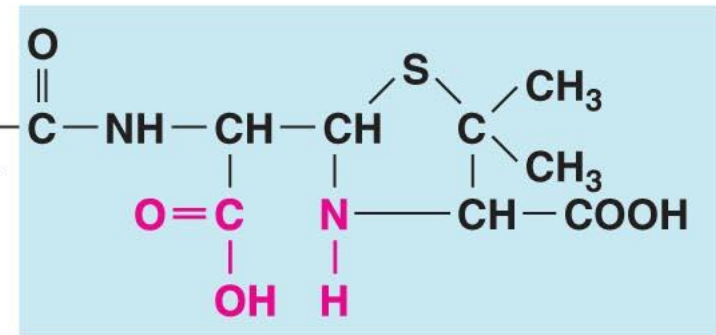
# A peek at antibiotic resistance... penicillinase

$\beta$ -lactam ring



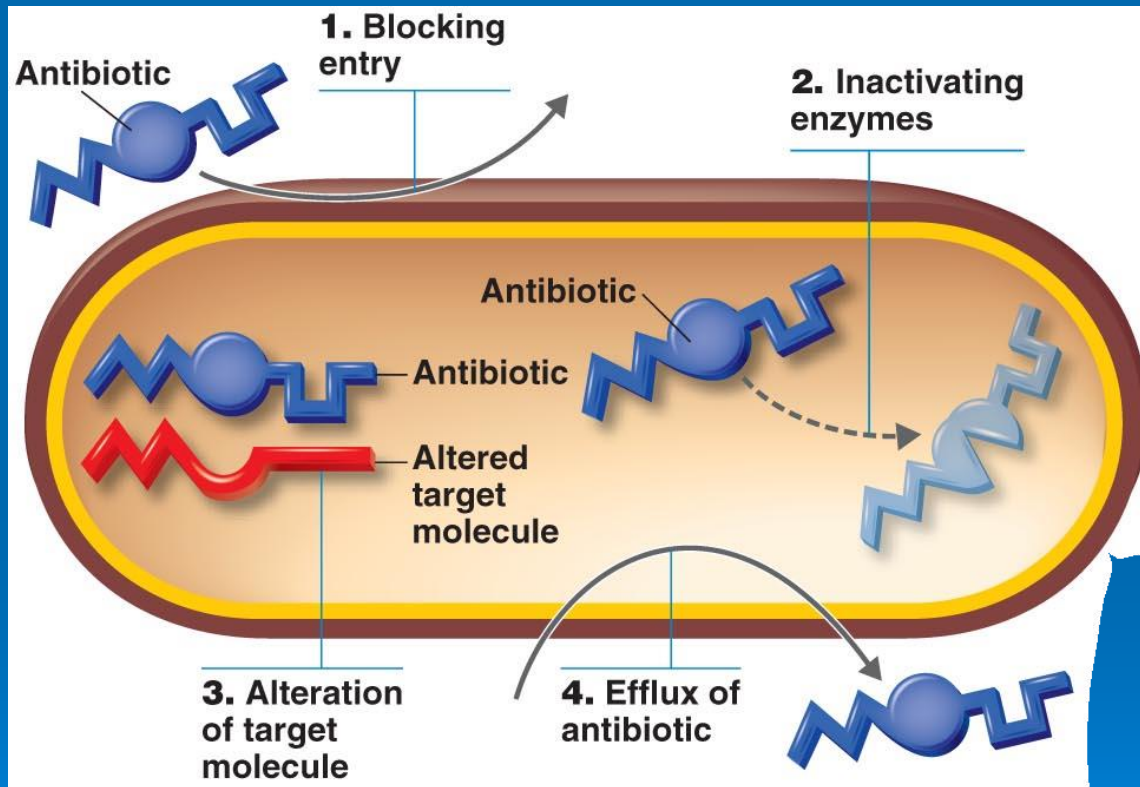
Penicillin

Penicillinase



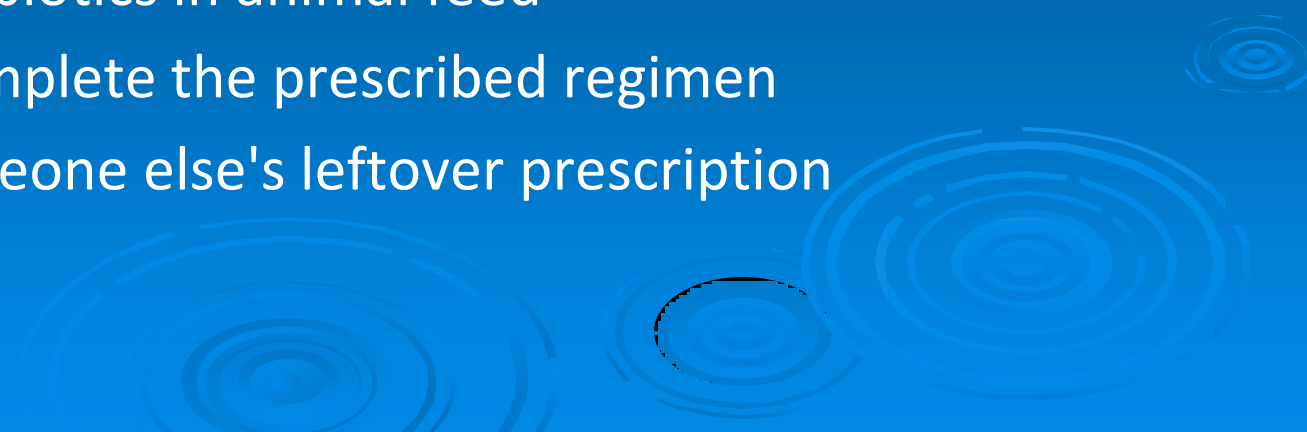
Penicilloic acid

# Resistance to Antibiotics



- Inactivating enzymes:  
(i.e. enzymatic destruction of drug)
  - e.g. Penicillin
- Blocking entry of drug
- Alteration of drug's target molecule
- Rapid efflux (ejection) of the drug

# Mechanisms of resistance

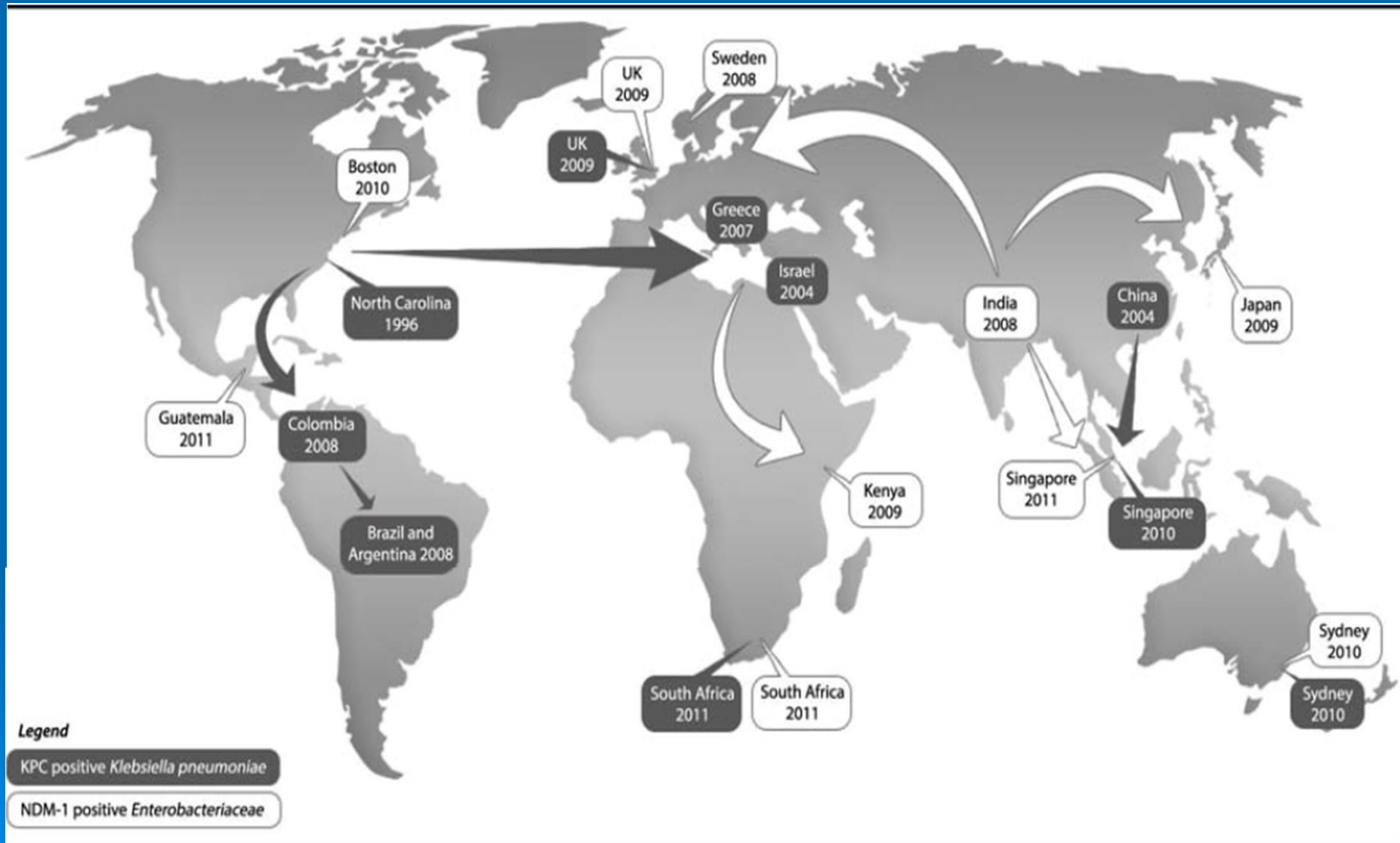
- A variety of mutations can lead to antibiotic resistance
  - Misuse of antibiotics selects for resistance mutants. Misuse includes:
    - Using outdated or weakened antibiotics
    - Using antibiotics for the common cold and other inappropriate conditions
    - Using antibiotics in animal feed
    - Failing complete the prescribed regimen
    - Using someone else's leftover prescription
- 

# The future of antibiotic resistance...

## Carbapenem-Resistant Enterobacteriaceae (CREs)

- **CRE definition by CDC:** resistant to large range of beta-lactam antibiotics
  - Nonsusceptible to meropenem, imipenem, doripenem
  - Resistant to 3rd generation cephalosporins
    - Ceftriaxone, cefotaxime, ceftazadime
- **CREs** contain different enzymes that break down carbapenems:
  - **KPC** (*Klebsiella pneumoniae* Carbapenemase)
    - Most common CRE in United States. First identified in 1996 in North Carolina. [Carbapenem resistant *Klebsiella pneumonia* (CRKP)]
  - **NDM-1** (**New Delhi Metallo-beta-lactamase**)- resistance to all antibiotics except colistin (affects membranes) and tigecycline (protein synthesis inhibitor ~ tetracycline)
    - Originally identified in patient from New Delhi in 2008

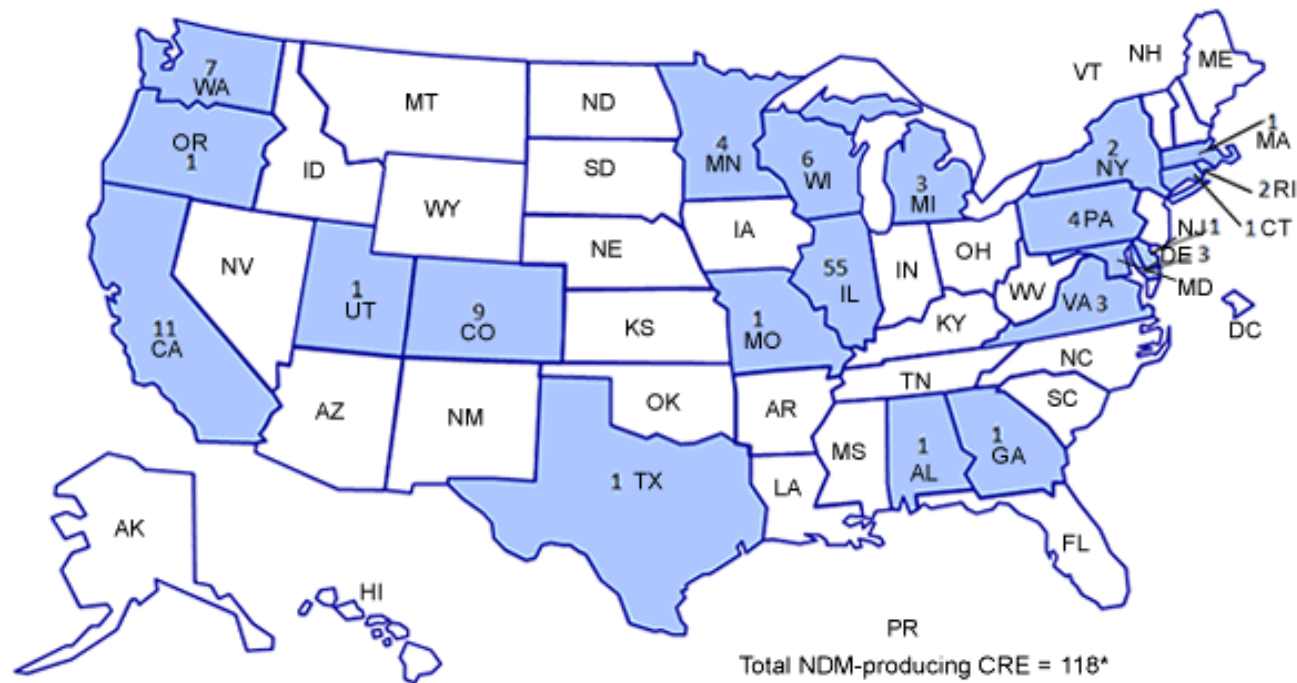
# Global spread of CREs





# Mapping of CREs in the US

(for updates, click on map below)

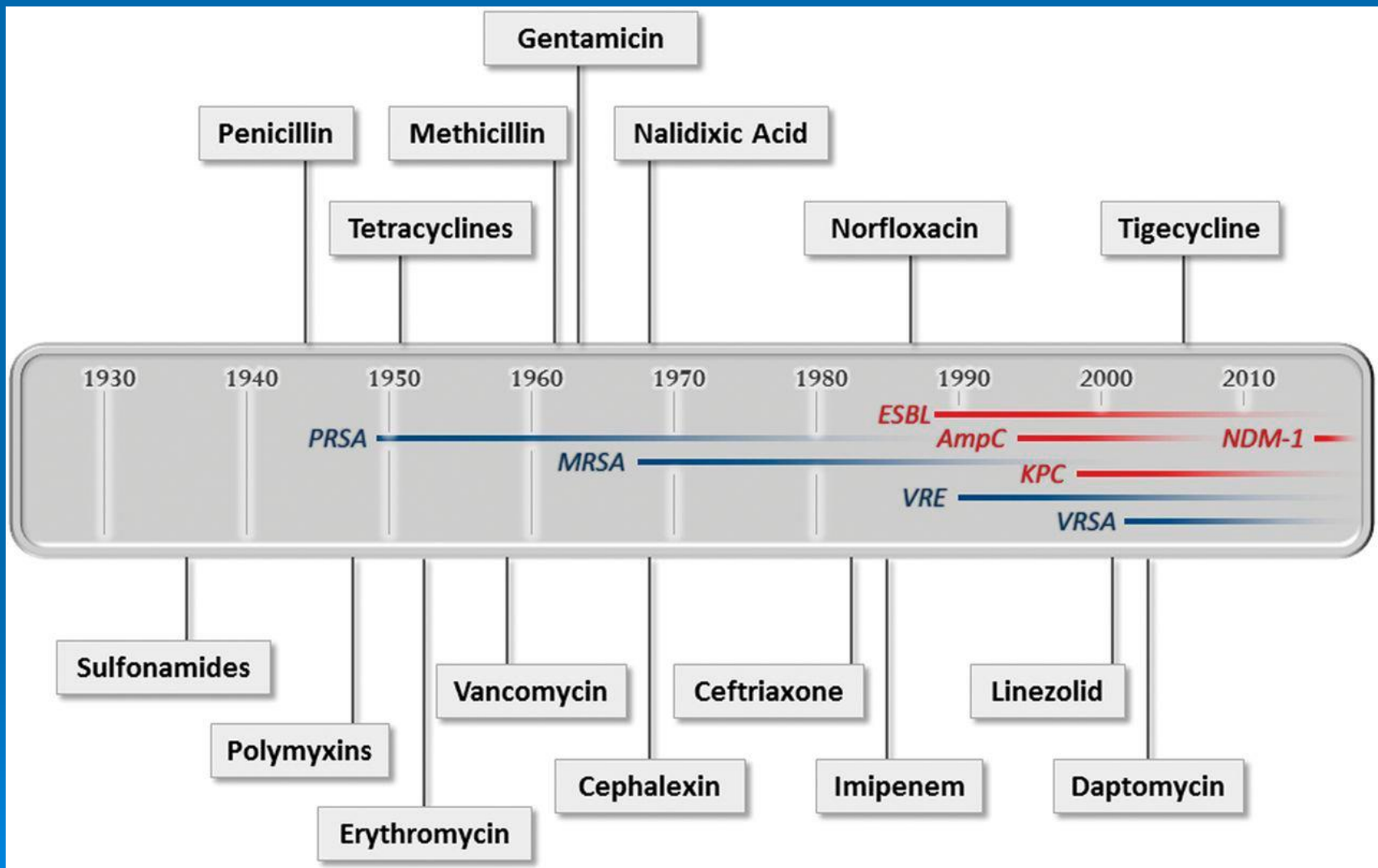


Total NDM-producing CRE = 118\*

NDM enzyme

This map was last updated on January, 2015

# The antibiotic pipeline looks bleak



# Resistance genes are spreading

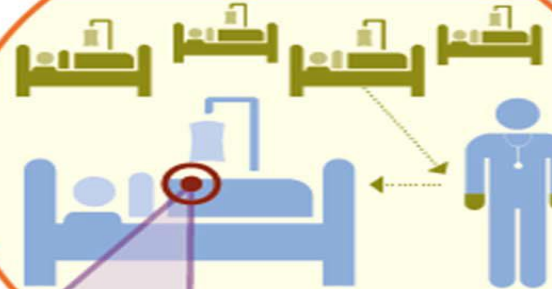
## Risk of CRE Infections

### 1. Local Short-Stay Hospital



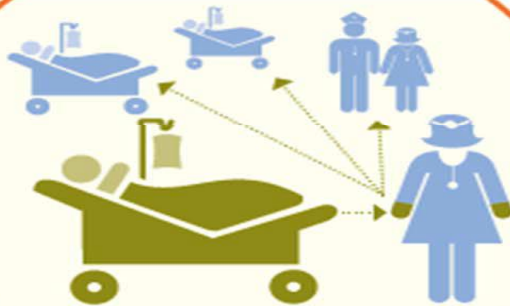
Jan has a stroke and is in the hospital. She is stable but needs long-term critical care at another facility.

### 2. Long-Term Acute Care Hospital



Other patients in this facility have CRE. A nurse doesn't wash his hands, and CRE are spread to Jan. She develops a fever and is put on antibiotics without proper testing.

### 3. Local Short-Stay Hospital



Jan becomes unstable and goes back to the hospital, but her new doctors don't know she has CRE. A doctor doesn't wash her hands after treating Jan. CRE are spread to other patients.

### How CRE Take Over

1. Lots of germs, 1 or 2 are CRE



2. Antibiotics kill off good germs



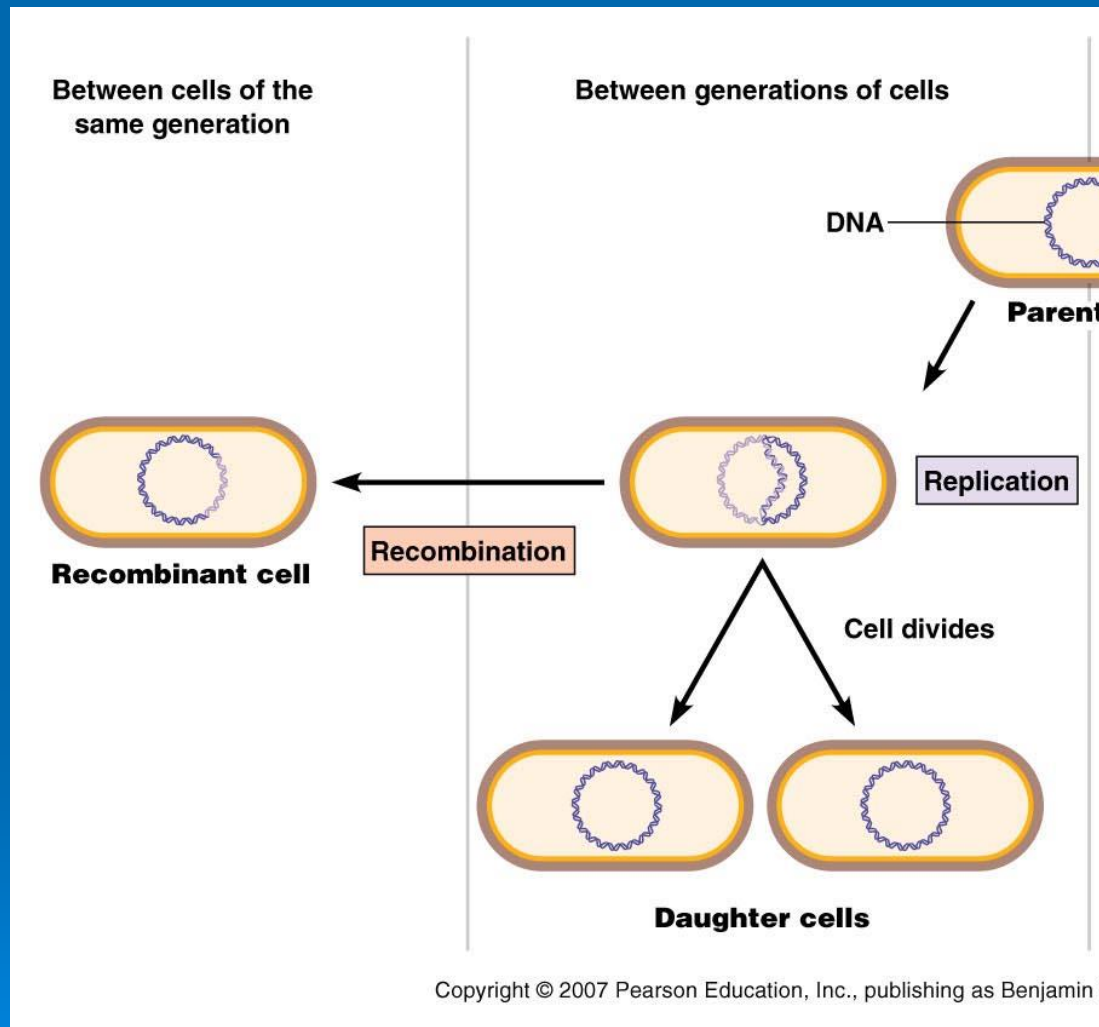
3. CRE grow



4. CRE share genetic defenses to make other bacteria resistant



# CRE genes move through horizontal gene transfer



Horizontal gene  
transfer

Vertical gene  
transfer

# Horizontal gene transfer: Transformation

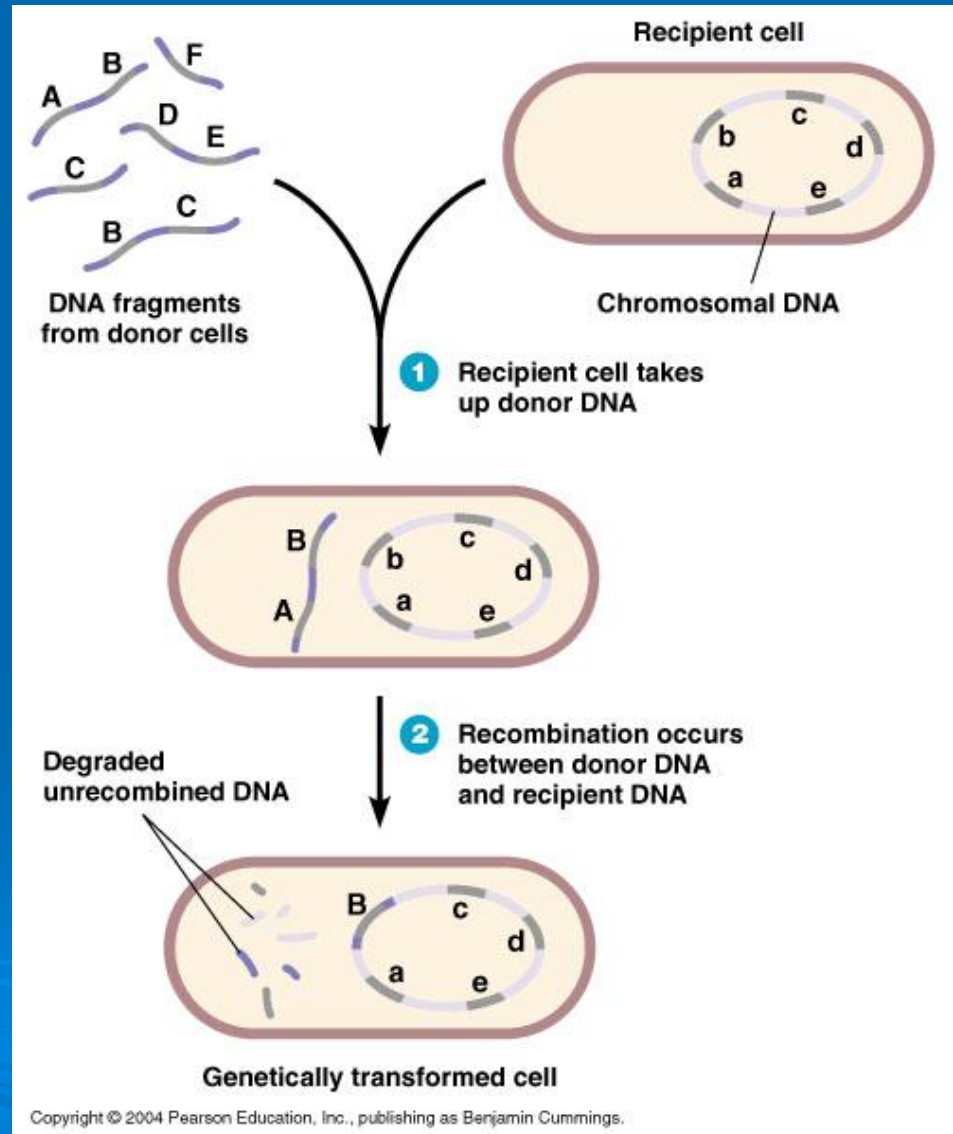
## DNA transferred:

- Cell free or “naked” DNA

## Requirements:

- Competent cells take up “naked DNA” from environment

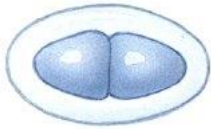
- DNA recombines in host chromosome *if similar*





# Horizontal gene transfer: Transformation

**Heat-killed smooth pneumococci, with capsule**



**Mouse lives**

**Live, virulent, smooth pneumococci, with capsule**



**Mouse dies**

**Live, nonvirulent, rough pneumococci, no capsule**

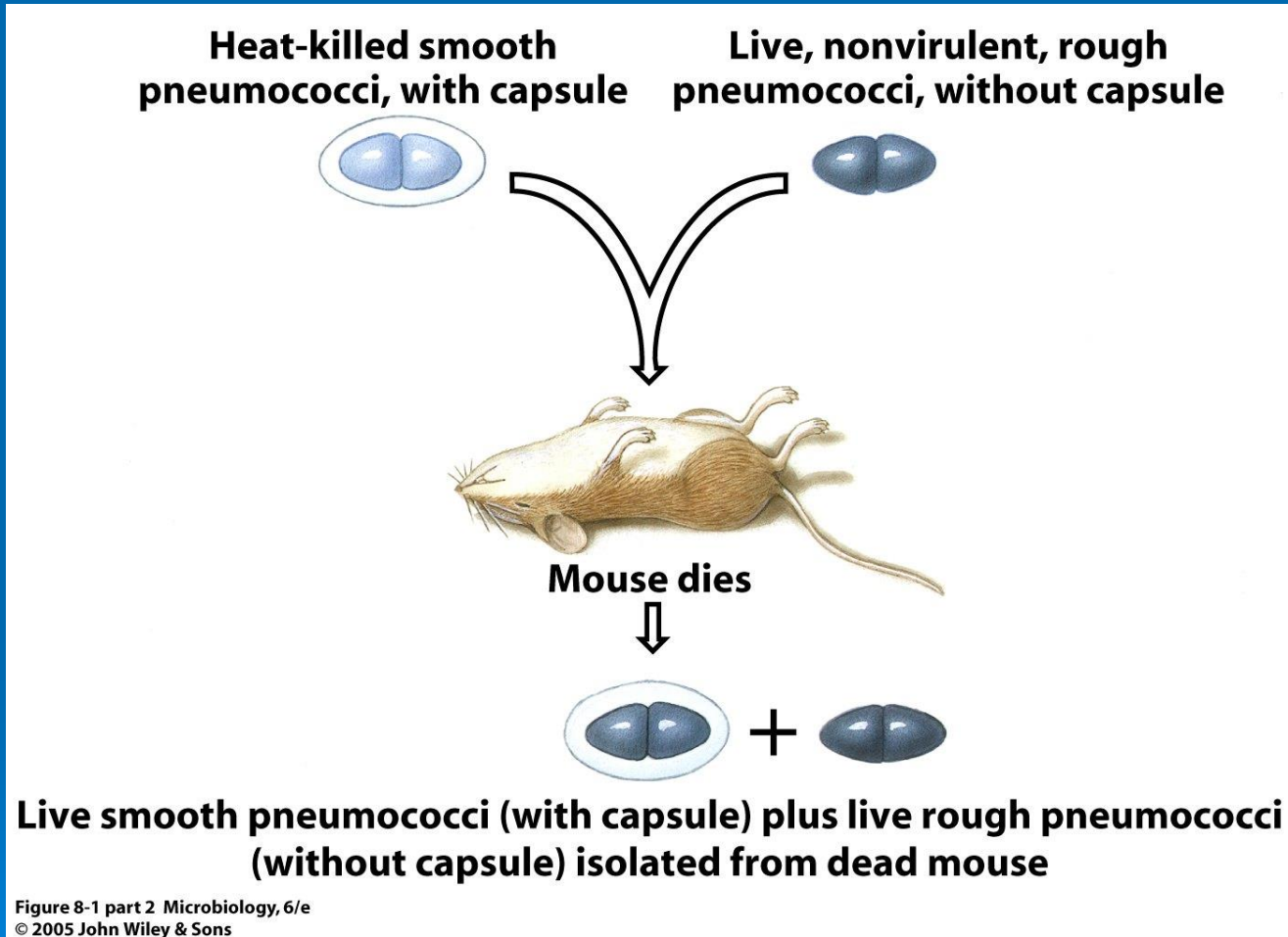


**Mouse lives**

Figure 8-1 part 1 Microbiology, 6/e  
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1920s- Griffith experiment

# Horizontal gene transfer: Transformation



1920s- Griffith experiment

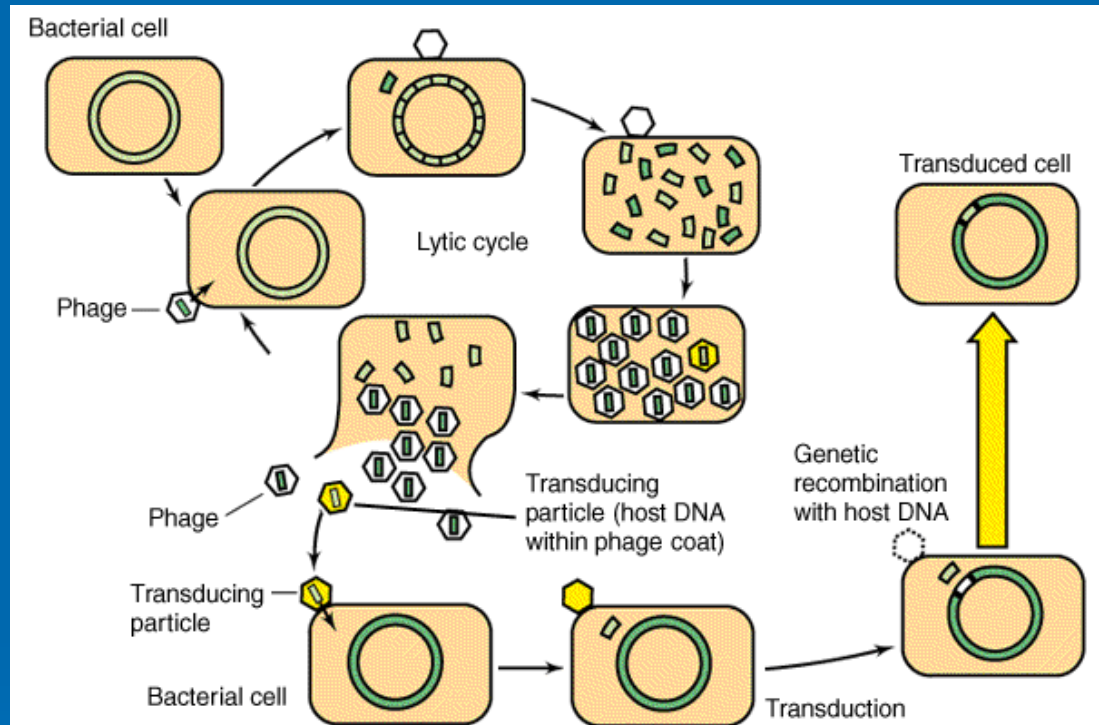
# Horizontal gene transfer: Generalized transduction

## DNA transferred:

-Small chromosomal fragments from bacteria

## Requirements:

- Lytic bacteriophage (phage) replicates in bacterial cell (lytic cycle)
- Imperfect packaging of new phage particles allows bacterial DNA to be included
- New phage inserts bacterial DNA into new bacterial cell
- DNA recombines into host chromosome *if similar*



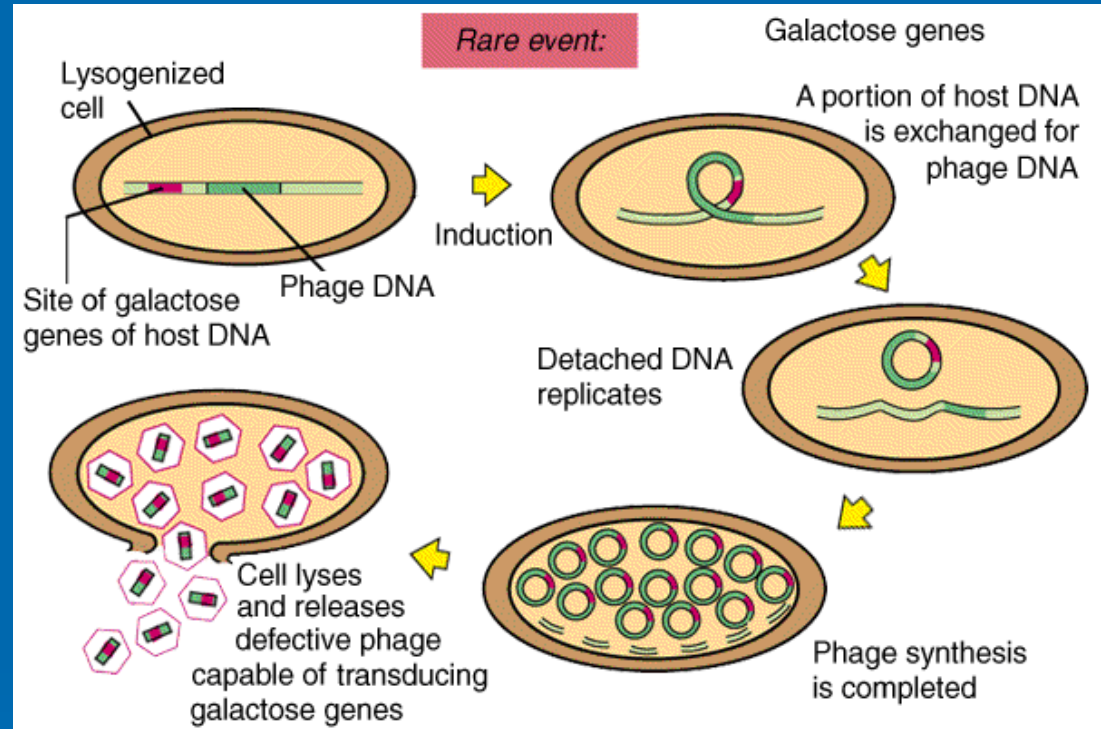
# Horizontal gene transfer: Specialized transduction

## DNA:

-Bacterial chromosome fragment near prophage

## Requirements:

- Lysogenic phage inserts phage DNA into host chromosome to become a prophage (lysogenic cycle)
- Once induced to lytic cycle, the prophage excises, including adjacent piece of host DNA, and makes new viral particles
- New phage inserts bacterial DNA into new bacterial cell
- DNA recombines into host chromosome *if similar*





# Comparison of Lytic and Lysogenic Phage/Cycles

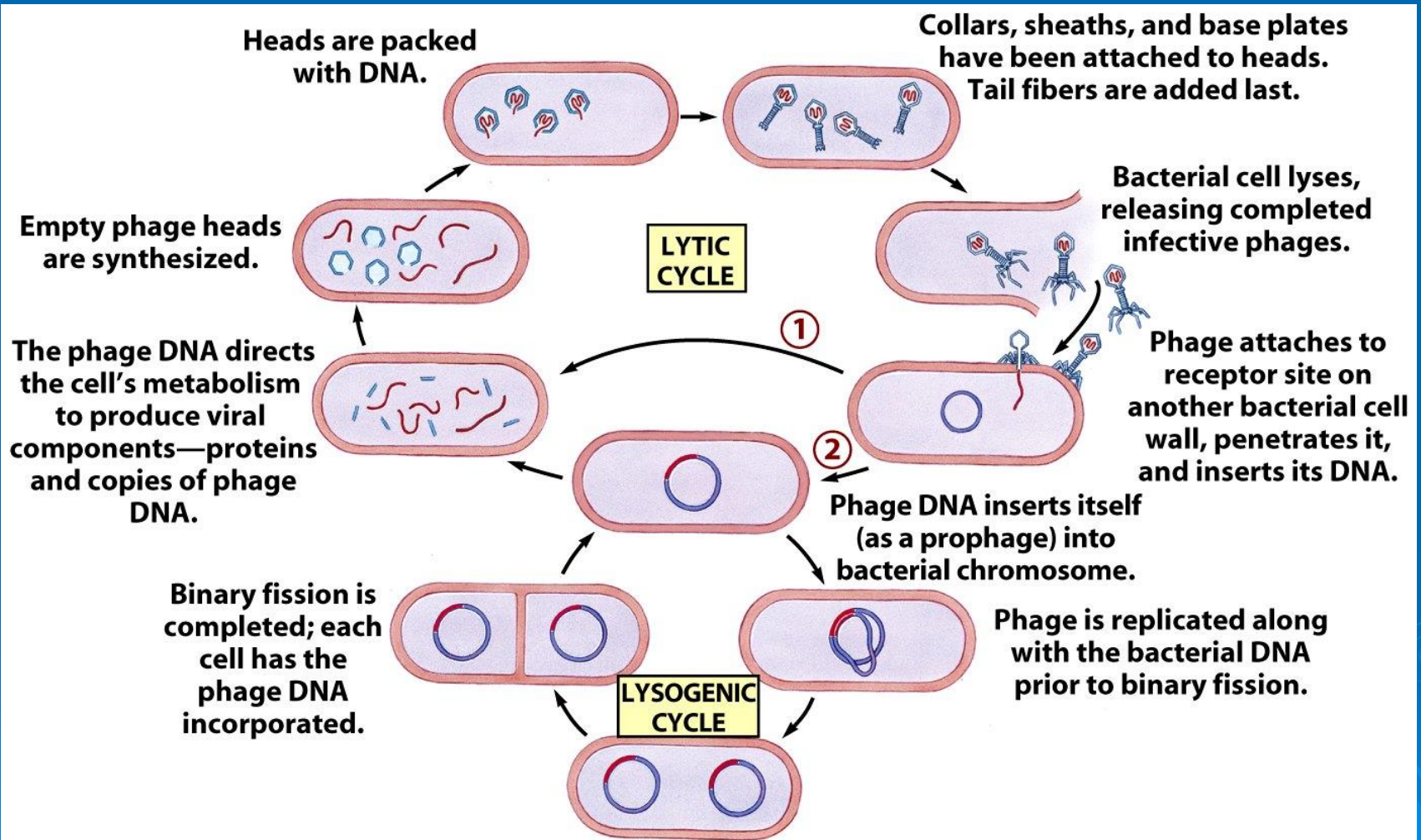


Figure 8-3 Microbiology, 6/e  
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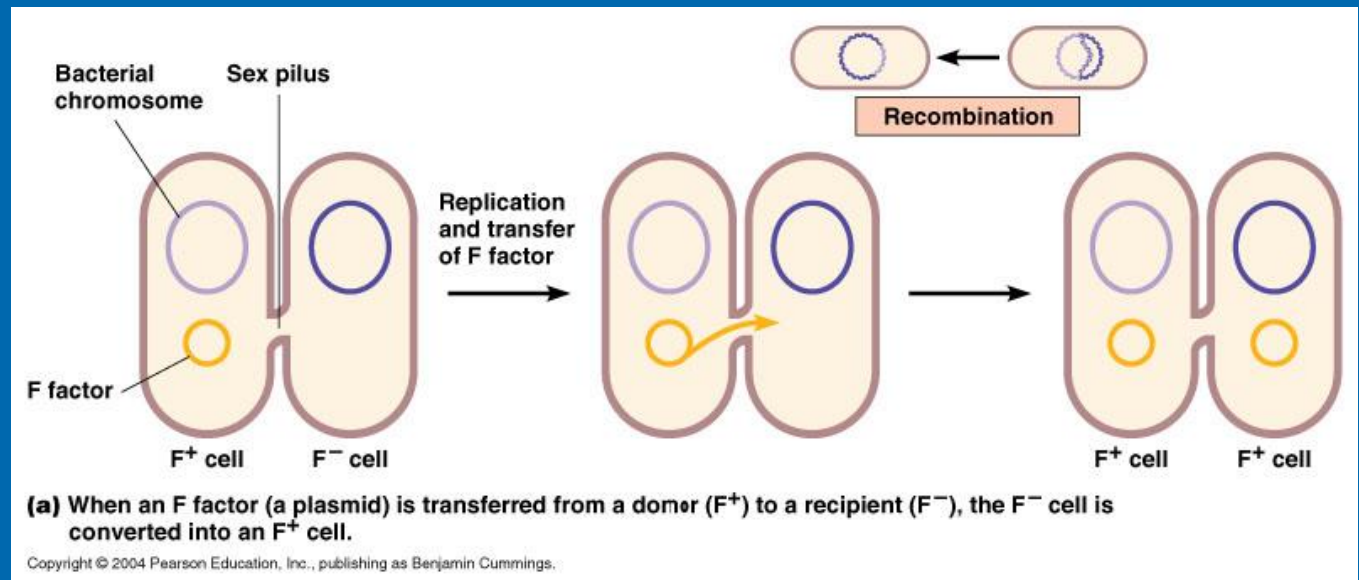


# Horizontal gene transfer: Conjugation

DNA transferred:

-F factor

Requirements:



- F + cell contains the F factor (i.e. plasmid containing conjugation and pili genes)

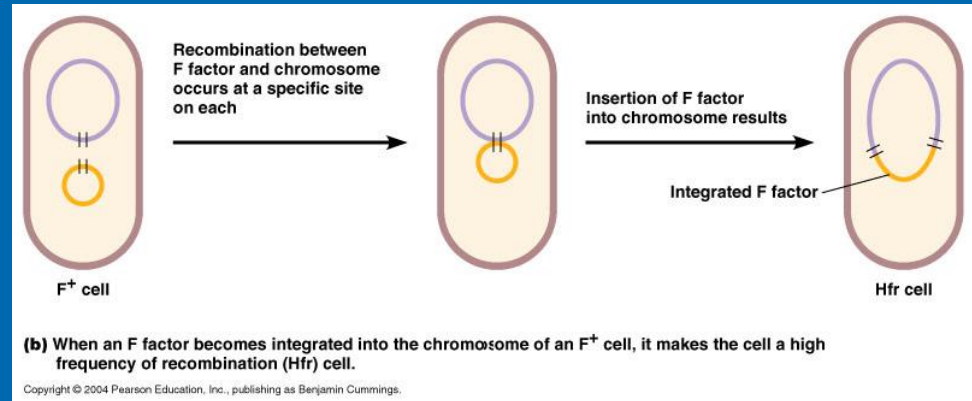
- F + cell will make conjugation pili and connect to F - cell that does NOT have the F factor

-F factor will replicate and pass to the F - cell

# Horizontal gene transfer: Hfr Conjugation

## DNA transferred:

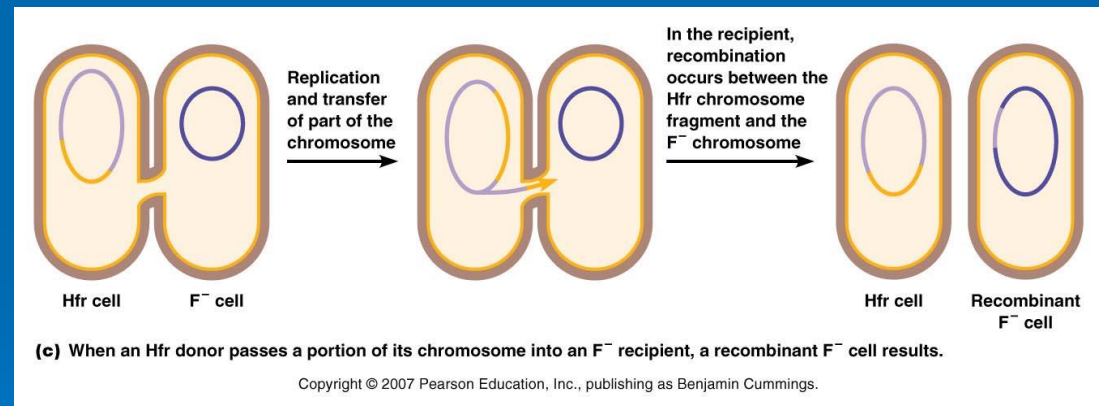
-Partial F factor with bacterial chromosome DNA



## Requirements:

-F factor will recombine with the bacterial chromosome and become a high-frequency of recombination cell (Hfr)

-Hfr will initiate conjugation with  $F^-$  cell and transfer part of F factor combined with bacterial genes.



# Horizontal gene transfer compared

**TABLE 8.2**

## Summary of the Effects of Various Transfers of Genetic Information

| Kind of Transfer      | Effects   |
|-----------------------|---|
| <b>Transformation</b> | Transfers less than 1 percent of cell's DNA.<br>Requires competence factor. Changes certain characteristics of an organism, depending on which genes are transferred. |
| <b>Transduction</b>   | Transfer is effected by a bacteriophage.  |
| Specialized           | Only genes near the prophage are transferred to another bacterium.  |
| Generalized           | Fragments of host bacterial DNA of variable length and number are packed into the head of a virus.  |
| <b>Conjugation</b>    | Transfer is effected by a plasmid.  |
| F <sup>+</sup>        | A single plasmid is transferred.  |
| Hfr                   | An initiating segment of a plasmid and a linear sequence of bacterial DNA that follows the initiating segment are transferred.  |
| F'                    | A plasmid and whatever bacterial genes adhere to it when it leaves a bacterium are transferred.   |

# Independent Study

## Study for Exam 2

