SAMPLE CHAPTERS
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Microbiology

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Preface

Welcome to *Microbiology*, an OpenStax resource. This textbook was written to increase student access to high-quality learning materials, maintaining the highest standards of academic rigor at little to no cost.

About OpenStax

OpenStax is a nonprofit based at Rice University, and it's our mission to improve student access to education. Our first openly licensed college textbook was published in 2012 and our initiative has since scaled to over 20 books used by hundreds of thousands of students across the globe. Our adaptive learning technology, designed to improve learning outcomes through personalized educational paths, is currently being piloted for K–12 and college. The OpenStax mission is made possible through the generous support of philanthropic foundations. Through these partnerships and our alliance with other educational resource companies, OpenStax is breaking down the most common barriers to learning and empowering students and instructors to succeed.

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Format
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About *Microbiology*

Microbiology is designed to cover the scope and sequence requirements for the single-semester Microbiology course for non-majors. The book presents the core concepts of microbiology with a focus on applications of microbiology in healthcare professions. The pedagogical features of *Microbiology* make the material interesting and accessible to students while maintaining the career-application focus and scientific rigor inherent in the subject matter.

Coverage and Scope

The scope and sequence of *Microbiology* has been developed and vetted with input from numerous instructors at institutions across the US. It is designed to meet the needs of most microbiology courses for non-majors and allied health students. In addition, we have also considered the needs of institutions that offer microbiology to a mixed audience of science majors and non-majors by frequently integrating topics that may not have obvious clinical relevance, such as environmental and applied microbiology and the history of science.

With these objectives in mind, the content of this textbook has been arranged in a logical progression from fundamental to more advanced concepts. The opening chapters present an overview of the discipline, with individual chapters focusing on microscopy and cellular biology as well as each of the classifications of microorganisms. Students then explore the foundations of microbial biochemistry, metabolism, and genetics, topics that provide a basis for understanding the various means by which we can control and combat microbial growth. Beginning with Chapter 15, the focus turns to microbial pathogenicity, emphasizing how interactions between microbes and the human immune system contribute to human health and disease. The last several chapters of the text provide a survey of medical microbiology, presenting the characteristics of microbial diseases organized by body system.

A brief Table of Contents follows. While we have made every effort to align the Table of Contents with the needs of our audience, we recognize that some instructors may prefer to teach topics in a different order. A particular strength of *Microbiology* is that instructors can customize the book, adapting it to the approach that works best in their classroom.

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- Chapter 2: How We See the Invisible World
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- Chapter 4: Prokaryotic Diversity
- Chapter 5: The Eukaryotes of Microbiology
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- Chapter 7: Microbial Biochemistry
- Chapter 8: Microbial Metabolism
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- Chapter 12: Modern Applications of Microbial Genetics
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- Chapter 14: Antimicrobial Drugs
- Chapter 15: Microbial Mechanisms of Pathogenicity
- Chapter 16: Disease and Epidemiology
- Chapter 17: Innate Nonspecific Host Defenses

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- Chapter 19: Diseases of the Immune System
- Chapter 20: Laboratory Analysis of the Immune Response
- Chapter 21: Skin and Eye Infections
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- Chapter 23: Urogenital System Infections
- Chapter 24: Digestive System Infections
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- Chapter 26: Nervous System Infections
- Appendix A: Fundamentals of Physics and Chemistry Important to Microbiology
- Appendix B: Mathematical Basics
- Appendix C: Metabolic Pathways
- Appendix D: Taxonomy of Clinically Relevant Microorganisms
- Appendix E: Laboratory Techniques
- Appendix F: Glossary

American Society of Microbiology (ASM) Partnership
Microbiology is produced through a collaborative publishing agreement between OpenStax and the American Society for Microbiology Press. The book has been developed to align to the curriculum guidelines of the American Society for Microbiology.

About ASM

The American Society for Microbiology is the largest single life science society, composed of over 47,000 scientists and health professionals. ASM's mission is to promote and advance the microbial sciences.

ASM advances the microbial sciences through conferences, publications, certifications, and educational opportunities. It enhances laboratory capacity around the globe through training and resources and provides a network for scientists in academia, industry, and clinical settings. Additionally, ASM promotes a deeper understanding of the microbial sciences to diverse audiences and is committed to offering open-access materials through their new journals, American Academy of Microbiology reports, and textbooks.

Engaging Feature Boxes
Throughout *Microbiology*, you will find features that engage students by taking selected topics a step further. Our features include:

- **Clinical Focus.** Each chapter has a multi-part clinical case study that follows the story of a fictional patient. The case unfolds in several realistic episodes placed strategically throughout the chapter, each episode revealing new symptoms and clues about possible causes and diagnoses. The details of the case are directly related to the topics presented in the chapter, encouraging students to apply what they are learning to real-life scenarios. The final episode presents a Resolution that reveals the outcome of the case and unpacks the broader lessons to be learned.
- **Case in Point.** In addition to the Clinical Focus, many chapters also have one or more single-part case studies that serve to highlight the clinical relevance of a particular topic. These narratives are strategically placed directly after the topic of emphasis and generally conclude with a set of questions that challenge the reader to think critically about the case.

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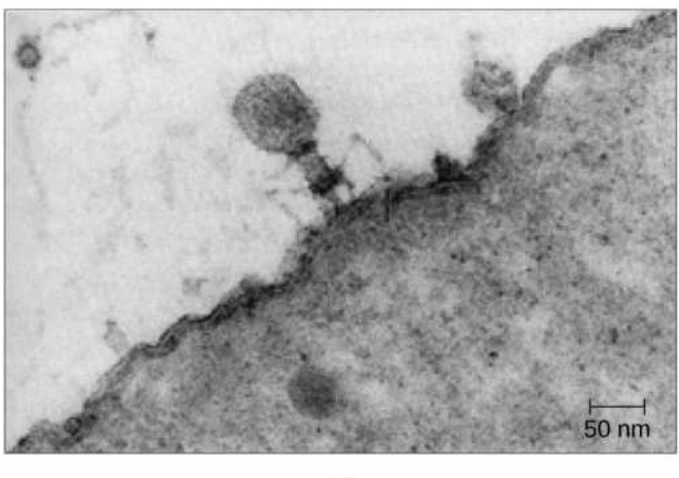
- **Micro Connections.** All chapters contain several Micro Connections feature boxes that highlight real-world applications of microbiology, drawing often-overlooked connections between microbiology and a wide range of other disciplines. While many of these connections involve medicine and healthcare, they also venture into domains such as environmental science, genetic engineering, and emerging technologies. Moreover, many Micro Connections boxes are related to current or recent events, further emphasizing the intersections between microbiology and everyday life.
- **Sigma Xi Eye on Ethics.** This unique feature, which appears in most chapters, explores an ethical issue related to chapter content. Developed in cooperation with the scientific research society Sigma Xi, each Eye on Ethics box presents students with a challenging ethical dilemma that arises at the intersection of science and healthcare. Often grounded in historical or current events, these short essays discuss multiple sides of an issue, posing questions that challenge the reader to contemplate the ethical principles that govern professionals in healthcare and the sciences.
- **Disease Profile.** This feature, which is exclusive to Chapters 21–26, highlights important connections between related diseases. Each box also includes a table cataloguing unique aspects of each disease, such as the causative agent, symptoms, portal of entry, mode of transmission, and treatment. These concise tables serve as a useful reference that students can use as a study aid.
- **Link to Learning.** This feature provides a brief introduction and a link to an online resource that students may use to further explore a topic presented in the chapter. Links typically lead to a website, interactive activity, or animation that students can investigate on their own.

Comprehensive Art Program

Our art program is designed to enhance students' understanding of concepts through clear and effective illustrations, diagrams, and photographs. Detailed drawings, comprehensive lifecycles, and clear micrographs provide visual reinforcement for concepts.



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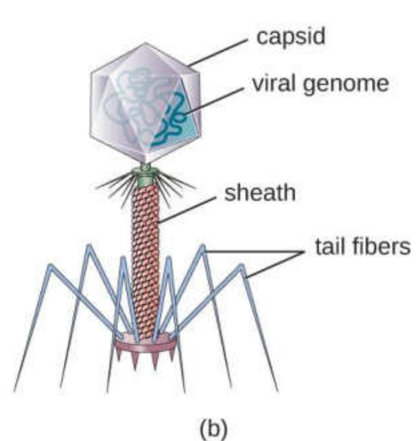

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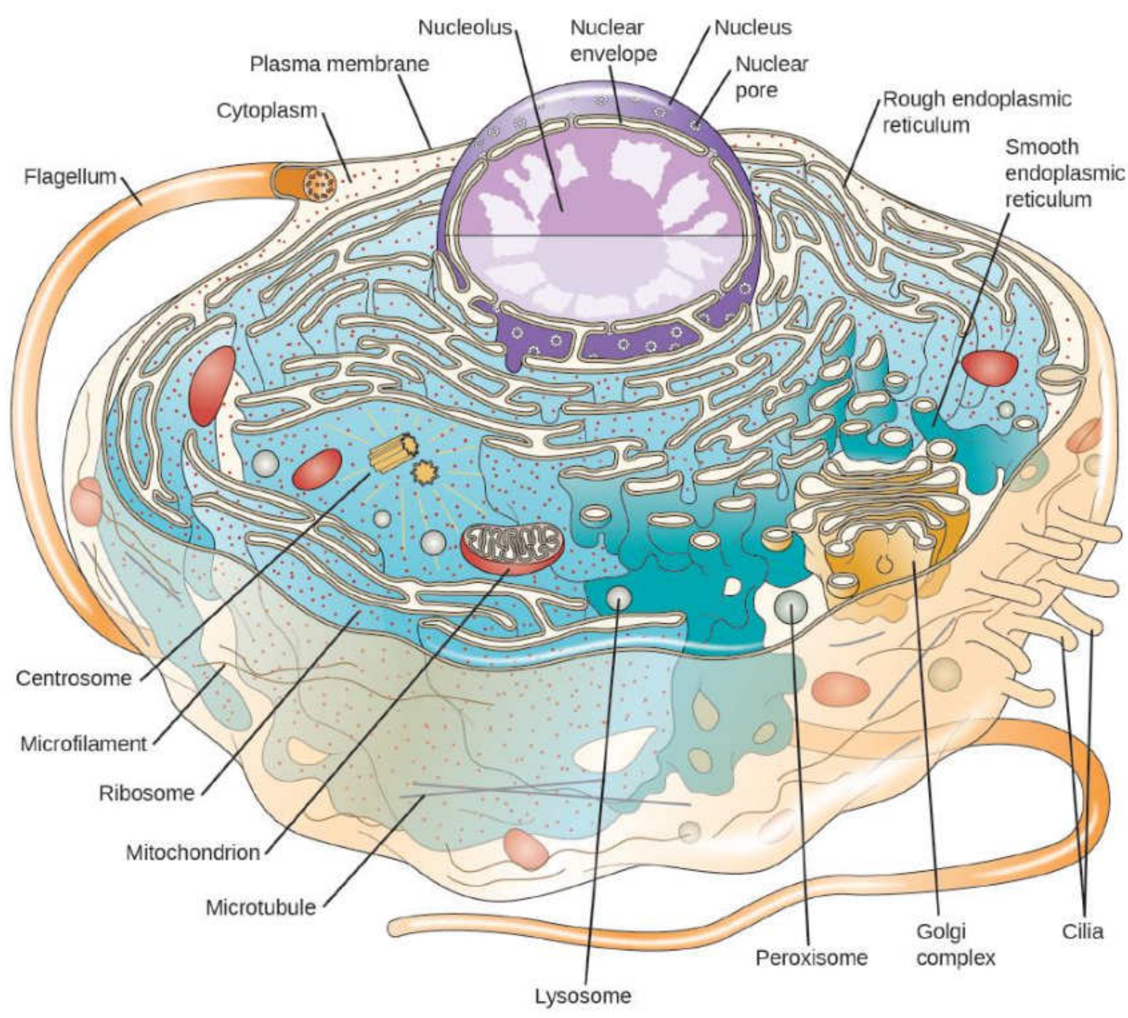

ELECTRON MICROSCOPES **Magnification: 20–100,000× or more** Use electron beams focused with magnets to produce an image.		
Microscope Type	**Key Uses**	**Sample Images**
Transmission (TEM)	Uses electron beams that pass through a specimen to visualize small images; useful to observe small, thin specimens such as tissue sections and subcellular structures. **Example:** *Ebola* virus	
Scanning (SEM)	Uses electron beams to visualize surfaces; useful to observe the three-dimensional surface details of specimens. **Example:** *Campylobacter jejuni*	

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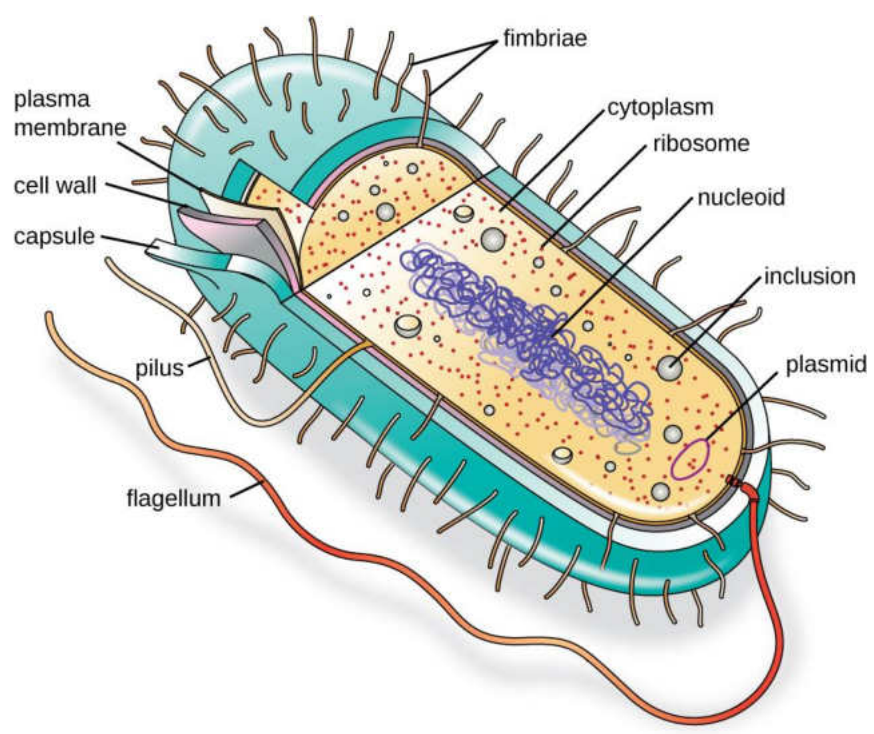

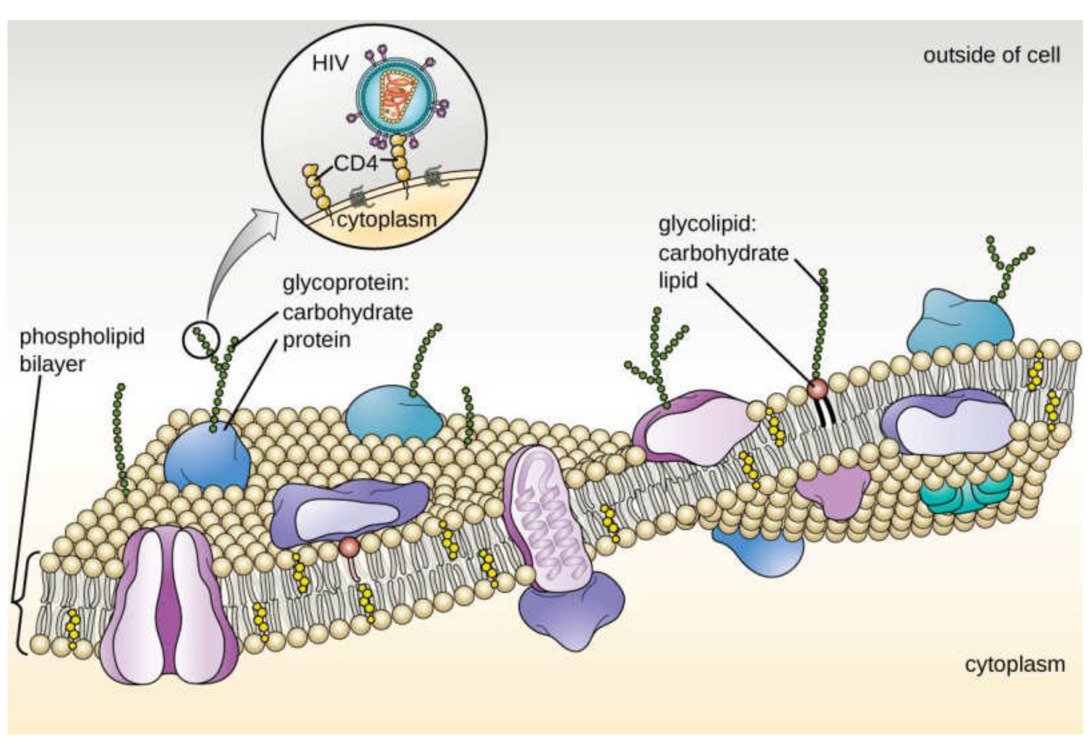

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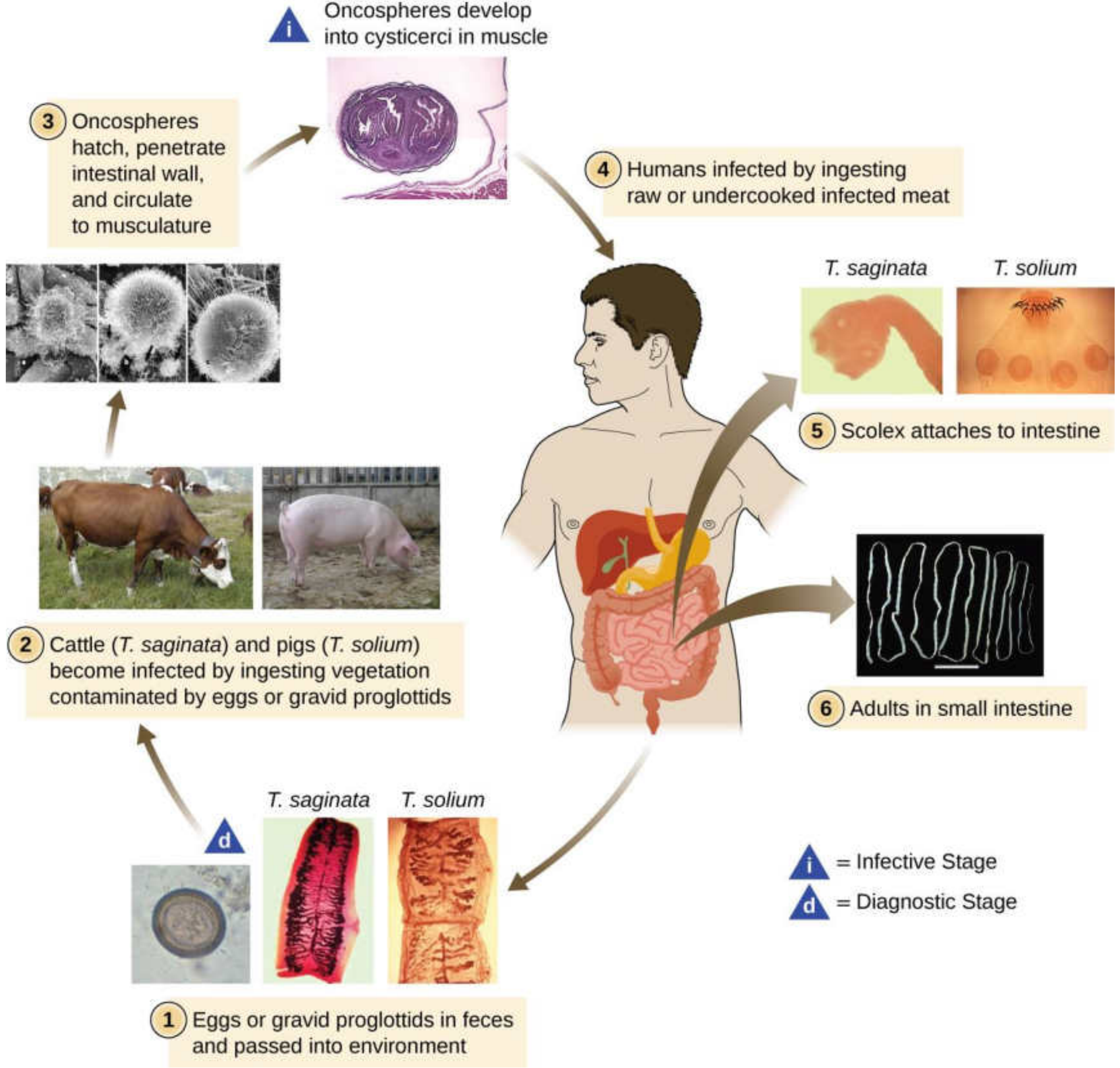

Materials That Reinforce Key Concepts

- **Learning Objectives.** Every section begins with a set of clear and concise learning objectives that are closely aligned to the content and Review Questions.
- **Summary.** The Summary distills the information in each section into a series of concise bullet points. Key Terms in the Summary are bold-faced for emphasis.
- **Key Terms.** New vocabulary is bold-faced when first introduced in the text and followed by a definition in context. Definitions of key terms are also listed at the end of each chapter and in the Glossary (Appendix F).
- **Check Your Understanding questions.** Each subsection of the text is punctuated by one or more comprehension-level questions. These questions encourage readers to make sure they understand what they have read before moving on to the next topic.

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- **Review Questions.** Each chapter has a robust set of review questions that assesses students' mastery of the Learning Objectives. Questions are organized by format: multiple choice, matching, true/false, fill-in-the-blank, short answer, and critical thinking.

Additional Resources

Student and Instructor Resources
We've compiled additional resources for both students and instructors, including Getting Started Guides, a test bank, and an instructor answer guide. Instructor resources require a verified instructor account, which can be requested on your openstax.org log-in. Take advantage of these resources to supplement your OpenStax book.

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About the Authors

Senior Contributing Authors
Nina Parker (Content Lead), Shenandoah University
Dr. Nina Parker received her BS and MS from the University of Michigan, and her PhD in Immunology from Ohio University. She joined Shenandoah University's Department of Biology in 1995 and serves as Associate Professor, teaching general microbiology, medical microbiology, immunology, and epidemiology to biology majors and allied health students. Prior to her academic career, Dr. Parker was trained as a Medical Technologist and received ASCP certification, experiences that drive her ongoing passion for training health professionals and those preparing for clinical laboratory work. Her areas of specialization include infectious disease, immunology, microbial pathogenesis, and medical microbiology. Dr. Parker is also deeply interested in the history of medicine and science, and pursues information about diseases often associated with regional epidemics in Virginia.

Mark Schneegurt (Lead Writer), Wichita State University
Dr. Mark A. Schneegurt is a Professor of Biological Sciences at Wichita State University and maintains joint appointments in Curriculum and Instruction and Biomedical Engineering. Dr. Schneegurt holds degrees from Rensselaer Polytechnic Institute and a Ph.D. from Brown University. He was a postdoctoral fellow at Eli Lilly and has taught and researched at Purdue University and the University of Notre Dame. His research focuses on applied and environmental microbiology, resulting in 70+ scientific publications and 150+ presentations.

Anh-Hue Thi Tu (Senior Reviewer), Georgia Southwestern State University
Dr. Anh-Hue Tu (born in Saigon, Vietnam) earned a BS in Chemistry from Baylor University and a PhD in Medical Sciences from Texas A & M Health Science Center. At the University of Alabama–Birmingham, she completed postdoctoral appointments in the areas of transcriptional regulation in *Escherichia coli* and characterization of virulence factors in *Streptococcus pneumoniae* and then became a research assistant professor working in the field of mycoplasmology. In 2004, Dr. Tu joined Georgia Southwestern State University where she currently serves as Professor, teaching various biology courses and

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overseeing undergraduate student research. Her areas of research interest include gene regulation, bacterial genetics, and molecular biology. Dr. Tu's teaching philosophy is to instill in her students the love of science by using critical thinking. As a teacher, she believes it is important to take technical information and express it in a way that is understandable to any student.

Contributing Authors

Summer Allen, Brown University
Ann Auman, Pacific Lutheran University
Graciela Brelles-Mariño, Universidad Nacional de la Plata
Myriam Alhadeff Feldman, Lake Washington Institute of Technology
Paul Flowers, University of North Carolina–Pembroke
Brian M. Forster, Saint Joseph's University
Clifton Franklund, Ferris State University
Ann Paterson, Williams Baptist University
George Pinchuk, Mississippi University for Women
Ben Rowley, University of Central Arkansas
Mark Sutherland, Hendrix College

Reviewers

Roberto Anitori, Clark College
James Bader, Case Western Reserve University
Amy Beumer, College of William and Mary
Gilles Bolduc, Massasoit Community College
Susan Bornstein-Forst, Marian University
Nancy Boury, Iowa State University
Jennifer Brigati, Maryville College
Harold Bull, University of Saskatchewan
Evan Burkala, Oklahoma State University
Bernadette Connors, Dominican College
Richard J. Cristiano, Houston Community College–Northwest
AnnMarie DelliPizzi, Dominican College
Elisa M. LaBeau DiMenna, Central New Mexico Community College
Diane Dixon, Southeastern Oklahoma State University
Randy Durren, Longwood University
Elizabeth A. B. Emmert, Salisbury University
Karen Frederick, Marygrove College
Sharon Gusky, Northwestern Connecticut Community College
Deborah V. Harbour, College of Southern Nevada
Randall Harris, William Carey University
Diane Hartman, Baylor University
Angela Hartsock, University of Akron
Nazanin Zarabadi Hebel, Houston Community College
Heather Klenovich, Community College of Alleghany County
Kathleen Lavoie, Plattsburgh State University
Philip Lister, Central New Mexico Community College
Toby Mapes, Blue Ridge Community College
Barry Margulies, Towson University
Kevin M. McCabe, Columbia Gorge Community College

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Karin A. Melkonian, Long Island University
Jennifer Metzler, Ball State University
Ellyn R. Mulcahy, Johnson County Community College
Jonas Okeagu, Fayetteville State University
Randall Kevin Pegg, Florida State College–Jacksonville
Lalitha Ramamoorthy, Marian University
Drew Rholl, North Park University
Hilda Rodriguez, Miami Dade College
Sean Rollins, Fitchburg State University
Sameera Sayeed, University of Pittsburgh
Pramila Sen, Houston Community College
Brian Róbert Shmaefsky, Kingwood College
Denise Signorelli, College of Southern Nevada
Paula Steiert, Southwest Baptist University
Robert Sullivan, Fairfield University
Suzanne Wakim, Butte Community College
Anne Weston, Francis Crick Institute
Valencia L. Williams, West Coast University
James Wise, Chowan State University
Virginia Young, Mercer University

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Chapter 1

An Invisible World

Figure 1.1 A veterinarian gets ready to clean a sea turtle covered in oil following the Deepwater Horizon oil spill in the Gulf of Mexico in 2010. After the spill, the population of a naturally occurring oil-eating marine bacterium called *Alcanivorax borkumensis* skyrocketed, helping to get rid of the oil. Scientists are working on ways to genetically engineer this bacterium to be more efficient in cleaning up future spills. (credit: modification of work by NOAA's National Ocean Service)

Chapter Outline

1.1 What Our Ancestors Knew
1.2 A Systematic Approach
1.3 Types of Microorganisms

Introduction

From boiling thermal hot springs to deep beneath the Antarctic ice, microorganisms can be found almost everywhere on earth in great quantities. Microorganisms (or microbes, as they are also called) are small organisms. Most are so small that they cannot be seen without a microscope.

Most microorganisms are harmless to humans and, in fact, many are helpful. They play fundamental roles in ecosystems everywhere on earth, forming the backbone of many food webs. People use them to make biofuels, medicines, and even foods. Without microbes, there would be no bread, cheese, or beer. Our bodies are filled with microbes, and our skin alone is home to trillions of them.[1] Some of them we can't live without; others cause diseases that can make us sick or even kill us.

Although much more is known today about microbial life than ever before, the vast majority of this invisible world remains unexplored. Microbiologists continue to identify new ways that microbes benefit and threaten humans.

1. J. Hulcr et al. "A Jungle in There: Bacteria in Belly Buttons are Highly Diverse, but Predictable." *PLoS ONE* 7 no. 11 (2012): e47712. doi:10.1371/journal.pone.0047712.

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1.1 What Our Ancestors Knew

Learning Objectives

- Describe how our ancestors improved food with the use of invisible microbes
- Describe how the causes of sickness and disease were explained in ancient times, prior to the invention of the microscope
- Describe key historical events associated with the birth of microbiology

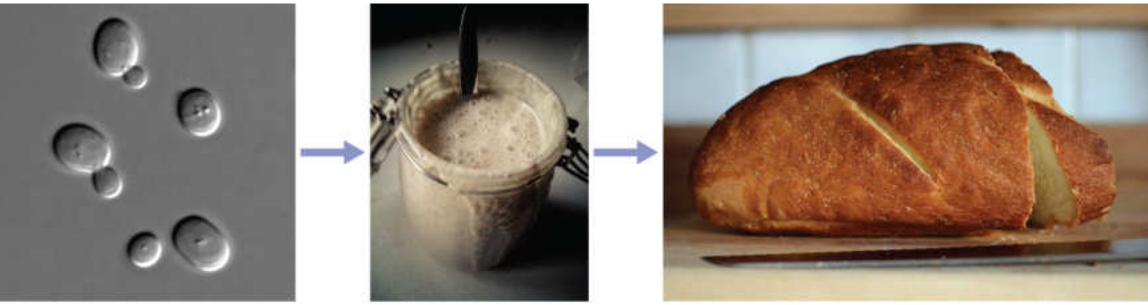
Most people today, even those who know very little about microbiology, are familiar with the concept of microbes, or "germs," and their role in human health. Schoolchildren learn about bacteria, viruses, and other microorganisms, and many even view specimens under a microscope. But a few hundred years ago, before the invention of the microscope, the existence of many types of microbes was impossible to prove. By definition, **microorganisms**, or **microbes**, are very small organisms; many types of microbes are too small to see without a microscope, although some parasites and fungi are visible to the naked eye.

Humans have been living with—and using—microorganisms for much longer than they have been able to see them. Historical evidence suggests that humans have had some notion of microbial life since prehistoric times and have used that knowledge to develop foods as well as prevent and treat disease. In this section, we will explore some of the historical applications of microbiology as well as the early beginnings of microbiology as a science.

Fermented Foods and Beverages

People across the world have enjoyed fermented foods and beverages like beer, wine, bread, yogurt, cheese, and pickled vegetables for all of recorded history. Discoveries from several archeological sites suggest that even prehistoric people took advantage of fermentation to preserve and enhance the taste of food. Archaeologists studying pottery jars from a Neolithic village in China found that people were making a fermented beverage from rice, honey, and fruit as early as 7000 BC.[2]

Production of these foods and beverages requires microbial fermentation, a process that uses bacteria, mold, or yeast to convert sugars (carbohydrates) to alcohol, gases, and organic acids (Figure 1.3). While it is likely that people first learned about fermentation by accident—perhaps by drinking old milk that had curdled or old grape juice that had fermented—they later learned to harness the power of fermentation to make products like bread, cheese, and wine.



Yeast fermentation yields ethanol and CO_2.

Figure 1.3 A microscopic view of *Saccharomyces cerevisiae*, the yeast responsible for making bread rise (left). Yeast is a microorganism. Its cells metabolize the carbohydrates in flour (middle) and produce carbon dioxide, which causes the bread to rise (right). (credit middle: modification of work by Janus Sandsgaard; credit right: modification of work by "MDreibelbis"/Flickr)

2. P.E. McGovern et al. "Fermented Beverages of Pre- and Proto-Historic China." *Proceedings of the National Academy of Sciences of the United States of America* 1 no. 51 (2004):17593–17598. doi:10.1073/pnas.0407921102.

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Clinical Focus

Part 1

Cora, a 41-year-old lawyer and mother of two, has recently been experiencing severe headaches, a high fever, and a stiff neck. Her husband, who has accompanied Cora to see a doctor, reports that Cora also seems confused at times and unusually drowsy. Based on these symptoms, the doctor suspects that Cora may have meningitis, a potentially life-threatening infection of the tissue that surrounds the brain and spinal cord.

Meningitis has several potential causes. It can be brought on by bacteria, fungi, viruses, or even a reaction to medication or exposure to heavy metals. Although people with viral meningitis usually heal on their own, bacterial and fungal meningitis are quite serious and require treatment.

Cora's doctor orders a lumbar puncture (spinal tap) to take three samples of cerebrospinal fluid (CSF) from around the spinal cord (**Figure 1.2**). The samples will be sent to laboratories in three different departments for testing: clinical chemistry, microbiology, and hematology. The samples will first be visually examined to determine whether the CSF is abnormally colored or cloudy; then the CSF will be examined under a microscope to see if it contains a normal number of red and white blood cells and to check for any abnormal cell types. In the microbiology lab, the specimen will be centrifuged to concentrate any cells in a sediment; this sediment will be smeared on a slide and stained with a Gram stain. Gram staining is a procedure used to differentiate between two different types of bacteria (gram-positive and gram-negative).

About 80% of patients with bacterial meningitis will show bacteria in their CSF with a Gram stain.[3] Cora's Gram stain did not show any bacteria, but her doctor decides to prescribe her antibiotics just in case. Part of the CSF sample will be cultured—put in special dishes to see if bacteria or fungi will grow. It takes some time for most microorganisms to reproduce in sufficient quantities to be detected and analyzed.

- What types of microorganisms would be killed by antibiotic treatment?

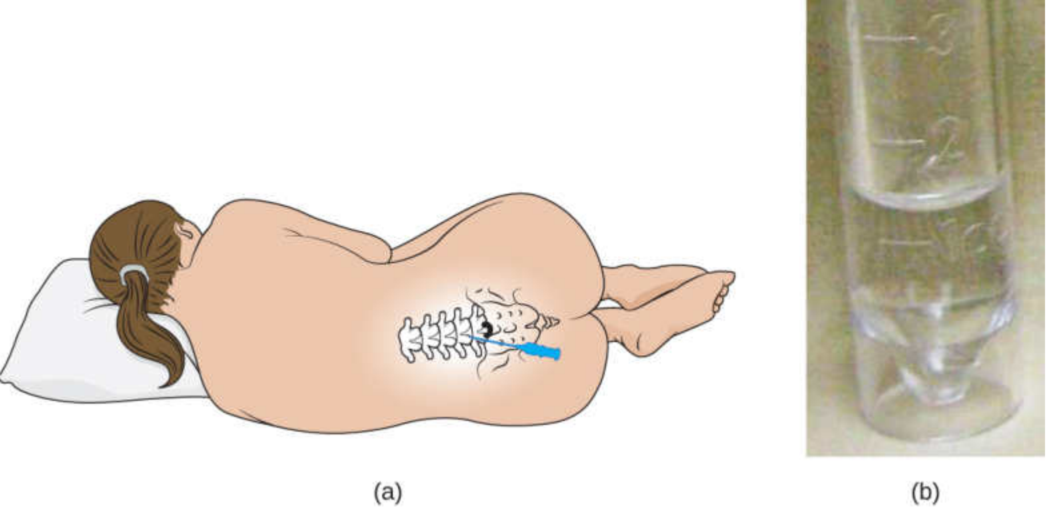

Figure 1.2 (a) A lumbar puncture is used to take a sample of a patient's cerebrospinal fluid (CSF) for testing. A needle is inserted between two vertebrae of the lower back, called the lumbar region. (b) CSF should be clear, as in this sample. Abnormally cloudy CSF may indicate an infection but must be tested further to confirm the presence of microorganisms. (credit b: modification of work by James Heilman)

*Jump to the **next** Clinical Focus box.*

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The Iceman Treateth

Prehistoric humans had a very limited understanding of the causes of disease, and various cultures developed different beliefs and explanations. While many believed that illness was punishment for angering the gods or was simply the result of fate, archaeological evidence suggests that prehistoric people attempted to treat illnesses and infections. One example of this is Ötzi the Iceman, a 5300-year-old mummy found frozen in the ice of the Ötzal Alps on the Austrian-Italian border in 1991. Because Ötzi was so well preserved by the ice, researchers discovered that he was infected with the eggs of the parasite *Trichuris trichiura*, which may have caused him to have abdominal pain and anemia. Researchers also found evidence of *Borrelia burgdorferi*, a bacterium that causes Lyme disease.[4] Some researchers think Ötzi may have been trying to treat his infections with the woody fruit of the *Piptoporus betulinus* fungus, which was discovered tied to his belongings.[5] This fungus has both laxative and antibiotic properties. Ötzi was also covered in tattoos that were made by cutting incisions into his skin, filling them with herbs, and then burning the herbs.[6] There is speculation that this may have been another attempt to treat his health ailments.

Early Notions of Disease, Contagion, and Containment

Several ancient civilizations appear to have had some understanding that disease could be transmitted by things they could not see. This is especially evident in historical attempts to contain the spread of disease. For example, the Bible refers to the practice of quarantining people with leprosy and other diseases, suggesting that people understood that diseases could be communicable. Ironically, while leprosy is communicable, it is also a disease that progresses slowly. This means that people were likely quarantined after they had already spread the disease to others.

The ancient Greeks attributed disease to bad air, *mal'aria*, which they called "miasmatic odors." They developed hygiene practices that built on this idea. The Romans also believed in the miasma hypothesis and created a complex sanitation infrastructure to deal with sewage. In Rome, they built aqueducts, which brought fresh water into the city, and a giant sewer, the *Cloaca Maxima*, which carried waste away and into the river Tiber (**Figure 1.4**). Some researchers believe that this infrastructure helped protect the Romans from epidemics of waterborne illnesses.

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3. Rebecca Buxton. "Examination of Gram Stains of Spinal Fluid—Bacterial Meningitis." *American Society for Microbiology*. 2007. http://www.microbelibrary.org/library/gram-stain/3065-examination-of-gram-stains-of-spinal-fluid-bacterial-meningitis
4. A. Keller et al. "New Insights into the Tyrolean Iceman's Origin and Phenotype as Inferred by Whole-Genome Sequencing." *Nature Communications*, 3 (2012): 698. doi:10.1038/ncomms1701.
5. L. Capasso. "5300 Years Ago, the Ice Man Used Natural Laxatives and Antibiotics." *The Lancet*, 352 (1998) 9143: 1864. doi: 10.1016/s0140-6736(05)79939-6.
6. L. Capasso, L. "5300 Years Ago, the Ice Man Used Natural Laxatives and Antibiotics." *The Lancet*, 352 no. 9143 (1998): 1864. doi: 10.1016/s0140-6736(05)79939-6.

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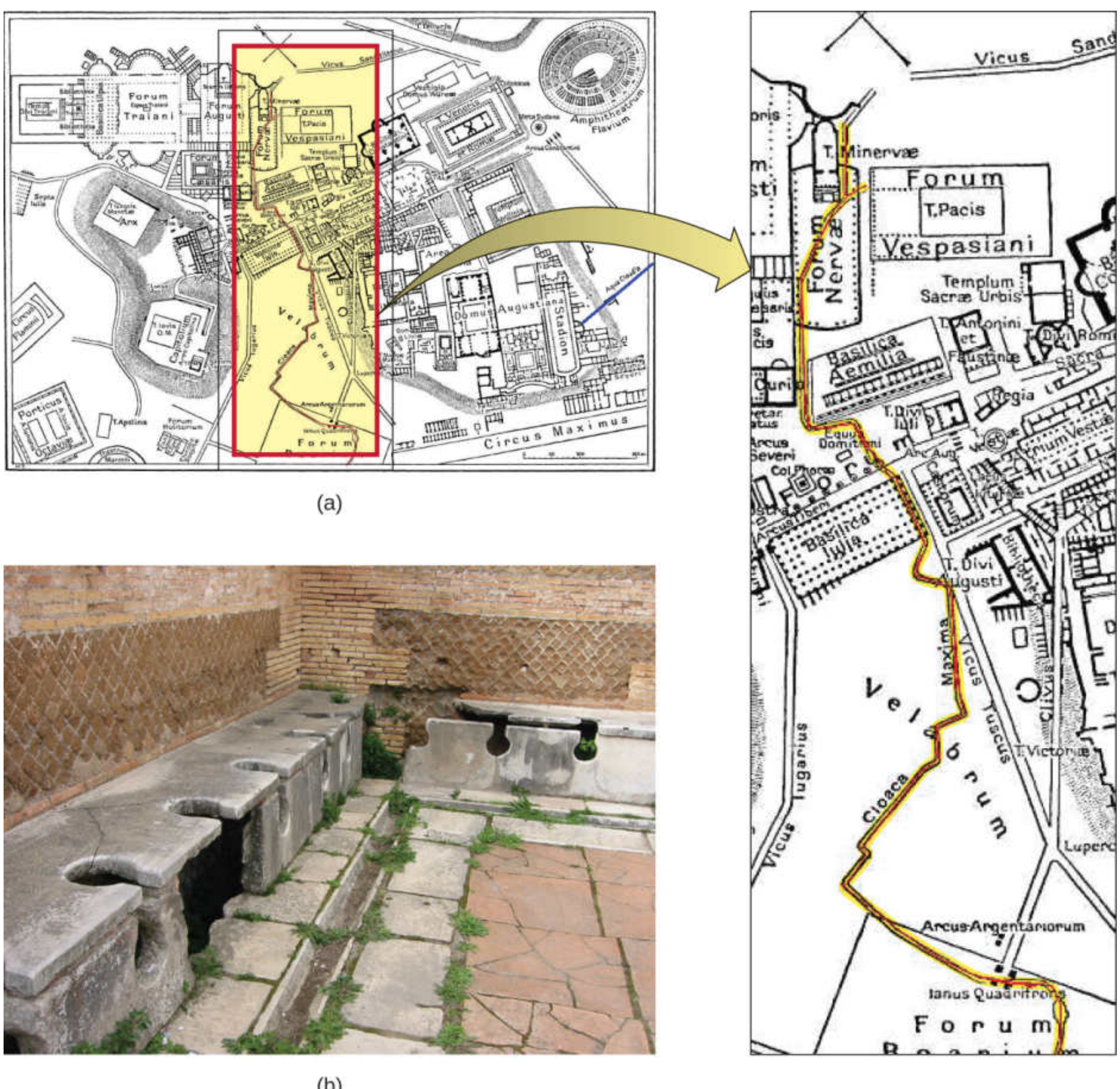

Figure 1.4 (a) The *Cloaca Maxima*, or "Greatest Sewer" (shown in red), ran through ancient Rome. It was an engineering marvel that carried waste away from the city and into the river Tiber. (b) These ancient latrines emptied into the *Cloaca Maxima*.

Even before the invention of the microscope, some doctors, philosophers, and scientists made great strides in understanding the invisible forces—what we now know as microbes—that can cause infection, disease, and death.

The Greek physician Hippocrates (460–370 BC) is considered the "father of Western medicine" (**Figure 1.5**). Unlike many of his ancestors and contemporaries, he dismissed the idea that disease was caused by supernatural forces. Instead, he posited that diseases had natural causes from within patients or their environments. Hippocrates and his heirs are believed to have written the *Hippocratic Corpus*, a collection of texts that make up some of the oldest

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surviving medical books.[7] Hippocrates is also often credited as the author of the Hippocratic Oath, taken by new physicians to pledge their dedication to diagnosing and treating patients without causing harm.

While Hippocrates is considered the father of Western medicine, the Greek philosopher and historian Thucydides (460–395 BC) is considered the father of scientific history because he advocated for evidence-based analysis of cause-and-effect reasoning (**Figure 1.5**). Among his most important contributions are his observations regarding the Athenian plague that killed one-third of the population of Athens between 430 and 410 BC. Having survived the epidemic himself, Thucydides made the important observation that survivors did not get re-infected with the disease, even when taking care of actively sick people.[8] This observation shows an early understanding of the concept of immunity.

Marcus Terentius Varro (116–27 BC) was a prolific Roman writer who was one of the first people to propose the concept that things we cannot see (what we now call microorganisms) can cause disease (**Figure 1.5**). In *Res Rusticae* (*On Farming*), published in 36 BC, he said that "precautions must also be taken in neighborhood swamps . . . because certain minute creatures [*animalia minuta*] grow there which cannot be seen by the eye, which float in the air and enter the body through the mouth and nose and there cause serious diseases."[9]

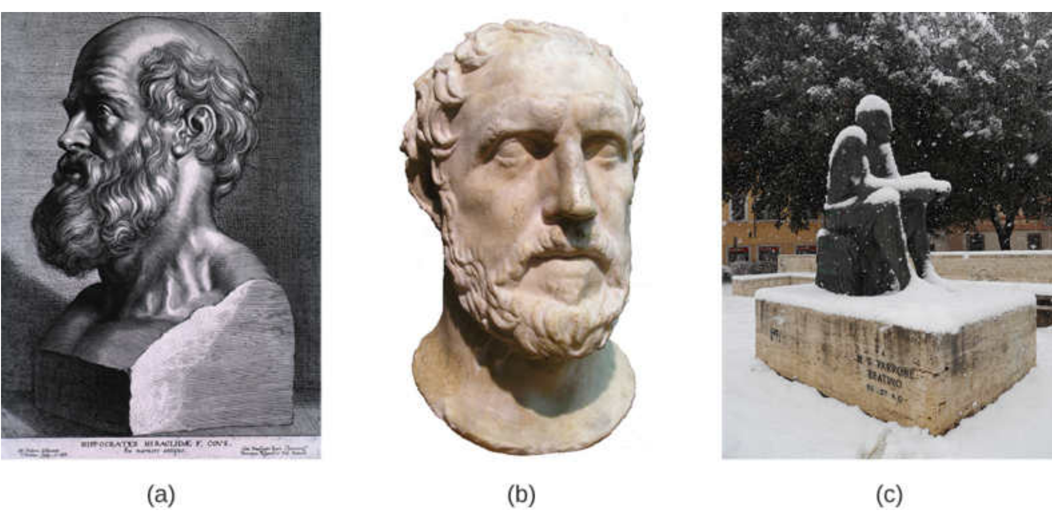

Figure 1.5 (a) Hippocrates, the "father of Western medicine," believed that diseases had natural, not supernatural, causes. (b) The historian Thucydides observed that survivors of the Athenian plague were subsequently immune to the infection. (c) Marcus Terentius Varro proposed that disease could be caused by "certain minute creatures . . . which cannot be seen by the eye." (credit c: modification of work by Alessandro Antonelli)

Check Your Understanding

- Give two examples of foods that have historically been produced by humans with the aid of microbes.
- Explain how historical understandings of disease contributed to attempts to treat and contain disease.

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7. G. Pappas et al. "Insights Into Infectious Disease in the Era of Hippocrates." *International Journal of Infectious Diseases* 12 (2008) 4:347–350. doi: http://dx.doi.org/10.1016/j.ijid.2007.11.003.

8. Thucydides. *The History of the Peloponnesian War. The Second Book*. 431 BC. Translated by Richard Crawley. http://classics.mit.edu/Thucydides/pelopwar.2.second.html.

9. Plinio Prioreschi. *A History of Medicine: Roman Medicine*. Lewiston, NY: Edwin Mellen Press, 1998: p. 215.

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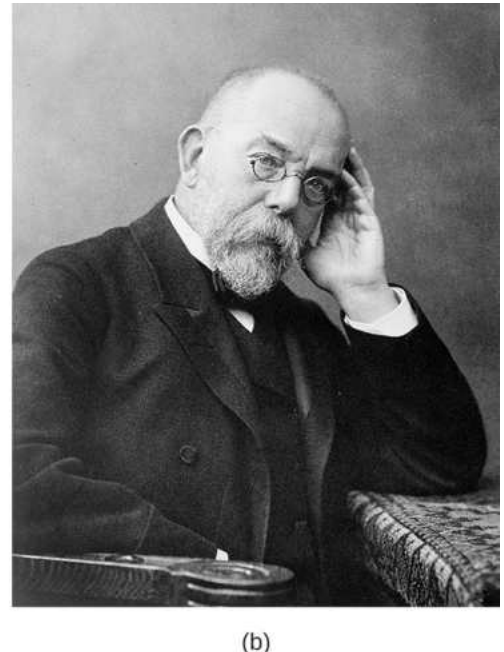
The Birth of Microbiology

While the ancients may have suspected the existence of invisible "minute creatures," it wasn't until the invention of the microscope that their existence was definitively confirmed. While it is unclear who exactly invented the microscope, a Dutch cloth merchant named Antonie van Leeuwenhoek (1632–1723) was the first to develop a lens powerful enough to view microbes. In 1675, using a simple but powerful microscope, Leeuwenhoek was able to observe single-celled organisms, which he described as "animalcules" or "wee little beasties," swimming in a drop of rain water. From his drawings of these little organisms, we now know he was looking at bacteria and protists. (We will explore Leeuwenhoek's contributions to microscopy further in **Chapter 2**.)

Nearly 200 years after van Leeuwenhoek got his first glimpse of microbes, the "Golden Age of Microbiology" spawned a host of new discoveries between 1857 and 1914. Two famous microbiologists, Louis Pasteur and Robert Koch, were especially active in advancing our understanding of the unseen world of microbes (**Figure 1.6**). Pasteur, a French chemist, showed that individual microbial strains had unique properties and demonstrated that fermentation is caused by microorganisms. He also invented pasteurization, a process used to kill microorganisms responsible for spoilage, and developed vaccines for the treatment of diseases, including rabies, in animals and humans. Koch, a German physician, was the first to demonstrate the connection between a single, isolated microbe and a known human disease. For example, he discovered the bacteria that cause anthrax (*Bacillus anthracis*), cholera (*Vibrio cholera*), and tuberculosis (*Mycobacterium tuberculosis*).[10] We will discuss these famous microbiologists, and others, in later chapters.

(a)



(b)

Figure 1.6 (a) Louis Pasteur (1822–1895) is credited with numerous innovations that advanced the fields of microbiology and immunology. (b) Robert Koch (1843–1910) identified the specific microbes that cause anthrax, cholera, and tuberculosis.

As microbiology has developed, it has allowed the broader discipline of biology to grow and flourish in previously unimagined ways. Much of what we know about human cells comes from our understanding of microbes, and many of the tools we use today to study cells and their genetics derive from work with microbes.

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10. S.M. Blevins and M.S. Bronze. "Robert Koch and the 'Golden Age' of Bacteriology." *International Journal of Infectious Diseases*. 14 no. 9 (2010): e744-e751. doi:10.1016/j.ijid.2009.12.003.

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Check Your Understanding

- How did the discovery of microbes change human understanding of disease?

Micro Connections

Microbiology Toolbox

Because individual microbes are generally too small to be seen with the naked eye, the science of microbiology is dependent on technology that can artificially enhance the capacity of our natural senses of perception. Early microbiologists like Pasteur and Koch had fewer tools at their disposal than are found in modern laboratories, making their discoveries and innovations that much more impressive. Later chapters of this text will explore many applications of technology in depth, but for now, here is a brief overview of some of the fundamental tools of the microbiology lab.

- **Microscopes** produce magnified images of microorganisms, human cells and tissues, and many other types of specimens too small to be observed with the naked eye.
- **Stains and dyes** are used to add color to microbes so they can be better observed under a microscope. Some dyes can be used on living microbes, whereas others require that the specimens be fixed with chemicals or heat before staining. Some stains only work on certain types of microbes because of differences in their cellular chemical composition.
- **Growth media** are used to grow microorganisms in a lab setting. Some media are liquids; others are more solid or gel-like. A growth medium provides nutrients, including water, various salts, a source of carbon (like glucose), and a source of nitrogen and amino acids (like yeast extract) so microorganisms can grow and reproduce. Ingredients in a growth medium can be modified to grow unique types of microorganisms.
- **A Petri dish** is a flat-lidded dish that is typically 10–11 centimeters (cm) in diameter and 1–1.5 cm high. Petri dishes made out of either plastic or glass are used to hold growth media (Figure 1.7).
- **Test tubes** are cylindrical plastic or glass tubes with rounded bottoms and open tops. They can be used to grow microbes in broth, or semisolid or solid growth media.
- A **Bunsen burner** is a metal apparatus that creates a flame that can be used to sterilize pieces of equipment. A rubber tube carries gas (fuel) to the burner. In many labs, Bunsen burners are being phased out in favor of infrared **microincinerators**, which serve a similar purpose without the safety risks of an open flame.
- An **inoculation loop** is a handheld tool that ends in a small wire loop (Figure 1.7). The loop can be used to streak microorganisms on agar in a Petri dish or to transfer them from one test tube to another. Before each use, the inoculation loop must be sterilized so cultures do not become contaminated.

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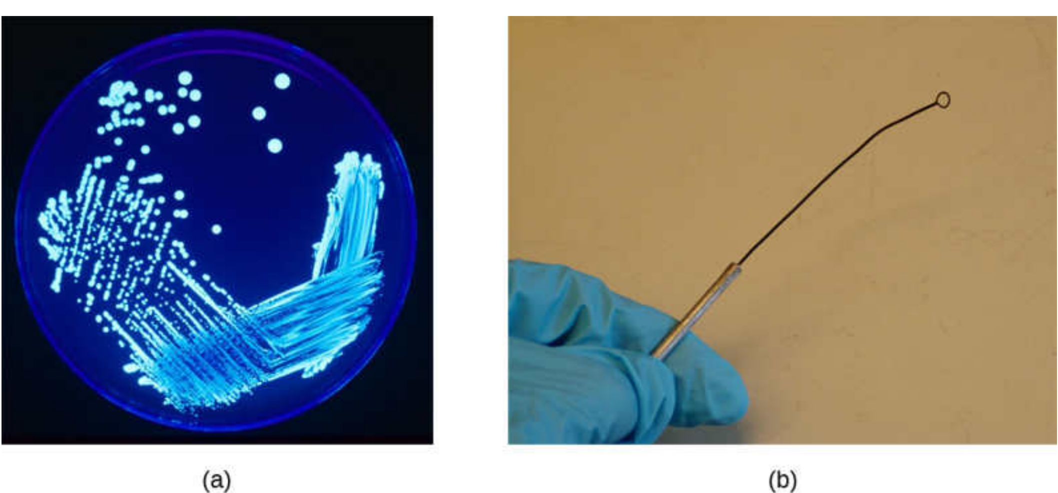

Figure 1.7 (a) This Petri dish filled with agar has been streaked with *Legionella*, the bacterium responsible for causing Legionnaire's disease. (b) An inoculation loop like this one can be used to streak bacteria on agar in a Petri dish. (credit a: modification of work by Centers for Disease Control and Prevention; credit b: modification of work by Jeffrey M. Vinocur)

1.2 A Systematic Approach

Learning Objectives

- Describe how microorganisms are classified and distinguished as unique species
- Compare historical and current systems of taxonomy used to classify microorganisms

Once microbes became visible to humans with the help of microscopes, scientists began to realize their enormous diversity. Microorganisms vary in all sorts of ways, including their size, their appearance, and their rates of reproduction. To study this incredibly diverse new array of organisms, researchers needed a way to systematically organize them.

The Science of Taxonomy

Taxonomy is the classification, description, identification, and naming of living organisms. Classification is the practice of organizing organisms into different groups based on their shared characteristics. The most famous early taxonomist was a Swedish botanist, zoologist, and physician named Carolus Linnaeus (1701–1778). In 1735, Linnaeus published *Systema Naturae*, an 11-page booklet in which he proposed the Linnaean taxonomy, a system of categorizing and naming organisms using a standard format so scientists could discuss organisms using consistent terminology. He continued to revise and add to the book, which grew into multiple volumes (Figure 1.8).

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Figure 1.8 Swedish botanist, zoologist, and physician Carolus Linnaeus developed a new system for categorizing plants and animals. In this 1853 portrait by Hendrik Hollander, Linnaeus is holding a twinflower, named *Linnaea borealis* in his honor.

In his taxonomy, Linnaeus divided the natural world into three kingdoms: animal, plant, and mineral (the mineral kingdom was later abandoned). Within the animal and plant kingdoms, he grouped organisms using a hierarchy of increasingly specific levels and sublevels based on their similarities. The names of the levels in Linnaeus's original taxonomy were kingdom, class, order, family, genus (plural: genera), and species. Species was, and continues to be, the most specific and basic taxonomic unit.

Evolving Trees of Life (Phylogenies)

With advances in technology, other scientists gradually made refinements to the Linnaean system and eventually created new systems for classifying organisms. In the 1800s, there was a growing interest in developing taxonomies that took into account the evolutionary relationships, or **phylogenies**, of all different species of organisms on earth. One way to depict these relationships is via a diagram called a phylogenetic tree (or tree of life). In these diagrams, groups of organisms are arranged by how closely related they are thought to be. In early phylogenetic trees, the relatedness of organisms was inferred by their visible similarities, such as the presence or absence of hair or the number of limbs. Now, the analysis is more complicated. Today, phylogenic analyses include genetic, biochemical, and embryological comparisons, as will be discussed later in this chapter.

Linnaeus's tree of life contained just two main branches for all living things: the animal and plant kingdoms. In 1866, Ernst Haeckel, a German biologist, philosopher, and physician, proposed another kingdom, Protista, for unicellular organisms (**Figure 1.9**). He later proposed a fourth kingdom, Monera, for unicellular organisms whose cells lack nuclei, like bacteria.

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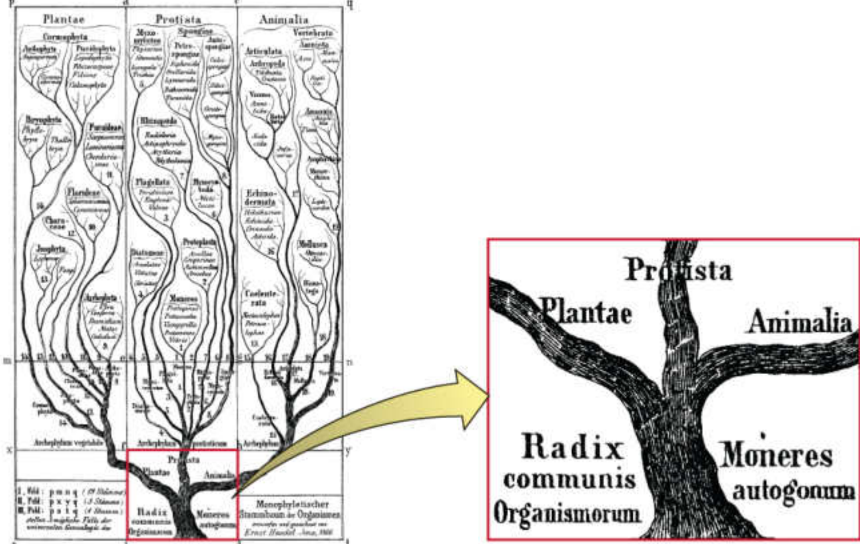

Figure 1.9 Ernst Haeckel's rendering of the tree of life, from his 1866 book *General Morphology of Organisms*, contained three kingdoms: Plantae, Protista, and Animalia. He later added a fourth kingdom, Monera, for unicellular organisms lacking a nucleus.

Nearly 100 years later, in 1969, American ecologist Robert Whittaker (1920–1980) proposed adding another kingdom—Fungi—in his tree of life. Whittaker's tree also contained a level of categorization above the kingdom level—the empire or superkingdom level—to distinguish between organisms that have membrane-bound nuclei in their cells (**eukaryotes**) and those that do not (**prokaryotes**). Empire Prokaryota contained just the Kingdom Monera. The Empire Eukaryota contained the other four kingdoms: Fungi, Protista, Plantae, and Animalia. Whittaker's five-kingdom tree was considered the standard phylogeny for many years.

Figure 1.10 shows how the tree of life has changed over time. Note that viruses are not found in any of these trees. That is because they are not made up of cells and thus it is difficult to determine where they would fit into a tree of life.

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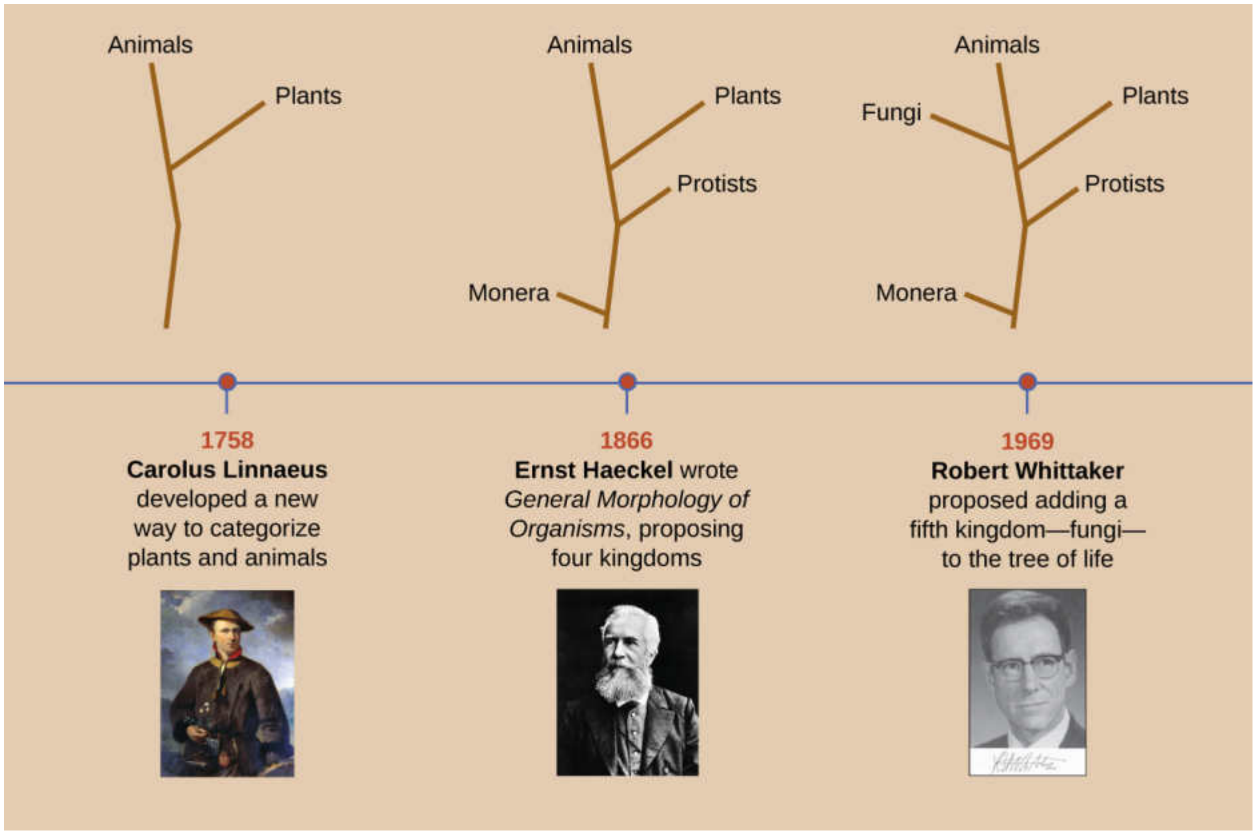

Figure 1.10 This timeline shows how the shape of the tree of life has changed over the centuries. Even today, the taxonomy of living organisms is continually being reevaluated and refined with advances in technology.

- Briefly summarize how our evolving understanding of microorganisms has contributed to changes in the way that organisms are classified.

Clinical Focus

Part 2

Antibiotic drugs are specifically designed to kill or inhibit the growth of bacteria. But after a couple of days on antibiotics, Cora shows no signs of improvement. Also, her CSF cultures came back from the lab negative. Since bacteria or fungi were not isolated from Cora's CSF sample, her doctor rules out bacterial and fungal meningitis. Viral meningitis is still a possibility.

However, Cora now reports some troubling new symptoms. She is starting to have difficulty walking. Her muscle stiffness has spread from her neck to the rest of her body, and her limbs sometimes jerk involuntarily. In addition, Cora's cognitive symptoms are worsening. At this point, Cora's doctor becomes very concerned and orders more tests on the CSF samples.

SAMPLE CHAPTERS
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- What types of microorganisms could be causing Cora's symptoms?

*Jump to the **next** Clinical Focus box. Go back to the **previous** Clinical Focus box.*

The Role of Genetics in Modern Taxonomy

Haeckel's and Whittaker's trees presented hypotheses about the phylogeny of different organisms based on readily observable characteristics. But the advent of molecular genetics in the late 20th century revealed other ways to organize phylogenetic trees. Genetic methods allow for a standardized way to compare all living organisms without relying on observable characteristics that can often be subjective. Modern taxonomy relies heavily on comparing the nucleic acids (deoxyribonucleic acid [DNA] or ribonucleic acid [RNA]) or proteins from different organisms. The more similar the nucleic acids and proteins are between two organisms, the more closely related they are considered to be.

In the 1970s, American microbiologist Carl Woese discovered what appeared to be a "living record" of the evolution of organisms. He and his collaborator George Fox created a genetics-based tree of life based on similarities and differences they observed in the small subunit ribosomal RNA (rRNA) of different organisms. In the process, they discovered that a certain type of bacteria, called archaebacteria (now known simply as archaea), were significantly different from other bacteria and eukaryotes in terms of the sequence of small subunit rRNA. To accommodate this difference, they created a tree with three Domains above the level of Kingdom: Archaea, Bacteria, and Eukarya (**Figure 1.11**). Genetic analysis of the small subunit rRNA suggests archaea, bacteria, and eukaryotes all evolved from a common ancestral cell type. The tree is skewed to show a closer evolutionary relationship between Archaea and Eukarya than they have to Bacteria.

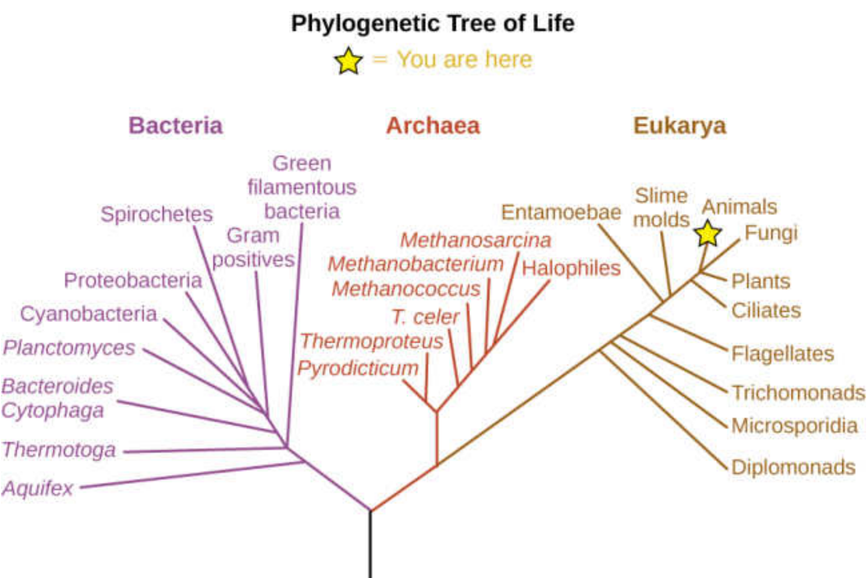

Figure 1.11 Woese and Fox's phylogenetic tree contains three domains: Bacteria, Archaea, and Eukarya. Domains Archaea and Bacteria contain all prokaryotic organisms, and Eukarya contains all eukaryotic organisms.

Scientists continue to use analysis of RNA, DNA, and proteins to determine how organisms are related. One interesting, and complicating, discovery is that of horizontal gene transfer—when a gene of one species is absorbed into another organism's genome. Horizontal gene transfer is especially common in microorganisms and can make it

SAMPLE CHAPTERS
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difficult to determine how organisms are evolutionarily related. Consequently, some scientists now think in terms of "webs of life" rather than "trees of life."

- In modern taxonomy, how do scientists determine how closely two organisms are related?
- Explain why the branches on the "tree of life" all originate from a single "trunk."

Naming Microbes

In developing his taxonomy, Linnaeus used a system of **binomial nomenclature**, a two-word naming system for identifying organisms by genus and species. For example, modern humans are in the genus *Homo* and have the species name *sapiens*, so their scientific name in binomial nomenclature is *Homo sapiens*. In binomial nomenclature, the genus part of the name is always capitalized; it is followed by the species name, which is not capitalized. Both names are italicized.

Taxonomic names in the 18th through 20th centuries were typically derived from Latin, since that was the common language used by scientists when taxonomic systems were first created. Today, newly discovered organisms can be given names derived from Latin, Greek, or English. Sometimes these names reflect some distinctive trait of the organism; in other cases, microorganisms are named after the scientists who discovered them. The archaeon *Haloquadratum walsbyi* is an example of both of these naming schemes. The genus, *Haloquadratum*, describes the microorganism's saltwater habitat (*halo* is derived from the Greek word for "salt") as well as the arrangement of its square cells, which are arranged in square clusters of four cells (*quadratum* is Latin for "foursquare"). The species, *walsbyi*, is named after Anthony Edward Walsby, the microbiologist who discovered *Haloquadratum walsbyi* in in 1980. While it might seem easier to give an organism a common descriptive name—like a red-headed woodpecker—we can imagine how that could become problematic. What happens when another species of woodpecker with red head coloring is discovered? The systematic nomenclature scientists use eliminates this potential problem by assigning each organism a single, unique two-word name that is recognized by scientists all over the world.

In this text, we will typically abbreviate an organism's genus and species after its first mention. The abbreviated form is simply the first initial of the genus, followed by a period and the full name of the species. For example, the bacterium *Escherichia coli* is shortened to *E. coli* in its abbreviated form. You will encounter this same convention in other scientific texts as well.

Bergey's Manuals

Whether in a tree or a web, microbes can be difficult to identify and classify. Without easily observable macroscopic features like feathers, feet, or fur, scientists must capture, grow, and devise ways to study their biochemical properties to differentiate and classify microbes. Despite these hurdles, a group of microbiologists created and updated a set of manuals for identifying and classifying microorganisms. First published in 1923 and since updated many times, *Bergey's Manual of Determinative Bacteriology* and *Bergey's Manual of Systematic Bacteriology* are the standard references for identifying and classifying different prokaryotes. (Appendix D of this textbook is partly based on Bergey's manuals; it shows how the organisms that appear in this textbook are classified.) Because so many bacteria look identical, methods based on nonvisual characteristics must be used to identify them. For example, biochemical tests can be used to identify chemicals unique to certain species. Likewise, serological tests can be used to identify specific antibodies that will react against the

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proteins found in certain species. Ultimately, DNA and rRNA sequencing can be used both for identifying a particular bacterial species and for classifying newly discovered species.

Check Your Understanding

- What is binomial nomenclature and why is it a useful tool for naming organisms?
- Explain why a resource like one of Bergey's manuals would be helpful in identifying a microorganism in a sample.

Micro Connections

Same Name, Different Strain

Within one species of microorganism, there can be several subtypes called strains. While different strains may be nearly identical genetically, they can have very different attributes. The bacterium *Escherichia coli* is infamous for causing food poisoning and traveler's diarrhea. However, there are actually many different strains of *E. coli*, and they vary in their ability to cause disease.

One pathogenic (disease-causing) *E. coli* strain that you may have heard of is *E. coli* O157:H7. In humans, infection from *E. coli* O157:H7 can cause abdominal cramps and diarrhea. Infection usually originates from contaminated water or food, particularly raw vegetables and undercooked meat. In the 1990s, there were several large outbreaks of *E. coli* O157:H7 thought to have originated in undercooked hamburgers.

While *E. coli* O157:H7 and some other strains have given *E. coli* a bad name, most *E. coli* strains do not cause disease. In fact, some can be helpful. Different strains of *E. coli* found naturally in our gut help us digest our food, provide us with some needed chemicals, and fight against pathogenic microbes.

Link to Learning

Learn more about phylogenetic trees by exploring the Wellcome Trust's interactive Tree of Life. The **website (http://www.openstaxcollege.org/l/22wellcome)** contains information, photos, and animations about many different organisms. Select two organisms to see how they are evolutionarily related.

1.3 Types of Microorganisms

Learning Objectives

- List the various types of microorganisms and describe their defining characteristics
- Give examples of different types of cellular and viral microorganisms and infectious agents
- Describe the similarities and differences between archaea and bacteria
- Provide an overview of the field of microbiology

SAMPLE CHAPTERS
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Most microbes are unicellular and small enough that they require artificial magnification to be seen. However, there are some unicellular microbes that are visible to the naked eye, and some multicellular organisms that are microscopic. An object must measure about 100 micrometers (µm) to be visible without a microscope, but most microorganisms are many times smaller than that. For some perspective, consider that a typical animal cell measures roughly 10 µm across but is still microscopic. Bacterial cells are typically about 1 µm, and viruses can be 10 times smaller than bacteria (Figure 1.12). See Table 1.1 for units of length used in microbiology.

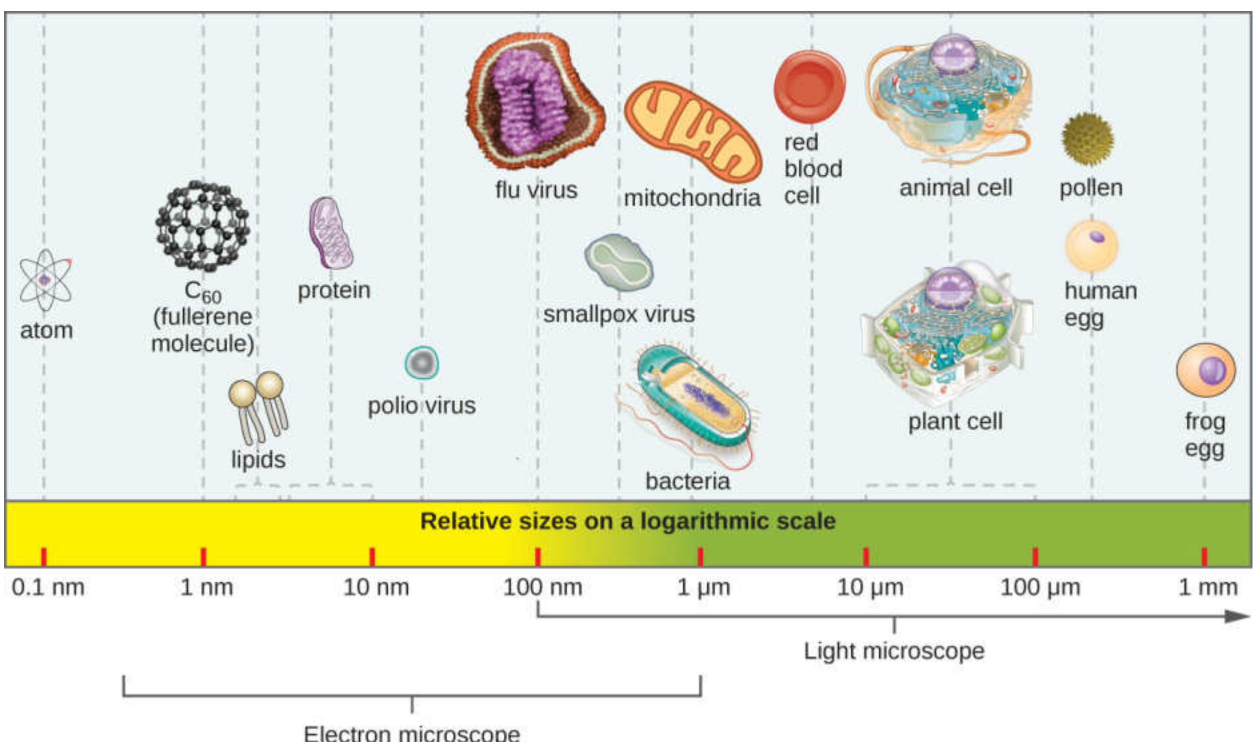

Figure 1.12 The relative sizes of various microscopic and nonmicroscopic objects. Note that a typical virus measures about 100 nm, 10 times smaller than a typical bacterium (~1 µm), which is at least 10 times smaller than a typical plant or animal cell (~10–100 µm). An object must measure about 100 µm to be visible without a microscope.

Units of Length Commonly Used in Microbiology

Metric Unit	Meaning of Prefix	Metric Equivalent
meter (m)	—	1 m = 10^0 m
decimeter (dm)	1/10	1 dm = 0.1 m = 10^{-1} m
centimeter (cm)	1/100	1 cm = 0.01 m = 10^{-2} m
millimeter (mm)	1/1000	1 mm = 0.001 m = 10^{-3} m
micrometer (µm)	1/1,000,000	1 µm = 0.000001 m = 10^{-6} m
nanometer (nm)	1/1,000,000,000	1 nm = 0.000000001 m = 10^{-9} m

Table 1.1

Microorganisms differ from each other not only in size, but also in structure, habitat, metabolism, and many other characteristics. While we typically think of microorganisms as being unicellular, there are also many multicellular organisms that are too small to be seen without a microscope. Some microbes, such as viruses, are even **acellular** (not composed of cells).

SAMPLE CHAPTERS
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Microorganisms are found in each of the three domains of life: Archaea, Bacteria, and Eukarya. Microbes within the domains Bacteria and Archaea are all prokaryotes (their cells lack a nucleus), whereas microbes in the domain Eukarya are eukaryotes (their cells have a nucleus). Some microorganisms, such as viruses, do not fall within any of the three domains of life. In this section, we will briefly introduce each of the broad groups of microbes. Later chapters will go into greater depth about the diverse species within each group.

Link to Learning

How big is a bacterium or a virus compared to other objects? Check out this **interactive website (http://www.openstaxcollege.org/l/22relsizes)** to get a feel for the scale of different microorganisms.

Prokaryotic Microorganisms

Bacteria are found in nearly every habitat on earth, including within and on humans. Most bacteria are harmless or helpful, but some are **pathogens**, causing disease in humans and other animals. Bacteria are prokaryotic because their genetic material (DNA) is not housed within a true nucleus. Most bacteria have cell walls that contain peptidoglycan.

Bacteria are often described in terms of their general shape. Common shapes include spherical (coccus), rod-shaped (bacillus), or curved (spirillum, spirochete, or vibrio). **Figure 1.13** shows examples of these shapes.

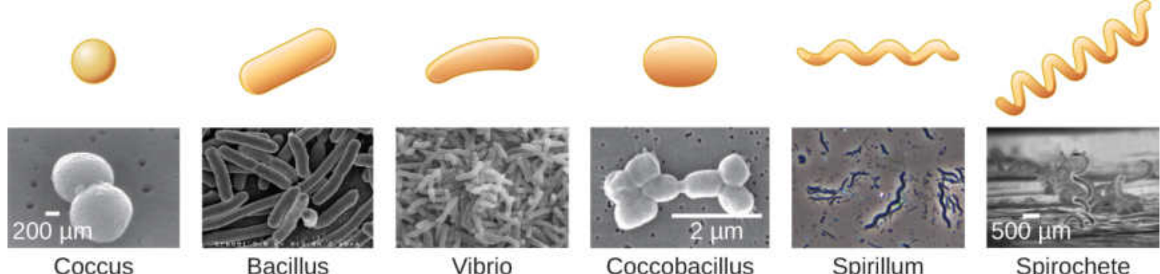

Figure 1.13 Common bacterial shapes. Note how coccobacillus is a combination of spherical (coccus) and rod-shaped (bacillus). (credit “Coccus”: modification of work by Janice Haney Carr, Dr. Richard Facklam, Centers for Disease Control and Prevention; credit “Bacillus”: modification of work by “Elapied”/Wikimedia Commons)

They have a wide range of metabolic capabilities and can grow in a variety of environments, using different combinations of nutrients. Some bacteria are photosynthetic, such as oxygenic cyanobacteria and anoxygenic green sulfur and green nonsulfur bacteria; these bacteria use energy derived from sunlight, and fix carbon dioxide for growth. Other types of bacteria are nonphotosynthetic, obtaining their energy from organic or inorganic compounds in their environment.

Archaea are also unicellular prokaryotic organisms. Archaea and bacteria have different evolutionary histories, as well as significant differences in genetics, metabolic pathways, and the composition of their cell walls and membranes. Unlike most bacteria, archaeal cell walls do not contain peptidoglycan, but their cell walls are often composed of a similar substance called pseudopeptidoglycan. Like bacteria, archaea are found in nearly every habitat on earth, even extreme environments that are very cold, very hot, very basic, or very acidic (**Figure 1.14**). Some archaea live in the human body, but none have been shown to be human pathogens.

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Figure 1.14 Some archaea live in extreme environments, such as the Morning Glory pool, a hot spring in Yellowstone National Park. The color differences in the pool result from the different communities of microbes that are able to thrive at various water temperatures.

- What are the two main types of prokaryotic organisms?
- Name some of the defining characteristics of each type.

Eukaryotic Microorganisms

The domain Eukarya contains all eukaryotes, including uni- or multicellular eukaryotes such as protists, fungi, plants, and animals. The major defining characteristic of eukaryotes is that their cells contain a nucleus.

Protists

Protists are unicellular eukaryotes that are not plants, animals, or fungi. Algae and protozoa are examples of protists.

Algae (singular: alga) are plant-like protists that can be either unicellular or multicellular (**Figure 1.15**). Their cells are surrounded by cell walls made of cellulose, a type of carbohydrate. Algae are photosynthetic organisms that extract energy from the sun and release oxygen and carbohydrates into their environment. Because other organisms can use their waste products for energy, algae are important parts of many ecosystems. Many consumer products contain ingredients derived from algae, such as carrageenan or alginic acid, which are found in some brands of ice cream, salad dressing, beverages, lipstick, and toothpaste. A derivative of algae also plays a prominent role in the microbiology laboratory. Agar, a gel derived from algae, can be mixed with various nutrients and used to grow microorganisms in a Petri dish. Algae are also being developed as a possible source for biofuels.

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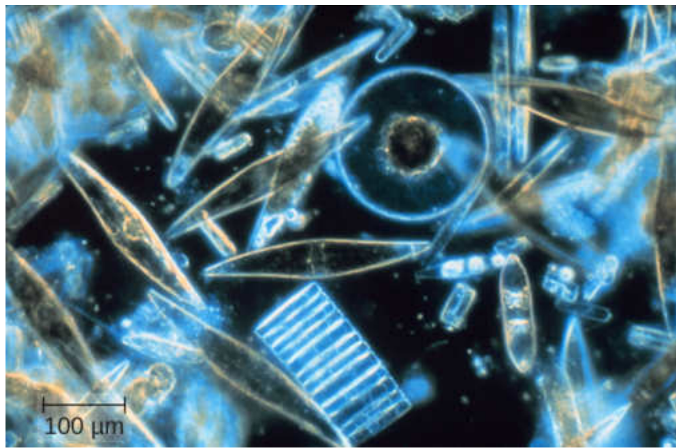

Figure 1.15 Assorted diatoms, a kind of algae, live in annual sea ice in McMurdo Sound, Antarctica. Diatoms range in size from 2 µm to 200 µm and are visualized here using light microscopy. (credit: National Oceanic and Atmospheric Administration)

Protozoa (singular: protozoan) are protists that make up the backbone of many food webs by providing nutrients for other organisms. Protozoa are very diverse. Some protozoa move with help from hair-like structures called cilia or whip-like structures called flagella. Others extend part of their cell membrane and cytoplasm to propel themselves forward. These cytoplasmic extensions are called pseudopods ("false feet"). Some protozoa are photosynthetic; others feed on organic material. Some are free-living, whereas others are parasitic, only able to survive by extracting nutrients from a host organism. Most protozoa are harmless, but some are pathogens that can cause disease in animals or humans (Figure 1.16).

Figure 1.16 *Giardia lamblia*, an intestinal protozoan parasite that infects humans and other mammals, causing severe diarrhea. (credit: modification of work by Centers for Disease Control and Prevention)

Fungi

Fungi (singular: fungus) are also eukaryotes. Some multicellular fungi, such as mushrooms, resemble plants, but they are actually quite different. Fungi are not photosynthetic, and their cell walls are usually made out of chitin rather than cellulose.

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Unicellular fungi—yeasts—are included within the study of microbiology. There are more than 1000 known species. Yeasts are found in many different environments, from the deep sea to the human navel. Some yeasts have beneficial uses, such as causing bread to rise and beverages to ferment; but yeasts can also cause food to spoil. Some even cause diseases, such as vaginal yeast infections and oral thrush (Figure 1.17).

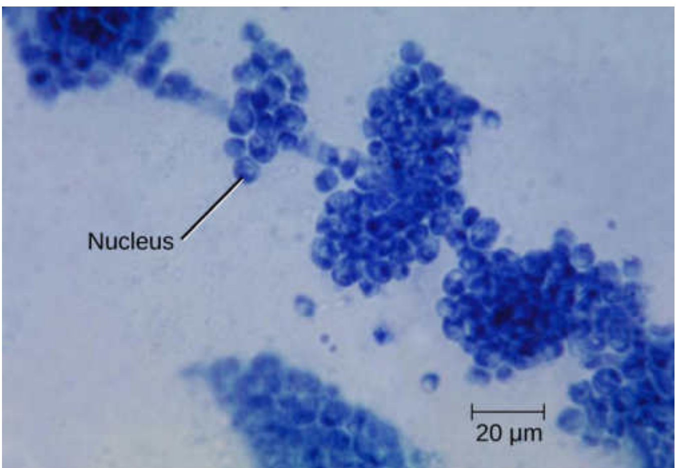

Figure 1.17 *Candida albicans* is a unicellular fungus, or yeast. It is the causative agent of vaginal yeast infections as well as oral thrush, a yeast infection of the mouth that commonly afflicts infants. *C. albicans* has a morphology similar to that of coccus bacteria; however, yeast is a eukaryotic organism (note the nuclei) and is much larger. (credit: modification of work by Centers for Disease Control and Prevention)

Other fungi of interest to microbiologists are multicellular organisms called **molds**. Molds are made up of long filaments that form visible colonies (Figure 1.18). Molds are found in many different environments, from soil to rotting food to dank bathroom corners. Molds play a critical role in the decomposition of dead plants and animals. Some molds can cause allergies, and others produce disease-causing metabolites called mycotoxins. Molds have been used to make pharmaceuticals, including penicillin, which is one of the most commonly prescribed antibiotics, and cyclosporine, used to prevent organ rejection following a transplant.

Figure 1.18 Large colonies of microscopic fungi can often be observed with the naked eye, as seen on the surface of these moldy oranges.

SAMPLE CHAPTERS
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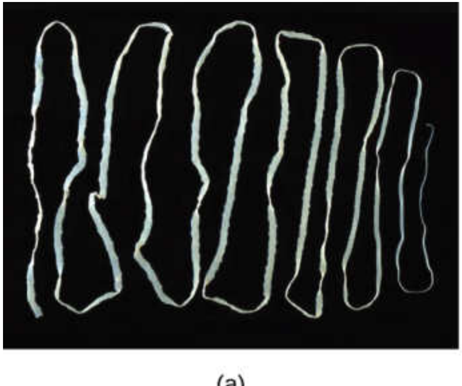
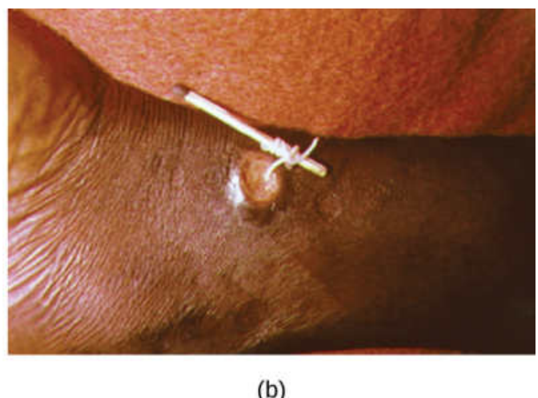
- Name two types of protists and two types of fungi.
- Name some of the defining characteristics of each type.

Helminths

Multicellular parasitic worms called **helminths** are not technically microorganisms, as most are large enough to see without a microscope. However, these worms fall within the field of microbiology because diseases caused by helminths involve microscopic eggs and larvae. One example of a helminth is the guinea worm, or *Dracunculus medinensis*, which causes dizziness, vomiting, diarrhea, and painful ulcers on the legs and feet when the worm works its way out of the skin (**Figure 1.19**). Infection typically occurs after a person drinks water containing water fleas infected by guinea-worm larvae. In the mid-1980s, there were an estimated 3.5 million cases of guinea-worm disease, but the disease has been largely eradicated. In 2014, there were only 126 cases reported, thanks to the coordinated efforts of the World Health Organization (WHO) and other groups committed to improvements in drinking water sanitation.[11][12]



(a)



(b)

Figure 1.19 (a) The beef tapeworm, *Taenia saginata*, infects both cattle and humans. *T. saginata* eggs are microscopic (around 50 µm), but adult worms like the one shown here can reach 4–10 m, taking up residence in the digestive system. (b) An adult guinea worm, *Dracunculus medinensis*, is removed through a lesion in the patient's skin by winding it around a matchstick. (credit b: modification of work by Centers for Disease Control and Prevention)

Viruses

Viruses are **acellular** microorganisms, which means they are not composed of cells. Essentially, a virus consists of proteins and genetic material—either DNA or RNA, but never both—that are inert outside of a host organism. However, by incorporating themselves into a host cell, viruses are able to co-opt the host's cellular mechanisms to multiply and infect other hosts.

Viruses can infect all types of cells, from human cells to the cells of other microorganisms. In humans, viruses are responsible for numerous diseases, from the common cold to deadly Ebola (**Figure 1.20**). However, many viruses do not cause disease.

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11. C. Greenaway "Dracunculiasis (Guinea Worm Disease)." *Canadian Medical Association Journal* 170 no. 4 (2004):495–500.
12. World Health Organization. "Dracunculiasis (Guinea-Worm Disease)." *WHO*. 2015. http://www.who.int/mediacentre/factsheets/fs359/en/. Accessed October 2, 2015.

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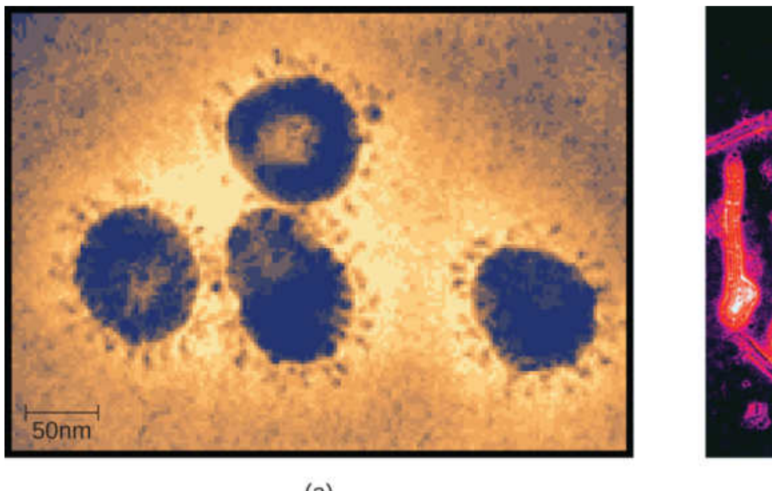

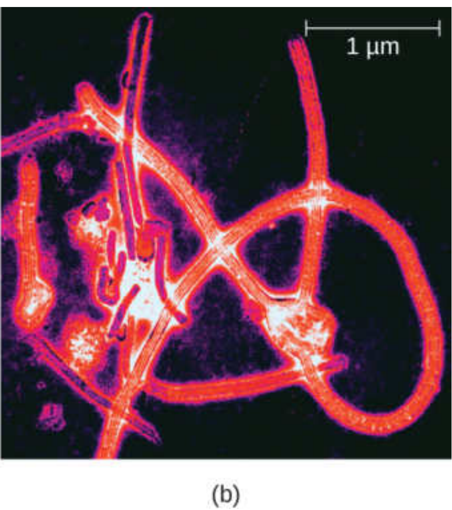

(a) (b)

Figure 1.20 (a) Members of the Coronavirus family can cause respiratory infections like the common cold, severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS). Here they are viewed under a transmission electron microscope (TEM). (b) Ebolavirus, a member of the Filovirus family, as visualized using a TEM. (credit b: modification of work by Thomas W. Geisbert)

- Are helminths microorganisms? Explain why or why not.
- How are viruses different from other microorganisms?

Microbiology as a Field of Study

Microbiology is a broad term that encompasses the study of all different types of microorganisms. But in practice, microbiologists tend to specialize in one of several subfields. For example, **bacteriology** is the study of bacteria; **mycology** is the study of fungi; **protozoology** is the study of protozoa; **parasitology** is the study of helminths and other parasites; and **virology** is the study of viruses (Figure 1.21). **Immunology**, the study of the immune system, is often included in the study of microbiology because host–pathogen interactions are central to our understanding of infectious disease processes. Microbiologists can also specialize in certain areas of microbiology, such as clinical microbiology, environmental microbiology, applied microbiology, or food microbiology.

In this textbook, we are primarily concerned with clinical applications of microbiology, but since the various subfields of microbiology are highly interrelated, we will often discuss applications that are not strictly clinical.

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Figure 1.21 A virologist samples eggs from this nest to be tested for the influenza A virus, which causes avian flu in birds. (credit: Don Becker)

Eye on Ethics

Bioethics in Microbiology

In the 1940s, the U.S. government was looking for a solution to a medical problem: the prevalence of sexually transmitted diseases (STDs) among soldiers. Several now-infamous government-funded studies used human subjects to research common STDs and treatments. In one such study, American researchers intentionally exposed more than 1300 human subjects in Guatemala to syphilis, gonorrhea, and chancroid to determine the ability of penicillin and other antibiotics to combat these diseases. Subjects of the study included Guatemalan soldiers, prisoners, prostitutes, and psychiatric patients—none of whom were informed that they were taking part in the study. Researchers exposed subjects to STDs by various methods, from facilitating intercourse with infected prostitutes to inoculating subjects with the bacteria known to cause the diseases. This latter method involved making a small wound on the subject's genitals or elsewhere on the body, and then putting bacteria directly into the wound.[13] In 2011, a U.S. government commission tasked with investigating the experiment revealed that only some of the subjects were treated with penicillin, and 83 subjects died by 1953, likely as a result of the study.[14]

Unfortunately, this is one of many horrific examples of microbiology experiments that have violated basic ethical standards. Even if this study had led to a life-saving medical breakthrough (it did not), few would argue that its methods were ethically sound or morally justifiable. But not every case is so clear cut. Professionals working in clinical settings are frequently confronted with ethical dilemmas, such as working with patients who

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decline a vaccine or life-saving blood transfusion. These are just two examples of life-and-death decisions that may intersect with the religious and philosophical beliefs of both the patient and the health-care professional.

No matter how noble the goal, microbiology studies and clinical practice must be guided by a certain set of ethical principles. Studies must be done with integrity. Patients and research subjects provide informed consent (not only agreeing to be treated or studied but demonstrating an understanding of the purpose of the study and any risks involved). Patients' rights must be respected. Procedures must be approved by an institutional review board. When working with patients, accurate record-keeping, honest communication, and confidentiality are paramount. Animals used for research must be treated humanely, and all protocols must be approved by an institutional animal care and use committee. These are just a few of the ethical principles explored in the *Eye on Ethics* boxes throughout this book.

Clinical Focus

Resolution

Cora's CSF samples show no signs of inflammation or infection, as would be expected with a viral infection. However, there is a high concentration of a particular protein, 14-3-3 protein, in her CSF. An electroencephalogram (EEG) of her brain function is also abnormal. The EEG resembles that of a patient with a neurodegenerative disease like Alzheimer's or Huntington's, but Cora's rapid cognitive decline is not consistent with either of these. Instead, her doctor concludes that Cora has Creutzfeldt-Jakob disease (CJD), a type of transmissible spongiform encephalopathy (TSE).

CJD is an extremely rare disease, with only about 300 cases in the United States each year. It is not caused by a bacterium, fungus, or virus, but rather by prions—which do not fit neatly into any particular category of microbe. Like viruses, prions are not found on the tree of life because they are acellular. Prions are extremely small, about one-tenth the size of a typical virus. They contain no genetic material and are composed solely of a type of abnormal protein.

CJD can have several different causes. It can be acquired through exposure to the brain or nervous-system tissue of an infected person or animal. Consuming meat from an infected animal is one way such exposure can occur. There have also been rare cases of exposure to CJD through contact with contaminated surgical equipment[15] and from cornea and growth-hormone donors who unknowingly had CJD.[16][17] In rare cases, the disease results from a specific genetic mutation that can sometimes be hereditary. However, in approximately 85% of patients with CJD, the cause of the disease is spontaneous (or sporadic) and has no identifiable cause.[18] Based on her symptoms and their rapid progression, Cora is diagnosed with sporadic CJD.

Unfortunately for Cora, CJD is a fatal disease for which there is no approved treatment. Approximately 90% of patients die within 1 year of diagnosis.[19] Her doctors focus on limiting her pain and cognitive symptoms as her disease progresses. Eight months later, Cora dies. Her CJD diagnosis is confirmed with a brain autopsy.

*Go back to the **previous** Clinical Focus box.*

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15. Greg Botelho. “Case of Creutzfeldt-Jakob Disease Confirmed in New Hampshire.” *CNN*. 2013. http://www.cnn.com/2013/09/20/health/creutzfeldt-jakob-brain-disease/.
16. P. Rudge et al. “Iatrogenic CJD Due to Pituitary-Derived Growth Hormone With Genetically Determined Incubation Times of Up to 40 Years.” *Brain* 138 no. 11 (2015): 3386–3399.
17. J.G. Heckmann et al. “Transmission of Creutzfeldt-Jakob Disease via a Corneal Transplant.” *Journal of Neurology, Neurosurgery & Psychiatry* 63 no. 3 (1997): 388–390.
18. National Institute of Neurological Disorders and Stroke. “Creutzfeldt-Jakob Disease Fact Sheet.” *NIH*. 2015. http://www.ninds.nih.gov/disorders/cjd/detail_cjd.htm#288133058.
19. National Institute of Neurological Disorders and Stroke. “Creutzfeldt-Jakob Disease Fact Sheet.” *NIH*. 2015. http://www.ninds.nih.gov/disorders/cjd/detail_cjd.htm#288133058. Accessed June 22, 2015.

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Key Terms

acellular not consisting of a cell or cells

algae (singular: alga) any of various unicellular and multicellular photosynthetic eukaryotic organisms; distinguished from plants by their lack of vascular tissues and organs

archaea any of various unicellular prokaryotic microorganisms, typically having cell walls containing pseudopeptidoglycan

bacteria (singular: bacterium) any of various unicellular prokaryotic microorganisms typically (but not always) having cell wells that contain peptidoglycan

bacteriology the study of bacteria

binomial nomenclature a universal convention for the scientific naming of organisms using Latinized names for genus and species

Eukarya the domain of life that includes all unicellular and multicellular organisms with cells that contain membrane-bound nuclei and organelles

eukaryote an organism made up of one or more cells that contain a membrane-bound nucleus and organelles

fungi (singular: fungus) any of various unicellular or multicellular eukaryotic organisms, typically having cell walls made out of chitin and lacking photosynthetic pigments, vascular tissues, and organs

helminth a multicellular parasitic worm

immunology the study of the immune system

microbe generally, an organism that is too small to be seen without a microscope; also known as a microorganism

microbiology the study of microorganisms

microorganism generally, an organism that is too small to be seen without a microscope; also known as a microbe

mold a multicellular fungus, typically made up of long filaments

mycology the study of fungi

parasitology the study of parasites

pathogen a disease-causing microorganism

phylogeny the evolutionary history of a group of organisms

prokaryote an organism whose cell structure does not include a membrane-bound nucleus

protist a unicellular eukaryotic microorganism, usually a type of algae or protozoa

protozoan (plural: protozoa) a unicellular eukaryotic organism, usually motile

protozoology the study of protozoa

taxonomy the classification, description, identification, and naming of living organisms

virology the study of viruses

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virus an acellular microorganism, consisting of proteins and genetic material (DNA or RNA), that can replicate itself by infecting a host cell

yeast any unicellular fungus

Summary

1.1 What Our Ancestors Knew

- **Microorganisms** (or **microbes**) are living organisms that are generally too small to be seen without a microscope.
- Throughout history, humans have used microbes to make fermented foods such as beer, bread, cheese, and wine.
- Long before the invention of the microscope, some people theorized that infection and disease were spread by living things that were too small to be seen. They also correctly intuited certain principles regarding the spread of disease and immunity.
- Antonie van Leeuwenhoek, using a microscope, was the first to actually describe observations of bacteria, in 1675.
- During the Golden Age of Microbiology (1857–1914), microbiologists, including Louis Pasteur and Robert Koch, discovered many new connections between the fields of microbiology and medicine.

1.2 A Systematic Approach

- Carolus Linnaeus developed a taxonomic system for categorizing organisms into related groups.
- **Binomial nomenclature** assigns organisms Latinized scientific names with a genus and species designation.
- A **phylogenetic tree** is a way of showing how different organisms are thought to be related to one another from an evolutionary standpoint.
- The first phylogenetic tree contained kingdoms for plants and animals; Ernst Haeckel proposed adding kingdom for protists.
- Robert Whittaker's tree contained five kingdoms: Animalia, Plantae, Protista, Fungi, and Monera.
- Carl Woese used small subunit ribosomal RNA to create a phylogenetic tree that groups organisms into three domains based on their genetic similarity.
- Bergey's manuals of determinative and systemic bacteriology are the standard references for identifying and classifying bacteria, respectively.
- Bacteria can be identified through biochemical tests, DNA/RNA analysis, and serological testing methods.

1.3 Types of Microorganisms

- Microorganisms are very diverse and are found in all three domains of life: Archaea, Bacteria, and Eukarya.
- **Archaea** and **bacteria** are classified as prokaryotes because they lack a cellular nucleus. Archaea differ from bacteria in evolutionary history, genetics, metabolic pathways, and cell wall and membrane composition.
- Archaea inhabit nearly every environment on earth, but no archaea have been identified as human pathogens.
- **Eukaryotes** studied in microbiology include algae, protozoa, fungi, and helminths.
- **Algae** are plant-like organisms that can be either unicellular or multicellular, and derive energy via photosynthesis.
- **Protozoa** are unicellular organisms with complex cell structures; most are motile.
- Microscopic **fungi** include **molds** and **yeasts**.

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- **Helminths** are multicellular parasitic worms. They are included in the field of microbiology because their eggs and larvae are often microscopic.
- **Viruses** are acellular microorganisms that require a host to reproduce.
- The field of microbiology is extremely broad. Microbiologists typically specialize in one of many subfields, but all health professionals need a solid foundation in clinical microbiology.

Review Questions

Multiple Choice

1. Which of the following foods is NOT made by fermentation?
a. beer
b. bread
c. cheese
d. orange juice

2. Who is considered the "father of Western medicine"?
a. Marcus Terentius Varro
b. Thucydides
c. Antonie van Leeuwenhoek
d. Hippocrates

3. Who was the first to observe "animalcules" under the microscope?
a. Antonie van Leeuwenhoek
b. Ötzi the Iceman
c. Marcus Terentius Varro
d. Robert Koch

4. Who proposed that swamps might harbor tiny, disease-causing animals too small to see?
a. Thucydides
b. Marcus Terentius Varro
c. Hippocrates
d. Louis Pasteur

5. Which of the following was NOT a kingdom in Linnaeus's taxonomy?
a. animal
b. mineral
c. protist
d. plant

6. Which of the following is a correct usage of binomial nomenclature?
a. Homo Sapiens
b. *homo sapiens*
c. *Homo sapiens*
d. *Homo Sapiens*

7. Which scientist proposed adding a kingdom for protists?
a. Carolus Linnaeus
b. Carl Woese
c. Robert Whittaker
d. Ernst Haeckel

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8. Which of the following is NOT a domain in Woese and Fox's phylogenetic tree?
a. Plantae
b. Bacteria
c. Archaea
d. Eukarya

9. Which of the following is the standard resource for identifying bacteria?
a. *Systema Naturae*
b. Bergey's *Manual of Determinative Bacteriology*
c. Woese and Fox's phylogenetic tree
d. Haeckel's *General Morphology of Organisms*

10. Which of the following types of microorganisms is photosynthetic?
a. yeast
b. virus
c. helminth
d. alga

11. Which of the following is a prokaryotic microorganism?
a. helminth
b. protozoan
c. cyanobacterium
d. mold

12. Which of the following is acellular?
a. virus
b. bacterium
c. fungus
d. protozoan

13. Which of the following is a type of fungal microorganism?
a. bacterium
b. protozoan
c. alga
d. yeast

14. Which of the following is not a subfield of microbiology?
a. bacteriology
b. botany
c. clinical microbiology
d. virology

Fill in the Blank

15. Thucydides is known as the father of _______________.

16. Researchers think that Ötzi the Iceman may have been infected with _____ disease.

17. The process by which microbes turn grape juice into wine is called _______________.

18. In binomial nomenclature, an organism's scientific name includes its ________ and __________.

SAMPLE CHAPTERS
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19. Whittaker proposed adding the kingdoms ________ and ________ to his phylogenetic tree.

20. __________ are organisms without membrane-bound nuclei.

21. ______ are microorganisms that are not included in phylogenetic trees because they are acellular.

22. A ________ is a disease-causing microorganism.

23. Multicellular parasitic worms studied by microbiologists are called ___________.

24. The study of viruses is ___________.

25. The cells of prokaryotic organisms lack a _______.

Short Answer

26. What did Thucydides learn by observing the Athenian plague?

27. Why was the invention of the microscope important for microbiology?

28. What are some ways people use microbes?

29. What is a phylogenetic tree?

30. Which of the five kingdoms in Whittaker’s phylogenetic tree are prokaryotic, and which are eukaryotic?

31. What molecule did Woese and Fox use to construct their phylogenetic tree?

32. Name some techniques that can be used to identify and differentiate species of bacteria.

33. Describe the differences between bacteria and archaea.

34. Name three structures that various protozoa use for locomotion.

35. Describe the actual and relative sizes of a virus, a bacterium, and a plant or animal cell.

Critical Thinking

36. Explain how the discovery of fermented foods likely benefited our ancestors.

37. What evidence would you use to support this statement: Ancient people thought that disease was transmitted by things they could not see.

38. Why is using binomial nomenclature more useful than using common names?

39. Label the three Domains found on modern phylogenetic trees.

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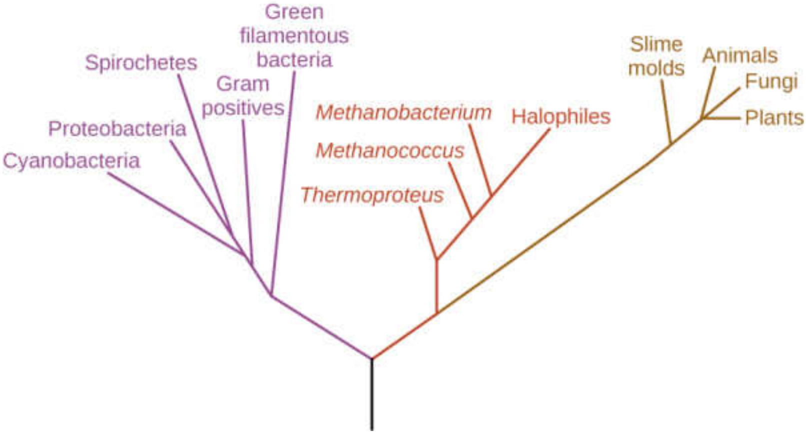
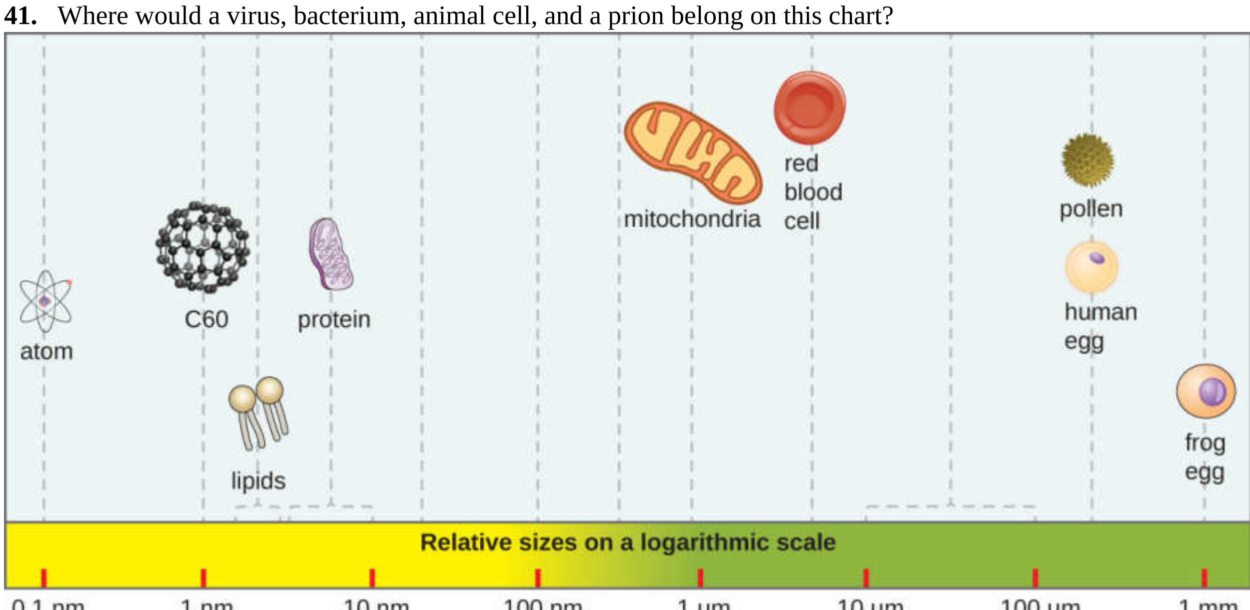


40. Contrast the behavior of a virus outside versus inside a cell.

41. Where would a virus, bacterium, animal cell, and a prion belong on this chart?



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Chapter 2

How We See the Invisible World

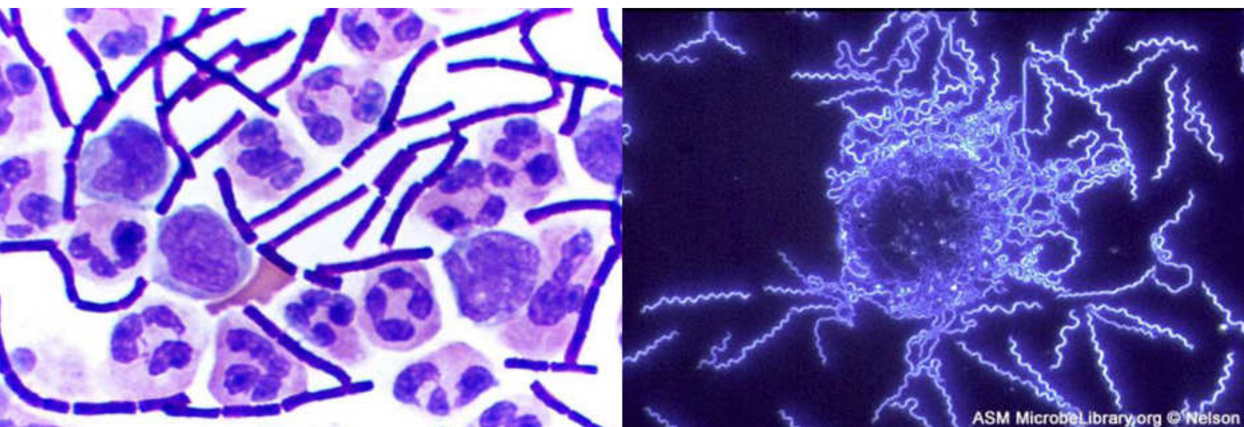

Figure 1.1 Different types of microscopy are used to visualize different structures. Brightfield microscopy (left) renders a darker image on a lighter background, producing a clear image of these *Bacillus anthracis* cells in cerebrospinal fluid (the rod-shaped bacterial cells are surrounded by larger white blood cells). Darkfield microscopy (right) increases contrast, rendering a brighter image on a darker background, as demonstrated by this image of the bacterium *Borrelia burgdorferi*, which causes Lyme disease. (credit right: modification of work by American Society for Microbiology)

Chapter Outline

2.1 The Properties of Light
2.2 Peering Into the Invisible World
2.3 Instruments of Microscopy
2.4 Staining Microscopic Specimens

Introduction

When we look at a rainbow, its colors span the full spectrum of light that the human eye can detect and differentiate. Each hue represents a different frequency of visible light, processed by our eyes and brains and rendered as red, orange, yellow, green, or one of the many other familiar colors that have always been a part of the human experience. But only recently have humans developed an understanding of the properties of light that allow us to see images in color.

Over the past several centuries, we have learned to manipulate light to peer into previously invisible worlds—those too small or too far away to be seen by the naked eye. Through a microscope, we can examine microbial cells and colonies, using various techniques to manipulate color, size, and contrast in ways that help us identify species and diagnose disease.

Figure 1.1 illustrates how we can apply the properties of light to visualize and magnify images; but these stunning micrographs are just two examples of the numerous types of images we are now able to produce with different microscopic technologies. This chapter explores how various types of microscopes manipulate light in order to provide a window into the world of microorganisms. By understanding how various kinds of microscopes work, we can produce highly detailed images of microbes that can be useful for both research and clinical applications.

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2.1 The Properties of Light

Learning Objectives

- Identify and define the characteristics of electromagnetic radiation (EMR) used in microscopy
- Explain how lenses are used in microscopy to manipulate visible and ultraviolet (UV) light

Visible light consists of electromagnetic waves that behave like other waves. Hence, many of the properties of light that are relevant to microscopy can be understood in terms of light's behavior as a wave. An important property of light waves is the **wavelength**, or the distance between one peak of a wave and the next peak. The height of each peak (or depth of each trough) is called the **amplitude**. In contrast, the **frequency** of the wave is the rate of vibration of the wave, or the number of wavelengths within a specified time period (Figure 1.2).

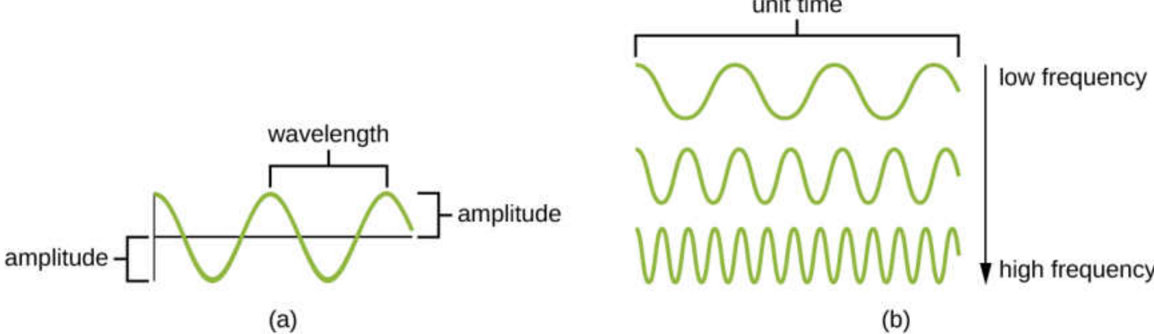

Figure 1.2 (a) The amplitude is the height of a wave, whereas the wavelength is the distance between one peak and the next. (b) These waves have different frequencies, or rates of vibration. The wave at the top has the lowest frequency, since it has the fewest peaks per unit time. The wave at the bottom has the highest frequency.

Interactions of Light

Light waves interact with materials by being reflected, absorbed, or transmitted. **Reflection** occurs when a wave bounces off of a material. For example, a red piece of cloth may reflect red light to our eyes while absorbing other colors of light. **Absorbance** occurs when a material captures the energy of a light wave. In the case of glow-in-the-

Clinical Focus

Part 1

Cindy, a 17-year-old counselor at a summer sports camp, scraped her knee playing basketball 2 weeks ago. At the time, she thought it was only a minor abrasion that would heal, like many others before it. Instead, the wound began to look like an insect bite and has continued to become increasingly painful and swollen.

The camp nurse examines the lesion and observes a large amount of pus oozing from the surface. Concerned that Cindy may have developed a potentially aggressive infection, she swabs the wound to collect a sample from the infection site. Then she cleans out the pus and dresses the wound, instructing Cindy to keep the area clean and to come back the next day. When Cindy leaves, the nurse sends the sample to the closest medical lab to be analyzed under a microscope.

- What are some things we can learn about these bacteria by looking at them under a microscope?

Jump to the next Clinical Focus box.

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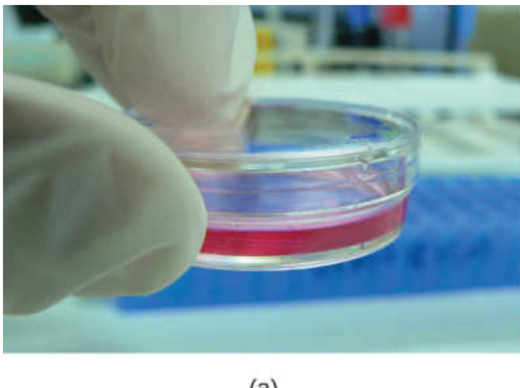
dark plastics, the energy from light can be absorbed and then later re-emitted as another form of phosphorescence. Transmission occurs when a wave travels through a material, like light through glass (the process of transmission is called **transmittance**). When a material allows a large proportion of light to be transmitted, it may do so because it is thinner, or more transparent (having more **transparency** and less **opacity**). Figure 1.3 illustrates the difference between transparency and opacity.



(a)

(b)

Figure 1.3 (a) A Petri dish is made of transparent plastic or glass, which allows transmission of a high proportion of light. This transparency allows us to see through the sides of the dish to view the contents. (b) This slice of an iron meteorite is opaque (i.e., it has opacity). Light is not transmitted through the material, making it impossible to see the part of the hand covered by the object. (credit a: modification of work by Umberto Salvagnin; credit b: modification of work by “Waifer X”/Flickr)

Light waves can also interact with each other by **interference**, creating complex patterns of motion. Dropping two pebbles into a puddle causes the waves on the puddle’s surface to interact, creating complex interference patterns. Light waves can interact in the same way.

In addition to interfering with each other, light waves can also interact with small objects or openings by bending or scattering. This is called **diffraction**. Diffraction is larger when the object is smaller relative to the wavelength of the light (the distance between two consecutive peaks of a light wave). Often, when waves diffract in different directions around an obstacle or opening, they will interfere with each other.

- If a light wave has a long wavelength, is it likely to have a low or high frequency?
- If an object is transparent, does it reflect, absorb, or transmit light?

Lenses and Refraction

In the context of microscopy, **refraction** is perhaps the most important behavior exhibited by light waves. Refraction occurs when light waves change direction as they enter a new medium (Figure 1.4). Different transparent materials transmit light at different speeds; thus, light can change speed when passing from one material to another. This change in speed usually also causes a change in direction (refraction), with the degree of change dependent on the angle of the incoming light.

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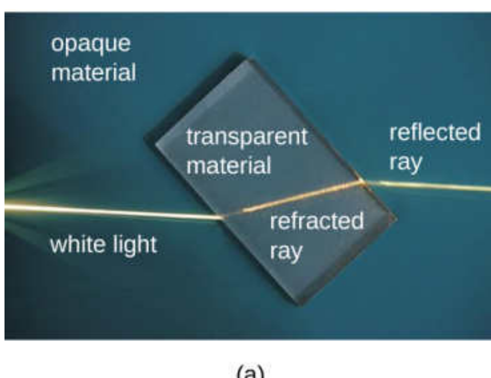

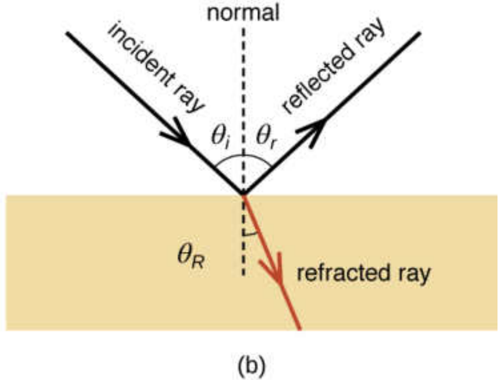

Figure 1.4 (a) Refraction occurs when light passes from one medium, such as air, to another, such as glass, changing the direction of the light rays. (b) As shown in this diagram, light rays passing from one medium to another may be either refracted or reflected. (credit a: modification of work by “ajizai”/Wikimedia Commons)

The extent to which a material slows transmission speed relative to empty space is called the **refractive index** of that material. Large differences between the refractive indices of two materials will result in a large amount of refraction when light passes from one material to the other. For example, light moves much more slowly through water than through air, so light entering water from air can change direction greatly. We say that the water has a higher refractive index than air (**Figure 1.5**).

Figure 1.5 This straight pole appears to bend at an angle as it enters the water. This optical illusion is due to the large difference between the refractive indices of air and water.

When light crosses a boundary into a material with a higher refractive index, its direction turns to be closer to perpendicular to the boundary (i.e., more toward a normal to that boundary; see **Figure 1.5**). This is the principle behind lenses. We can think of a lens as an object with a curved boundary (or a collection of prisms) that collects all of the light that strikes it and refracts it so that it all meets at a single point called the **image point (focus)**. A convex lens can be used to magnify because it can focus at closer range than the human eye, producing a larger image. Concave lenses and mirrors can also be used in microscopes to redirect the light path. **Figure 1.6** shows the **focal point** (the image point when light entering the lens is parallel) and the **focal length** (the distance to the focal point) for convex and concave lenses.

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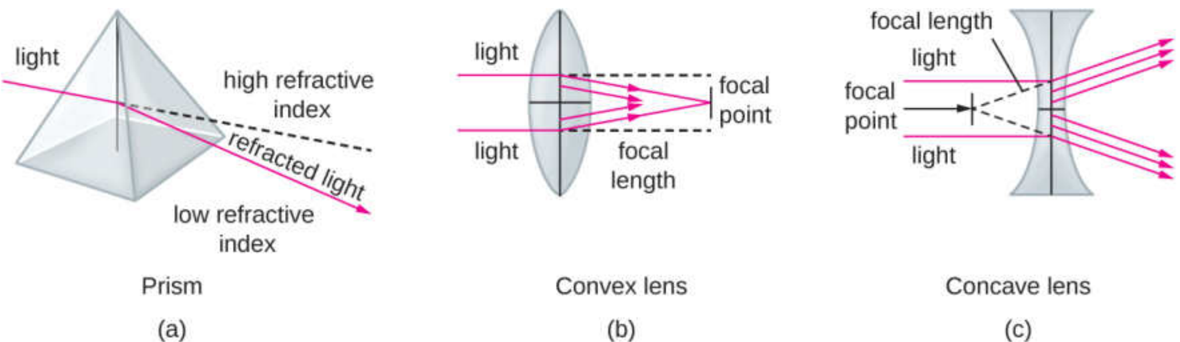
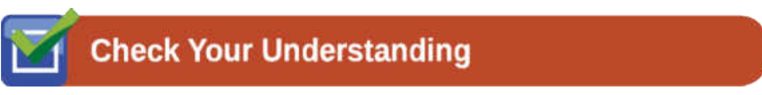


Figure 1.6 (a) A lens is like a collection of prisms, such as the one shown here. (b) When light passes through a convex lens, it is refracted toward a focal point on the other side of the lens. The focal length is the distance to the focal point. (c) Light passing through a concave lens is refracted away from a focal point in front of the lens.

The human eye contains a lens that enables us to see images. This lens focuses the light reflecting off of objects in front of the eye onto the surface of the retina, which is like a screen in the back of the eye. Artificial lenses placed in front of the eye (contact lenses, glasses, or microscopic lenses) focus light before it is focused (again) by the lens of the eye, manipulating the image that ends up on the retina (e.g., by making it appear larger).

Images are commonly manipulated by controlling the distances between the object, the lens, and the screen, as well as the curvature of the lens. For example, for a given amount of curvature, when an object is closer to the lens, the focal points are farther from the lens. As a result, it is often necessary to manipulate these distances to create a focused image on a screen. Similarly, more curvature creates image points closer to the lens and a larger image when the image is in focus. This property is often described in terms of the focal distance, or distance to the focal point.



- Explain how a lens focuses light at the image point.
- Name some factors that affect the focal length of a lens.

Electromagnetic Spectrum and Color

Visible light is just one form of electromagnetic radiation (EMR), a type of energy that is all around us. Other forms of EMR include microwaves, X-rays, and radio waves, among others. The different types of EMR fall on the electromagnetic spectrum, which is defined in terms of wavelength and frequency. The spectrum of visible light occupies a relatively small range of frequencies between infrared and ultraviolet light (**Figure 1.7**).

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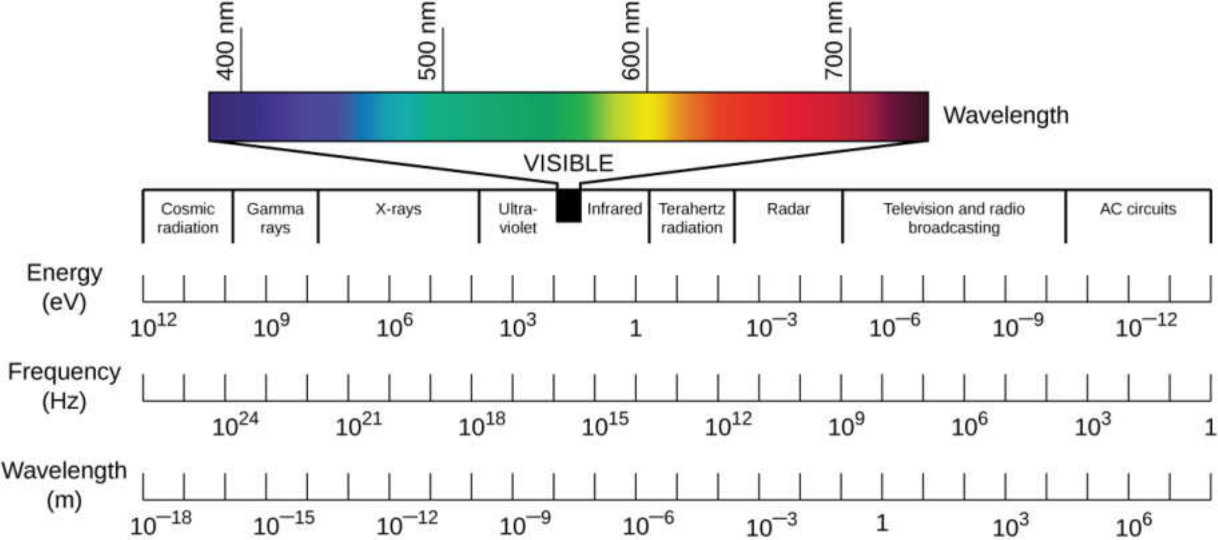

Figure 1.7 The electromagnetic spectrum ranges from high-frequency gamma rays to low-frequency radio waves. Visible light is the relatively small range of electromagnetic frequencies that can be sensed by the human eye. On the electromagnetic spectrum, visible light falls between ultraviolet and infrared light. (credit: modification of work by Johannes Ahlmann)

Whereas wavelength represents the distance between adjacent peaks of a light wave, frequency, in a simplified definition, represents the rate of oscillation. Waves with higher frequencies have shorter wavelengths and, therefore, have more oscillations per unit time than lower-frequency waves. Higher-frequency waves also contain more energy than lower-frequency waves. This energy is delivered as elementary particles called photons. Higher-frequency waves deliver more energetic photons than lower-frequency waves.

Photons with different energies interact differently with the retina. In the spectrum of visible light, each color corresponds to a particular frequency and wavelength (Figure 1.7).The lowest frequency of visible light appears as the color red, whereas the highest appears as the color violet. When the retina receives visible light of many different frequencies, we perceive this as white light. However, white light can be separated into its component colors using refraction. If we pass white light through a prism, different colors will be refracted in different directions, creating a rainbow-like spectrum on a screen behind the prism. This separation of colors is called **dispersion**, and it occurs because, for a given material, the refractive index is different for different frequencies of light.

Certain materials can refract nonvisible forms of EMR and, in effect, transform them into visible light. Certain **fluorescent** dyes, for instance, absorb ultraviolet or blue light and then use the energy to emit photons of a different color, giving off light rather than simply vibrating. This occurs because the energy absorption causes electrons to jump to higher energy states, after which they then almost immediately fall back down to their ground states, emitting specific amounts of energy as photons. Not all of the energy is emitted in a given photon, so the emitted photons will be of lower energy and, thus, of lower frequency than the absorbed ones. Thus, a dye such as Texas red may be excited by blue light, but emit red light; or a dye such as fluorescein isothiocyanate (FITC) may absorb (invisible) high-energy ultraviolet light and emit green light (Figure 1.8). In some materials, the photons may be emitted following a delay after absorption; in this case, the process is called **phosphorescence**. Glow-in-the-dark plastic works by using phosphorescent material.

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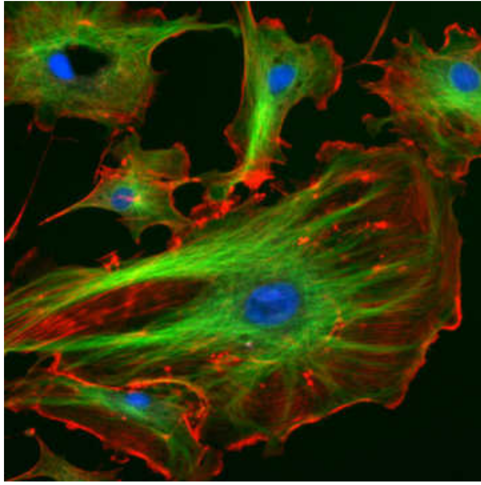

Figure 1.8 The fluorescent dyes absorbed by these bovine pulmonary artery endothelial cells emit brilliant colors when excited by ultraviolet light under a fluorescence microscope. Various cell structures absorb different dyes. The nuclei are stained blue with 4',6-diamidino-2-phenylindole (DAPI); microtubles are marked green by an antibody bound to FITC; and actin filaments are labeled red with phalloidin bound to tetramethylrhodamine (TRITC).

- Which has a higher frequency: red light or green light?
- Explain why dispersion occurs when white light passes through a prism.
- Why do fluorescent dyes emit a different color of light than they absorb?

Magnification, Resolution, and Contrast

Microscopes magnify images and use the properties of light to create useful images of small objects. **Magnification** is defined as the ability of a lens to enlarge the image of an object when compared to the real object. For example, a magnification of 10⨯ means that the image appears 10 times the size of the object as viewed with the naked eye.

Greater magnification typically improves our ability to see details of small objects, but magnification alone is not sufficient to make the most useful images. It is often useful to enhance the **resolution** of objects: the ability to tell that two separate points or objects are separate. A low-resolution image appears fuzzy, whereas a high-resolution image appears sharp. Two factors affect resolution. The first is wavelength. Shorter wavelengths are able to resolve smaller objects; thus, an electron microscope has a much higher resolution than a light microscope, since it uses an electron beam with a very short wavelength, as opposed to the long-wavelength visible light used by a light microscope. The second factor that affects resolution is **numerical aperture**, which is a measure of a lens's ability to gather light. The higher the numerical aperture, the better the resolution.

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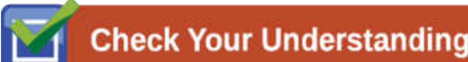
Link to Learning

Read this **article (http://www.openstaxcollege.org/l/22aperture)** to learn more about factors that can increase or decrease the numerical aperture of a lens.

Even when a microscope has high resolution, it can be difficult to distinguish small structures in many specimens because microorganisms are relatively transparent. It is often necessary to increase **contrast** to detect different structures in a specimen. Various types of microscopes use different features of light or electrons to increase contrast—visible differences between the parts of a specimen. Additionally, dyes that bind to some structures but not others can be used to improve the contrast between images of relatively transparent objects.



- Explain the difference between magnification and resolution.
- Explain the difference between resolution and contrast.
- Name two factors that affect resolution.

2.2 Peering Into the Invisible World

Learning Objectives

- Describe historical developments and individual contributions that led to the invention and development of the microscope
- Compare and contrast the features of simple and compound microscopes

Some of the fundamental characteristics and functions of microscopes can be understood in the context of the history of their use. Italian scholar Girolamo Fracastoro is regarded as the first person to formally postulate that disease was spread by tiny invisible *seminaria*, or “seeds of the contagion.” In his book *De Contagione* (1546), he proposed that these seeds could attach themselves to certain objects (which he called *fomes* [cloth]) that supported their transfer from person to person. However, since the technology for seeing such tiny objects did not yet exist, the existence of the *seminaria* remained hypothetical for a little over a century—an invisible world waiting to be revealed.

Early Microscopes

Antonie van Leeuwenhoek, sometimes hailed as “the Father of Microbiology,” is typically credited as the first person to have created microscopes powerful enough to view microbes (**Figure 1.9**). Born in the city of Delft in the Dutch Republic, van Leeuwenhoek began his career selling fabrics. However, he later became interested in lens making (perhaps to look at threads) and his innovative techniques produced microscopes that allowed him to observe microorganisms as no one had before. In 1674, he described his observations of single-celled organisms, whose existence was previously unknown, in a series of letters to the Royal Society of London. His report was initially

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met with skepticism, but his claims were soon verified and he became something of a celebrity in the scientific community.

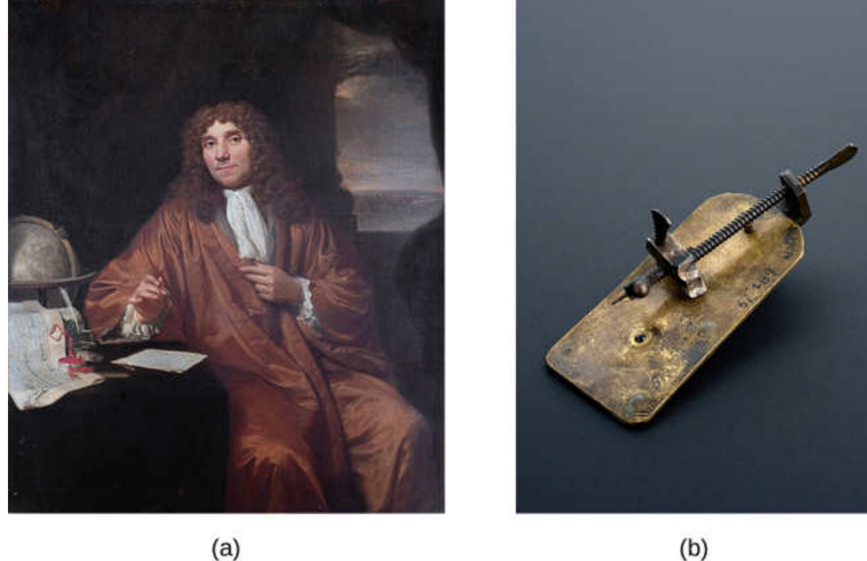

Figure 1.9 (a) Antonie van Leeuwenhoek (1632–1723) is credited as being the first person to observe microbes, including bacteria, which he called “animalcules” and “wee little beasties.” (b) Even though van Leeuwenhoek’s microscopes were simple microscopes (as seen in this replica), they were more powerful and provided better resolution than the compound microscopes of his day. (credit b: modification of work by “Wellcome Images”/Wikimedia Commons)

While van Leeuwenhoek is credited with the discovery of microorganisms, others before him had contributed to the development of the microscope. These included eyeglass makers in the Netherlands in the late 1500s, as well as the Italian astronomer Galileo Galilei, who used a **compound microscope** to examine insect parts (Figure 1.10). Whereas van Leeuwenhoek used a **simple microscope,** in which light is passed through just one lens, Galileo’s compound microscope was more sophisticated, passing light through two sets of lenses.

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Figure 1.10 Though more famous for developing the telescope, Galileo Galilei (1564–1642) was also one of the pioneers of microscopy.

Van Leeuwenhoek's contemporary, the Englishman Robert Hooke (1635–1703), also made important contributions to microscopy, publishing in his book *Micrographia* (1665) many observations using compound microscopes. Viewing a thin sample of cork through his microscope, he was the first to observe the structures that we now know as cells (**Figure 1.11**). Hooke described these structures as resembling "Honey-comb," and as "small Boxes or Bladders of Air," noting that each "Cavern, Bubble, or Cell" is distinct from the others (in Latin, "cell" literally means "small room"). They likely appeared to Hooke to be filled with air because the cork cells were dead, with only the rigid cell walls providing the structure.

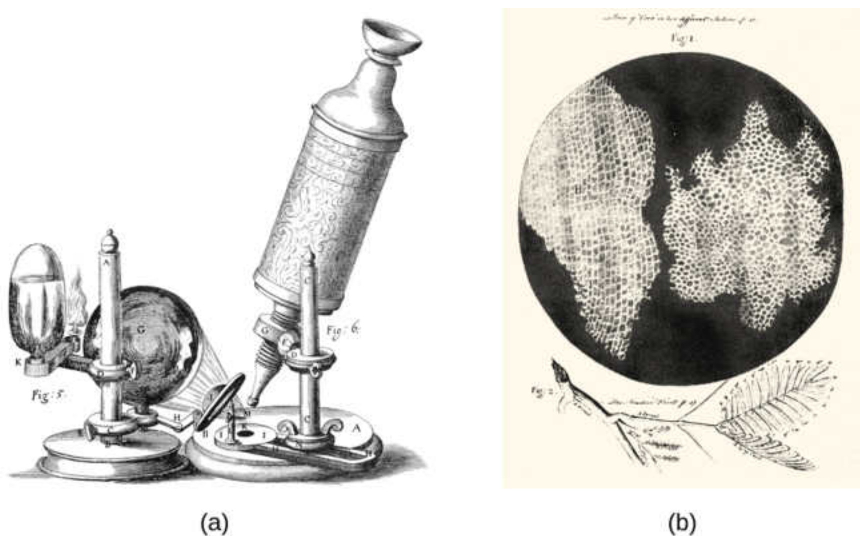

Figure 1.11 Robert Hooke used his (a) compound microscope to view (b) cork cells. Both of these engravings are from his seminal work *Micrographia*, published in 1665.

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- Explain the difference between simple and compound microscopes.
- Compare and contrast the contributions of van Leeuwenhoek, Hooke, and Galileo to early microscopy.

Micro Connections

Who Invented the Microscope?

While Antonie van Leeuwenhoek and Robert Hooke generally receive much of the credit for early advances in microscopy, neither can claim to be the inventor of the microscope. Some argue that this designation should belong to Hans and Zaccharias Janssen, Dutch spectacle-makers who may have invented the telescope, the simple microscope, and the compound microscope during the late 1500s or early 1600s (**Figure 1.12**). Unfortunately, little is known for sure about the Janssens, not even the exact dates of their births and deaths. The Janssens were secretive about their work and never published. It is also possible that the Janssens did not invent anything at all; their neighbor, Hans Lippershey, also developed microscopes and telescopes during the same time frame, and he is often credited with inventing the telescope. The historical records from the time are as fuzzy and imprecise as the images viewed through those early lenses, and any archived records have been lost over the centuries.

By contrast, van Leeuwenhoek and Hooke can thank ample documentation of their work for their respective legacies. Like Janssen, van Leeuwenhoek began his work in obscurity, leaving behind few records. However, his friend, the prominent physician Reinier de Graaf, wrote a letter to the editor of the *Philosophical Transactions of the Royal Society of London* calling attention to van Leeuwenhoek's powerful microscopes. From 1673 onward, van Leeuwenhoek began regularly submitting letters to the Royal Society detailing his observations. In 1674, his report describing single-celled organisms produced controversy in the scientific community, but his observations were soon confirmed when the society sent a delegation to investigate his findings. He subsequently enjoyed considerable celebrity, at one point even entertaining a visit by the czar of Russia.

Similarly, Robert Hooke had his observations using microscopes published by the Royal Society in a book called *Micrographia* in 1665. The book became a bestseller and greatly increased interest in microscopy throughout much of Europe.

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Figure 1.12 Zaccharias Janssen, along with his father Hans, may have invented the telescope, the simple microscope, and the compound microscope during the late 1500s or early 1600s. The historical evidence is inconclusive.

2.3 Instruments of Microscopy

Learning Objectives

- Identify and describe the parts of a brightfield microscope
- Calculate total magnification for a compound microscope
- Describe the distinguishing features and typical uses for various types of light microscopes, electron microscopes, and scanning probe microscopes

The early pioneers of microscopy opened a window into the invisible world of microorganisms. But microscopy continued to advance in the centuries that followed. In 1830, Joseph Jackson Lister created an essentially modern light microscope. The 20th century saw the development of microscopes that leveraged nonvisible light, such as fluorescence microscopy, which uses an ultraviolet light source, and electron microscopy, which uses short-wavelength electron beams. These advances led to major improvements in magnification, resolution, and contrast. By comparison, the relatively rudimentary microscopes of van Leeuwenhoek and his contemporaries were far less powerful than even the most basic microscopes in use today. In this section, we will survey the broad range of modern microscopic technology and common applications for each type of microscope.

Light Microscopy

Many types of microscopes fall under the category of light microscopes, which use light to visualize images. Examples of light microscopes include brightfield microscopes, darkfield microscopes, phase-contrast microscopes, differential interference contrast microscopes, fluorescence microscopes, confocal scanning laser microscopes, and two-photon microscopes. These various types of light microscopes can be used to complement each other in diagnostics and research.

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Brightfield Microscopes

The **brightfield microscope**, perhaps the most commonly used type of microscope, is a compound microscope with two or more lenses that produce a dark image on a bright background. Some brightfield microscopes are **monocular** (having a single eyepiece), though most newer brightfield microscopes are **binocular** (having two eyepieces), like the one shown in Figure 1.13; in either case, each eyepiece contains a lens called an **ocular lens**. The ocular lenses typically magnify images 10 times (10×). At the other end of the body tube are a set of **objective lenses** on a rotating nosepiece. The magnification of these objective lenses typically ranges from 4× to 100×, with the magnification for each lens designated on the metal casing of the lens. The ocular and objective lenses work together to create a magnified image. The **total magnification** is the product of the ocular magnification times the objective magnification:

$$\text{ocular magnification} \times \text{objective magnification}$$

For example, if a 40× objective lens is selected and the ocular lens is 10×, the total magnification would be

$$(40\times)(10\times) = 400\times$$

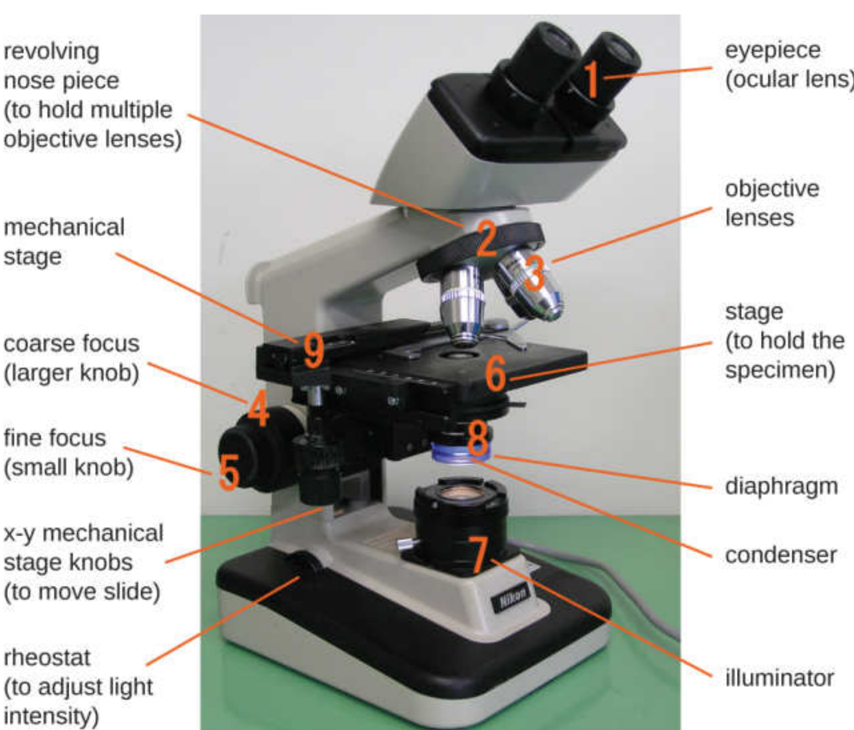

Figure 1.13 Components of a typical brightfield microscope.

The item being viewed is called a specimen. The specimen is placed on a glass slide, which is then clipped into place on the **stage** (a platform) of the microscope. Once the slide is secured, the specimen on the slide is positioned over the light using the **x-y mechanical stage knobs**. These knobs move the slide on the surface of the stage, but do not raise or lower the stage. Once the specimen is centered over the light, the stage position can be raised or lowered to focus the image. The **coarse focusing knob** is used for large-scale movements with 4× and 10× objective lenses; the **fine focusing knob** is used for small-scale movements, especially with 40× or 100× objective lenses.

When images are magnified, they become dimmer because there is less light per unit area of image. Highly magnified images produced by microscopes, therefore, require intense lighting. In a brightfield microscope, this light is provided by an **illuminator**, which is typically a high-intensity bulb below the stage. Light from the illuminator passes up through **condenser lens** (located below the stage), which focuses all of the light rays on the specimen to maximize illumination. The position of the condenser can be optimized using the attached condenser focus knob; once the

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optimal distance is established, the condenser should not be moved to adjust the brightness. If less-than-maximal light levels are needed, the amount of light striking the specimen can be easily adjusted by opening or closing a **diaphragm** between the condenser and the specimen. In some cases, brightness can also be adjusted using the **rheostat**, a dimmer switch that controls the intensity of the illuminator.

A brightfield microscope creates an image by directing light from the illuminator at the specimen; this light is differentially transmitted, absorbed, reflected, or refracted by different structures. Different colors can behave differently as they interact with **chromophores** (pigments that absorb and reflect particular wavelengths of light) in parts of the specimen. Often, chromophores are artificially added to the specimen using stains, which serve to increase contrast and resolution. In general, structures in the specimen will appear darker, to various extents, than the bright background, creating maximally sharp images at magnifications up to about 1000×. Further magnification would create a larger image, but without increased resolution. This allows us to see objects as small as bacteria, which are visible at about 400× or so, but not smaller objects such as viruses.

At very high magnifications, resolution may be compromised when light passes through the small amount of air between the specimen and the lens. This is due to the large difference between the refractive indices of air and glass; the air scatters the light rays before they can be focused by the lens. To solve this problem, a drop of oil can be used to fill the space between the specimen and an **oil immersion lens**, a special lens designed to be used with immersion oils. Since the oil has a refractive index very similar to that of glass, it increases the maximum angle at which light leaving the specimen can strike the lens. This increases the light collected and, thus, the resolution of the image (Figure 1.14). A variety of oils can be used for different types of light.

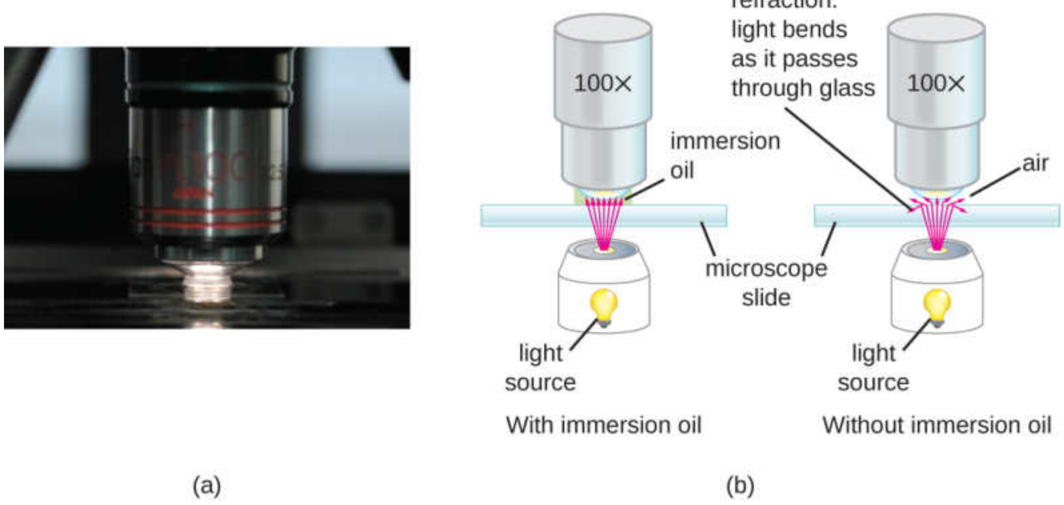

Figure 1.14 (a) Oil immersion lenses like this one are used to improve resolution. (b) Because immersion oil and glass have very similar refractive indices, there is a minimal amount of refraction before the light reaches the lens. Without immersion oil, light scatters as it passes through the air above the slide, degrading the resolution of the image.

Micro Connections

Microscope Maintenance: Best Practices

Even a very powerful microscope cannot deliver high-resolution images if it is not properly cleaned and maintained. Since lenses are carefully designed and manufactured to refract light with a high degree of precision, even a slightly dirty or scratched lens will refract light in unintended ways, degrading the image of

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the specimen. In addition, microscopes are rather delicate instruments, and great care must be taken to avoid damaging parts and surfaces. Among other things, proper care of a microscope includes the following:

- cleaning the lenses with lens paper
- not allowing lenses to contact the slide (e.g., by rapidly changing the focus)
- protecting the bulb (if there is one) from breakage
- not pushing an objective into a slide
- not using the coarse focusing knob when using the 40× or greater objective lenses
- only using immersion oil with a specialized oil objective, usually the 100× objective
- cleaning oil from immersion lenses after using the microscope
- cleaning any oil accidentally transferred from other lenses
- covering the microscope or placing it in a cabinet when not in use

Link to Learning

Visit the online resources linked below for simulations and demonstrations involving the use of microscopes. Keep in mind that execution of specific techniques and procedures can vary depending on the specific instrument you are using. Thus, it is important to learn and practice with an actual microscope in a laboratory setting under expert supervision.

- University of Delaware's **Virtual Microscope (http://www.openstaxcollege.org/l/22virtualsim)**
- St. John's University **Microscope Tutorials (http://www.openstaxcollege.org/l/22microtut)**

Darkfield Microscopy

A **darkfield microscope** is a brightfield microscope that has a small but significant modification to the condenser. A small, opaque disk (about 1 cm in diameter) is placed between the illuminator and the condenser lens. This opaque light stop, as the disk is called, blocks most of the light from the illuminator as it passes through the condenser on its way to the objective lens, producing a hollow cone of light that is focused on the specimen. The only light that reaches the objective is light that has been refracted or reflected by structures in the specimen. The resulting image typically shows bright objects on a dark background (Figure 1.15).

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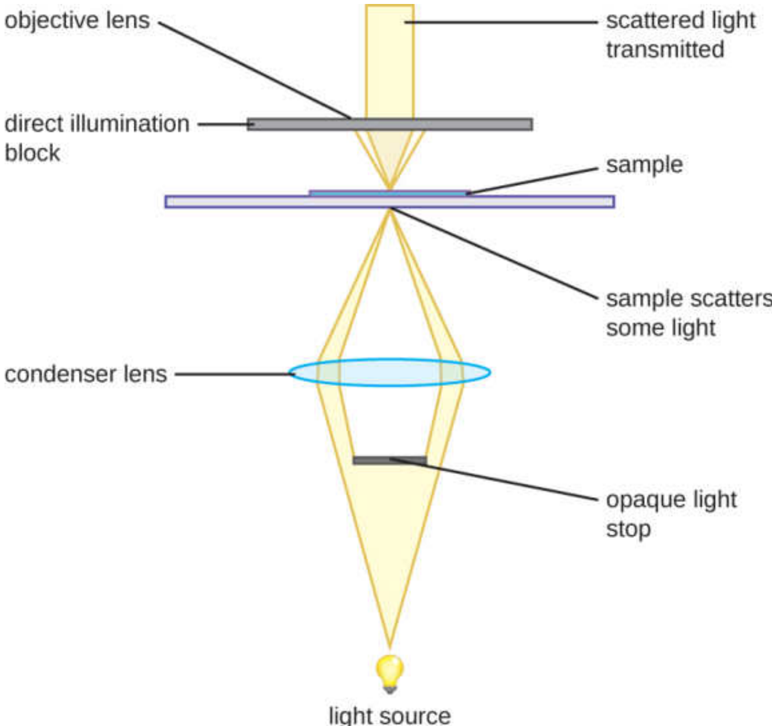

Figure 1.15 An opaque light stop inserted into a brightfield microscope is used to produce a darkfield image. The light stop blocks light traveling directly from the illuminator to the objective lens, allowing only light reflected or refracted off the specimen to reach the eye.

Darkfield microscopy can often create high-contrast, high-resolution images of specimens without the use of stains, which is particularly useful for viewing live specimens that might be killed or otherwise compromised by the stains. For example, thin spirochetes like *Treponema pallidum*, the causative agent of syphilis, can be best viewed using a darkfield microscope (**Figure 1.16**).

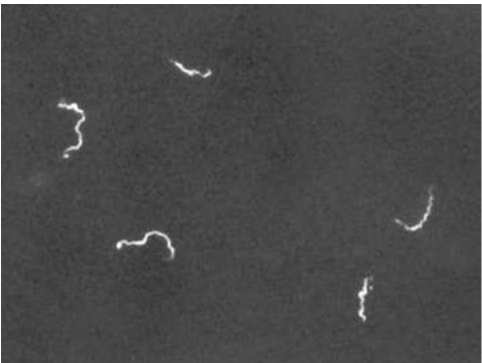

Figure 1.16 Use of a darkfield microscope allows us to view living, unstained samples of the spirochete *Treponema pallidum*. Similar to a photographic negative, the spirochetes appear bright against a dark background. (credit: Centers for Disease Control and Prevention/C.W. Hubbard)

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- Identify the key differences between brightfield and darkfield microscopy.

Clinical Focus

Part 2

Wound infections like Cindy's can be caused by many different types of bacteria, some of which can spread rapidly with serious complications. Identifying the specific cause is very important to select a medication that can kill or stop the growth of the bacteria.

After calling a local doctor about Cindy's case, the camp nurse sends the sample from the wound to the closest medical laboratory. Unfortunately, since the camp is in a remote area, the nearest lab is small and poorly equipped. A more modern lab would likely use other methods to culture, grow, and identify the bacteria, but in this case, the technician decides to make a wet mount from the specimen and view it under a brightfield microscope. In a wet mount, a small drop of water is added to the slide, and a cover slip is placed over the specimen to keep it in place before it is positioned under the objective lens.

Under the brightfield microscope, the technician can barely see the bacteria cells because they are nearly transparent against the bright background. To increase contrast, the technician inserts an opaque light stop above the illuminator. The resulting darkfield image clearly shows that the bacteria cells are spherical and grouped in clusters, like grapes.

- Why is it important to identify the shape and growth patterns of cells in a specimen?
- What other types of microscopy could be used effectively to view this specimen?

Jump to the ***next*** *Clinical Focus box. Go back to the* ***previous*** *Clinical Focus box.*

Phase-Contrast Microscopes

Phase-contrast microscopes use refraction and interference caused by structures in a specimen to create high-contrast, high-resolution images without staining. It is the oldest and simplest type of microscope that creates an image by altering the wavelengths of light rays passing through the specimen. To create altered wavelength paths, an annular stop is used in the condenser. The annular stop produces a hollow cone of light that is focused on the specimen before reaching the objective lens. The objective contains a phase plate containing a phase ring. As a result, light traveling directly from the illuminator passes through the phase ring while light refracted or reflected by the specimen passes through the plate. This causes waves traveling through the ring to be about one-half of a wavelength out of phase with those passing through the plate. Because waves have peaks and troughs, they can add together (if in phase together) or cancel each other out (if out of phase). When the wavelengths are out of phase, wave troughs will cancel out wave peaks, which is called destructive interference. Structures that refract light then appear dark against a bright background of only unrefracted light. More generally, structures that differ in features such as refractive index will differ in levels of darkness (**Figure 1.17**).

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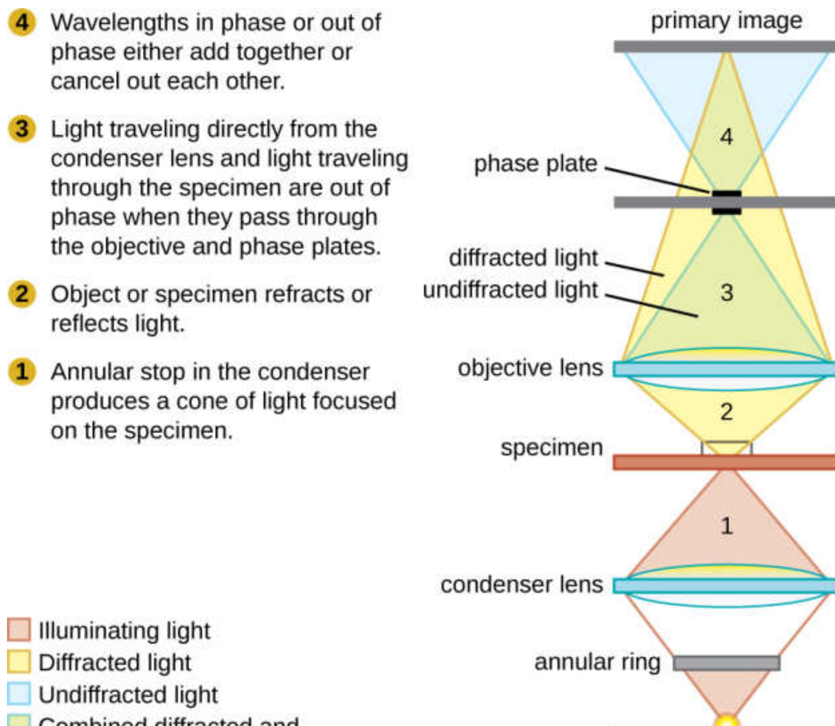

Figure 1.17 This diagram of a phase-contrast microscope illustrates phase differences between light passing through the object and background. These differences are produced by passing the rays through different parts of a phase plate. The light rays are superimposed in the image plane, producing contrast due to their interference.

Because it increases contrast without requiring stains, phase-contrast microscopy is often used to observe live specimens. Certain structures, such as organelles in eukaryotic cells and endospores in prokaryotic cells, are especially well visualized with phase-contrast microscopy (**Figure 1.18**).

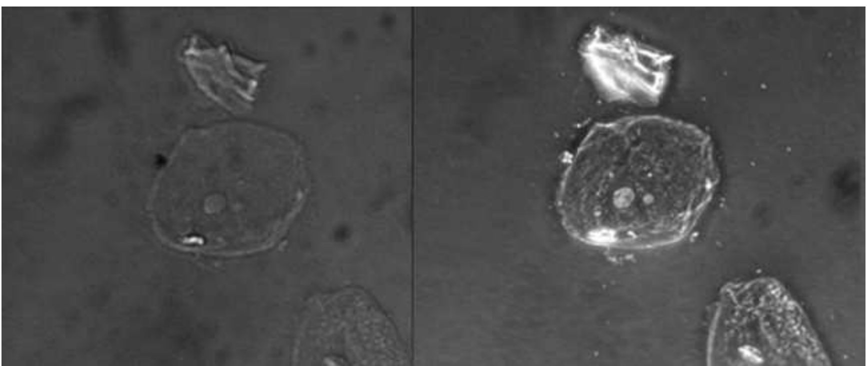

Figure 1.18 This figure compares a brightfield image (left) with a phase-contrast image (right) of the same unstained simple squamous epithelial cells. The cells are in the center and bottom right of each photograph (the irregular item above the cells is acellular debris). Notice that the unstained cells in the brightfield image are almost invisible against the background, whereas the cells in the phase-contrast image appear to glow against the background, revealing far more detail. (credit: “Clearly kefir”/Wikimedia Commons)

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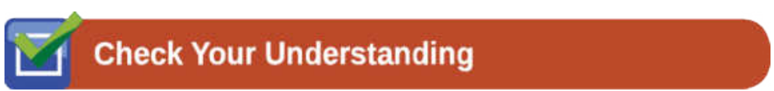
Differential Interference Contrast Microscopes

Differential interference contrast (DIC) microscopes (also known as Nomarski optics) are similar to phase-contrast microscopes in that they use interference patterns to enhance contrast between different features of a specimen. In a DIC microscope, two beams of light are created in which the direction of wave movement (polarization) differs. Once the beams pass through either the specimen or specimen-free space, they are recombined and effects of the specimens cause differences in the interference patterns generated by the combining of the beams. This results in high-contrast images of living organisms with a three-dimensional appearance. These microscopes are especially useful in distinguishing structures within live, unstained specimens. (**Figure 1.19**)

Figure 1.19 A DIC image of *Fonsecaea pedrosoi* grown on modified Leonian's agar. This fungus causes chromoblastomycosis, a chronic skin infection common in tropical and subtropical climates.



- What are some advantages of phase-contrast and DIC microscopy?

Fluorescence Microscopes

A **fluorescence microscope** uses fluorescent chromophores called **fluorochromes**, which are capable of absorbing energy from a light source and then emitting this energy as visible light. Fluorochromes include naturally fluorescent substances (such as chlorophylls) as well as fluorescent stains that are added to the specimen to create contrast. Dyes such as Texas red and FITC are examples of fluorochromes. Other examples include the nucleic acid dyes 4',6'-diamidino-2-phenylindole (DAPI) and acridine orange.

The microscope transmits an excitation light, generally a form of EMR with a short wavelength, such as ultraviolet or blue light, toward the specimen; the chromophores absorb the excitation light and emit visible light with longer wavelengths. The excitation light is then filtered out (in part because ultraviolet light is harmful to the eyes) so that only visible light passes through the ocular lens. This produces an image of the specimen in bright colors against a dark background.

Fluorescence microscopes are especially useful in clinical microbiology. They can be used to identify pathogens, to find particular species within an environment, or to find the locations of particular molecules and structures within a cell. Approaches have also been developed to distinguish living from dead cells using fluorescence microscopy

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based upon whether they take up particular fluorochromes. Sometimes, multiple fluorochromes are used on the same specimen to show different structures or features.

One of the most important applications of fluorescence microscopy is a technique called **immunofluorescence**, which is used to identify certain disease-causing microbes by observing whether antibodies bind to them. (Antibodies are protein molecules produced by the immune system that attach to specific pathogens to kill or inhibit them.) There are two approaches to this technique: direct immunofluorescence assay (DFA) and indirect immunofluorescence assay (IFA). In DFA, specific antibodies (e.g., those that the target the rabies virus) are stained with a fluorochrome. If the specimen contains the targeted pathogen, one can observe the antibodies binding to the pathogen under the fluorescent microscope. This is called a primary antibody stain because the stained antibodies attach directly to the pathogen.

In IFA, secondary antibodies are stained with a fluorochrome rather than primary antibodies. Secondary antibodies do not attach directly to the pathogen, but they do bind to primary antibodies. When the unstained primary antibodies bind to the pathogen, the fluorescent secondary antibodies can be observed binding to the primary antibodies. Thus, the secondary antibodies are attached indirectly to the pathogen. Since multiple secondary antibodies can often attach to a primary antibody, IFA increases the number of fluorescent antibodies attached to the specimen, making it easier visualize features in the specimen (Figure 1.20).

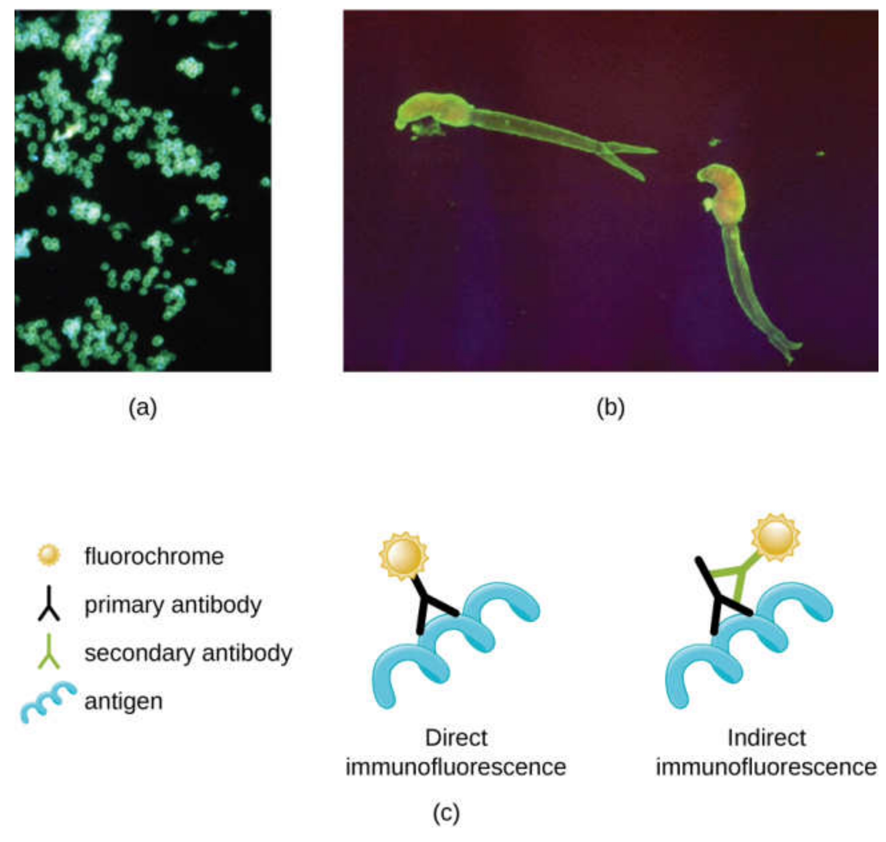

Figure 1.20 (a) A direct immunofluorescent stain is used to visualize *Neisseria gonorrhoeae*, the bacterium that causes gonorrhea. (b) An indirect immunofluorescent stain is used to visualize larvae of *Schistosoma mansoni*, a parasitic worm that causes schistosomiasis, an intestinal disease common in the tropics. (c) In direct immunofluorescence, the stain is absorbed by a primary antibody, which binds to the antigen. In indirect immunofluorescence, the stain is absorbed by a secondary antibody, which binds to a primary antibody, which, in turn, binds to the antigen. (credit a: modification of work by Centers for Disease Control and Prevention; credit b: modification of work by Centers for Disease Control and Prevention/Dr. Sulzer)

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- Why must fluorochromes be used to examine a specimen under a fluorescence microscope?

Confocal Microscopes

Whereas other forms of light microscopy create an image that is maximally focused at a single distance from the observer (the depth, or z-plane), a **confocal microscope** uses a laser to scan multiple z-planes successively. This produces numerous two-dimensional, high-resolution images at various depths, which can be constructed into a three-dimensional image by a computer. As with fluorescence microscopes, fluorescent stains are generally used to increase contrast and resolution. Image clarity is further enhanced by a narrow aperture that eliminates any light that is not from the z-plane. Confocal microscopes are thus very useful for examining thick specimens such as biofilms, which can be examined alive and unfixed (Figure 1.21).

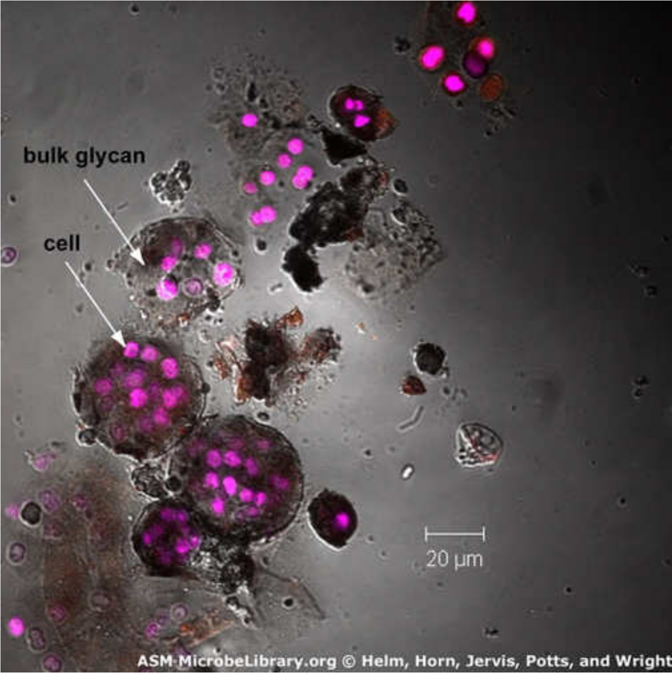

Figure 1.21 Confocal microscopy can be used to visualize structures such as this roof-dwelling cyanobacterium biofilm. (credit: American Society for Microbiology)

Link to Learning

Explore a rotating three-dimensional view (http://www.openstaxcollege.org/l/22biofilm3d) of a biofilm as observed under a confocal microscope. After navigating to the webpage, click the “play” button to launch the video.

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Two-Photon Microscopes

While the original fluorescent and confocal microscopes allowed better visualization of unique features in specimens, there were still problems that prevented optimum visualization. The effective sensitivity of fluorescence microscopy when viewing thick specimens was generally limited by out-of-focus flare, which resulted in poor resolution. This limitation was greatly reduced in the confocal microscope through the use of a confocal pinhole to reject out-of-focus background fluorescence with thin (<1 μm), unblurred optical sections. However, even the confocal microscopes lacked the resolution needed for viewing thick tissue samples. These problems were resolved with the development of the **two-photon microscope**, which uses a scanning technique, fluorochromes, and long-wavelength light (such as infrared) to visualize specimens. The low energy associated with the long-wavelength light means that two photons must strike a location at the same time to excite the fluorochrome. The low energy of the excitation light is less damaging to cells, and the long wavelength of the excitation light more easily penetrates deep into thick specimens. This makes the two-photon microscope useful for examining living cells within intact tissues—brain slices, embryos, whole organs, and even entire animals.

Currently, use of two-photon microscopes is limited to advanced clinical and research laboratories because of the high costs of the instruments. A single two-photon microscope typically costs between $300,000 and $500,000, and the lasers used to excite the dyes used on specimens are also very expensive. However, as technology improves, two-photon microscopes may become more readily available in clinical settings.

- What types of specimens are best examined using confocal or two-photon microscopy?

Electron Microscopy

The maximum theoretical resolution of images created by light microscopes is ultimately limited by the wavelengths of visible light. Most light microscopes can only magnify 1000×, and a few can magnify up to 1500×, but this does not begin to approach the magnifying power of an **electron microscope (EM)**, which uses short-wavelength electron beams rather than light to increase magnification and resolution.

Electrons, like electromagnetic radiation, can behave as waves, but with wavelengths of 0.005 nm, they can produce much better resolution than visible light. An EM can produce a sharp image that is magnified up to 100,000×. Thus, EMs can resolve subcellular structures as well as some molecular structures (e.g., single strands of DNA); however, electron microscopy cannot be used on living material because of the methods needed to prepare the specimens.

There are two basic types of EM: the **transmission electron microscope (TEM)** and the **scanning electron microscope (SEM)** (Figure 1.22). The TEM is somewhat analogous to the brightfield light microscope in terms of the way it functions. However, it uses an electron beam from above the specimen that is focused using a magnetic lens (rather than a glass lens) and projected through the specimen onto a detector. Electrons pass through the specimen, and then the detector captures the image (Figure 1.23).

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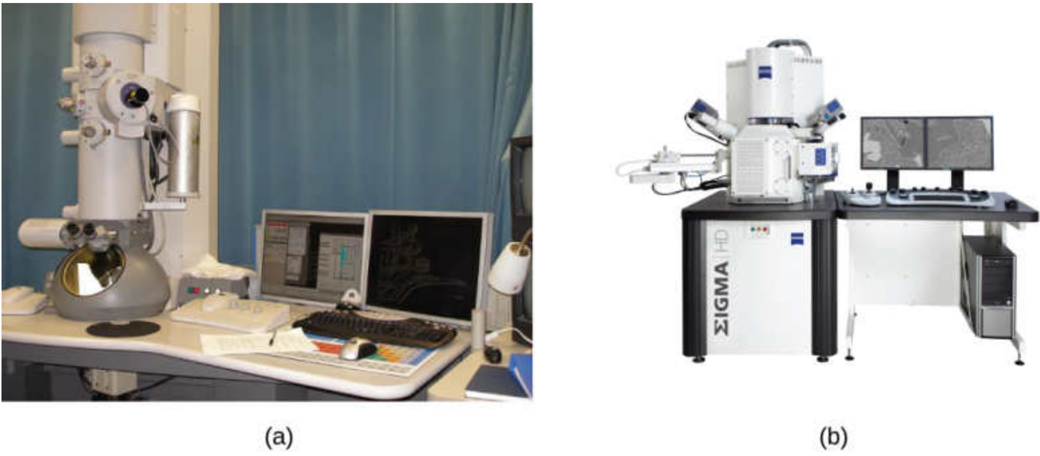

Figure 1.22 (a) A transmission electron microscope (TEM). (b) A scanning electron microscope (SEM). (credit a: modification of work by "Deshi"/Wikimedia Commons; credit b: modification of work by "ZEISS Microscopy"/Flickr)

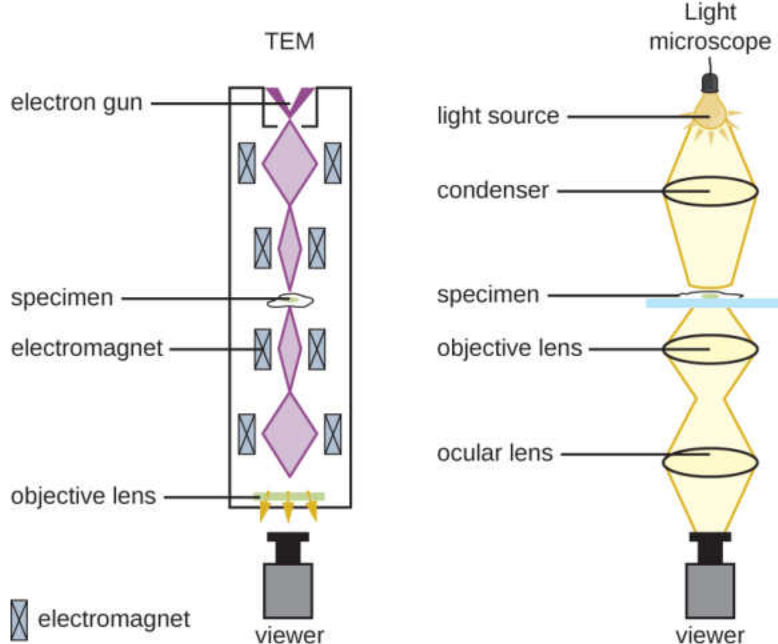

Figure 1.23 Electron microscopes use magnets to focus electron beams similarly to the way that light microscopes use lenses to focus light.

For electrons to pass through the specimen in a TEM, the specimen must be extremely thin (20–100 nm thick). The image is produced because of varying opacity in various parts of the specimen. This opacity can be enhanced by staining the specimen with materials such as heavy metals, which are electron dense. TEM requires that the beam and specimen be in a vacuum and that the specimen be very thin and dehydrated. The specific steps needed to prepare a specimen for observation under an EM are discussed in detail in the next section.

SEMs form images of surfaces of specimens, usually from electrons that are knocked off of specimens by a beam of electrons. This can create highly detailed images with a three-dimensional appearance that are displayed on a monitor (Figure 1.24). Typically, specimens are dried and prepared with fixatives that reduce artifacts, such as shriveling, that can be produced by drying, before being sputter-coated with a thin layer of metal such as gold. Whereas transmission electron microscopy requires very thin sections and allows one to see internal structures such

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as organelles and the interior of membranes, scanning electron microscopy can be used to view the surfaces of larger objects (such as a pollen grain) as well as the surfaces of very small samples (**Figure 1.25**). Some EMs can magnify an image up to 2,000,000×.[1]

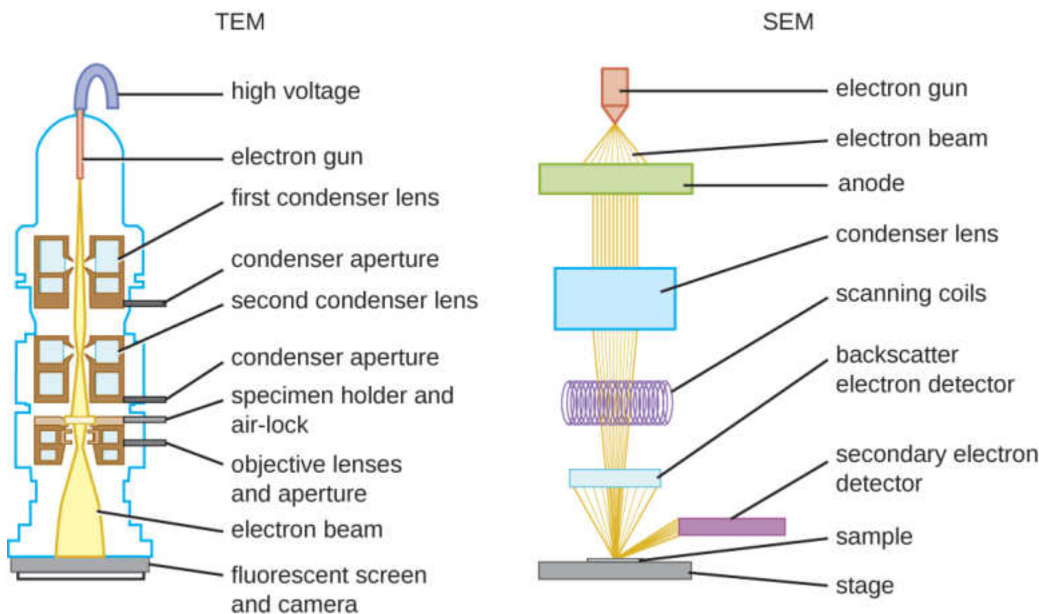

Figure 1.24 These schematic illustrations compare the components of transmission electron microscopes and scanning electron microscopes.

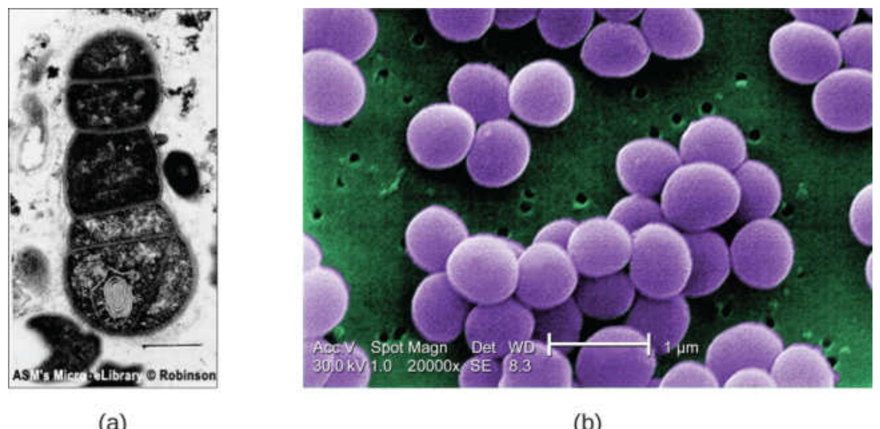

Figure 1.25 (a) This TEM image of cells in a biofilm shows well-defined internal structures of the cells because of varying levels of opacity in the specimen. (b) This color-enhanced SEM image of the bacterium *Staphylococcus aureus* illustrates the ability of scanning electron microscopy to render three-dimensional images of the surface structure of cells. (credit a: modification of work by American Society for Microbiology; credit b: modification of work by Centers for Disease Control and Prevention)

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1. "JEM-ARM200F Transmission Electron Microscope," *JEOL USA Inc*, http://www.jeolusa.com/PRODUCTS/TransmissionElectronMicroscopes%28TEM%29/200kV/JEM-ARM200F/tabid/663/Default.aspx#195028-specifications. Accessed 8/28/2015.

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- What are some advantages and disadvantages of electron microscopy, as opposed to light microscopy, for examining microbiological specimens?
- What kinds of specimens are best examined using TEM? SEM?

Micro Connections

Using Microscopy to Study Biofilms

A biofilm is a complex community of one or more microorganism species, typically forming as a slimy coating attached to a surface because of the production of an extrapolymeric substance (EPS) that attaches to a surface or at the interface between surfaces (e.g., between air and water). In nature, biofilms are abundant and frequently occupy complex niches within ecosystems (**Figure 1.26**). In medicine, biofilms can coat medical devices and exist within the body. Because they possess unique characteristics, such as increased resistance against the immune system and to antimicrobial drugs, biofilms are of particular interest to microbiologists and clinicians alike.

Because biofilms are thick, they cannot be observed very well using light microscopy; slicing a biofilm to create a thinner specimen might kill or disturb the microbial community. Confocal microscopy provides clearer images of biofilms because it can focus on one z-plane at a time and produce a three-dimensional image of a thick specimen. Fluorescent dyes can be helpful in identifying cells within the matrix. Additionally, techniques such as immunofluorescence and fluorescence in situ hybridization (FISH), in which fluorescent probes are used to bind to DNA, can be used.

Electron microscopy can be used to observe biofilms, but only after dehydrating the specimen, which produces undesirable artifacts and distorts the specimen. In addition to these approaches, it is possible to follow water currents through the shapes (such as cones and mushrooms) of biofilms, using video of the movement of fluorescently coated beads (**Figure 1.27**).

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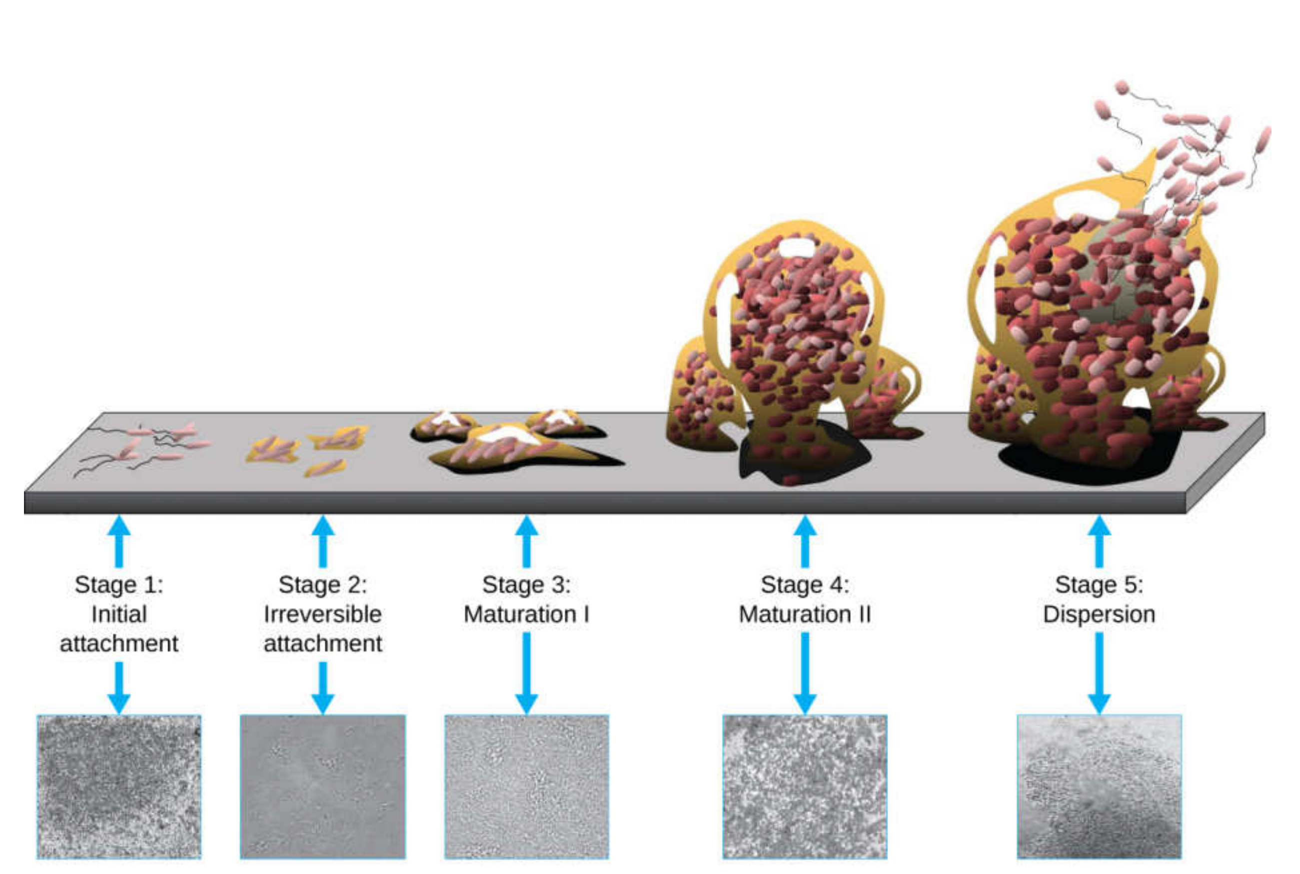

Figure 1.26 A biofilm forms when planktonic (free-floating) bacteria of one or more species adhere to a surface, produce slime, and form a colony. (credit: Public Library of Science)

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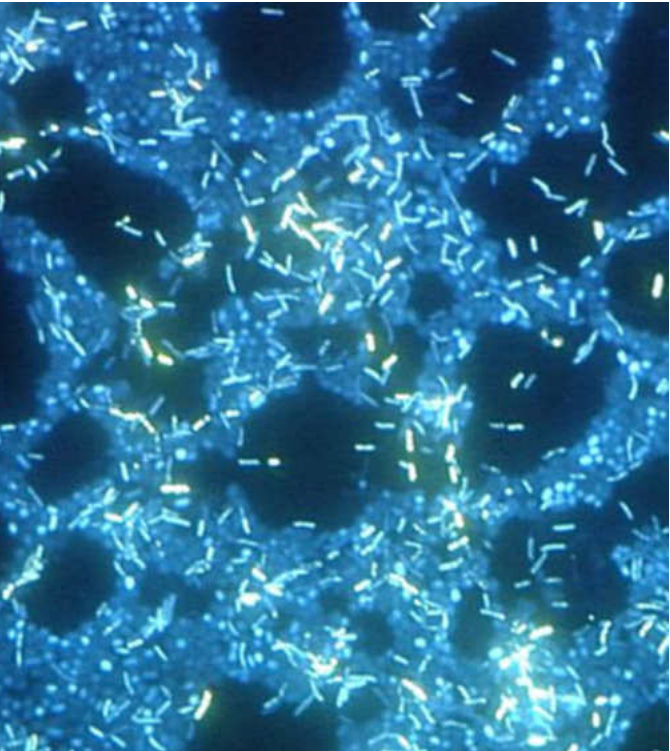

Figure 1.27 In this image, multiple species of bacteria grow in a biofilm on stainless steel (stained with DAPI for epifluorescence miscroscopy). (credit: Ricardo Murga, Rodney Donlan)

Scanning Probe Microscopy

A **scanning probe microscope** does not use light or electrons, but rather very sharp probes that are passed over the surface of the specimen and interact with it directly. This produces information that can be assembled into images with magnifications up to 100,000,000×. Such large magnifications can be used to observe individual atoms on surfaces. To date, these techniques have been used primarily for research rather than for diagnostics.

There are two types of scanning probe microscope: the **scanning tunneling microscope (STM)** and the **atomic force microscope (AFM)**. An STM uses a probe that is passed just above the specimen as a constant voltage bias creates the potential for an electric current between the probe and the specimen. This current occurs via quantum tunneling of electrons between the probe and the specimen, and the intensity of the current is dependent upon the distance between the probe and the specimen. The probe is moved horizontally above the surface and the intensity of the current is measured. Scanning tunneling microscopy can effectively map the structure of surfaces at a resolution at which individual atoms can be detected.

Similar to an STM, AFMs have a thin probe that is passed just above the specimen. However, rather than measuring variations in the current at a constant height above the specimen, an AFM establishes a constant current and measures variations in the height of the probe tip as it passes over the specimen. As the probe tip is passed over the specimen, forces between the atoms (van der Waals forces, capillary forces, chemical bonding, electrostatic forces, and others) cause it to move up and down. Deflection of the probe tip is determined and measured using Hooke's law of elasticity, and this information is used to construct images of the surface of the specimen with resolution at the atomic level (**Figure 1.28**).

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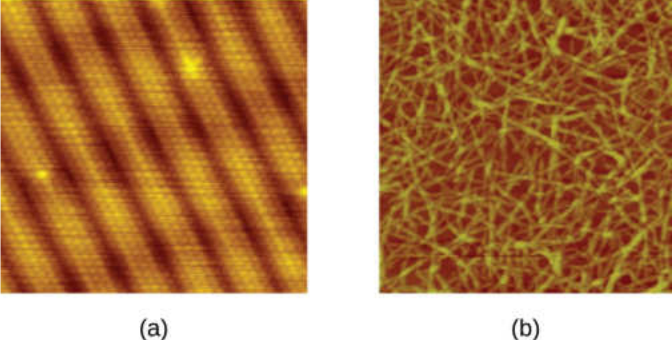
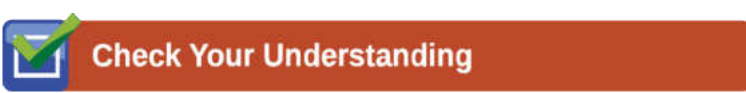


Figure 1.28 STMs and AFMs allow us to view images at the atomic level. (a) This STM image of a pure gold surface shows individual atoms of gold arranged in columns. (b) This AFM image shows long, strand-like molecules of nanocellulose, a laboratory-created substance derived from plant fibers. (credit a: modification of work by "Erwinrossen"/Wikimedia Commons)



- Which has higher magnification, a light microscope or a scanning probe microscope?
- Name one advantage and one limitation of scanning probe microscopy.

Figure 1.29, **Figure 1.30**, and **Figure 1.31** summarize the microscopy techniques for light microscopes, electron microscopes, and scanning probe microscopes, respectively.

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LIGHT MICROSCOPES Magnification: up to about 1000× Use visible or ultraviolet light to produce an image.		
Microscope Type	**Key Uses**	**Sample Images**
Brightfield	Commonly used in a wide variety of laboratory applications as the standard microscope; produces an image on a bright background. **Example:** *Bacillus* sp. showing endospores.	
Darkfield	Increases contrast without staining by producing a bright image on a darker background; especially useful for viewing live specimens. **Example:** *Borrelia burgdorferi*	
Phase contrast	Uses refraction and interference caused by structures in the specimen to create high-contrast, high-resolution images without staining, making it useful for viewing live specimens, and structures such as endospores and organelles. **Example:** *Pseudomonas* sp.	
Differential interference contrast (DIC)	Uses interference patterns to enhance contrast between different features of a specimen to produce high-contrast images of living organisms with a three-dimensional appearance, making it especially useful in distinguishing structures within live, unstained specimens; images viewed reveal detailed structures within cells. **Example:** *Escherichia coli* O157:H7	
Fluorescence	Uses fluorescent stains to produce an image; can be used to identify pathogens, to find particular species, to distinguish living from dead cells, or to find locations of particular molecules within a cell; also used for immunofluorescence. **Example:** *Pseudomonas putida* stained with fluorescent dyes to visualize the capsule.	
Confocal	Uses a laser to scan mutiple z-planes successively, producing numerous two-dimensional, high-resolution images at various depths that can be constructed into a three-dimensional image by a computer, making this useful for examining thick specimens such as biofilms. **Example:** *Escherichia coli* stained with acridine orange dye to show the nucleoid regions of the cells.	
Two-photon	Uses a scanning technique, fluorochromes, and long-wavelength light (such as infrared) to penetrate deep into thick specimens such as biofilms. **Example:** Mouse intestine cells stained with fluorescent dye.	

Figure 1.29 (credit “Brightfield”: modification of work by American Society for Microbiology; credit “Darkfield”: modification of work by American Society for Microbiology; credit “Phase contrast”: modification of work by American Society for Microbiology; credit “DIC”: modification of work by American Society for Microbiology; credit “Fluorescence”: modification of work by American Society for Microbiology; credit “Confocal”: modification of work by American Society for Microbiology; credit “Two-photon”: modification of work by Alberto Diaspro, Paolo Bianchini, Giuseppe Vicidomini, Mario Faretta, Paola Ramoino, Cesare Usai)

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ELECTRON MICROSCOPES Magnification: 20–100,000× or more Use electron beams focused with magnets to produce an image.		
Microscope Type	**Key Uses**	**Sample Images**
Transmission (TEM)	Uses electron beams that pass through a specimen to visualize small images; useful to observe small, thin specimens such as tissue sections and subcellular structures. **Example:** *Ebola* virus	
Scanning (SEM)	Uses electron beams to visualize surfaces; useful to observe the three-dimensional surface details of specimens. **Example:** *Campylobacter jejuni*	

Figure 1.30 (credit "TEM": modification of work by American Society for Microbiology; credit "SEM": modification of work by American Society for Microbiology)

SCANNING PROBE MICROSCOPES Magnification: 100–100,000,000× or more Use very short probes that are passed over the surface of the specimen and interact with it directly.		
Microscope Type	**Key Uses**	**Sample Images**
Scanning tunneling (STM)	Uses a probe passed horizontally at a constant distance just above the specimen while the intensity of the current is measured; can map the structure of surfaces at the atomic level; works best on conducting materials but can also be used to examine organic materials such as DNA, if fixed on a surface. **Example:** Image of surface reconstruction on a clean gold [Au(100)] surface, as visualized using scanning tunneling microscopy.	
Atomic force (AFM)	Can be used in several ways, including using a laser focused on a cantilever to measure the bending of the tip or a probe passed above the specimen while the height needed to maintain a constant current is measured; useful to observe specimens at the atomic level and can be more easily used with nonconducting samples. **Example:** AFM height image of carboxymethylated nanocellulose adsorbed on a silica surface.	

Figure 1.31 (credit "STM": modification of work by "Erwinrossen"/Wikimedia Commons)

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2.4 Staining Microscopic Specimens

Learning Objectives

- Differentiate between simple and differential stains
- Describe the unique features of commonly used stains
- Explain the procedures and name clinical applications for Gram, endospore, acid-fast, negative capsule, and flagella staining

In their natural state, most of the cells and microorganisms that we observe under the microscope lack color and contrast. This makes it difficult, if not impossible, to detect important cellular structures and their distinguishing characteristics without artificially treating specimens. We have already alluded to certain techniques involving stains and fluorescent dyes, and in this section we will discuss specific techniques for sample preparation in greater detail. Indeed, numerous methods have been developed to identify specific microbes, cellular structures, DNA sequences, or indicators of infection in tissue samples, under the microscope. Here, we will focus on the most clinically relevant techniques.

Preparing Specimens for Light Microscopy

In clinical settings, light microscopes are the most commonly used microscopes. There are two basic types of preparation used to view specimens with a light microscope: wet mounts and fixed specimens.

The simplest type of preparation is the **wet mount**, in which the specimen is placed on the slide in a drop of liquid. Some specimens, such as a drop of urine, are already in a liquid form and can be deposited on the slide using a dropper. Solid specimens, such as a skin scraping, can be placed on the slide before adding a drop of liquid to prepare the wet mount. Sometimes the liquid used is simply water, but often stains are added to enhance contrast. Once the liquid has been added to the slide, a coverslip is placed on top and the specimen is ready for examination under the microscope.

The second method of preparing specimens for light microscopy is **fixation**. The “fixing” of a sample refers to the process of attaching cells to a slide. Fixation is often achieved either by heating (heat fixing) or chemically treating the specimen. In addition to attaching the specimen to the slide, fixation also kills microorganisms in the specimen, stopping their movement and metabolism while preserving the integrity of their cellular components for observation.

To heat-fix a sample, a thin layer of the specimen is spread on the slide (called a **smear**), and the slide is then briefly heated over a heat source (**Figure 1.32**). Chemical fixatives are often preferable to heat for tissue specimens. Chemical agents such as acetic acid, ethanol, methanol, formaldehyde (formalin), and glutaraldehyde can denature proteins, stop biochemical reactions, and stabilize cell structures in tissue samples (**Figure 1.32**).

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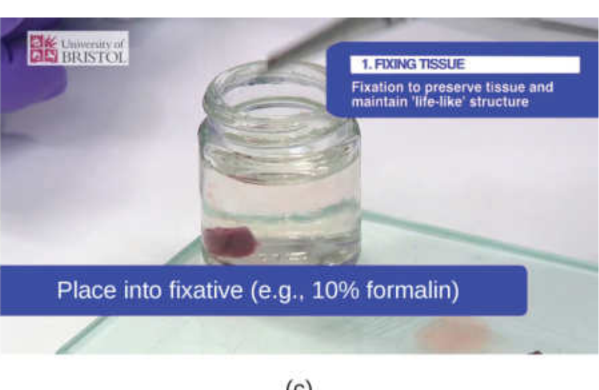
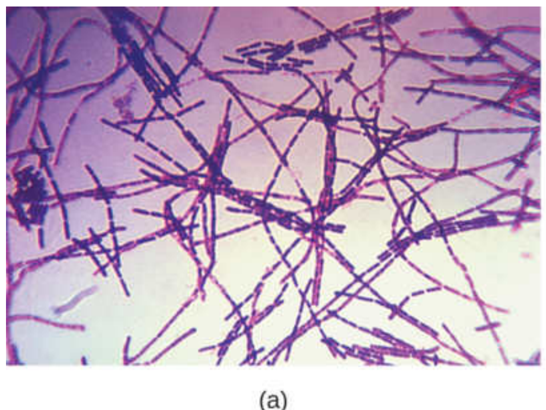


(a) (b) (c)

Figure 1.32 (a) A specimen can be heat-fixed by using a slide warmer like this one. (b) Another method for heat-fixing a specimen is to hold a slide with a smear over a microincinerator. (c) This tissue sample is being fixed in a solution of formalin (also known as formaldehyde). Chemical fixation kills microorganisms in the specimen, stopping degradation of the tissues and preserving their structure so that they can be examined later under the microscope. (credit a: modification of work by Nina Parker; credit b: modification of work by Nina Parker; credit c: modification of work by “University of Bristol”/YouTube)

In addition to fixation, **staining** is almost always applied to color certain features of a specimen before examining it under a light microscope. Stains, or dyes, contain salts made up of a positive ion and a negative ion. Depending on the type of dye, the positive or the negative ion may be the chromophore (the colored ion); the other, uncolored ion is called the counterion. If the chromophore is the positively charged ion, the stain is classified as a **basic dye**; if the negative ion is the chromophore, the stain is considered an **acidic dye**.

Dyes are selected for staining based on the chemical properties of the dye and the specimen being observed, which determine how the dye will interact with the specimen. In most cases, it is preferable to use a **positive stain**, a dye that will be absorbed by the cells or organisms being observed, adding color to objects of interest to make them stand out against the background. However, there are scenarios in which it is advantageous to use a **negative stain**, which is absorbed by the background but not by the cells or organisms in the specimen. Negative staining produces an outline or silhouette of the organisms against a colorful background (**Figure 1.33**).



(a) (b) (c)

Figure 1.33 (a) These *Bacillus anthracis* cells have absorbed crystal violet, a basic positive stain. (b) This specimen of *Spinoloricus*, a microscopic marine organism, has been stained with rose bengal, a positive acidic stain. (c) These *B. megaterium* appear to be white because they have not absorbed the negative red stain applied to the slide. (credit a: modification of work by Centers for Disease Control and Prevention; credit b: modification of work by Roberto Danovaro, Antonio Pusceddu, Cristina Gambi, Iben Heiner, Reinhardt Mobjerg Kristensen; credit c: modification of work by Anh-Hue Tu)

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Because cells typically have negatively charged cell walls, the positive chromophores in basic dyes tend to stick to the cell walls, making them positive stains. Thus, commonly used basic dyes such as basic fuchsin, crystal violet, malachite green, methylene blue, and safranin typically serve as positive stains. On the other hand, the negatively charged chromophores in acidic dyes are repelled by negatively charged cell walls, making them negative stains. Commonly used acidic dyes include acid fuchsin, eosin, and rose bengal. **Figure 1.41** provides more detail.

Some staining techniques involve the application of only one dye to the sample; others require more than one dye. In **simple staining**, a single dye is used to emphasize particular structures in the specimen. A simple stain will generally make all of the organisms in a sample appear to be the same color, even if the sample contains more than one type of organism. In contrast, **differential staining** distinguishes organisms based on their interactions with multiple stains. In other words, two organisms in a differentially stained sample may appear to be different colors. Differential staining techniques commonly used in clinical settings include Gram staining, acid-fast staining, endospore staining, flagella staining, and capsule staining. **Figure 1.42** provides more detail on these differential staining techniques.

- Explain why it is important to fix a specimen before viewing it under a light microscope.
- What types of specimens should be chemically fixed as opposed to heat-fixed?
- Why might an acidic dye react differently with a given specimen than a basic dye?
- Explain the difference between a positive stain and a negative stain.
- Explain the difference between simple and differential staining.

The **Gram stain procedure** is a differential staining procedure that involves multiple steps. It was developed by Danish microbiologist Hans Christian Gram in 1884 as an effective method to distinguish between bacteria with different types of cell walls, and even today it remains one of the most frequently used staining techniques. The steps of the Gram stain procedure are listed below and illustrated in **Figure 1.34**.

1. First, crystal violet, a **primary stain**, is applied to a heat-fixed smear, giving all of the cells a purple color.
2. Next, Gram's iodine, a **mordant**, is added. A mordant is a substance used to set or stabilize stains or dyes; in this case, Gram's iodine acts like a trapping agent that complexes with the crystal violet, making the crystal violet–iodine complex clump and stay contained in thick layers of peptidoglycan in the cell walls.
3. Next, a **decolorizing agent** is added, usually ethanol or an acetone/ethanol solution. Cells that have thick peptidoglycan layers in their cell walls are much less affected by the decolorizing agent; they generally retain the crystal violet dye and remain purple. However, the decolorizing agent more easily washes the dye out of cells with thinner peptidoglycan layers, making them again colorless.
4. Finally, a secondary **counterstain**, usually safranin, is added. This stains the decolorized cells pink and is less noticeable in the cells that still contain the crystal violet dye.

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Gram stain process			
Gram staining steps	Cell effects	Gram-positive	Gram-negative
Step 1 **Crystal violet** *primary stain added to specimen smear.*	Stains cells purple or blue.		
Step 2 **Iodine** *mordant makes dye less soluble so it adheres to cell walls.*	Cells remain purple or blue.		
Step 3 **Alcohol** *decolorizer washes away stain from gram-negative cell walls.*	Gram-positive cells remain purple or blue. Gram-negative cells are colorless.		
Step 4 **Safranin** *counterstain allows dye adherance to gram-negative cells.*	Gram-positive cells remain purple or blue. Gram-negative cells appear pink or red.		

Figure 1.34 Gram-staining is a differential staining technique that uses a primary stain and a secondary counterstain to distinguish between gram-positive and gram-negative bacteria.

The purple, crystal-violet stained cells are referred to as gram-positive cells, while the red, safranin-dyed cells are gram-negative (**Figure 1.35**). However, there are several important considerations in interpreting the results of a Gram stain. First, older bacterial cells may have damage to their cell walls that causes them to appear gram-negative even if the species is gram-positive. Thus, it is best to use fresh bacterial cultures for Gram staining. Second, errors such as leaving on decolorizer too long can affect the results. In some cases, most cells will appear gram-positive while a few appear gram-negative (as in **Figure 1.35**). This suggests damage to the individual cells or that decolorizer was left on for too long; the cells should still be classified as gram-positive if they are all the same species rather than a mixed culture.

Besides their differing interactions with dyes and decolorizing agents, the chemical differences between gram-positive and gram-negative cells have other implications with clinical relevance. For example, Gram staining can help clinicians classify bacterial pathogens in a sample into categories associated with specific properties. Gram-negative bacteria tend to be more resistant to certain antibiotics than gram-positive bacteria. We will discuss this and other applications of Gram staining in more detail in later chapters.

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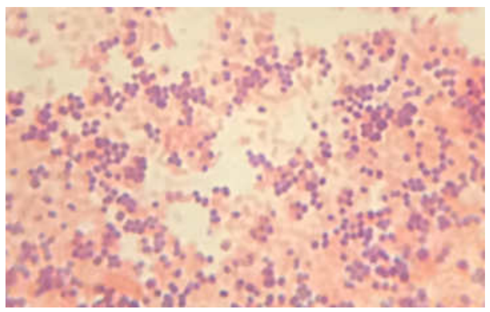

Figure 1.35 In this specimen, the gram-positive bacterium *Staphylococcus aureus* retains crystal violet dye even after the decolorizing agent is added. Gram-negative *Escherichia coli*, the most common Gram stain quality-control bacterium, is decolorized, and is only visible after the addition of the pink counterstain safranin. (credit: American Society for Microbiology)

Check Your Understanding

- Explain the role of Gram's iodine in the Gram stain procedure.
- Explain the role of alcohol in the Gram stain procedure.
- What color are gram-positive and gram-negative cells, respectively, after the Gram stain procedure?

Clinical Focus

Part 3

Viewing Cindy's specimen under the darkfield microscope has provided the technician with some important clues about the identity of the microbe causing her infection. However, more information is needed to make a conclusive diagnosis. The technician decides to make a Gram stain of the specimen. This technique is commonly used as an early step in identifying pathogenic bacteria. After completing the Gram stain procedure, the technician views the slide under the brightfield microscope and sees purple, grape-like clusters of spherical cells (**Figure 1.36**).

- Are these bacteria gram-positive or gram-negative?
- What does this reveal about their cell walls?

*Jump to the **next** Clinical Focus box. Go back to the **previous** Clinical Focus box.*

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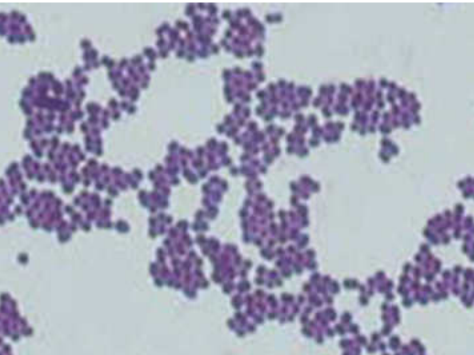

Figure 1.36 (credit: American Society for Microbiology)

Acid-Fast Stains

Acid-fast staining is another commonly used, differential staining technique that can be an important diagnostic tool. An **acid-fast stain** is able to differentiate two types of gram-positive cells: those that have waxy mycolic acids in their cell walls, and those that do not. Two different methods for acid-fast staining are the **Ziehl-Neelsen technique** and the **Kinyoun technique**. Both use carbolfuchsin as the primary stain. The waxy, acid-fast cells retain the carbolfuchsin even after a decolorizing agent (an acid-alcohol solution) is applied. A secondary counterstain, methylene blue, is then applied, which renders non–acid-fast cells blue.

The fundamental difference between the two carbolfuchsin-based methods is whether heat is used during the primary staining process. The Ziehl-Neelsen method uses heat to infuse the carbolfuchsin into the acid-fast cells, whereas the Kinyoun method does not use heat. Both techniques are important diagnostic tools because a number of specific diseases are caused by acid-fast bacteria (AFB). If AFB are present in a tissue sample, their red or pink color can be seen clearly against the blue background of the surrounding tissue cells (Figure 1.37).

Check Your Understanding

- Why are acid-fast stains useful?

Micro Connections

Using Microscopy to Diagnose Tuberculosis

Mycobacterium tuberculosis, the bacterium that causes tuberculosis, can be detected in specimens based on the presence of acid-fast bacilli. Often, a smear is prepared from a sample of the patient's sputum and then stained using the Ziehl-Neelsen technique (Figure 1.37). If acid-fast bacteria are confirmed, they are generally cultured to make a positive identification. Variations of this approach can be used as a first step in determining whether *M. tuberculosis* or other acid-fast bacteria are present, though samples from elsewhere in the body (such as urine) may contain other *Mycobacterium* species.

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An alternative approach for determining the presence of *M. tuberculosis* is immunofluorescence. In this technique, fluorochrome-labeled antibodies bind to *M. tuberculosis*, if present. Antibody-specific fluorescent dyes can be used to view the mycobacteria with a fluorescence microscope.

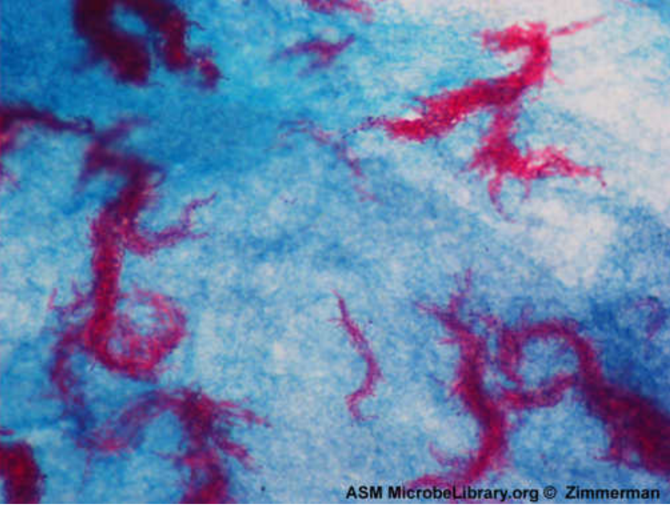

Figure 1.37 Ziehl-Neelsen staining has rendered these *Mycobacterium tuberculosis* cells red and the surrounding growth indicator medium blue. (credit: American Society for Microbiology)

Capsule Staining

Certain bacteria and yeasts have a protective outer structure called a capsule. Since the presence of a capsule is directly related to a microbe’s virulence (its ability to cause disease), the ability to determine whether cells in a sample have capsules is an important diagnostic tool. Capsules do not absorb most basic dyes; therefore, a negative staining technique (staining around the cells) is typically used for **capsule staining**. The dye stains the background but does not penetrate the capsules, which appear like halos around the borders of the cell. The specimen does not need to be heat-fixed prior to negative staining.

One common negative staining technique for identifying encapsulated yeast and bacteria is to add a few drops of India ink or nigrosin to a specimen. Other capsular stains can also be used to negatively stain encapsulated cells (**Figure 1.38**). Alternatively, positive and negative staining techniques can be combined to visualize capsules: The positive stain colors the body of the cell, and the negative stain colors the background but not the capsule, leaving halo around each cell.

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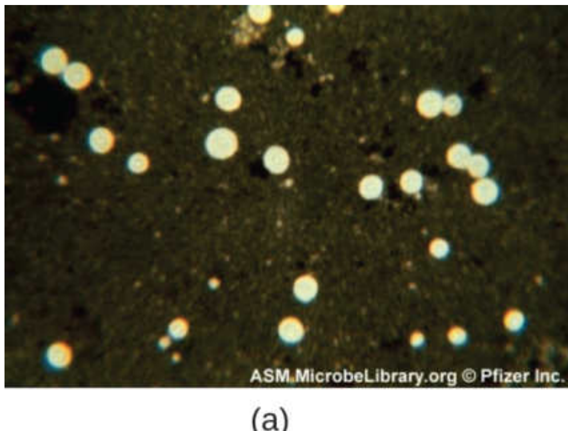

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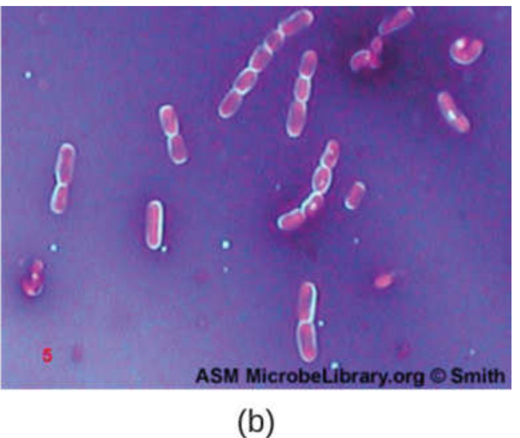

(b)

Figure 1.38 (a) India-ink was used to stain the background around these cells of the yeast *Cryptococcus neoformans*. The halos surrounding the cells are the polysaccharide capsules. (b) Crystal violet and copper sulfate dyes cannot penetrate the encapsulated *Bacillus* cells in this negatively stained sample. Encapsulated cells appear to have a light-blue halo. (credit a: modification of work by American Society for Microbiology; credit b: modification of work by American Society for Microbiology)

- How does negative staining help us visualize capsules?

Endospore Staining

Endospores are structures produced within certain bacterial cells that allow them to survive harsh conditions. Gram staining alone cannot be used to visualize endospores, which appear clear when Gram-stained cells are viewed. **Endospore staining** uses two stains to differentiate endospores from the rest of the cell. The Schaeffer-Fulton method (the most commonly used endospore-staining technique) uses heat to push the primary stain (malachite green) into the endospore. Washing with water decolorizes the cell, but the endospore retains the green stain. The cell is then counterstained pink with safranin. The resulting image reveals the shape and location of endospores, if they are present. The green endospores will appear either within the pink vegetative cells or as separate from the pink cells altogether. If no endospores are present, then only the pink vegetative cells will be visible (Figure 1.39).

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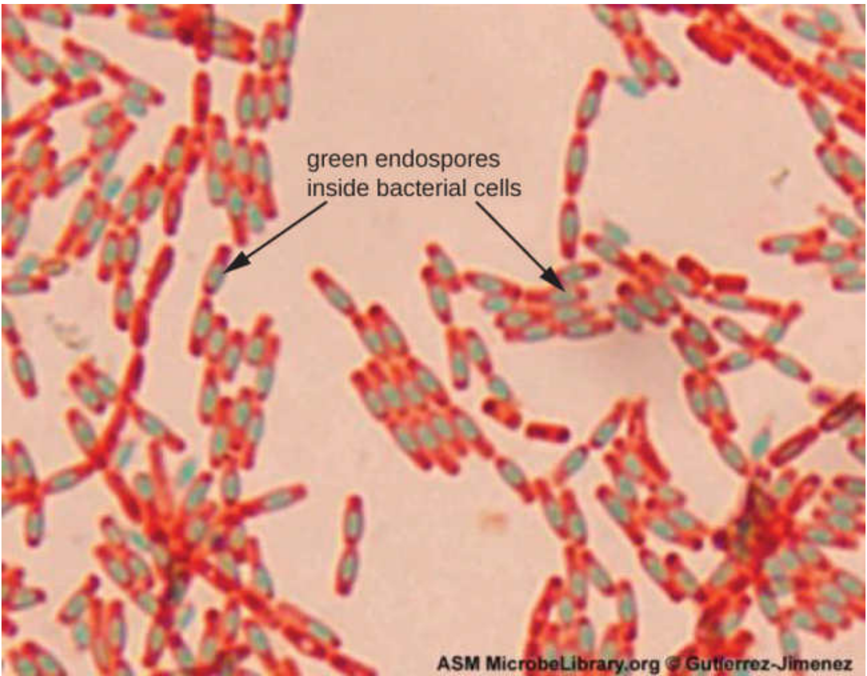
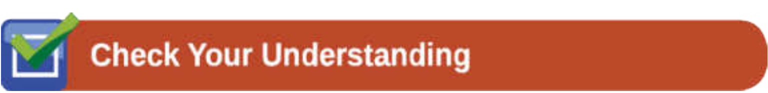


Figure 1.39 A stained preparation of *Bacillus subtilis* showing endospores as green and the vegetative cells as pink. (credit: American Society for Microbiology)

Endospore-staining techniques are important for identifying *Bacillus* and *Clostridium*, two genera of endospore-producing bacteria that contain clinically significant species. Among others, *B. anthracis* (which causes anthrax) has been of particular interest because of concern that its spores could be used as a bioterrorism agent. *C. difficile* is a particularly important species responsible for the typically hospital-acquired infection known as "C. diff."



- Is endospore staining an example of positive, negative, or differential staining?

Flagella Staining

Flagella (singular: flagellum) are tail-like cellular structures used for locomotion by some bacteria, archaea, and eukaryotes. Because they are so thin, flagella typically cannot be seen under a light microscope without a specialized **flagella staining** technique. Flagella staining thickens the flagella by first applying mordant (generally tannic acid, but sometimes potassium alum), which coats the flagella; then the specimen is stained with pararosaniline (most commonly) or basic fuchsin (**Figure 1.40**).

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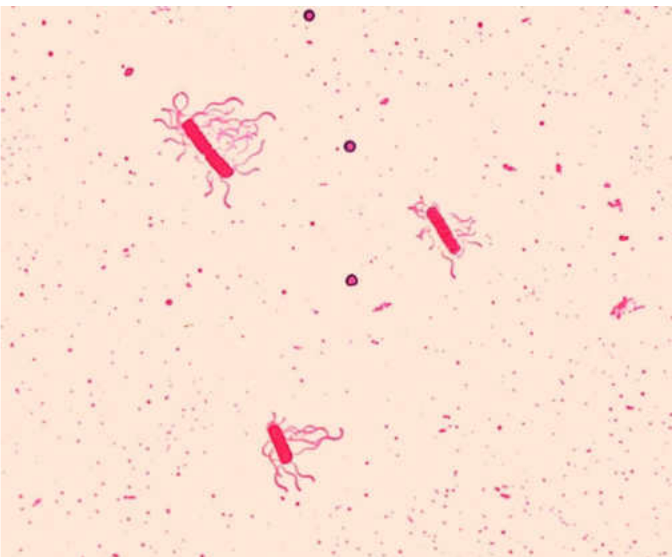

Figure 1.40 A flagella stain of *Bacillus cereus*, a common cause of foodborne illness, reveals that the cells have numerous flagella, used for locomotion. (credit: Centers for Disease Control and Prevention)

Though flagella staining is uncommon in clinical settings, the technique is commonly used by microbiologists, since the location and number of flagella can be useful in classifying and identifying bacteria in a sample. When using this technique, it is important to handle the specimen with great care; flagella are delicate structures that can easily be damaged or pulled off, compromising attempts to accurately locate and count the number of flagella.

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SIMPLE STAINS				
Stain Type	**Specific Dyes**	**Purpose**	**Outcome**	**Sample Images**
Basic stains	Methylene blue, crystal violet, malachite green, basic fuchsin, carbolfuchsin, safranin	Stain negatively charged molecules and structures, such as nucleic acids and proteins	Positive stain	
Acidic stains	Eosin, acid fuchsin, rose bengal, Congo red	Stain positively charged molecules and structures, such as proteins	Can be either a positive or negative stain, depending on the cell's chemistry.	
Negative stains	India ink, nigrosin	Stains background, not specimen	Dark background with light specimen	

Figure 1.41 (credit “basic stains”: modification of work by Centers for Disease Control and Prevention; credit “Acidic stains”: modification of work by Roberto Danovaro, Antonio Pusceddu, Cristina Gambi, Iben Heiner, Reinhardt Mobjerg Kristensen; credit “Negative stains”: modification of work by Anh-Hue Tu)

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DIFFERENTIAL STAINS				
Stain Type	**Specific Dyes**	**Purpose**	**Outcome**	**Sample Images**
Gram stain	Uses crystal violet, Gram's iodine, ethanol (decolorizer), and safranin	Used to distinguish cells by cell-wall type (gram-positive, gram-negative)	Gram-positive cells stain purple/violet. Gram-negative cells stain pink.	
Acid-fast stain	After staining with basic fuchsin, acid-fast bacteria resist decolorization by acid-alcohol. Non acid-fast bacteria are counterstained with methylene blue.	Used to distinguish acid-fast bacteria such as *M. tuberculosis*, from non–acid-fast cells	Acid-fast bacteria are red; non–acid-fast cells are blue.	ASM MicrobeLibrary.org © Zimmerman
Endospore stain	Uses heat to stain endospores with malachite green (Schaeffer-Fulton procedure), then cell is washed and counterstained with safranin.	Used to distinguish organisms with endospores from those without; used to study the endospore.	Endospores appear bluish-green; other structures appear pink to red.	
Flagella stain	Flagella are coated with a tannic acid or potassium alum mordant, then stained using either pararosaline or basic fuchsin.	Used to view and study flagella in bacteria that have them.	Flagella are visible if present.	
Capsule stain	Negative staining with India ink or nigrosin is used to stain the background, leaving a clear area of the cell and the capsule. Counterstaining can be used to stain the cell while leaving the capsule clear.	Used to distinguish cells with capsules from those without.	Capsules appear clear or as halos if present.	ASM MicrobeLibrary.org © Pfizer Inc.

Figure 1.42 (credit "Gram stain": modification of work by American Society for Microbiology; credit "Acid-fast stain": modification of work by American Society for Microbiology; credit "Endospore stain": modification of work by American Society for Microbiology; credit "Capsule stain" : modification of work by American Society for Microbiology; credit "Flagella stain": modification of work by Centers for Disease Control and Prevention)

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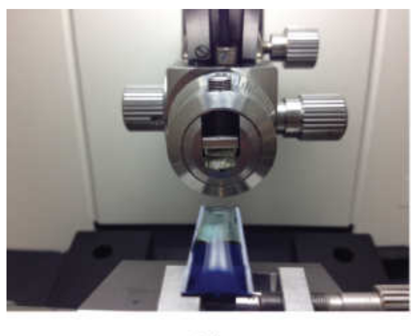
Preparing Specimens for Electron Microscopy

Samples to be analyzed using a TEM must have very thin sections. But cells are too soft to cut thinly, even with diamond knives. To cut cells without damage, the cells must be embedded in plastic resin and then dehydrated through a series of soaks in ethanol solutions (50%, 60%, 70%, and so on). The ethanol replaces the water in the cells, and the resin dissolves in ethanol and enters the cell, where it solidifies. Next, **thin sections** are cut using a specialized device called an **ultramicrotome** (Figure 1.43). Finally, samples are fixed to fine copper wire or carbon-fiber grids and stained—not with colored dyes, but with substances like uranyl acetate or osmium tetroxide, which contain electron-dense heavy metal atoms.



(a) (b)

Figure 1.43 (a) An ultramicrotome used to prepare specimens for a TEM. (b) A technician uses an ultramicrotome to slice a specimen into thin sections. (credit a: modification of work by "Frost Museum"/Flickr; credit b: modification of work by "U.S. Fish and Wildlife Service Northeast Region"/Flickr)

When samples are prepared for viewing using an SEM, they must also be dehydrated using an ethanol series. However, they must be even drier than is necessary for a TEM. Critical point drying with inert liquid carbon dioxide under pressure is used to displace the water from the specimen. After drying, the specimens are sputter-coated with metal by knocking atoms off of a palladium target, with energetic particles. Sputter-coating prevents specimens from becoming charged by the SEM's electron beam.

- Why is it important to dehydrate cells before examining them under an electron microscope?
- Name the device that is used to create thin sections of specimens for electron microscopy.

Micro Connections

Using Microscopy to Diagnose Syphilis

The causative agent of syphilis is *Treponema pallidum*, a flexible, spiral cell (spirochete) that can be very thin (<0.15 μm) and match the refractive index of the medium, making it difficult to view using brightfield microscopy. Additionally, this species has not been successfully cultured in the laboratory on an artificial medium; therefore, diagnosis depends upon successful identification using microscopic techniques and serology (analysis of body fluids, often looking for antibodies to a pathogen). Since fixation and staining would kill the cells, darkfield microscopy is typically used for observing live specimens and viewing their movements.

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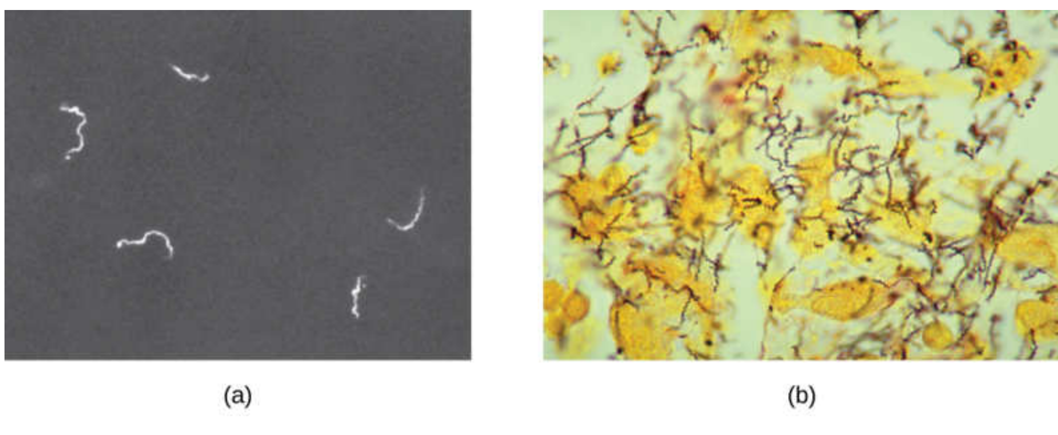
However, other approaches can also be used. For example, the cells can be thickened with silver particles (in tissue sections) and observed using a light microscope. It is also possible to use fluorescence or electron microscopy to view *Treponema* (**Figure 1.44**).



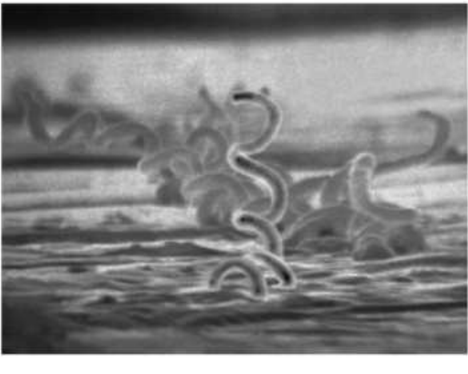


Figure 1.44 (a) Living, unstained *Treponema pallidum* spirochetes can be viewed under a darkfield microscope. (b) In this brightfield image, a modified Steiner silver stain is used to visualized *T. pallidum* spirochetes. Though the stain kills the cells, it increases the contrast to make them more visible. (c) While not used for standard diagnostic testing, *T. pallidum* can also be examined using scanning electron microscopy. (credit a: modification of work by Centers for Disease Control and Prevention; credit b: modification of work by Centers for Disease Control and Prevention; credit c: modification of work by Centers for Disease Control and Prevention)

In clinical settings, indirect immunofluorescence is often used to identify *Treponema.* A primary, unstained antibody attaches directly to the pathogen surface, and secondary antibodies “tagged” with a fluorescent stain attach to the primary antibody. Multiple secondary antibodies can attach to each primary antibody, amplifying the amount of stain attached to each *Treponema* cell, making them easier to spot (**Figure 1.45**).

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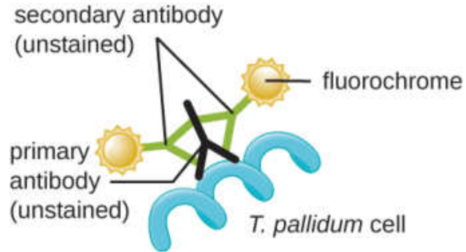

Figure 1.45 Indirect immunofluorescence can be used to identify *T. pallidum*, the causative agent of syphilis, in a specimen.

Preparation and Staining for Other Microscopes

Samples for fluorescence and confocal microscopy are prepared similarly to samples for light microscopy, except that the dyes are fluorochromes. Stains are often diluted in liquid before applying to the slide. Some dyes attach to an antibody to stain specific proteins on specific types of cells (immunofluorescence); others may attach to DNA molecules in a process called fluorescence in situ hybridization (FISH), causing cells to be stained based on whether they have a specific DNA sequence.

Sample preparation for two-photon microscopy is similar to fluorescence microscopy, except for the use of infrared dyes. Specimens for STM need to be on a very clean and atomically smooth surface. They are often mica coated with Au(111). Toluene vapor is a common fixative.

- What is the main difference between preparing a sample for fluorescence microscopy versus light microscopy?

Link to Learning

Cornell University's **Case Studies in Microscopy (http://www.openstaxcollege.org/l/22cornellstud)** offers a series of clinical problems based on real-life events. Each case study walks you through a clinical problem using appropriate techniques in microscopy at each step.

Clinical Focus

Resolution

From the results of the Gram stain, the technician now knows that Cindy's infection is caused by spherical, gram-positive bacteria that form grape-like clusters, which is typical of staphylococcal bacteria. After some

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additional testing, the technician determines that these bacteria are the medically important species known as *Staphylococcus aureus*, a common culprit in wound infections. Because some strains of *S. aureus* are resistant to many antibiotics, skin infections may spread to other areas of the body and become serious, sometimes even resulting in amputations or death if the correct antibiotics are not used.

After testing several antibiotics, the lab is able to identify one that is effective against this particular strain of *S. aureus*. Cindy's doctor quickly prescribes the medication and emphasizes the importance of taking the entire course of antibiotics, even if the infection appears to clear up before the last scheduled dose. This reduces the risk that any especially resistant bacteria could survive, causing a second infection or spreading to another person.

*Go back to the **previous** Clinical Focus box.*

Eye on Ethics

Microscopy and Antibiotic Resistance

As the use of antibiotics has proliferated in medicine, as well as agriculture, microbes have evolved to become more resistant. Strains of bacteria such as methicillin-resistant *S. aureus* (MRSA), which has developed a high level of resistance to many antibiotics, are an increasingly worrying problem, so much so that research is underway to develop new and more diversified antibiotics.

Fluorescence microscopy can be useful in testing the effectiveness of new antibiotics against resistant strains like MRSA. In a test of one new antibiotic derived from a marine bacterium, MC21-A (bromophene), researchers used the fluorescent dye SYTOX Green to stain samples of MRSA. SYTOX Green is often used to distinguish dead cells from living cells, with fluorescence microscopy. Live cells will not absorb the dye, but cells killed by an antibiotic will absorb the dye, since the antibiotic has damaged the bacterial cell membrane. In this particular case, MRSA bacteria that had been exposed to MC21-A did, indeed, appear green under the fluorescence microscope, leading researchers to conclude that it is an effective antibiotic against MRSA.

Of course, some argue that developing new antibiotics will only lead to even more antibiotic-resistant microbes, so-called superbugs that could spawn epidemics before new treatments can be developed. For this reason, many health professionals are beginning to exercise more discretion in prescribing antibiotics. Whereas antibiotics were once routinely prescribed for common illnesses without a definite diagnosis, doctors and hospitals are much more likely to conduct additional testing to determine whether an antibiotic is necessary and appropriate before prescribing.

A sick patient might reasonably object to this stingy approach to prescribing antibiotics. To the patient who simply wants to feel better as quickly as possible, the potential benefits of taking an antibiotic may seem to outweigh any immediate health risks that might occur if the antibiotic is ineffective. But at what point do the risks of widespread antibiotic use supersede the desire to use them in individual cases?

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Key Terms

absorbance when a molecule captures energy from a photon and vibrates or stretches, using the energy

acid-fast stain a stain that differentiates cells that have waxy mycolic acids in their gram-positive cell walls

acidic dye a chromophore with a negative charge that attaches to positively charged structures

amplitude the height of a wave

atomic force microscope a scanning probe microscope that uses a thin probe that is passed just above the specimen to measure forces between the atoms and the probe

basic dye a chromophore with a positive charge that attaches to negatively charged structures

binocular having two eyepieces

brightfield microscope a compound light microscope with two lenses; it produces a dark image on a bright background

capsule staining a negative staining technique that stains around a bacterial capsule while leaving the capsule clear

chromophores pigments that absorb and reflect particular wavelengths of light (giving them a color)

coarse focusing knob a knob on a microscope that produces relatively large movements to adjust focus

compound microscope a microscope that uses multiple lenses to focus light from the specimen

condenser lens a lens on a microscope that focuses light from the light source onto the specimen

confocal microscope a scanning laser microscope that uses fluorescent dyes and excitation lasers to create three-dimensional images

contrast visible differences between parts of a microscopic specimen

counterstain a secondary stain that adds contrasting color to cells from which the primary stain has been washed out by a decolorizing agent

darkfield microscope a compound light microscope that produces a bright image on a dark background; typically a modified brightfield microscope

decolorizing agent a substance that removes a stain, usually from some parts of the specimen

diaphragm a component of a microscope; typically consists of a disk under the stage with holes of various sizes; can be adjusted to allow more or less light from the light source to reach the specimen

differential interference-contrast microscope a microscope that uses polarized light to increase contrast

differential staining staining that uses multiple dyes to differentiate between structures or organisms

diffraction the changing of direction (bending or spreading) that occurs when a light wave interacts with an opening or barrier

dispersion the separation of light of different frequencies due to different degrees of refraction

electron microscope a type of microscope that uses short-wavelength electron beams rather than light to increase magnification and resolution

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endospore staining a differential staining technique that uses two stains to make bacterial endospores appear distinct from the rest of the cell

fine focusing knob a knob on a microscope that produces relatively small movements to adjust focus

fixation the process by which cells are killed and attached to a slide

flagella staining a staining protocol that uses a mordant to coat the flagella with stain until they are thick enough to be seen

fluorescence microscope a microscope that uses natural fluorochromes or fluorescent stains to increase contrast

fluorescent the ability of certain materials to absorb energy and then immediately release that energy in the form of light

fluorochromes chromophores that fluoresce (absorb and then emit light)

focal length the distance from the lens to the image point when the object is at a definite distance from the lens (this is also the distance to the focal point)

focal point a property of the lens; the image point when light entering the lens is parallel (i.e., the object is an infinite distance from the lens)

frequency the rate of vibration for a light wave or other electromagnetic wave

Gram stain procedure a differential staining technique that distinguishes bacteria based upon their cell wall structure

illuminator the light source on a microscope

image point (focus) a property of the lens and the distance of the object to the lens; the point at which an image is in focus (the image point is often called the focus)

immunofluorescence a technique that uses a fluorescence microscope and antibody-specific fluorochromes to determine the presence of specific pathogens in a specimen

interference distortion of a light wave due to interaction with another wave

Kinyoun technique a method of acid-fast staining that does not use heat to infuse the primary stain, carbolfuchsin, into acid-fast cells

magnification the power of a microscope (or lens) to produce an image that appears larger than the actual specimen, expressed as a factor of the actual size

monocular having a single eyepiece

mordant a chemical added to a specimen that sets a stain

negative stain a stain that produces color around the structure of interest while not coloring the structure itself

numerical aperture a measure of a lens’s ability to gather light

objective lenses on a light microscope, the lenses closest to the specimen, typically located at the ends of turrets

ocular lens on a microscope, the lens closest to the eye (also called an eyepiece)

oil immersion lens a special objective lens on a microscope designed to be used with immersion oil to improve resolution

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opacity the property of absorbing or blocking light

phase-contrast microscope a light microscope that uses an annular stop and annular plate to increase contrast

phosphorescence the ability of certain materials to absorb energy and then release that energy as light after a delay

positive stain a stain that colors the structure of interest

primary stain refers, in differential staining techniques, to the first dye added to the specimen

reflection when light bounces back from a surface

refraction bending of light waves, which occurs when a light wave passes from one medium to another

refractive index a measure of the magnitude of slowing of light waves by a particular medium

resolution the ability to distinguish between two points in an image

rheostat a dimmer switch that controls the intensity of the illuminator on a light microscope

scanning electron microscope (SEM) a type of electron microscope that bounces electrons off of the specimen, forming an image of the surface

scanning probe microscope a microscope that uses a probe that travels across the surface of a specimen at a constant distance while the current, which is sensitive to the size of the gap, is measured

scanning tunneling microscope a microscope that uses a probe that is passed just above the specimen as a constant voltage bias creates the potential for an electric current between the probe and the specimen

simple microscope a type of microscope with only one lens to focus light from the specimen

simple staining a staining technique that uses a single dye

smear a thin layer of a specimen on a slide

stage the platform of a microscope on which slides are placed

staining the addition of stains or dyes to a microscopic specimen for the purpose of enhancing contrast

thin sections thin slices of tissue for examination under a TEM

total magnification in a light microscope is a value calculated by multiplying the magnification of the ocular by the magnification of the objective lenses

transmission electron microscope (TEM) a type of electron microscope that uses an electron beam, focused with magnets, that passes through a thin specimen

transmittance the amount of light that passes through a medium

transparency the property of allowing light to pass through

two-photon microscope a microscope that uses long-wavelength or infrared light to fluoresce fluorochromes in the specimen

ultramicrotome a device that cuts thin sections for electron microscopy

wavelength the distance between one peak of a wave and the next peak

wet mount a slide preparation technique in which a specimen is placed on the slide in a drop of liquid

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x-y mechanical stage knobs knobs on a microscope that are used to adjust the position of the specimen on the stage surface, generally to center it directly above the light

Ziehl-Neelsen technique a method of acid-fast staining that uses heat to infuse the primary stain, carbolfuchsin, into acid-fast cells

Summary

2.1 The Properties of Light

- Light waves interacting with materials may be **reflected**, **absorbed**, or **transmitted**, depending on the properties of the material.
- Light waves can interact with each other (**interference**) or be distorted by interactions with small objects or openings (**diffraction**).
- **Refraction** occurs when light waves change speed and direction as they pass from one medium to another. Differences in the **refraction indices** of two materials determine the magnitude of directional changes when light passes from one to the other.
- A **lens** is a medium with a curved surface that refracts and focuses light to produce an image.
- Visible light is part of the **electromagnetic spectrum**; light waves of different frequencies and wavelengths are distinguished as colors by the human eye.
- A prism can separate the colors of white light (**dispersion**) because different frequencies of light have different refractive indices for a given material.
- **Fluorescent dyes** and **phosphorescent** materials can effectively transform nonvisible electromagnetic radiation into visible light.
- The power of a microscope can be described in terms of its **magnification** and **resolution**.
- Resolution can be increased by shortening wavelength, increasing the **numerical aperture** of the lens, or using stains that enhance contrast.

2.2 Peering Into the Invisible World

- **Antonie van Leeuwenhoek** is credited with the first observation of microbes, including protists and bacteria, with simple microscopes that he made.
- **Robert Hooke** was the first to describe what we now call cells.
- **Simple microscopes** have a single lens, while **compound microscopes** have multiple lenses.

2.3 Instruments of Microscopy

- Numerous types of microscopes use various technologies to generate micrographs. Most are useful for a particular type of specimen or application.
- **Light microscopy** uses lenses to focus light on a specimen to produce an image. Commonly used light microscopes include **brightfield**, **darkfield**, **phase-contrast**, **differential interference contrast**, **fluorescence**, **confocal**, and **two-photon** microscopes.
- **Electron microscopy** focuses electrons on the specimen using magnets, producing much greater magnification than light microscopy. The **transmission electron microscope (TEM)** and **scanning electron microscope (SEM)** are two common forms.
- **Scanning probe microscopy** produces images of even greater magnification by measuring feedback from sharp probes that interact with the specimen. Probe microscopes include the **scanning tunneling microscope (STM)** and the **atomic force microscope (AFM)**.

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2.4 Staining Microscopic Specimens

- Samples must be properly prepared for microscopy. This may involve **staining**, **fixation**, and/or cutting **thin sections**.
- A variety of staining techniques can be used with light microscopy, including **Gram staining, acid-fast staining**, **capsule staining**, **endospore staining,** and **flagella staining**.
- Samples for TEM require very thin sections, whereas samples for SEM require sputter-coating.
- Preparation for fluorescence microscopy is similar to that for light microscopy, except that fluorochromes are used.

Review Questions

Multiple Choice

1. Which of the following has the highest energy?
 a. light with a long wavelength
 b. light with an intermediate wavelength
 c. light with a short wavelength
 d. It is impossible to tell from the information given.

2. You place a specimen under the microscope and notice that parts of the specimen begin to emit light immediately. These materials can be described as ______________.
 a. fluorescent
 b. phosphorescent
 c. transparent
 d. opaque

3. Who was the first to describe “cells” in dead cork tissue?
 a. Hans Janssen
 b. Zaccharias Janssen
 c. Antonie van Leeuwenhoek
 d. Robert Hooke

4. Who is the probable inventor of the compound microscope?
 a. Girolamo Fracastoro
 b. Zaccharias Janssen
 c. Antonie van Leeuwenhoek
 d. Robert Hooke

5. Which would be the best choice for viewing internal structures of a living protist such as a *Paramecium*?
 a. a brightfield microscope with a stain
 b. a brightfield microscope without a stain
 c. a darkfield microscope
 d. a transmission electron microscope

6. Which type of microscope is especially useful for viewing thick structures such as biofilms?
 a. a transmission electron microscope
 b. a scanning electron microscopes
 c. a phase-contrast microscope
 d. a confocal scanning laser microscope
 e. an atomic force microscope

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7. Which type of microscope would be the best choice for viewing very small surface structures of a cell?
a. a transmission electron microscope
b. a scanning electron microscope
c. a brightfield microscope
d. a darkfield microscope
e. a phase-contrast microscope

8. What type of microscope uses an annular stop?
a. a transmission electron microscope
b. a scanning electron microscope
c. a brightfield microscope
d. a darkfield microscope
e. a phase-contrast microscope

9. What type of microscope uses a cone of light so that light only hits the specimen indirectly, producing a darker image on a brighter background?
a. a transmission electron microscope
b. a scanning electron microscope
c. a brightfield microscope
d. a darkfield microscope
e. a phase-contrast microscope

10. What mordant is used in Gram staining?
a. crystal violet
b. safranin
c. acid-alcohol
d. iodine

11. What is one difference between specimen preparation for a transmission electron microscope (TEM) and preparation for a scanning electron microscope (SEM)?
a. Only the TEM specimen requires sputter coating.
b. Only the SEM specimen requires sputter-coating.
c. Only the TEM specimen must be dehydrated.
d. Only the SEM specimen must be dehydrated.

Fill in the Blank

12. When you see light bend as it moves from air into water, you are observing __________.

13. A microscope that uses multiple lenses is called a __________ microscope.

14. Chromophores that absorb and then emit light are called ___________.

15. In a(n) ________ microscope, a probe located just above the specimen moves up and down in response to forces between the atoms and the tip of the probe.

16. What is the total magnification of a specimen that is being viewed with a standard ocular lens and a 40× objective lens?

17. Ziehl-Neelsen staining, a type of ________ staining, is diagnostic for *Mycobacterium tuberculosis.*

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18. The _______ is used to differentiate bacterial cells based on the components of their cell walls.

Short Answer

19. Explain how a prism separates white light into different colors.

20. Why is Antonie van Leeuwenhoek's work much better known than that of Zaccharias Janssen?

21. Why did the cork cells observed by Robert Hooke appear to be empty, as opposed to being full of other structures?

22. What is the function of the condenser in a brightfield microscope?

Art Connection

23. Label each component of the brightfield microscope.

24. How could you identify whether a particular bacterial sample contained specimens with mycolic acid-rich cell walls?

Critical Thinking

25. In **Figure 1.7**, which of the following has the lowest energy?

a. visible light
b. X-rays
c. ultraviolet rays
d. infrared rays

26. When focusing a light microscope, why is it best to adjust the focus using the coarse focusing knob before using the fine focusing knob?

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27. You need to identify structures within a cell using a microscope. However, the image appears very blurry even though you have a high magnification. What are some things that you could try to improve the resolution of the image? Describe the most basic factors that affect resolution when you first put the slide onto the stage; then consider more specific factors that could affect resolution for 40× and 100× lenses.

28. You use the Gram staining procedure to stain an L-form bacterium (a bacterium that lacks a cell wall). What color will the bacterium be after the staining procedure is finished?

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Chapter 6

Acellular Pathogens

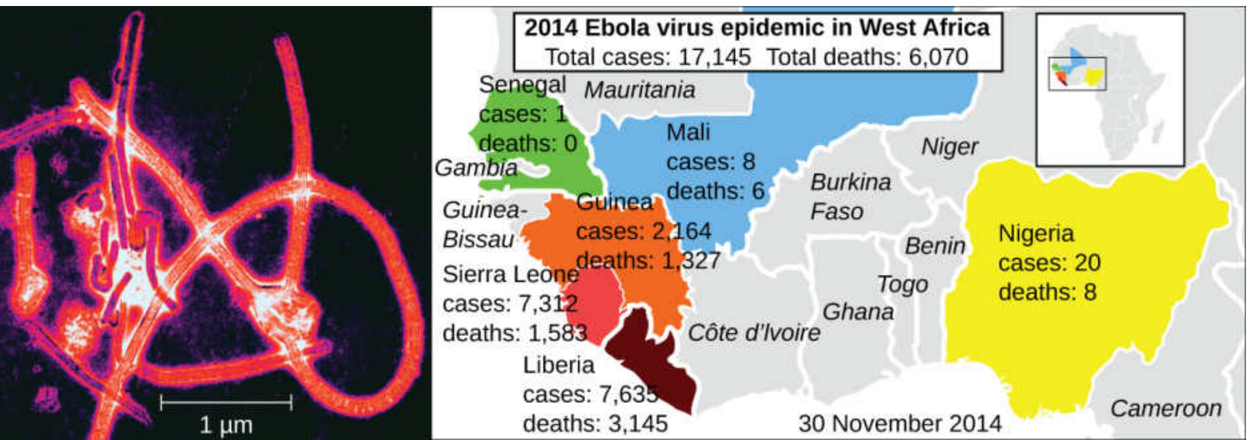

Figure 1.1 The year 2014 saw the first large-scale outbreak of Ebola virus (electron micrograph, left) in human populations in West Africa (right). Such epidemics are now widely reported and documented, but viral epidemics are sure to have plagued human populations since the origin of our species. (credit left: modification of work by Thomas W. Geisbert)

Chapter Outline

6.1 Viruses
6.2 The Viral Life Cycle
6.3 Isolation, Culture, and Identification of Viruses
6.4 Viroids, Virusoids, and Prions

Introduction

Public health measures in the developed world have dramatically reduced mortality from viral epidemics. But when epidemics do occur, they can spread quickly with global air travel. In 2009, an outbreak of H1N1 influenza spread across various continents. In early 2014, cases of Ebola in Guinea led to a massive epidemic in western Africa. This included the case of an infected man who traveled to the United States, sparking fears the epidemic might spread beyond Africa.

Until the late 1930s and the advent of the electron microscope, no one had seen a virus. Yet treatments for preventing or curing viral infections were used and developed long before that. Historical records suggest that by the 17th century, and perhaps earlier, inoculation (also known as variolation) was being used to prevent the viral disease smallpox in various parts of the world. By the late 18th century, Englishman Edward Jenner was inoculating patients with cowpox to prevent smallpox, a technique he coined *vaccination*.[1]

Today, the structure and genetics of viruses are well defined, yet new discoveries continue to reveal their complexities. In this chapter, we will learn about the structure, classification, and cultivation of viruses, and how they impact their hosts. In addition, we will learn about other infective particles such as viroids and prions.

1. S. Riedel "Edward Jenner and the History of Smallpox and Vaccination." *Baylor University Medical Center Proceedings* 18, no. 1 (January 2005): 21–25.

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6.1 Viruses

Learning Objectives

- Describe the general characteristics of viruses as pathogens
- Describe viral genomes
- Describe the general characteristics of viral life cycles
- Differentiate among bacteriophages, plant viruses, and animal viruses
- Describe the characteristics used to identify viruses as obligate intracellular parasites

Despite their small size, which prevented them from being seen with light microscopes, the discovery of a filterable component smaller than a bacterium that causes tobacco mosaic disease (TMD) dates back to 1892.[2] At that time, Dmitri Ivanovski, a Russian botanist, discovered the source of TMD by using a porcelain filtering device first invented by Charles Chamberland and Louis Pasteur in Paris in 1884. Porcelain Chamberland filters have a pore size of 0.1 µm, which is small enough to remove all bacteria ≥0.2 µm from any liquids passed through the device. An extract obtained from TMD-infected tobacco plants was made to determine the cause of the disease. Initially, the source of the disease was thought to be bacterial. It was surprising to everyone when Ivanovski, using a Chamberland filter, found that the cause of TMD was not removed after passing the extract through the porcelain filter. So if a bacterium was not the cause of TMD, what could be causing the disease? Ivanovski concluded the cause of TMD must be an extremely small bacterium or bacterial spore. Other scientists, including Martinus Beijerinck, continued investigating the cause of TMD. It was Beijerinck, in 1899, who eventually concluded the causative agent was not a bacterium but, instead, possibly a chemical, like a biological poison we would describe today as a toxin. As a result, the word *virus*, Latin for poison, was used to describe the cause of TMD a few years after Ivanovski's initial discovery. Even though he was not able to see the virus that caused TMD, and did not realize the cause was not a bacterium, Ivanovski is credited as the original discoverer of viruses and a founder of the field of virology.

Today, we can see viruses using electron microscopes (**Figure 1.2**) and we know much more about them. Viruses are distinct biological entities; however, their evolutionary origin is still a matter of speculation. In terms of taxonomy, they are not included in the tree of life because they are **acellular** (not consisting of cells). In order to survive and reproduce, viruses must infect a cellular host, making them obligate intracellular parasites. The genome of a virus enters a host cell and directs the production of the viral components, proteins and nucleic acids, needed to form new virus particles called **virions**. New virions are made in the host cell by assembly of viral components. The new virions transport the viral genome to another host cell to carry out another round of infection. **Table 1.1** summarizes the properties of viruses.

Characteristics of Viruses
Acellular
Infectious
Obligate intracellular parasites
Host and cell-type specificity
DNA or RNA genome (never both)
Genome is surrounded by a protein capsid and, in some cases, a phospholipid membrane studded with viral glycoproteins

Table 1.1

2. H. Lecoq. "[Discovery of the First Virus, the Tobacco Mosaic Virus: 1892 or 1898?]." *Comptes Rendus de l'Academie des Sciences – Serie III – Sciences de la Vie* 324, no. 10 (2001): 929–933.

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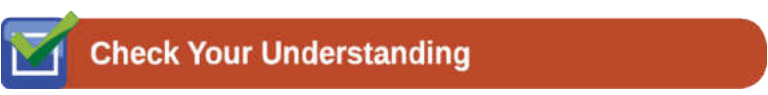
Characteristics of Viruses
Genome lacks genes for many products needed for successful reproduction, requiring exploitation of host-cell genomes to reproduce

Table 1.1

In humans, a wide variety of viruses are capable of causing various infections and diseases. Some of the deadliest emerging pathogens in humans are viruses, yet we have few treatments or drugs to deal with viral infections, making them difficult to eradicate.

Figure 1.2 (a) Tobacco mosaic virus (TMV) viewed with transmission electron microscope. (b) Plants infected with tobacco mosaic disease (TMD), caused by TMV. (credit a: modification of work by USDA Agricultural Research Service—scale-bar data from Matt Russell; credit b: modification of work by USDA Forest Service, Department of Plant Pathology Archive North Carolina State University)



Why was the first virus investigated mistaken for a toxin?

Hosts and Viral Transmission

Viruses can infect every type of host cell, including those of plants, animals, fungi, protists, bacteria, and archaea. Most viruses will only be able to infect the cells of one or a few species of organism. This is called the **host range**. However, having a wide host range is not common and viruses will typically only infect specific hosts and only specific cell types within those hosts. The viruses that infect bacteria are called **bacteriophages**, or simply phages. The word *phage* comes from the Greek word for devour. Other viruses are just identified by their host group, such as animal or plant viruses. Once a cell is infected, the effects of the virus can vary depending on the type of virus. Viruses may cause abnormal growth of the cell or cell death, alter the cell's genome, or cause little noticeable effect in the cell.

Viruses can be transmitted through direct contact, indirect contact with fomites, or through a **vector**: an animal that transmits a pathogen from one host to another. Arthropods such as mosquitoes, ticks, and flies, are typical vectors for viral diseases, and they may act as **mechanical vectors** or **biological vectors**. Mechanical transmission occurs when the arthropod carries a viral pathogen on the outside of its body and transmits it to a new host by physical contact.

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Biological transmission occurs when the arthropod carries the viral pathogen inside its body and transmits it to the new host through biting.

Viruses that can be transmitted from an animal host to a human host can cause zoonoses. For example, the avian influenza virus originates in birds, but can cause disease in humans. Reverse zoonoses are caused by infection of an animal by a virus that originated in a human.

Why do humans not have to be concerned about the presence of bacteriophages in their food?

What are three ways that viruses can be transmitted between hosts?

Micro Connections

Fighting Bacteria with Viruses

The emergence of superbugs, or multidrug resistant bacteria, has become a major challenge for pharmaceutical companies and a serious health-care problem. According to a 2013 report by the US Centers for Disease Control and Prevention (CDC), more than 2 million people are infected with drug-resistant bacteria in the US annually, resulting in at least 23,000 deaths.[3] The continued use and overuse of antibiotics will likely lead to the evolution of even more drug-resistant strains.

One potential solution is the use of phage therapy, a procedure that uses bacteria-killing viruses (bacteriophages) to treat bacterial infections. Phage therapy is not a new idea. The discovery of bacteriophages dates back to the early 20th century, and phage therapy was first used in Europe in 1915 by the English bacteriologist Frederick Twort.[4] However, the subsequent discovery of penicillin and other antibiotics led to the near abandonment of this form of therapy, except in the former Soviet Union and a few countries in Eastern Europe. Interest in phage therapy outside of the countries of the former Soviet Union is only recently re-emerging because of the rise in antibiotic-resistant bacteria.[5]

Clinical Focus

Part 1

David, a 45-year-old journalist, has just returned to the U.S. from travels in Russia, China, and Africa. He is not feeling well, so he goes to his general practitioner complaining of weakness in his arms and legs, fever, headache, noticeable agitation, and minor discomfort. He thinks it may be related to a dog bite he suffered while interviewing a Chinese farmer. He is experiencing some prickling and itching sensations at the site of the bite wound, but he tells the doctor that the dog seemed healthy and that he had not been concerned until now. The doctor ordered a culture and sensitivity test to rule out bacterial infection of the wound, and the results came back negative for any possible pathogenic bacteria.

- Based on this information, what additional tests should be performed on the patient?
- What type of treatment should the doctor recommend?

*Jump to the **next** Clinical Focus box.*

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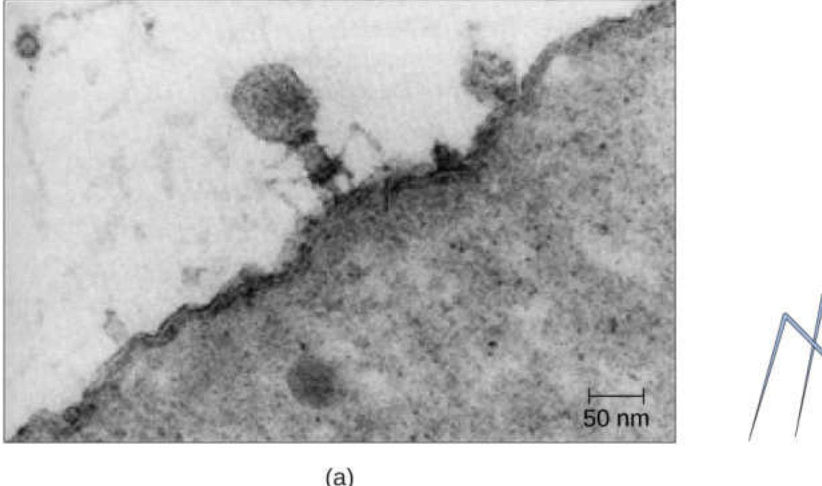
Phage therapy has some advantages over antibiotics in that phages kill only one specific bacterium, whereas antibiotics kill not only the pathogen but also beneficial bacteria of the normal microbiota. Development of new antibiotics is also expensive for drug companies and for patients, especially for those who live in countries with high poverty rates.

Phages have also been used to prevent food spoilage. In 2006, the US Food and Drug Administration approved the use of a solution containing six bacteriophages that can be sprayed on lunch meats such as bologna, ham, and turkey to kill *Listeria monocytogenes*, a bacterium responsible for listeriosis, a form of food poisoning. Some consumers have concerns about the use of phages on foods, however, especially given the rising popularity of organic products. Foods that have been treated with phages must declare "bacteriophage preparation" in the list of ingredients or include a label declaring that the meat has been "treated with antimicrobial solution to reduce microorganisms."[6]

Viral Structures

In general, virions (viral particles) are small and cannot be observed using a regular light microscope. They are much smaller than prokaryotic and eukaryotic cells; this is an adaptation allowing viruses to infect these larger cells (see **Figure 1.3**). The size of a virion can range from 20 nm for small viruses up to 900 nm for typical, large viruses (see **Figure 1.4**). Recent discoveries, however, have identified new giant viral species, such as *Pandoravirus salinus* and *Pithovirus sibericum*, with sizes approaching that of a bacterial cell.[7]



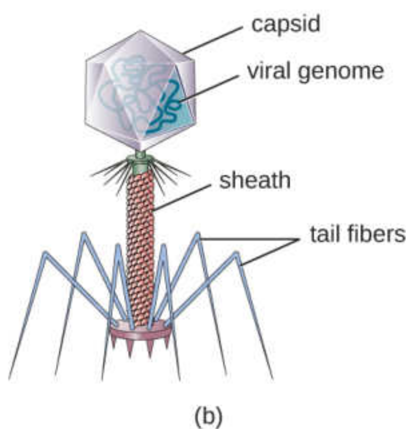


Figure 1.3 (a) In this transmission electron micrograph, a bacteriophage (a virus that infects bacteria) is dwarfed by the bacterial cell it infects. (b) An illustration of the bacteriophage in the micrograph. (credit a: modification of work by J.P. Nataro and S. Sears, Centers for Disease Control and Prevention—scale-bar data from Matt Russell)

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3. US Department of Health and Human Services, Centers for Disease Control and Prevention. "Antibiotic Resistance Threats in the United States, 2013." http://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf (accessed September 22, 2015).
4. M. Clokie et al. "Phages in Nature." *Bacteriophage* 1, no. 1 (2011): 31–45.
5. A. Sulakvelidze et al. "Bacteriophage Therapy." *Antimicrobial Agents and Chemotherapy* 45, no. 3 (2001): 649–659.
6. US Food and Drug Administration. "FDA Approval of *Listeria*-specific Bacteriophage Preparation on Ready-to-Eat (RTE) Meat and Poultry Products." http://www.fda.gov/food/ingredientspackaginglabeling/ucm083572.htm (accessed September 22, 2015).
7. N. *Philippe et al. "Pandoraviruses: Amoeba Viruses with Genomes up to 2.5 Mb Reaching that of Parasitic Eukaryotes." Science 341, no. 6143 (2013): 281–286.*

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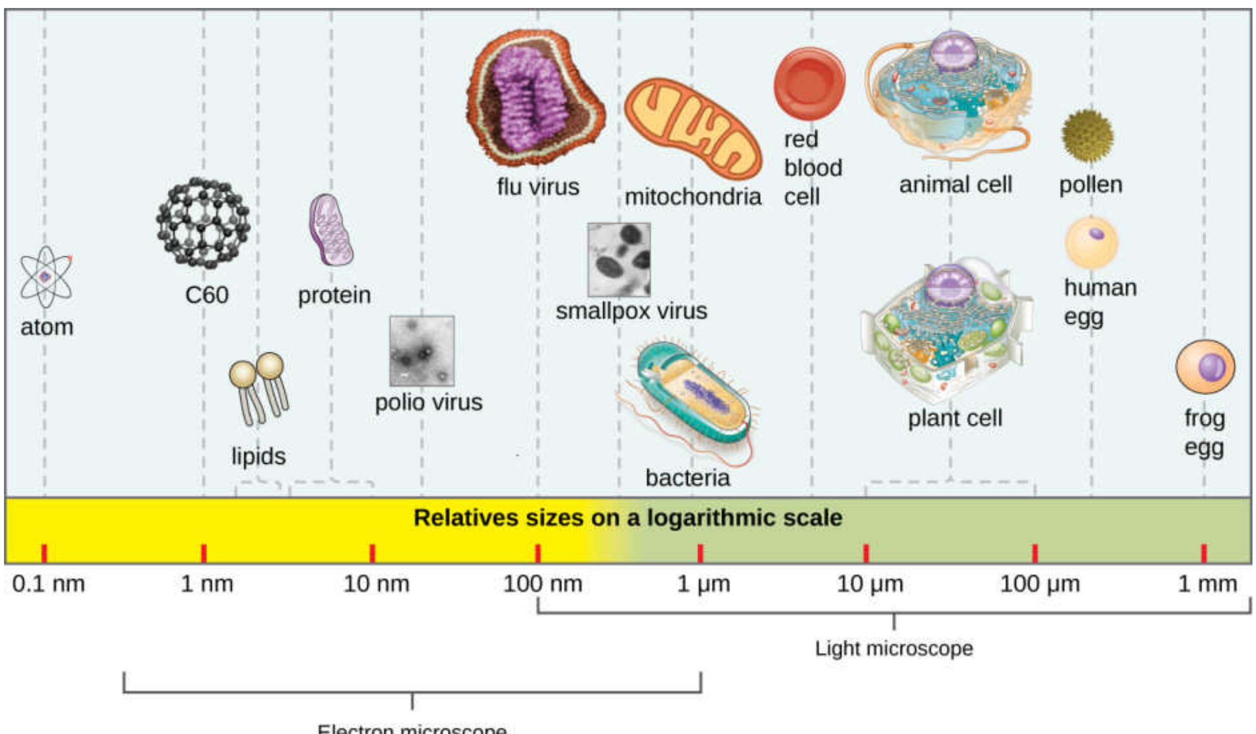

Figure 1.4 The size of a virus is small relative to the size of most bacterial and eukaryotic cells and their organelles.

In 1935, after the development of the electron microscope, Wendell Stanley was the first scientist to crystallize the structure of the tobacco mosaic virus and discovered that it is composed of RNA and protein. In 1943, he isolated *Influenza B virus*, which contributed to the development of an influenza (flu) vaccine. Stanley's discoveries unlocked the mystery of the nature of viruses that had been puzzling scientists for over 40 years and his contributions to the field of virology led to him being awarded the Nobel Prize in 1946.

As a result of continuing research into the nature of viruses, we now know they consist of a nucleic acid (either RNA or DNA, but never both) surrounded by a protein coat called a **capsid** (see **Figure 1.5**). The interior of the capsid is not filled with cytosol, as in a cell, but instead it contains the bare necessities in terms of genome and enzymes needed to direct the synthesis of new virions. Each capsid is composed of protein subunits called **capsomeres** made of one or more different types of capsomere proteins that interlock to form the closely packed capsid.

There are two categories of viruses based on general composition. Viruses formed from only a nucleic acid and capsid are called **naked viruses** or **nonenveloped viruses**. Viruses formed with a nucleic-acid packed capsid surrounded by a lipid layer are called **enveloped viruses** (see **Figure 1.5**). The **viral envelope** is a small portion of phospholipid membrane obtained as the virion buds from a host cell. The viral envelope may either be intracellular or cytoplasmic in origin.

Extending outward and away from the capsid on some naked viruses and enveloped viruses are protein structures called **spikes**. At the tips of these spikes are structures that allow the virus to attach and enter a cell, like the influenza virus hemagglutinin spikes (H) or enzymes like the neuraminidase (N) influenza virus spikes that allow the virus to detach from the cell surface during release of new virions. Influenza viruses are often identified by their H and N spikes. For example, H1N1 influenza viruses were responsible for the pandemics in 1918 and 2009,[8] H2N2 for the pandemic in 1957, and H3N2 for the pandemic in 1968.

8. J. Cohen. "What's Old Is New: 1918 Virus Matches 2009 H1N1 Strain. *Science* 327, no. 5973 (2010): 1563–1564.

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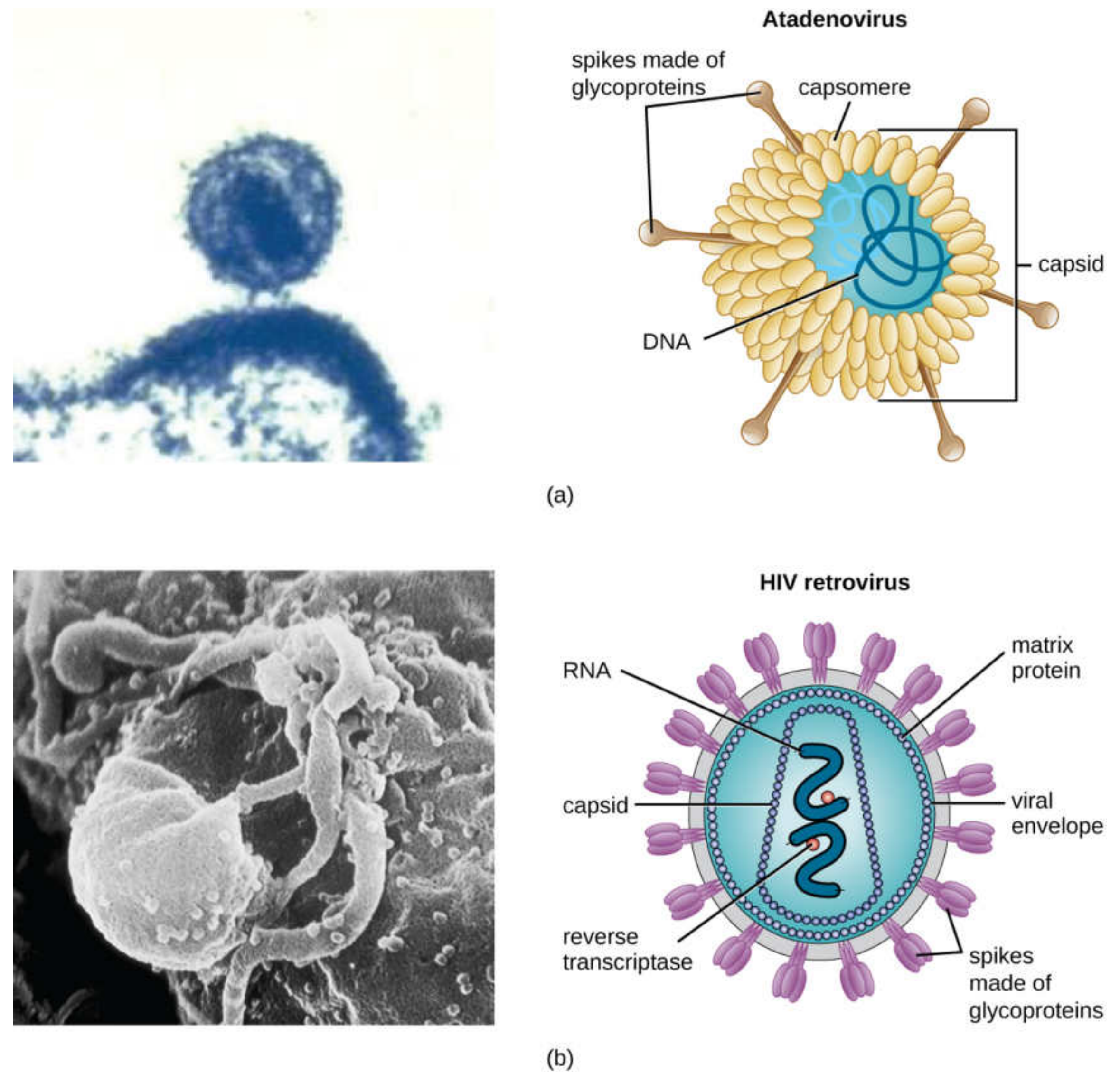

Figure 1.5 (a) The naked atadenovirus uses spikes made of glycoproteins from its capsid to bind to host cells. (b) The enveloped human immunodeficiency virus uses spikes made of glycoproteins embedded in its envelope to bind to host cells (credit b: modification of work by Centers for Disease Control and Prevention)

Viruses vary in the shape of their capsids, which can be either **helical**, **polyhedral**, or **complex**. A **helical** capsid forms the shape of tobacco mosaic virus (TMV), a naked helical virus, and Ebola virus, an enveloped helical virus. The capsid is cylindrical or rod shaped, with the genome fitting just inside the length of the capsid. Polyhedral capsids form the shapes of poliovirus and rhinovirus, and consist of a nucleic acid surrounded by a polyhedral (many-sided) capsid in the form of an icosahedron. An **icosahedral** capsid is a three-dimensional, 20-sided structure with 12 vertices. These capsids somewhat resemble a soccer ball. Both helical and **polyhedral viruses** can have envelopes. Viral shapes seen in certain types of bacteriophages, such as T4 phage, and poxviruses, like vaccinia virus, may have features of both polyhedral and helical viruses so they are described as a **complex** viral shape (see Figure 1.6). In the bacteriophage complex form, the genome is located within the polyhedral head and the **sheath** connects the head to the **tail fibers** and **tail pins** that help the virus attach to receptors on the host cell's surface. Poxviruses that have complex shapes are often brick shaped, with intricate surface characteristics not seen in the other categories of capsid.

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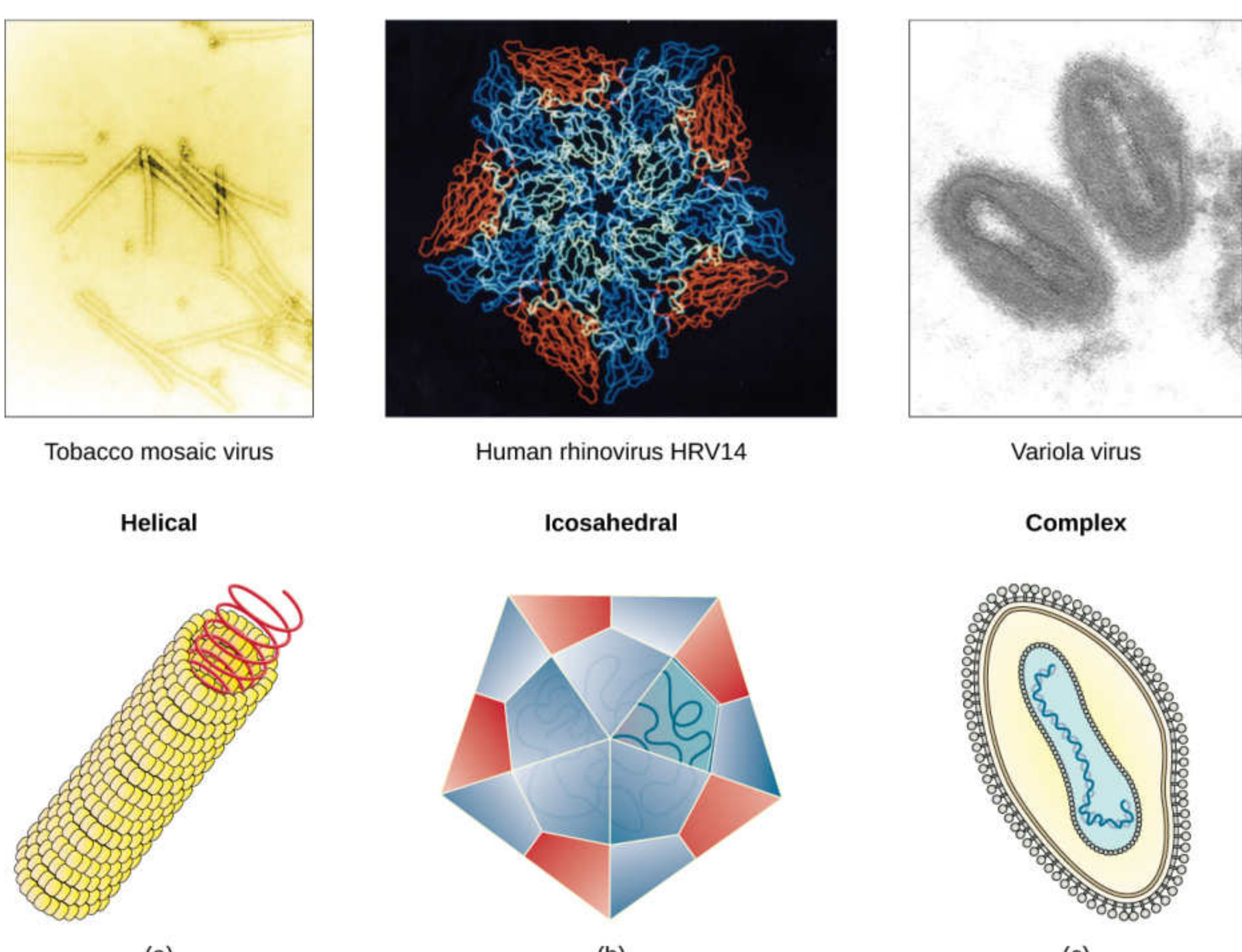
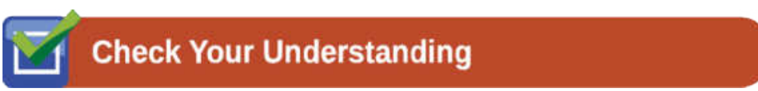


Figure 1.6 Viral capsids can be (a) helical, (b) polyhedral, or (c) have a complex shape. (credit a: modification of work by USDA ARS—scale-bar data from Matt Russell; credit b: modification of work by United States Department of Energy)



Which types of viruses have spikes?

Classification and Taxonomy of Viruses

Although viruses are not classified in the three domains of life, their numbers are great enough to require classification. Since 1971, the International Union of Microbiological Societies Virology Division has given the task of developing, refining, and maintaining a universal virus taxonomy to the International Committee on Taxonomy of Viruses (ICTV). Since viruses can mutate so quickly, it can be difficult to classify them into a genus and a species epithet using the binomial nomenclature system. Thus, the ICTV's viral nomenclature system classifies viruses into families and genera based on viral genetics, chemistry, morphology, and mechanism of multiplication. To date, the ICTV has classified known viruses in seven orders, 96 families, and 350 genera. Viral family names end in *-viridae* (e.g, *Parvoviridae*) and genus names end in −*virus* (e.g., *Parvovirus*). The names of viral orders, families, and genera

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are all italicized. When referring to a viral species, we often use a genus and species epithet such as *Pandoravirus dulcis* or *Pandoravirus salinus.*

The Baltimore classification system is an alternative to ICTV nomenclature. The Baltimore system classifies viruses according to their genomes (DNA or RNA, single versus double stranded, and mode of replication). This system thus creates seven groups of viruses that have common genetics and biology.

Link to Learning

Explore the latest virus **taxonomy (http://www.openstaxcollege.org/l/22virustaxon)** at the ICTV website.

Aside from formal systems of nomenclature, viruses are often informally grouped into categories based on chemistry, morphology, or other characteristics they share in common. Categories may include naked or enveloped structure, single-stranded (ss) or double-stranded (ds) DNA or ss or ds RNA genomes, segmented or nonsegmented genomes, and positive-strand (+) or negative-strand (−) RNA. For example, herpes viruses can be classified as a dsDNA enveloped virus; human immunodeficiency virus (HIV) is a +ssRNA enveloped virus, and tobacco mosaic virus is a +ssRNA virus. Other characteristics such as host specificity, tissue specificity, capsid shape, and special genes or enzymes may also be used to describe groups of similar viruses. **Table 1.2** lists some of the most common viruses that are human pathogens by genome type.

Common Pathogenic Viruses

Genome	Family	Example Virus	Clinical Features
dsDNA, enveloped	*Poxviridae*	*Orthopoxvirus*	Skin papules, pustules, lesions
	Poxviridae	*Parapoxvirus*	Skin lesions
	Herpesviridae	*Simplexvirus*	Cold sores, genital herpes, sexually transmitted disease
dsDNA, naked	*Adenoviridae*	*Atadenovirus*	Respiratory infection (common cold)
	Papillomaviridae	*Papillomavirus*	Genital warts, cervical, vulvar, or vaginal cancer
	Reoviridae	*Reovirus*	Gastroenteritis severe diarrhea (stomach flu)
ssDNA, naked	*Parvoviridae*	*Adeno-associated dependoparvovirus A*	Respiratory tract infection
	Parvoviridae	*Adeno-associated dependoparvovirus B*	Respiratory tract infection
dsRNA, naked	*Reoviridae*	*Rotavirus*	Gastroenteritis
+ssRNA, naked	*Picornaviridae*	*Enterovirus C*	Poliomyelitis
	Picornaviridae	*Rhinovirus*	Upper respiratory tract infection (common cold)

Table 1.2

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Common Pathogenic Viruses

Genome	Family	Example Virus	Clinical Features
+ssRNA, enveloped	*Picornaviridae*	*Hepatovirus*	Hepatitis
	Togaviridae	*Alphavirus*	Encephalitis, hemorrhagic fever
	Togaviridae	*Rubivirus*	Rubella
	Retroviridae	*Lentivirus*	Acquired immune deficiency syndrome (AIDS)
−ssRNA, enveloped	*Filoviridae*	*Zaire Ebolavirus*	Hemorrhagic fever
	Orthomyxoviridae	*Influenzavirus A, B, C*	Flu
	Rhabdoviridae	*Lyssavirus*	Rabies

Table 1.2

What are the types of virus genome?

Classification of Viral Diseases

While the ICTV has been tasked with the biological classification of viruses, it has also played an important role in the classification of diseases caused by viruses. To facilitate the tracking of virus-related human diseases, the ICTV has created classifications that link to the International Classification of Diseases (ICD), the standard taxonomy of disease that is maintained and updated by the World Health Organization (WHO). The ICD assigns an alphanumeric code of up to six characters to every type of viral infection, as well as all other types of diseases, medical conditions, and causes of death. This ICD code is used in conjunction with two other coding systems (the Current Procedural Terminology, and the Healthcare Common Procedure Coding System) to categorize patient conditions for treatment and insurance reimbursement.

For example, when a patient seeks treatment for a viral infection, ICD codes are routinely used by clinicians to order laboratory tests and prescribe treatments specific to the virus suspected of causing the illness. This ICD code is then used by medical laboratories to identify tests that must be performed to confirm the diagnosis. The ICD code is used by the health-care management system to verify that all treatments and laboratory work performed are appropriate for the given virus. Medical coders use ICD codes to assign the proper code for procedures performed, and medical billers, in turn, use this information to process claims for reimbursement by insurance companies. Vital-records keepers use ICD codes to record cause of death on death certificates, and epidemiologists used ICD codes to calculate morbidity and mortality statistics.

Identify two locations where you would likely find an ICD code.

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Clinical Focus

Part 2

David's doctor was concerned that his symptoms included prickling and itching at the site of the dog bite; these sensations could be early symptoms of rabies. Several tests are available to diagnose rabies in live patients, but no single antemortem test is adequate. The doctor decided to take samples of David's blood, saliva, and skin for testing. The skin sample was taken from the nape of the neck (posterior side of the neck near the hairline). It was about 6-mm long and contained at least 10 hair follicles, including the superficial cutaneous nerve. An immunofluorescent staining technique was used on the skin biopsy specimen to detect rabies antibodies in the cutaneous nerves at the base of the hair follicles. A test was also performed on a serum sample from David's blood to determine whether any antibodies for the rabies virus had been produced.

Meanwhile, the saliva sample was used for reverse transcriptase-polymerase chain reaction (RT-PCR) analysis, a test that can detect the presence of viral nucleic acid (RNA). The blood tests came back positive for the presence of rabies virus antigen, prompting David's doctor to prescribe prophylactic treatment. David is given a series of intramuscular injections of human rabies immunoglobulin along with a series of rabies vaccines.

- Why does the immunofluorescent technique look for rabies antibodies rather than the rabies virus itself?
- If David has contracted rabies, what is his prognosis?

*Jump to the **next** Clinical Focus box. Go back to the **previous** Clinical Focus box.*

6.2 The Viral Life Cycle

Learning Objectives

- Describe the lytic and lysogenic life cycles
- Describe the replication process of animal viruses
- Describe unique characteristics of retroviruses and latent viruses
- Discuss human viruses and their virus-host cell interactions
- Explain the process of transduction
- Describe the replication process of plant viruses

All viruses depend on cells for reproduction and metabolic processes. By themselves, viruses do not encode for all of the enzymes necessary for viral replication. But within a host cell, a virus can commandeer cellular machinery to produce more viral particles. Bacteriophages replicate only in the cytoplasm, since prokaryotic cells do not have a nucleus or organelles. In eukaryotic cells, most DNA viruses can replicate inside the nucleus, with an exception observed in the large DNA viruses, such as the poxviruses, that can replicate in the cytoplasm. RNA viruses that infect animal cells often replicate in the cytoplasm.

The Life Cycle of Viruses with Prokaryote Hosts

The life cycle of bacteriophages has been a good model for understanding how viruses affect the cells they infect, since similar processes have been observed for eukaryotic viruses, which can cause immediate death of the cell or establish a latent or chronic infection. **Virulent phages** typically lead to the death of the cell through cell lysis. **Temperate phages**, on the other hand, can become part of a host chromosome and are replicated with the cell genome until such time as they are induced to make newly assembled viruses, or **progeny viruses**.

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The Lytic Cycle

During the **lytic cycle** of virulent phage, the bacteriophage takes over the cell, reproduces new phages, and destroys the cell. T-even phage is a good example of a well-characterized class of virulent phages. There are five stages in the bacteriophage lytic cycle (see Figure 1.7). **Attachment** is the first stage in the infection process in which the phage interacts with specific bacterial surface receptors (e.g., lipopolysaccharides and OmpC protein on host surfaces). Most phages have a narrow host range and may infect one species of bacteria or one strain within a species. This unique recognition can be exploited for targeted treatment of bacterial infection by phage therapy or for phage typing to identify unique bacterial subspecies or strains. The second stage of infection is entry or **penetration**. This occurs through contraction of the tail sheath, which acts like a hypodermic needle to inject the viral genome through the cell wall and membrane. The phage head and remaining components remain outside the bacteria.

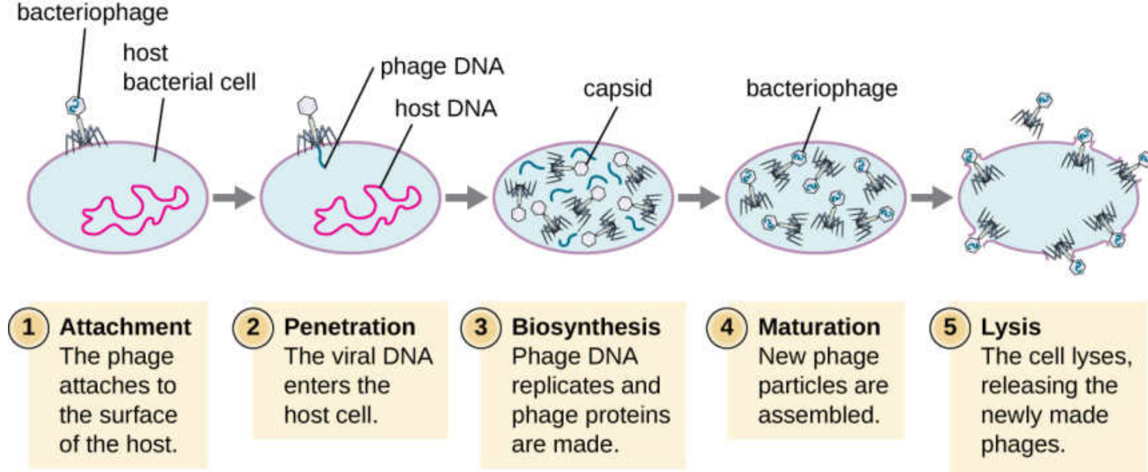

Figure 1.7 A virulent phage shows only the lytic cycle pictured here. In the lytic cycle, the phage replicates and lyses the host cell.

The third stage of infection is **biosynthesis** of new viral components. After entering the host cell, the virus synthesizes virus-encoded endonucleases to degrade the bacterial chromosome. It then hijacks the host cell to replicate, transcribe, and translate the necessary viral components (capsomeres, sheath, base plates, tail fibers, and viral enzymes) for the assembly of new viruses. Polymerase genes are usually expressed early in the cycle, while capsid and tail proteins are expressed later. During the **maturation** phase, new virions are created. To liberate free phages, the bacterial cell wall is disrupted by phage proteins such as holin or lysozyme. The final stage is release. Mature viruses burst out of the host cell in a process called **lysis** and the progeny viruses are liberated into the environment to infect new cells.

The Lysogenic Cycle

In a **lysogenic cycle**, the phage genome also enters the cell through attachment and penetration. A prime example of a phage with this type of life cycle is the lambda phage. During the lysogenic cycle, instead of killing the host, the phage genome integrates into the bacterial chromosome and becomes part of the host. The integrated phage genome is called a **prophage**. A bacterial host with a prophage is called a **lysogen**. The process in which a bacterium is infected by a temperate phage is called **lysogeny**. It is typical of temperate phages to be latent or inactive within the cell. As the bacterium replicates its chromosome, it also replicates the phage's DNA and passes it on to new daughter cells during reproduction. The presence of the phage may alter the phenotype of the bacterium, since it can bring in extra genes (e.g., toxin genes that can increase bacterial virulence). This change in the host phenotype is called **lysogenic conversion** or **phage conversion**. Some bacteria, such as *Vibrio cholerae* and *Clostridium botulinum*, are less virulent in the absence of the prophage. The phages infecting these bacteria carry the toxin genes in their genome and enhance the virulence of the host when the toxin genes are expressed. In the case of *V. cholera*, phage encoded toxin can cause severe diarrhea; in *C. botulinum*, the toxin can cause paralysis. During lysogeny, the prophage will persist in the host

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chromosome until **induction**, which results in the excision of the viral genome from the host chromosome. After induction has occurred the temperate phage can proceed through a lytic cycle and then undergo lysogeny in a newly infected cell (see Figure 1.8).

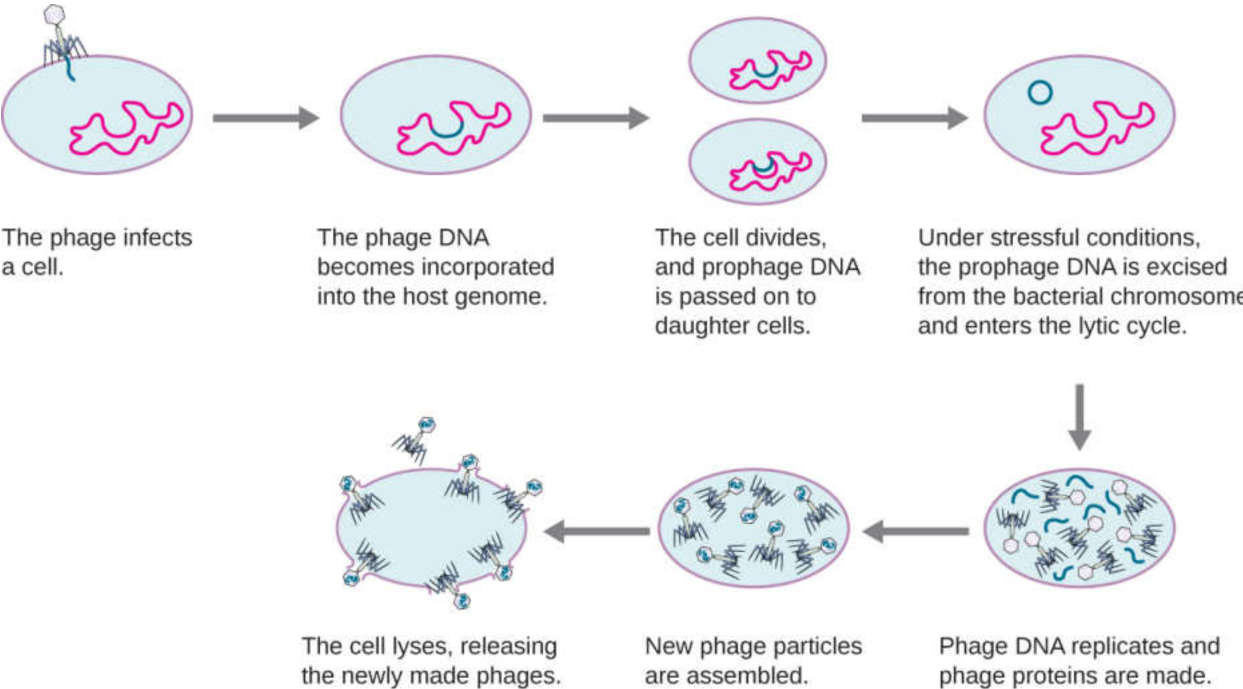
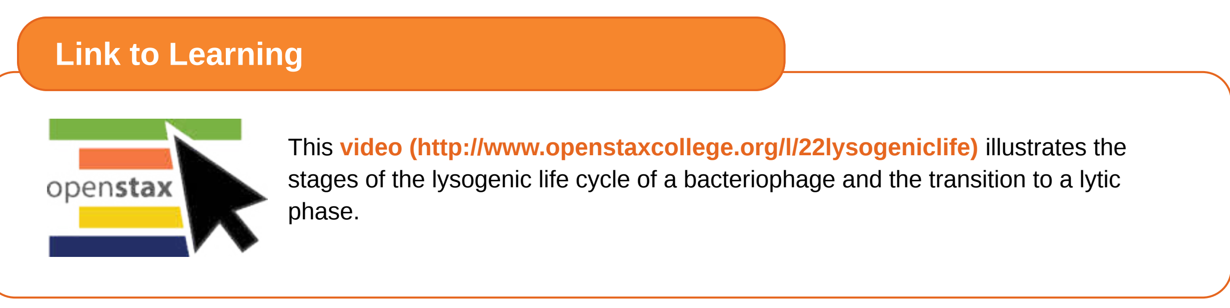


Figure 1.8 A temperate bacteriophage has both lytic and lysogenic cycles. In the lysogenic cycle, phage DNA is incorporated into the host genome, forming a prophage, which is passed on to subsequent generations of cells. Environmental stressors such as starvation or exposure to toxic chemicals may cause the prophage to be excised and enter the lytic cycle.



This video (http://www.openstaxcollege.org/l/22lysogeniclife) illustrates the stages of the lysogenic life cycle of a bacteriophage and the transition to a lytic phase.

Is a latent phage undetectable in a bacterium?

Transduction

Transduction occurs when a bacteriophage transfers bacterial DNA from one bacterium to another during sequential infections. There are two types of transduction: generalized and specialized transduction. During the lytic cycle of

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viral replication, the virus hijacks the host cell, degrades the host chromosome, and makes more viral genomes. As it assembles and packages DNA into the phage head, packaging occasionally makes a mistake. Instead of packaging viral DNA, it takes a random piece of host DNA and inserts it into the capsid. Once released, this virion will then inject the former host's DNA into a newly infected host. The asexual transfer of genetic information can allow for DNA recombination to occur, thus providing the new host with new genes (e.g., an antibiotic-resistance gene, or a sugar-metabolizing gene). **Generalized transduction** occurs when a random piece of bacterial chromosomal DNA is transferred by the phage during the lytic cycle. **Specialized transduction** occurs at the end of the lysogenic cycle, when the prophage is excised and the bacteriophage enters the lytic cycle. Since the phage is integrated into the host genome, the prophage can replicate as part of the host. However, some conditions (e.g., ultraviolet light exposure or chemical exposure) stimulate the prophage to undergo induction, causing the phage to excise from the genome, enter the lytic cycle, and produce new phages to leave host cells. During the process of excision from the host chromosome, a phage may occasionally remove some bacterial DNA near the site of viral integration. The phage and host DNA from one end or both ends of the integration site are packaged within the capsid and are transferred to the new, infected host. Since the DNA transferred by the phage is not randomly packaged but is instead a specific piece of DNA near the site of integration, this mechanism of gene transfer is referred to as specialized transduction (see Figure 1.9). The DNA can then recombine with host chromosome, giving the latter new characteristics. Transduction seems to play an important role in the evolutionary process of bacteria, giving them a mechanism for asexual exchange of genetic information.

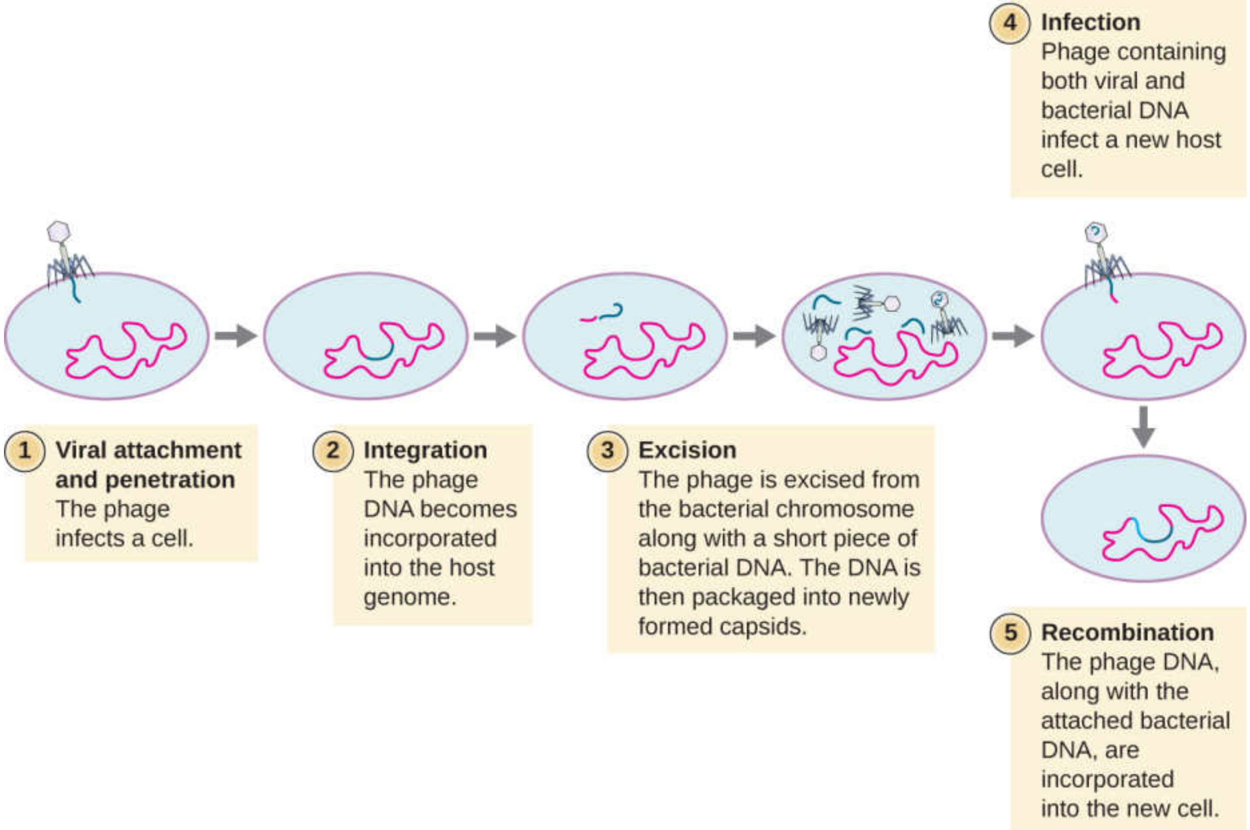

Figure 1.9 This flowchart illustrates the mechanism of specialized transduction. An integrated phage excises, bringing with it a piece of the DNA adjacent to its insertion point. On reinfection of a new bacterium, the phage DNA integrates along with the genetic material acquired from the previous host.

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Which phage life cycle is associated with which forms of transduction?

Life Cycle of Viruses with Animal Hosts

Lytic animal viruses follow similar infection stages to bacteriophages: attachment, penetration, biosynthesis, maturation, and release (see Figure 1.10). However, the mechanisms of penetration, nucleic-acid biosynthesis, and release differ between bacterial and animal viruses. After binding to host receptors, animal viruses enter through endocytosis (engulfment by the host cell) or through membrane fusion (viral envelope with the host cell membrane). Many viruses are host specific, meaning they only infect a certain type of host; and most viruses only infect certain types of cells within tissues. This specificity is called a **tissue tropism**. Examples of this are demonstrated by the poliovirus, which exhibits tropism for the tissues of the brain and spinal cord, or the influenza virus, which has a primary tropism for the respiratory tract.

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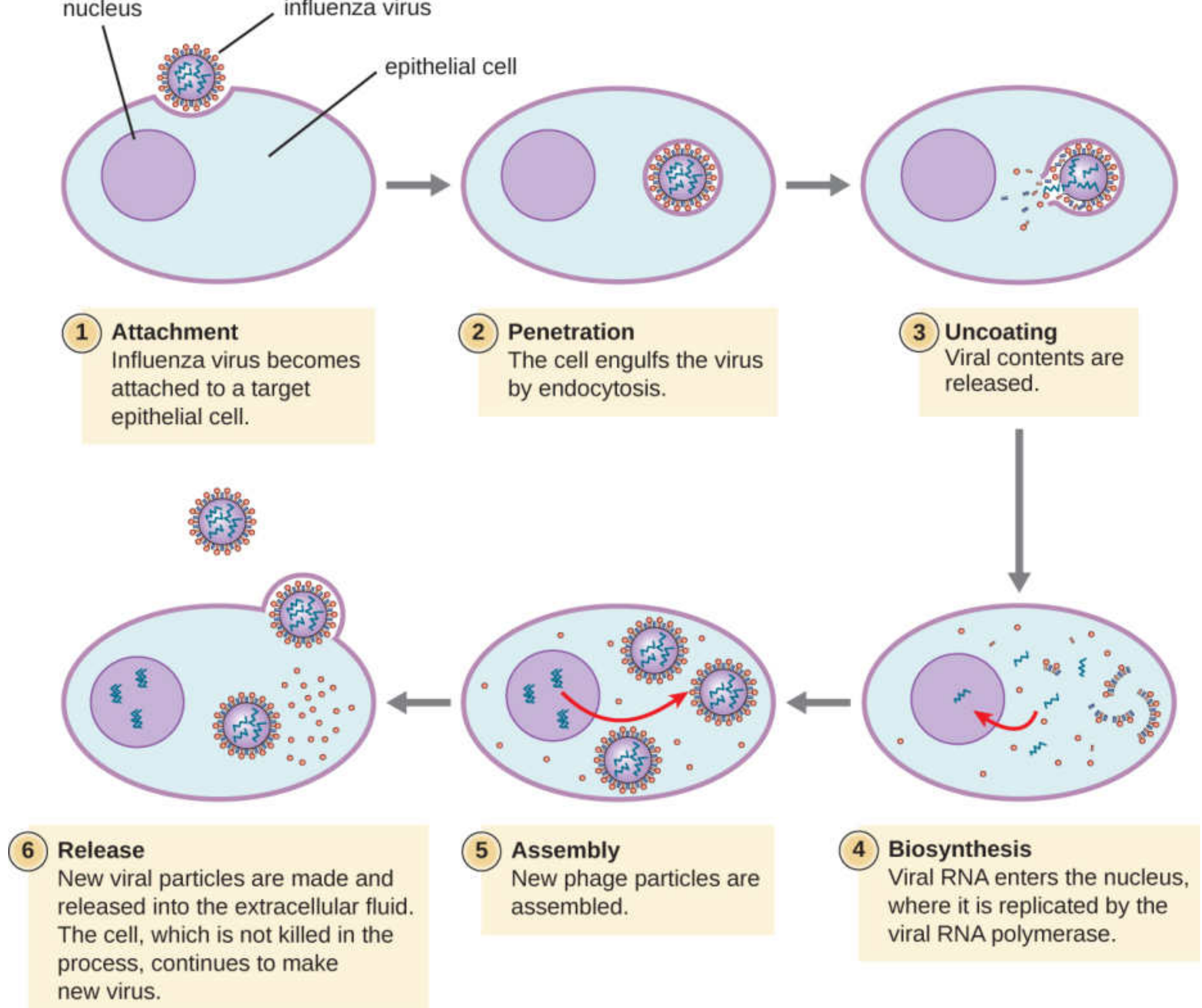

Figure 1.10 In influenza virus infection, viral glycoproteins attach the virus to a host epithelial cell. As a result, the virus is engulfed. Viral RNA and viral proteins are made and assembled into new virions that are released by budding.

Animal viruses do not always express their genes using the normal flow of genetic information—from DNA to RNA to protein. Some viruses have a dsDNA genome like cellular organisms and can follow the normal flow. However, others may have ssDNA, dsRNA, or ssRNA genomes. The nature of the genome determines how the genome is replicated and expressed as viral proteins. If a genome is ssDNA, host enzymes will be used to synthesize a second strand that is complementary to the genome strand, thus producing dsDNA. The dsDNA can now be replicated, transcribed, and translated similar to host DNA.

If the viral genome is RNA, a different mechanism must be used. There are three types of RNA genome: dsRNA, **positive (+) single-strand (+ssRNA)** or **negative (−) single-strand RNA (−ssRNA)**. If a virus has a +ssRNA genome, it can be translated directly to make viral proteins. Viral genomic +ssRNA acts like cellular mRNA. However, if a virus contains a −ssRNA genome, the host ribosomes cannot translate it until the −ssRNA is replicated into +ssRNA by viral RNA-dependent RNA polymerase (RdRP) (see **Figure 1.11**). The RdRP is brought in by the virus and can be used to make +ssRNA from the original −ssRNA genome. The RdRP is also an important enzyme for the replication of dsRNA viruses, because it uses the negative strand of the double-stranded genome as a template to create +ssRNA. The newly synthesized +ssRNA copies can then be translated by cellular ribosomes.

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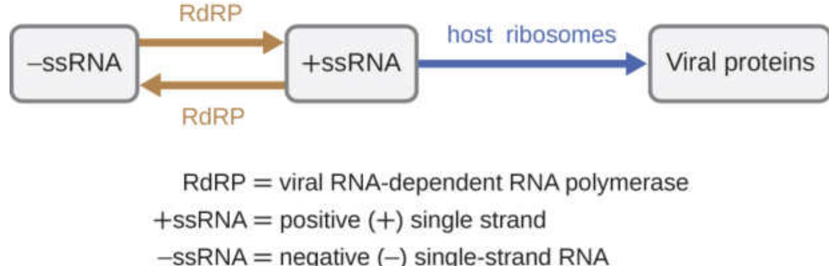

Figure 1.11 RNA viruses can contain +ssRNA that can be directly read by the ribosomes to synthesize viral proteins. Viruses containing −ssRNA must first use the −ssRNA as a template for the synthesis of +ssRNA before viral proteins can be synthesized.

An alternative mechanism for viral nucleic acid synthesis is observed in the **retroviruses**, which are +ssRNA viruses (see **Figure 1.12**). Single-stranded RNA viruses such as HIV carry a special enzyme called **reverse transcriptase** within the capsid that synthesizes a complementary ssDNA (cDNA) copy using the +ssRNA genome as a template. The ssDNA is then made into dsDNA, which can integrate into the host chromosome and become a permanent part of the host. The integrated viral genome is called a **provirus**. The virus now can remain in the host for a long time to establish a chronic infection. The provirus stage is similar to the prophage stage in a bacterial infection during the lysogenic cycle. However, unlike prophage, the provirus does not undergo excision after splicing into the genome.

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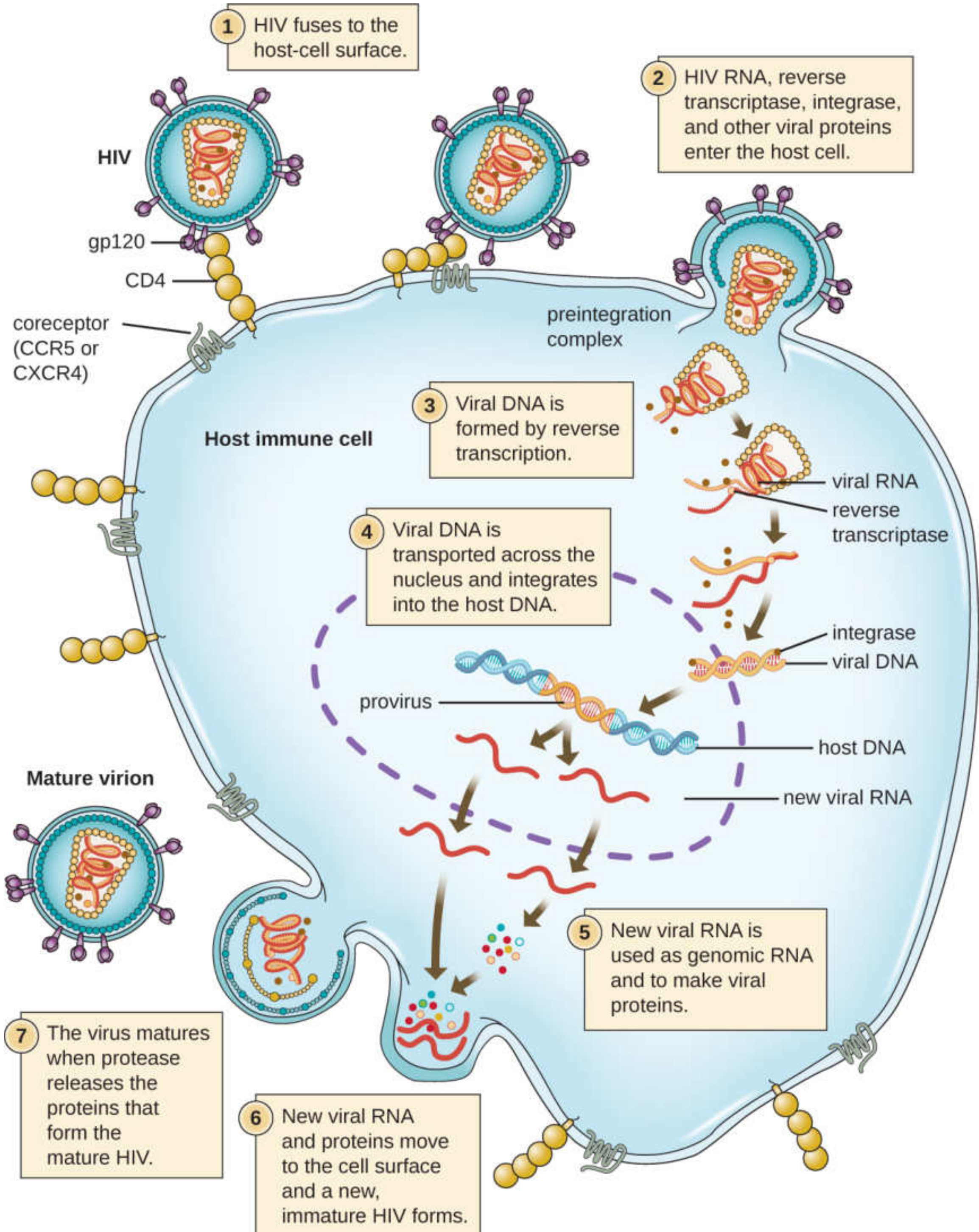

Figure 1.12 HIV, an enveloped, icosahedral retrovirus, attaches to a cell surface receptor of an immune cell and fuses with the cell membrane. Viral contents are released into the cell, where viral enzymes convert the single-stranded RNA genome into DNA and incorporate it into the host genome.

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Is RNA-dependent RNA polymerase made from a viral gene or a host gene?

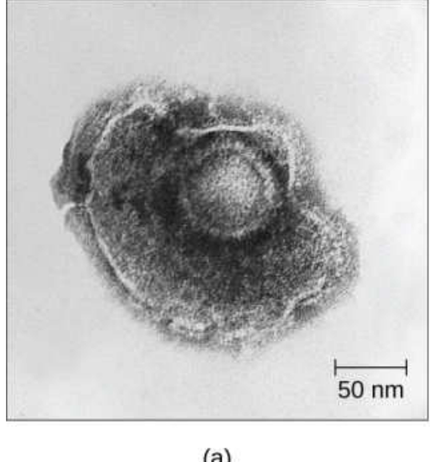
Persistent Infections

Persistent infection occurs when a virus is not completely cleared from the system of the host but stays in certain tissues or organs of the infected person. The virus may remain silent or undergo productive infection without seriously harming or killing the host. Mechanisms of persistent infection may involve the regulation of the viral or host gene expressions or the alteration of the host immune response. The two primary categories of persistent infections are latent infection and chronic infection. Examples of viruses that cause latent infections include herpes simplex virus (oral and genital herpes), varicella-zoster virus (chicken pox and shingles), and Epstein-Barr virus (mononucleosis). Hepatitis C virus and HIV are two examples of viruses that cause long-term chronic infections.

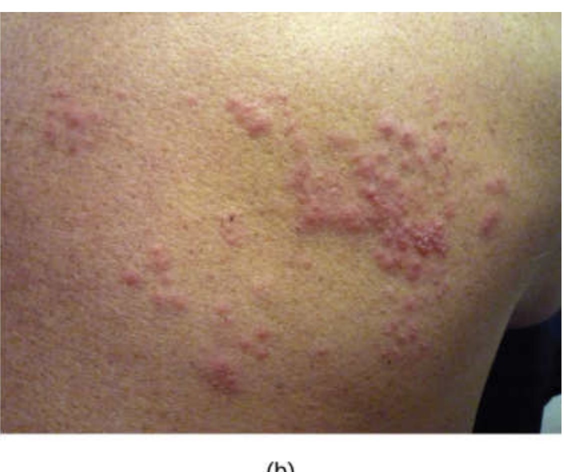
Latent Infection

Not all animal viruses undergo replication by the lytic cycle. There are viruses that are capable of remaining hidden or dormant inside the cell in a process called latency. These types of viruses are known as **latent viruses** and may cause latent infections. Viruses capable of latency may initially cause an acute infection before becoming dormant.

For example, the varicella-zoster virus infects many cells throughout the body and causes chicken pox, characterized by a rash of blisters covering the skin. About 10 to 12 days postinfection, the disease resolves and the virus goes dormant, living within nerve-cell ganglia for years. During this time, the virus does not kill the nerve cells or continue replicating. It is not clear why the virus stops replicating within the nerve cells and expresses few viral proteins but, in some cases, typically after many years of dormancy, the virus is reactivated and causes a new disease called shingles (Figure 1.13). Whereas chicken pox affects many areas throughout the body, shingles is a nerve cell-specific disease emerging from the ganglia in which the virus was dormant.



(a)



(b)

Figure 1.13 (a) Varicella-zoster, the virus that causes chicken pox, has an enveloped icosahedral capsid visible in this transmission electron micrograph. Its double-stranded DNA genome becomes incorporated in the host DNA. (b) After a period of latency, the virus can reactivate in the form of shingles, usually manifesting as a painful, localized rash on one side of the body. (credit a: modification of work by Erskine Palmer and B.G. Partin—scale-bar data from Matt Russell; credit b: modification of work by Rosmarie Voegtli)

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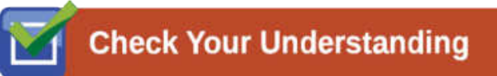
Latent viruses may remain dormant by existing as circular viral genome molecules outside of the host chromosome. Others become proviruses by integrating into the host genome. During dormancy, viruses do not cause any symptoms of disease and may be difficult to detect. A patient may be unaware that he or she is carrying the virus unless a viral diagnostic test has been performed.

Chronic Infection

A chronic infection is a disease with symptoms that are recurrent or persistent over a long time. Some viral infections can be chronic if the body is unable to eliminate the virus. HIV is an example of a virus that produces a chronic infection, often after a long period of latency. Once a person becomes infected with HIV, the virus can be detected in tissues continuously thereafter, but untreated patients often experience no symptoms for years. However, the virus maintains chronic persistence through several mechanisms that interfere with immune function, including preventing expression of viral antigens on the surface of infected cells, altering immune cells themselves, restricting expression of viral genes, and rapidly changing viral antigens through mutation. Eventually, the damage to the immune system results in progression of the disease leading to acquired immunodeficiency syndrome (AIDS). The various mechanisms that HIV uses to avoid being cleared by the immune system are also used by other chronically infecting viruses, including the hepatitis C virus.



In what two ways can a virus manage to maintain a persistent infection?

Life Cycle of Viruses with Plant Hosts

Plant viruses are more similar to animal viruses than they are to bacteriophages. Plant viruses may be enveloped or non-enveloped. Like many animal viruses, plant viruses can have either a DNA or RNA genome and be single stranded or double stranded. However, most plant viruses do not have a DNA genome; the majority have a +ssRNA genome, which acts like messenger RNA (mRNA). Only a minority of plant viruses have other types of genomes.

Plant viruses may have a narrow or broad host range. For example, the citrus tristeza virus infects only a few plants of the *Citrus* genus, whereas the cucumber mosaic virus infects thousands of plants of various plant families. Most plant viruses are transmitted by contact between plants, or by fungi, nematodes, insects, or other arthropods that act as mechanical vectors. However, some viruses can only be transferred by a specific type of insect vector; for example, a particular virus might be transmitted by aphids but not whiteflies. In some cases, viruses may also enter healthy plants through wounds, as might occur due to pruning or weather damage.

Viruses that infect plants are considered biotrophic parasites, which means that they can establish an infection without killing the host, similar to what is observed in the lysogenic life cycles of bacteriophages. Viral infection can be asymptomatic (latent) or can lead to cell death (lytic infection). The life cycle begins with the penetration of the virus into the host cell. Next, the virus is uncoated within the cytoplasm of the cell when the capsid is removed. Depending on the type of nucleic acid, cellular components are used to replicate the viral genome and synthesize viral proteins for assembly of new virions. To establish a systemic infection, the virus must enter a part of the vascular system of the plant, such as the phloem. The time required for systemic infection may vary from a few days to a few weeks depending on the virus, the plant species, and the environmental conditions. The virus life cycle is complete when it is transmitted from an infected plant to a healthy plant.

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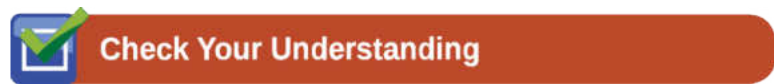


What is the structure and genome of a typical plant virus?

Viral Growth Curve

Unlike the growth curve for a bacterial population, the growth curve for a virus population over its life cycle does not follow a sigmoidal curve. During the initial stage, an inoculum of virus causes infection. In the **eclipse phase**, viruses bind and penetrate the cells with no virions detected in the medium. The chief difference that next appears in the viral growth curve compared to a bacterial growth curve occurs when virions are released from the lysed host cell at the same time. Such an occurrence is called a **burst**, and the number of virions per bacterium released is described as the **burst size**. In a one-step multiplication curve for bacteriophage, the host cells lyse, releasing many viral particles to the medium, which leads to a very steep rise in **viral titer** (the number of virions per unit volume). If no viable host cells remain, the viral particles begin to degrade during the decline of the culture (see Figure 1.14).

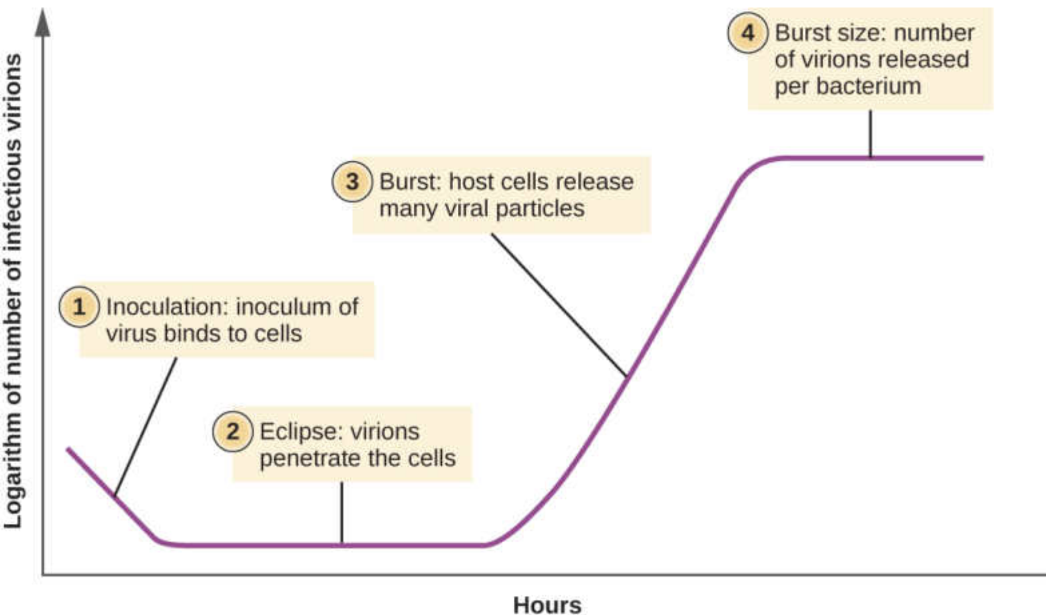
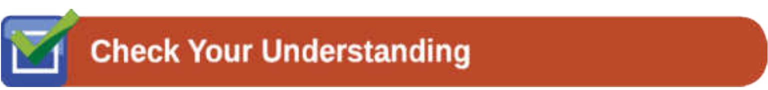


Figure 1.14 The one-step multiplication curve for a bacteriophage population follows three steps: 1) inoculation, during which the virions attach to host cells; 2) eclipse, during which entry of the viral genome occurs; and 3) burst, when sufficient numbers of new virions are produced and emerge from the host cell. The burst size is the maximum number of virions produced per bacterium.



What aspect of the life cycle of a virus leads to the sudden increase in the growth curve?

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Eye on Ethics

Unregistered Treatments

Ebola is incurable and deadly. The outbreak in West Africa in 2014 was unprecedented, dwarfing other human Ebola epidemics in the level of mortality. Of 24,666 suspected or confirmed cases reported, 10,179 people died.[9]

No approved treatments or vaccines for Ebola are available. While some drugs have shown potential in laboratory studies and animal models, they have not been tested in humans for safety and effectiveness. Not only are these drugs untested or unregistered but they are also in short supply.

Given the great suffering and high mortality rates, it is fair to ask whether unregistered and untested medications are better than none at all. Should such drugs be dispensed and, if so, who should receive them, in light of their extremely limited supplies? Is it ethical to treat untested drugs on patients with Ebola? On the other hand, is it ethical to withhold potentially life-saving drugs from dying patients? Or should the drugs perhaps be reserved for health-care providers working to contain the disease?

In August 2014, two infected US aid workers and a Spanish priest were treated with ZMapp, an unregistered drug that had been tested in monkeys but not in humans. The two American aid workers recovered, but the priest died. Later that month, the WHO released a report on the ethics of treating patients with the drug. Since Ebola is often fatal, the panel reasoned that it is ethical to give the unregistered drugs and unethical to withhold them for safety concerns. This situation is an example of “compassionate use” outside the well-established system of regulation and governance of therapies.

Case in Point

Ebola in the US

On September 24, 2014, Thomas Eric Duncan arrived at the Texas Health Presbyterian Hospital in Dallas complaining of a fever, headache, vomiting, and diarrhea—symptoms commonly observed in patients with the cold or the flu. After examination, an emergency department doctor diagnosed him with sinusitis, prescribed some antibiotics, and sent him home. Two days later, Duncan returned to the hospital by ambulance. His condition had deteriorated and additional blood tests confirmed that he has been infected with the Ebola virus.

Further investigations revealed that Duncan had just returned from Liberia, one of the countries in the midst of a severe Ebola epidemic. On September 15, nine days before he showed up at the hospital in Dallas, Duncan had helped transport an Ebola-stricken neighbor to a hospital in Liberia. The hospital continued to treat Duncan, but he died several days after being admitted.

The timeline of the Duncan case is indicative of the life cycle of the Ebola virus. The incubation time for Ebola ranges from 2 days to 21 days. Nine days passed between Duncan’s exposure to the virus infection and the appearance of his symptoms. This corresponds, in part, to the eclipse period in the growth of the virus population. During the eclipse phase, Duncan would have been unable to transmit the disease to others. However, once an infected individual begins exhibiting symptoms, the disease becomes very contagious. Ebola virus is transmitted through direct contact with droplets of bodily fluids such as saliva, blood, and vomit. Duncan could conceivably have transmitted the disease to others at any time after he began having symptoms, presumably some time before his arrival at the hospital in Dallas. Once a hospital realizes a patient like Duncan

9. World Health Organization. “WHO Ebola Data and Statistics.” March 18, 2005. http://apps.who.int/gho/data/view.ebola-sitrep.ebola-summary-20150318?lang=en

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is infected with Ebola virus, the patient is immediately quarantined, and public health officials initiate a back trace to identify everyone with whom a patient like Duncan might have interacted during the period in which he was showing symptoms.

Public health officials were able to track down 10 high-risk individuals (family members of Duncan) and 50 low-risk individuals to monitor them for signs of infection. None contracted the disease. However, one of the nurses charged with Duncan's care did become infected. This, along with Duncan's initial misdiagnosis, made it clear that US hospitals needed to provide additional training to medical personnel to prevent a possible Ebola outbreak in the US.

- What types of training can prepare health professionals to contain emerging epidemics like the Ebola outbreak of 2014?
- What is the difference between a contagious pathogen and an infectious pathogen?

Figure 1.15 Researchers working with Ebola virus use layers of defenses against accidental infection, including protective clothing, breathing systems, and negative air-pressure cabinets for bench work. (credit: Randal J. Schoepp)

Link to Learning

For additional information about Ebola, please visit the CDC (http://www.openstaxcollege.org/l/22ebolacdc) website.

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6.3 Isolation, Culture, and Identification of Viruses

Learning Objectives

- Discuss why viruses were originally described as filterable agents
- Describe the cultivation of viruses and specimen collection and handling
- Compare in vivo and in vitro techniques used to cultivate viruses

At the beginning of this chapter, we described how porcelain Chamberland filters with pores small enough to allow viruses to pass through were used to discover TMV. Today, porcelain filters have been replaced with membrane filters and other devices used to isolate and identify viruses.

Isolation of Viruses

Unlike bacteria, many of which can be grown on an artificial nutrient medium, viruses require a living host cell for replication. Infected host cells (eukaryotic or prokaryotic) can be cultured and grown, and then the growth medium can be harvested as a source of virus. Virions in the liquid medium can be separated from the host cells by either centrifugation or filtration. Filters can physically remove anything present in the solution that is larger than the virions; the viruses can then be collected in the filtrate (see **Figure 1.16**).

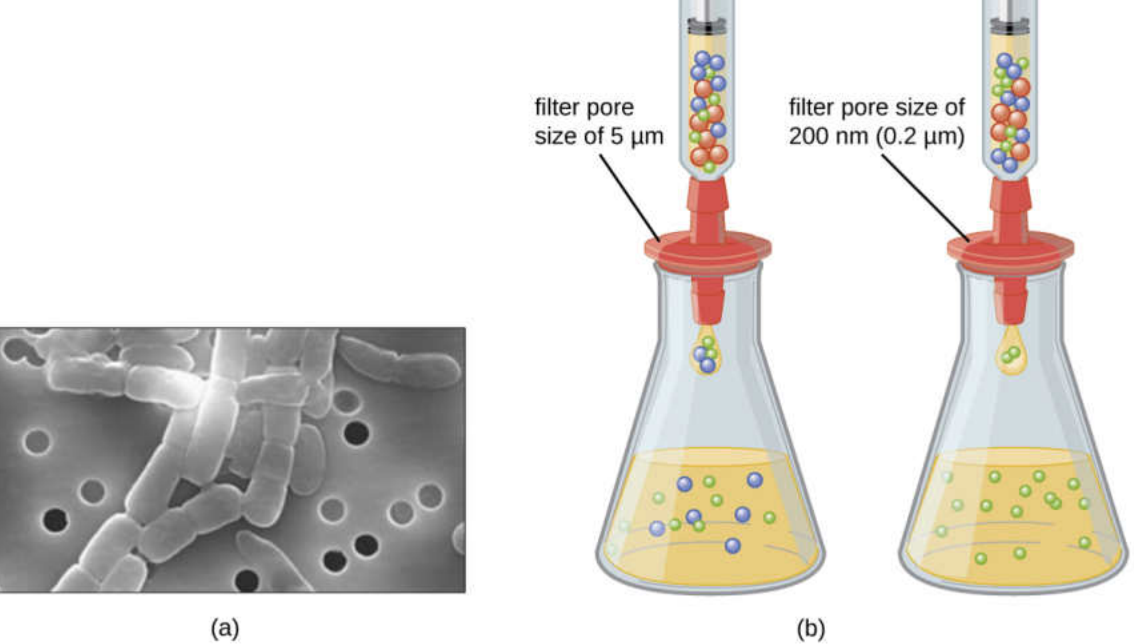

Figure 1.16 Membrane filters can be used to remove cells or viruses from a solution. (a) This scanning electron micrograph shows rod-shaped bacterial cells captured on the surface of a membrane filter. Note differences in the comparative size of the membrane pores and bacteria. Viruses will pass through this filter. (b) The size of the pores in the filter determines what is captured on the surface of the filter (animal [red] and bacteria [blue]) and removed from liquid passing through. Note the viruses (green) pass through the finer filter.

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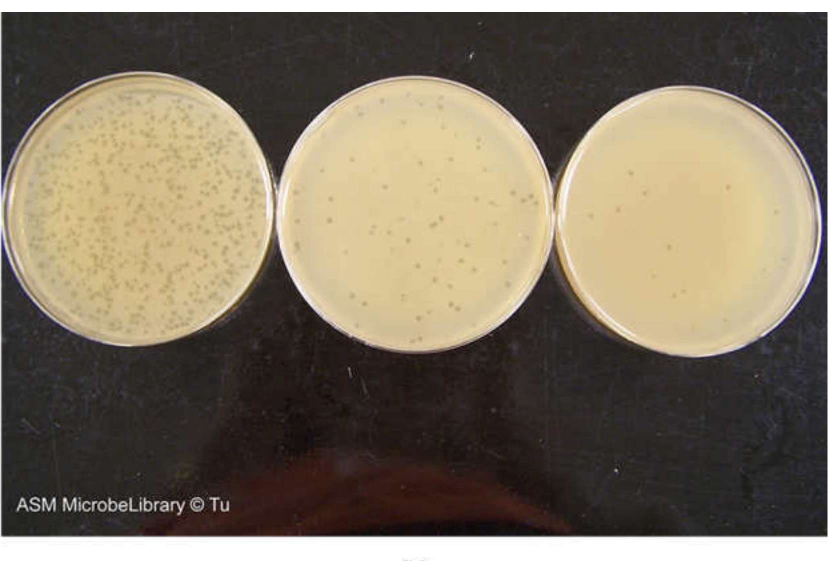
What size filter pore is needed to collect a virus?

Cultivation of Viruses

Viruses can be grown **in vivo** (within a whole living organism, plant, or animal) or **in vitro** (outside a living organism in cells in an artificial environment, such as a test tube, cell culture flask, or agar plate). Bacteriophages can be grown in the presence of a dense layer of bacteria (also called a **bacterial lawn**) grown in a 0.7 % soft agar in a Petri dish or flat (horizontal) flask (see Figure 1.17). The agar concentration is decreased from the 1.5% usually used in culturing bacteria. The soft 0.7% agar allows the bacteriophages to easily diffuse through the medium. For lytic bacteriophages, lysing of the bacterial hosts can then be readily observed when a clear zone called a **plaque** is detected (see Figure 1.17). As the phage kills the bacteria, many plaques are observed among the cloudy bacterial lawn.



(a) (b)

Figure 1.17 (a) Flasks like this may be used to culture human or animal cells for viral culturing. (b) These plates contain bacteriophage T4 grown on an *Escherichia coli* lawn. Clear plaques are visible where host bacterial cells have been lysed. Viral titers increase on the plates to the left. (credit a: modification of work by National Institutes of Health; credit b: modification of work by American Society for Microbiology)

Animal viruses require cells within a host animal or tissue-culture cells derived from an animal. Animal virus cultivation is important for 1) identification and diagnosis of pathogenic viruses in clinical specimens, 2) production of vaccines, and 3) basic research studies. In vivo host sources can be a developing embryo in an embryonated bird's egg (e.g., chicken, turkey) or a whole animal. For example, most of the influenza vaccine manufactured for annual flu vaccination programs is cultured in hens' eggs.

The embryo or host animal serves as an incubator for viral replication (see Figure 1.18). Location within the embryo or host animal is important. Many viruses have a tissue tropism, and must therefore be introduced into a specific site for growth. Within an embryo, target sites include the amniotic cavity, the chorioallantoic membrane, or the yolk sac. Viral infection may damage tissue membranes, producing lesions called pox; disrupt embryonic development; or cause the death of the embryo.

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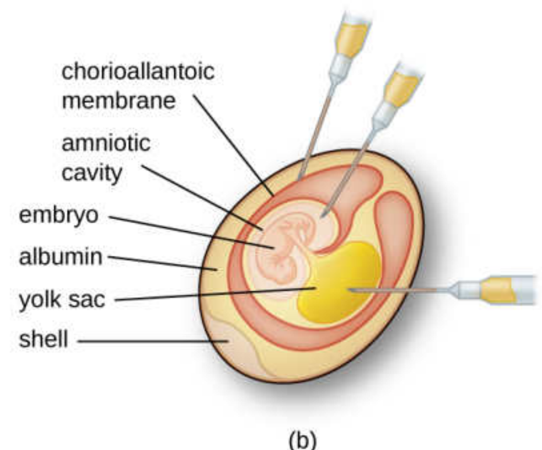
(a)



(b)

Figure 1.18 (a) The cells within chicken eggs are used to culture different types of viruses. (b) Viruses can be replicated in various locations within the egg, including the chorioallantoic membrane, the amniotic cavity, and the yolk sac. (credit a: modification of work by Hoang Chung)

For in vitro studies, various types of cells can be used to support the growth of viruses. A primary cell culture is freshly prepared from animal organs or tissues. Cells are extracted from tissues by mechanical scraping or mincing to release cells or by an enzymatic method using trypsin or collagenase to break up tissue and release single cells into suspension. Because of anchorage-dependence requirements, primary cell cultures require a liquid culture medium in a Petri dish or tissue-culture flask so cells have a solid surface such as glass or plastic for attachment and growth. Primary cultures usually have a limited life span. When cells in a primary culture undergo mitosis and a sufficient density of cells is produced, cells come in contact with other cells. When this cell-to-cell-contact occurs, mitosis is triggered to stop. This is called contact inhibition and it prevents the density of the cells from becoming too high. To prevent contact inhibition, cells from the primary cell culture must be transferred to another vessel with fresh growth medium. This is called a secondary cell culture. Periodically, cell density must be reduced by pouring off some cells and adding fresh medium to provide space and nutrients to maintain cell growth. In contrast to primary cell cultures, continuous cell lines, usually derived from transformed cells or tumors, are often able to be subcultured many times or even grown indefinitely (in which case they are called immortal). Continuous cell lines may not exhibit anchorage dependency (they will grow in suspension) and may have lost their contact inhibition. As a result, continuous cell lines can grow in piles or lumps resembling small tumor growths (see Figure 1.19).

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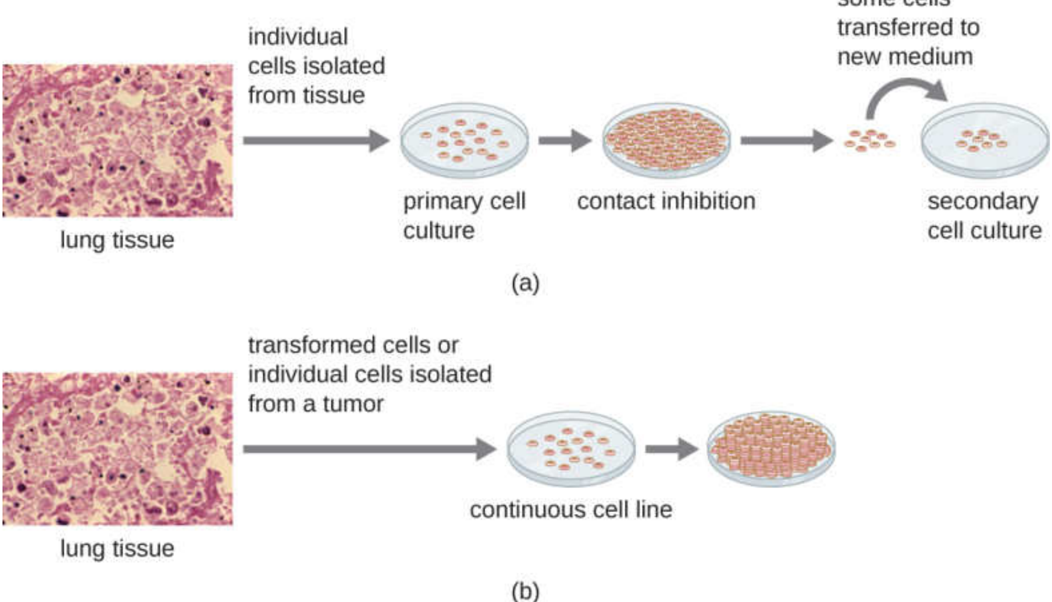
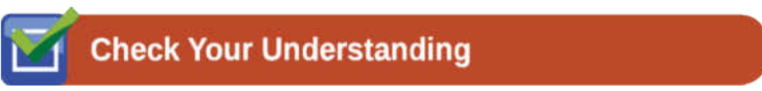


Figure 1.19 Cells for culture are prepared by separating them from their tissue matrix. (a) Primary cell cultures grow attached to the surface of the culture container. Contact inhibition slows the growth of the cells once they become too dense and begin touching each other. At this point, growth can only be sustained by making a secondary culture. (b) Continuous cell cultures are not affected by contact inhibition. They continue to grow regardless of cell density.

An example of an immortal cell line is the HeLa cell line, which was originally cultivated from tumor cells obtained from Henrietta Lacks, a patient who died of cervical cancer in 1951. HeLa cells were the first continuous tissue-culture cell line and were used to establish tissue culture as an important technology for research in cell biology, virology, and medicine. Prior to the discovery of HeLa cells, scientists were not able to establish tissue cultures with any reliability or stability. More than six decades later, this cell line is still alive and being used for medical research. See this section's **Eye on Ethics** box to read more about this important cell line and the controversial means by which it was obtained.



What property of cells makes periodic dilutions of primary cell cultures necessary?

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Eye on Ethics

The Immortal Cell Line of Henrietta Lacks

In January 1951, Henrietta Lacks, a 30-year-old African American woman from Baltimore, was diagnosed with cervical cancer at John Hopkins Hospital. We now know her cancer was caused by the human papillomavirus (HPV). Cytopathic effects of the virus altered the characteristics of her cells in a process called transformation, which gives the cells the ability to divide continuously. This ability, of course, resulted in a cancerous tumor that eventually killed Mrs. Lacks in October at age 31. Before her death, samples of her cancerous cells were taken without her knowledge or permission. The samples eventually ended up in the possession of Dr. George Gey, a biomedical researcher at Johns Hopkins University. Gey was able to grow some of the cells from Lacks's sample, creating what is known today as the immortal HeLa cell line. These cells have the ability to live and grow indefinitely and, even today, are still widely used in many areas of research.

According to Lacks's husband, neither Henrietta nor the family gave the hospital permission to collect her tissue specimen. Indeed, the family was not aware until 20 years after Lacks's death that her cells were still alive and actively being used for commercial and research purposes. Yet HeLa cells have been pivotal in numerous research discoveries related to polio, cancer, and AIDS, among other diseases. The cells have also been commercialized, although they have never themselves been patented. Despite this, Henrietta Lacks's estate has never benefited from the use of the cells, although, in 2013, the Lacks family was given control over the publication of the genetic sequence of her cells.

This case raises several bioethical issues surrounding patients' informed consent and the right to know. At the time Lacks's tissues were taken, there were no laws or guidelines about informed consent. Does that mean she was treated fairly at the time? Certainly by today's standards, the answer would be no. Harvesting tissue or organs from a dying patient without consent is not only considered unethical but illegal, regardless of whether such an act could save other patients' lives. Is it ethical, then, for scientists to continue to use Lacks's tissues for research, even though they were obtained illegally by today's standards?

Ethical or not, Lacks's cells are widely used today for so many applications that it is impossible to list them all. Is this a case in which the ends justify the means? Would Lacks be pleased to know about her contribution to science and the millions of people who have benefited? Would she want her family to be compensated for the commercial products that have been developed using her cells? Or would she feel violated and exploited by the researchers who took part of her body without her consent? Because she was never asked, we will never know.

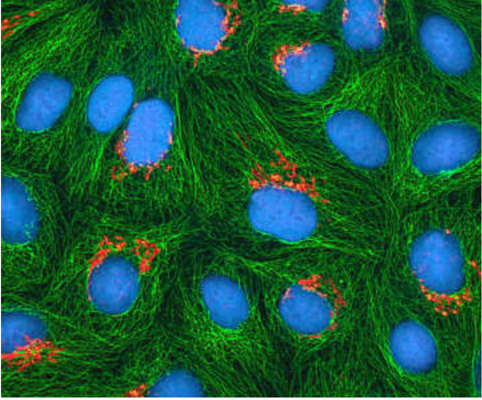

Figure 1.20 A multiphoton fluorescence image of HeLa cells in culture. Various fluorescent stains have been used to show the DNA (cyan), microtubules (green), and Golgi apparatus (orange).

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Detection of Virus

Regardless of the method of cultivation, once a virus has been introduced into a whole host organism, embryo, or tissue-culture cell, a sample can be prepared from the infected host, embryo, or cell line for further analysis under a brightfield, electron, or fluorescent microscope. **Cytopathic effects (CPEs)** are distinct observable cell abnormalities due to viral infection. CPEs can include loss of adherence to the surface of the container, changes in cell shape from flat to round, shrinkage of the nucleus, vacuoles in the cytoplasm, fusion of cytoplasmic membranes and the formation of multinucleated syncytia, inclusion bodies in the nucleus or cytoplasm, and complete cell lysis (see **Figure 1.21**).

Further pathological changes include viral disruption of the host genome and altering normal cells into transformed cells, which are the types of cells associated with carcinomas and sarcomas. The type or severity of the CPE depends on the type of virus involved. **Figure 1.21** lists CPEs for specific viruses.

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Cytopathic Effects of Specific Viruses		
Virus	**Cytopathic Effect**	**Example**
Paramyxovirus	Syncytium and faint basophilic cytoplasmic inclusion bodies	ASM MicrobeLibrary.org © Suchman and Blair
Poxvirus	Pink eosynophilic cytoplasmic inclusion bodies (arrows) and cell swelling	ASM MicrobeLibrary.org © Suchman and Blair
Herpesvirus	Cytoplasmic stranding (arrow) and nuclear inclusion bodies (dashed arrow)	ASM MicrobeLibrary.org © Suchman and Blair
Adenovirus	Cell enlargement, rounding, and distinctive "grape-like" clusters	ASM MicrobeLibrary.org © Suchman and Blair

Figure 1.21 (credit: American Society for Microbiology)

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Link to Learning

Watch this **video (http://www.openstaxcollege.org/l/22virusesoncell)** to learn about the effects of viruses on cells.

Hemagglutination Assay

A serological assay is used to detect the presence of certain types of viruses in patient serum. Serum is the straw-colored liquid fraction of blood plasma from which clotting factors have been removed. Serum can be used in a direct assay called a hemagglutination assay to detect specific types of viruses in the patient's sample. Hemagglutination is the agglutination (clumping) together of erythrocytes (red blood cells). Many viruses produce surface proteins or spikes called hemagglutinins that can bind to receptors on the membranes of erythrocytes and cause the cells to agglutinate. Hemagglutination is observable without using the microscope, but this method does not always differentiate between infectious and noninfectious viral particles, since both can agglutinate erythrocytes.

To identify a specific pathogenic virus using hemagglutination, we must use an indirect approach. Proteins called antibodies, generated by the patient's immune system to fight a specific virus, can be used to bind to components such as hemagglutinins that are uniquely associated with specific types of viruses. The binding of the antibodies with the hemagglutinins found on the virus subsequently prevent erythrocytes from directly interacting with the virus. So when erythrocytes are added to the antibody-coated viruses, there is no appearance of agglutination; agglutination has been inhibited. We call these types of indirect assays for virus-specific antibodies hemagglutination inhibition (HAI) assays. HAI can be used to detect the presence of antibodies specific to many types of viruses that may be causing or have caused an infection in a patient even months or years after infection (see **Figure 1.22**). This assay is described in greater detail in **Agglutination Assays**.

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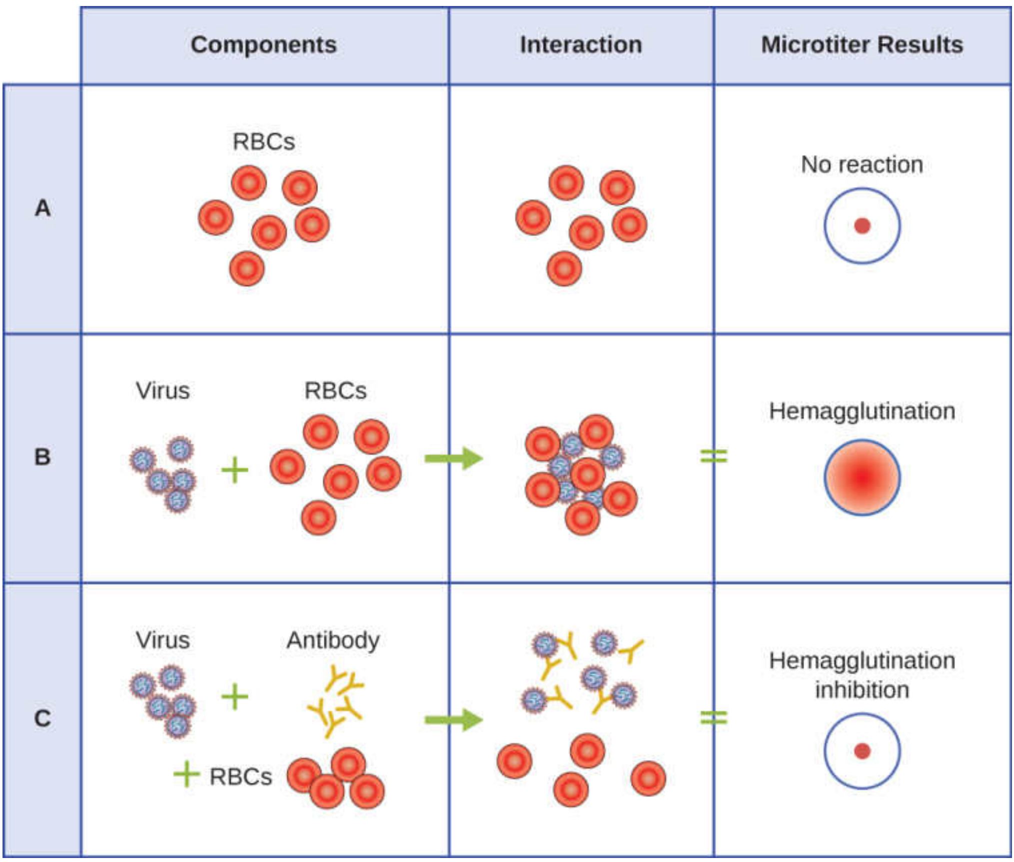
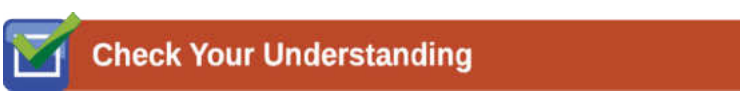


Figure 1.22 This chart shows the possible outcomes of a hemagglutination test. Row A: Erythrocytes do not bind together and will sink to the bottom of the well plate; this becomes visible as a red dot in the center of the well. Row B: Many viruses have hemagglutinins that causes agglutination of erythrocytes; the resulting hemagglutination forms a lattice structure that results in red color throughout the well. Row C: Virus-specific antibody, the viruses, and the erythrocytes are added to the well plate. The virus-specific antibodies inhibit agglutination, as can be seen as a red dot in the bottom of the well.



What is the outcome of a positive HIA test?

Nucleic Acid Amplification Test

Nucleic acid amplification tests (NAAT) are used in molecular biology to detect unique nucleic acid sequences of viruses in patient samples. Polymerase chain reaction (PCR) is an NAAT used to detect the presence of viral DNA in a patient's tissue or body fluid sample. PCR is a technique that amplifies (i.e., synthesizes many copies) of a viral DNA segment of interest. Using PCR, short nucleotide sequences called primers bind to specific sequences of viral DNA, enabling identification of the virus.

Reverse transcriptase-polymerase chain reaction (RT-PCR) is an NAAT used to detect the presence of RNA viruses. RT-PCR differs from PCR in that the enzyme reverse transcriptase (RT) is used to make a cDNA from the small

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amount of viral RNA in the specimen. The cDNA can then be amplified by PCR. Both PCR and RT-PCR are used to detect and confirm the presence of the viral nucleic acid in patient specimens.

Case in Point

HPV Scare

Michelle, a 21-year-old nursing student, came to the university clinic worried that she might have been exposed to a sexually transmitted disease (STD). Her sexual partner had recently developed several bumps on the base of his penis. He had put off going to the doctor, but Michelle suspects they are genital warts caused by HPV. She is especially concerned because she knows that HPV not only causes warts but is a prominent cause of cervical cancer. She and her partner always use condoms for contraception, but she is not confident that this precaution will protect her from HPV.

Michelle's physician finds no physical signs of genital warts or any other STDs, but recommends that Michelle get a Pap smear along with an HPV test. The Pap smear will screen for abnormal cervical cells and the CPEs associated with HPV; the HPV test will test for the presence of the virus. If both tests are negative, Michelle can be more assured that she most likely has not become infected with HPV. However, her doctor suggests it might be wise for Michelle to get vaccinated against HPV to protect herself from possible future exposure.

- Why does Michelle's physician order two different tests instead of relying on one or the other?

Enzyme Immunoassay

Enzyme immunoassays (EIAs) rely on the ability of antibodies to detect and attach to specific biomolecules called antigens. The detecting antibody attaches to the target antigen with a high degree of specificity in what might be a complex mixture of biomolecules. Also included in this type of assay is a colorless enzyme attached to the detecting antibody. The enzyme acts as a tag on the detecting antibody and can interact with a colorless substrate, leading to the production of a colored end product. EIAs often rely on layers of antibodies to capture and react with antigens, all of which are attached to a membrane filter (see **Figure 1.23**). EIAs for viral antigens are often used as preliminary screening tests. If the results are positive, further confirmation will require tests with even greater sensitivity, such as a Western blot or an NAAT. EIAs are discussed in more detail in **Enzyme Immunoassays (EIA) and Enzyme-Linked Immunosorbent Assays (ELISA)** .

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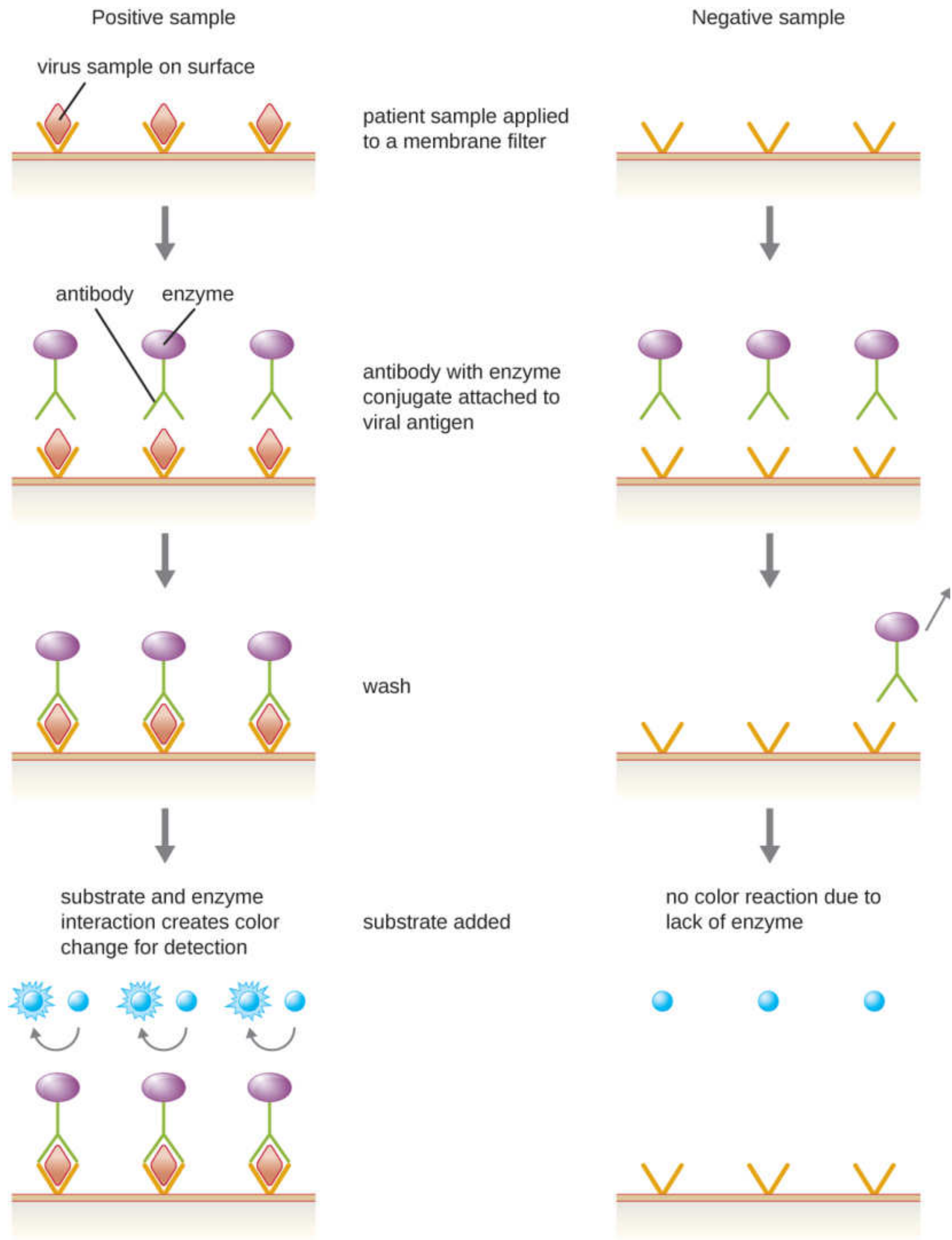

Figure 1.23 Similar to rapid, over-the-counter pregnancy tests, EIAs for viral antigens require a few drops of diluted patient serum or plasma applied to a membrane filter. The membrane filter has been previously modified and embedded with antibody to viral antigen and internal controls. Antibody conjugate is added to the filter, with the targeted antibody attached to the antigen (in the case of a positive test). Excess conjugate is washed off the filter. Substrate is added to activate the enzyme-mediated reaction to reveal the color change of a positive test.

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What typically indicates a positive EIA test?

Clinical Focus

Part 3

Along with the RT/PCR analysis, David's saliva was also collected for viral cultivation. In general, no single diagnostic test is sufficient for antemortem diagnosis, since the results will depend on the sensitivity of the assay, the quantity of virions present at the time of testing, and the timing of the assay, since release of virions in the saliva can vary. As it turns out, the result was negative for viral cultivation from the saliva. This is not surprising to David's doctor, because one negative result is not an absolute indication of the absence of infection. It may be that the number of virions in the saliva is low at the time of sampling. It is not unusual to repeat the test at intervals to enhance the chance of detecting higher virus loads.

- Should David's doctor modify his course of treatment based on these test results?

*Jump to the **next** Clinical Focus box. Go back to the **previous** Clinical Focus box.*

6.4 Viroids, Virusoids, and Prions

Learning Objectives

- Describe viroids and their unique characteristics
- Describe virusoids and their unique characteristics
- Describe prions and their unique characteristics

Research attempts to discover the causative agents of previously uninvestigated diseases have led to the discovery of nonliving disease agents quite different from viruses. These include particles consisting only of RNA or only of protein that, nonetheless, are able to self-propagate at the expense of a host—a key similarity to viruses that allows them to cause disease conditions. To date, these discoveries include viroids, virusoids, and the proteinaceous prions.

Viroids

In 1971, Theodor Diener, a pathologist working at the Agriculture Research Service, discovered an acellular particle that he named a viroid, meaning "virus-like." **Viroids** consist only of a short strand of circular RNA capable of self-replication. The first viroid discovered was found to cause potato tuber spindle disease, which causes slower sprouting and various deformities in potato plants (see **Figure 1.24**). Like viruses, potato spindle tuber viroids (PSTVs) take control of the host machinery to replicate their RNA genome. Unlike viruses, viroids do not have a protein coat to protect their genetic information.

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Figure 1.24 These potatoes have been infected by the potato spindle tuber viroid (PSTV), which is typically spread when infected knives are used to cut healthy potatoes, which are then planted. (credit: Pamela Roberts)

Viroids can result in devastating losses of commercially important agricultural food crops grown in fields and orchards. Since the discovery of PSTV, other viroids have been discovered that cause diseases in plants. Tomato planta macho viroid (TPMVd) infects tomato plants, which causes loss of chlorophyll, disfigured and brittle leaves, and very small tomatoes, resulting in loss of productivity in this field crop. Avocado sunblotch viroid (ASBVd) results in lower yields and poorer-quality fruit. ASBVd is the smallest viroid discovered thus far that infects plants. Peach latent mosaic viroid (PLMVd) can cause necrosis of flower buds and branches, and wounding of ripened fruit, which leads to fungal and bacterial growth in the fruit. PLMVd can also cause similar pathological changes in plums, nectarines, apricots, and cherries, resulting in decreased productivity in these orchards, as well. Viroids, in general, can be dispersed mechanically during crop maintenance or harvesting, vegetative reproduction, and possibly via seeds and insects, resulting in a severe drop in food availability and devastating economic consequences.

What is the genome of a viroid made of?

Virusoids

A second type of pathogenic RNA that can infect commercially important agricultural crops are the **virusoids**, which are subviral particles best described as non–self-replicating ssRNAs. RNA replication of virusoids is similar to that of viroids but, unlike viroids, virusoids require that the cell also be infected with a specific “helper” virus. There are currently only five described types of virusoids and their associated helper viruses. The helper viruses are all from the family of Sobemoviruses. An example of a helper virus is the subterranean clover mottle virus, which has an associated virusoid packaged inside the viral capsid. Once the helper virus enters the host cell, the virusoids are released and can be found free in plant cell cytoplasm, where they possess ribozyme activity. The helper virus undergoes typical viral replication independent of the activity of the virusoid. The virusoid genomes are small, only 220 to 388 nucleotides long. A virusoid genome does not code for any proteins, but instead serves only to replicate virusoid RNA.

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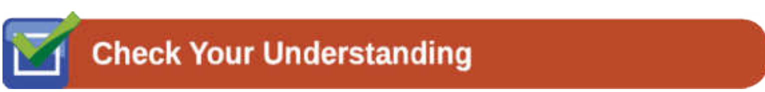
Virusoids belong to a larger group of infectious agents called satellite RNAs, which are similar pathogenic RNAs found in animals. Unlike the plant virusoids, satellite RNAs may encode for proteins; however, like plant virusoids, satellite RNAs must coinfect with a helper virus to replicate. One satellite RNA that infects humans and that has been described by some scientists as a virusoid is the hepatitis delta virus (HDV), which, by some reports, is also called hepatitis delta virusoid. Much larger than a plant virusoid, HDV has a circular, ssRNA genome of 1,700 nucleotides and can direct the biosynthesis of HDV-associated proteins. The HDV helper virus is the hepatitis B virus (HBV). Coinfection with HBV and HDV results in more severe pathological changes in the liver during infection, which is how HDV was first discovered.



What is the main difference between a viroid and a virusoid?

Prions

At one time, scientists believed that any infectious particle must contain DNA or RNA. Then, in 1982, Stanley Prusiner, a medical doctor studying scrapie (a fatal, degenerative disease in sheep) discovered that the disease was caused by proteinaceous infectious particles, or **prions**. Because proteins are acellular and do not contain DNA or RNA, Prusiner's findings were originally met with resistance and skepticism; however, his research was eventually validated, and he received the Nobel Prize in Physiology or Medicine in 1997.

A prion is a misfolded rogue form of a normal protein (PrPc) found in the cell. This rogue prion protein (PrPsc), which may be caused by a genetic mutation or occur spontaneously, can be infectious, stimulating other endogenous normal proteins to become misfolded, forming plaques (see Figure 1.25). Today, prions are known to cause various forms of **transmissible spongiform encephalopathy** (TSE) in human and animals. TSE is a rare degenerative disorder that affects the brain and nervous system. The accumulation of rogue proteins causes the brain tissue to become sponge-like, killing brain cells and forming holes in the tissue, leading to brain damage, loss of motor coordination, and dementia (see Figure 1.26). Infected individuals are mentally impaired and become unable to move or speak. There is no cure, and the disease progresses rapidly, eventually leading to death within a few months or years.

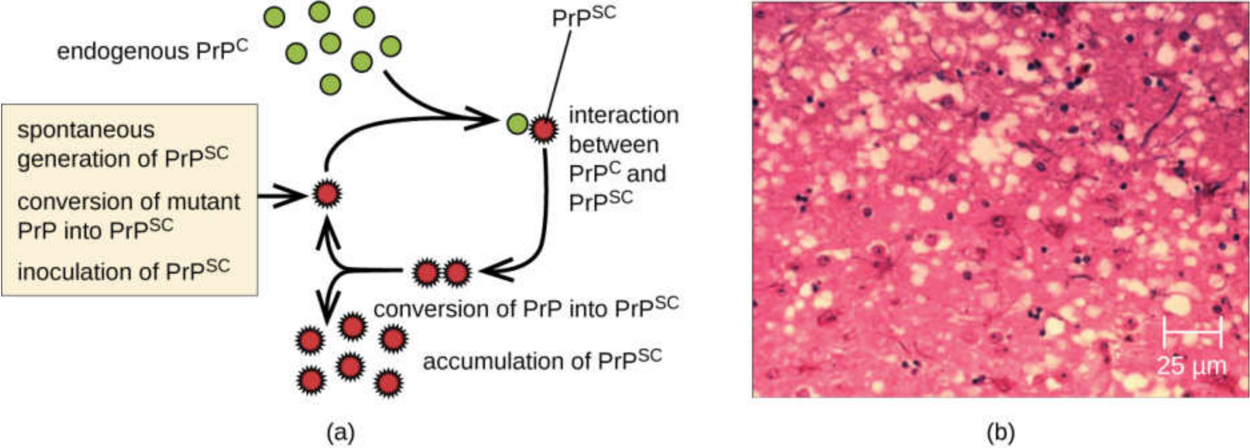


Figure 1.25 Endogenous normal prion protein (PrPc) is converted into the disease-causing form (PrPsc) when it encounters this variant form of the protein. PrPsc may arise spontaneously in brain tissue, especially if a mutant form of the protein is present, or it may originate from misfolded prions consumed in food that eventually find their way into brain tissue. (credit b: modification of work by University of Chicago—scale-bar data from Matt Russell)

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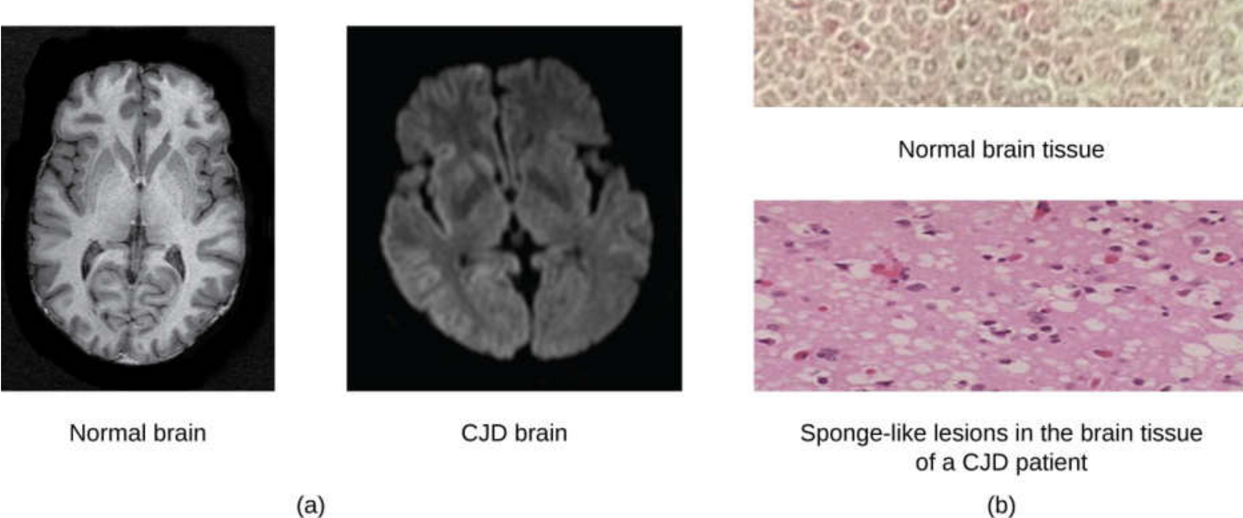

Figure 1.26 Creutzfeldt-Jakob disease (CJD) is a fatal disease that causes degeneration of neural tissue. (a) These brain scans compare a normal brain to one with CJD. (b) Compared to a normal brain, the brain tissue of a CJD patient is full of sponge-like lesions, which result from abnormal formations of prion protein. (credit a (left): modification of work by Dr. Laughlin Dawes; credit b (top): modification of work by Suzanne Wakim; credit b (bottom): modification of work by Centers for Disease Control and Prevention)

TSEs in humans include kuru, fatal familial insomnia, Gerstmann-Straussler-Scheinker disease, and Creutzfeldt-Jakob disease (see **Figure 1.26**). TSEs in animals include mad cow, scrapie (in sheep and goats), and chronic wasting disease (in elk and deer). TSEs can be transmitted between animals and from animals to humans by eating contaminated meat or animal feed. Transmission between humans can occur through heredity (as is often the case with GSS and CJD) or by contact with contaminated tissue, as might occur during a blood transfusion or organ transplant. There is no evidence for transmission via casual contact with an infected person. **Table 1.3** lists TSEs that affect humans and their modes of transmission.

Transmissible Spongiform Encephalopathies (TSEs) in Humans

Disease	Mechanism(s) of Transmission[10]
Sporadic CJD (sCJD)	Not known; possibly by alteration of normal prior protein (PrP) to rogue form due to somatic mutation
Variant CJD (vCJD)	Eating contaminated cattle products and by secondary bloodborne transmission
Familial CJD (fCJD)	Mutation in germline PrP gene
Iatrogenic CJD (iCJD)	Contaminated neurosurgical instruments, corneal graft, gonadotrophic hormone, and, secondarily, by blood transfusion
Kuru	Eating infected meat through ritualistic cannibalism
Gerstmann-Straussler-Scheinker disease (GSS)	Mutation in germline PrP gene

Table 1.3

10. National Institute of Neurological Disorders and Stroke. “Creutzfeldt-Jakob Disease Fact Sheet.” http://www.ninds.nih.gov/disorders/cjd/detail_cjd.htm (accessed December 31, 2015).

SAMPLE CHAPTERS
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Transmissible Spongiform Encephalopathies (TSEs) in Humans

Disease	Mechanism(s) of Transmission[11]
Fatal familial insomnia (FFI)	Mutation in germline PrP gene

Table 1.3

Prions are extremely difficult to destroy because they are resistant to heat, chemicals, and radiation. Even standard sterilization procedures do not ensure the destruction of these particles. Currently, there is no treatment or cure for TSE disease, and contaminated meats or infected animals must be handled according to federal guidelines to prevent transmission.

Does a prion have a genome?

Link to Learning

For more information on the handling of animals and prion-contaminated materials, visit the guidelines published on the CDC (http://www.openstaxcollege.org/l/22cdccontaminat) and WHO (http://www.openstaxcollege.org/l/22whocontaminat) websites.

Clinical Focus

Part 4

A few days later, David's doctor receives the results of the immunofluorescence test on his skin sample. The test is negative for rabies antigen. A second viral antigen test on his saliva sample also comes back negative. Despite these results, the doctor decides to continue David's current course of treatment. Given the positive RT-PCR test, it is best not to rule out a possible rabies infection.

Near the site of the bite, David receives an injection of rabies immunoglobulin, which attaches to and inactivates any rabies virus that may be present in his tissues. Over the next 14 days, he receives a series of four rabies-specific vaccinations in the arm. These vaccines activate David's immune response and help his body recognize and fight the virus. Thankfully, with treatment, David symptoms improve and he makes a full recovery.

Not all rabies cases have such a fortunate outcome. In fact, rabies is usually fatal once the patient starts to exhibit symptoms, and postbite treatments are mainly palliative (i.e., sedation and pain management).

*Go back to the **previous** Clinical Focus box.*

11. National Institute of Neurological Disorders and Stroke. "Creutzfeldt-Jakob Disease Fact Sheet." http://www.ninds.nih.gov/disorders/cjd/detail_cjd.htm (accessed December 31, 2015).

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Key Terms

acellular not made of cells

attachment binding of phage or virus to host cell receptors

bacterial lawn layer of confluent bacterial growth on an agar plate

bacteriophage virus that infects bacteria

biological vector an organism (usually an arthropod) that carries a pathogen inside its body, where the pathogen replicates before being transmitted to a new host, usually via a bite

biosynthesis replication of viral genome and other protein components

burst release of new virions by a lysed host cell infected by a virus

burst size the number of virions released from a host cell when it is lysed because of a viral infection

capsid protein coat surrounding the genome of the virus

capsomere individual protein subunits that make up the capsid

complex virus virus shape that often includes intricate characteristics not seen in the other categories of capsid

continuous cell line derived from transformed cells or tumors, these cells are often able to be subcultured many times, or, in the case of immortal cell lines, grown indefinitely

cytopathic effect cell abnormality resulting from a viral infection

cytotoxicity harmful effects to host cell

eclipse phase period after viral infection during which the infective virus is not detected, either intracellularly or extracellularly, and biosynthesis is occurring

enveloped virus a virus formed with a nucleic-acid packed capsid surrounded by a lipid layer

generalized transduction transfer of a random piece of bacterial chromosome DNA by the phage

helical virus cylindrical or rod shaped

host range the types of host cells that a particular virus is able to infect

icosahedral three-dimensional, 20-sided structure with 12 vertices

in vitro outside the organism in a test tube or artificial environment

in vivo inside the organism

induction prophage DNA is excised from the bacterial genome

latent virus virus that remains dormant in the host genome

lysis destruction of the host cell

lysogen bacterium carrying the prophage

lysogenic conversion (phage conversion) alteration of host characteristics or phenotypes due to the presence of phage

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lysogenic cycle life cycle of some phages in which the genome of the infecting phage is integrated into the bacterial chromosome and replicated during bacterial reproduction until it excises and enters a lytic phase of the life cycle

lysogeny process of integrating the phage into the host genome

lytic cycle infection process that leads to the lysis of host cells

maturation assembly of viral components to produce a functional virus

mechanical vector an organism that carries a pathogen on the outside of its body and transmits it to a new host through physical contact

naked virus virus composed of a nucleic acid core, either DNA or RNA, surrounded by a capsid

negative (−) single-strand RNA (−ssRNA) a viral RNA strand that cannot be translated until it is replicated into positive single-strand RNA by viral RNA-dependent RNA polymerase

nonenveloped virus naked virus

penetration entry of phage or virus into a host cell through injection, endocytosis, or membrane fusion

plaque clear area on bacterial lawn caused by viral lysis of host cells

polyhedral virus virus with a three-dimensional shape with many facets

positive (+) strand viral RNA strand that acts like messenger RNA and can be directly translated inside the host cell

primary cell culture cells taken directly from an animal or plant and cultured in vitro

prion acellular infectious particle consisting of just proteins that can cause progressive diseases in animals and humans

progeny virus newly assembled virions ready for release outside the cell

prophage phage genome that has incorporated into the host genome

provirus animal virus genome that has integrated into the host chromosome

retrovirus positive ssRNA virus that produces and uses reverse transcriptase to make an ssDNA copy of the retroviral genome that can then be made into dsDNA and integrate into the host cell chromosome to form a provirus within the host chromosome.

reverse transcriptase enzyme found in retroviruses that can make a copy of ssDNA from ssRNA

rogue form misfolded form of the PrP protein that is normally found in the cell membrane and has the tendency to aggregate in neurons, causing extensive cell death and brain damage

sheath part of the tail on a bacteriophage that contracts to introduce the viral DNA into the bacterium

specialized transduction transfer of a specific piece of bacterial chromosomal DNA near the site of integration by the phage

spike viral glycoprotein embedded within the viral capsid or envelope used for attachment to host cells

tail fiber long protein component on the lower part of a phage used for specific attachment to bacterial cell

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tail pins points extended at the base of a bacteriophage sheath that, along with tail fibers, lead to phage attachment to a bacterial cell

temperate phage bacteriophage that can incorporate viral genome into the host cell chromosome and replicate with the host cell until new viruses are produced; a phage that undergoes the lysogenic cycle

tissue tropism tendency of most viruses to infect only certain tissue types within a host

transmissible spongiform encephalopathy degenerative disease caused by prions; leads to the death of neurons in the brain

vector animal (typically an arthropod) that transmits a pathogen from one host to another host

viral envelope lipid membrane obtained from phospholipid membranes of the cell that surrounds the capsid

viral titer number of virions per unit volume

virion inert particle that is the reproductive form of a virus

viroid infectious plant pathogen composed of RNA

virulent phage bacteriophage for which infection leads to the death of the host cell; a phage that undergoes the lytic cycle

virusoid small piece of RNA associated with larger RNA of some infectious plant viruses

Summary

6.1 Viruses

- Viruses are generally ultramicroscopic, typically from 20 nm to 900 nm in length. Some large viruses have been found.
- **Virions** are acellular and consist of a nucleic acid, DNA or RNA, but not both, surrounded by a protein **capsid**. There may also be a phospholipid membrane surrounding the capsid.
- Viruses are obligate intracellular parasites.
- Viruses are known to infect various types of cells found in plants, animals, fungi, protists, bacteria, and archaea. Viruses typically have limited **host ranges** and infect specific cell types.
- Viruses may have **helical**, **polyhedral,** or **complex** shapes.
- Classification of viruses is based on morphology, type of nucleic acid, host range, cell specificity, and enzymes carried within the virion.
- Like other diseases, viral diseases are classified using ICD codes.

6.2 The Viral Life Cycle

- Many viruses target specific hosts or tissues. Some may have more than one host.
- Many viruses follow several stages to infect host cells. These stages include **attachment, penetration, uncoating, biosynthesis, maturation,** and **release**.
- Bacteriophages have a **lytic** or **lysogenic cycle**. The lytic cycle leads to the death of the host, whereas the lysogenic cycle leads to integration of phage into the host genome.
- Bacteriophages inject DNA into the host cell, whereas animal viruses enter by endocytosis or membrane fusion.
- Animal viruses can undergo **latency**, similar to lysogeny for a bacteriophage.

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- The majority of plant viruses are positive-strand ssRNA and can undergo latency, chronic, or lytic infection, as observed for animal viruses.
- The growth curve of bacteriophage populations is a **one-step multiplication curve** and not a sigmoidal curve, as compared to the bacterial growth curve.
- Bacteriophages transfer genetic information between hosts using either **generalized** or **specialized transduction**.

6.3 Isolation, Culture, and Identification of Viruses

- Viral cultivation requires the presence of some form of host cell (whole organism, embryo, or cell culture).
- Viruses can be isolated from samples by filtration.
- Viral filtrate is a rich source of released virions.
- Bacteriophages are detected by presence of clear **plaques** on bacterial lawn.
- Animal and plant viruses are detected by **cytopathic effects**, molecular techniques (PCR, RT-PCR), enzyme immunoassays, and serological assays (hemagglutination assay, hemagglutination inhibition assay).

6.4 Viroids, Virusoids, and Prions

- Other acellular agents such as **viroids**, **virusoids**, and **prions** also cause diseases. Viroids consist of small, naked ssRNAs that cause diseases in plants. Virusoids are ssRNAs that require other helper viruses to establish an infection. Prions are proteinaceous infectious particles that cause **transmissible spongiform encephalopathies**.
- Prions are extremely resistant to chemicals, heat, and radiation.
- There are no treatments for prion infection.

Review Questions

Multiple Choice

6. The component(s) of a virus that is/are extended from the envelope for attachment is/are the:

a. capsomeres
b. spikes
c. nucleic acid
d. viral whiskers

2. Which of the following does a virus lack? Select all that apply.

a. ribosomes
b. metabolic processes
c. nucleic acid
d. glycoprotein

3. The envelope of a virus is derived from the host's

a. nucleic acids
b. membrane structures
c. cytoplasm
d. genome

4. In naming viruses, the family name ends with ________ and genus name ends with _________.

a. *−virus; −viridae*
b. *−viridae; −virus*
c. *−virion; virus*

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d. *−virus; virion*

5. What is another name for a nonenveloped virus?
a. enveloped virus
b. provirus
c. naked virus
d. latent virus

6. Which of the following leads to the destruction of the host cells?
a. lysogenic cycle
b. lytic cycle
c. prophage
d. temperate phage

7. A virus obtains its envelope during which of the following phases?
a. attachment
b. penetration
c. assembly
d. release

8. Which of the following components is brought into a cell by HIV?
a. a DNA-dependent DNA polymerase
b. RNA polymerase
c. ribosome
d. reverse transcriptase

9. A positive-strand RNA virus:
a. must first be converted to a mRNA before it can be translated.
b. can be used directly to translate viral proteins.
c. will be degraded by host enzymes.
d. is not recognized by host ribosomes.

10. What is the name for the transfer of genetic information from one bacterium to another bacterium by a phage?
a. transduction
b. penetration
c. excision
d. translation

11. Which of the followings cannot be used to culture viruses?
a. tissue culture
b. liquid medium only
c. embryo
d. animal host

12. Which of the following tests can be used to detect the presence of a specific virus?
a. EIA
b. RT-PCR
c. PCR
d. all of the above

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13. Which of the following is NOT a cytopathic effect?
a. transformation
b. cell fusion
c. mononucleated cell
d. inclusion bodies

14. Which of these infectious agents do not have nucleic acid?
a. viroids
b. viruses
c. bacteria
d. prions

15. Which of the following is true of prions?
a. They can be inactivated by boiling at 100 °C.
b. They contain a capsid.
c. They are a rogue form of protein, PrP.
d. They can be reliably inactivated by an autoclave.

True/False

16. True or False: Scientists have identified viruses that are able to infect fungal cells.

Fill in the Blank

17. A virus that infects a bacterium is called a/an ____________________.

18. A/an __________ virus possesses characteristics of both a polyhedral and helical virus.

19. A virus containing only nucleic acid and a capsid is called a/an ___________________ virus or __________________ virus.

20. The ____________ _____________ on the bacteriophage allow for binding to the bacterial cell.

21. An enzyme from HIV that can make a copy of DNA from RNA is called _______________________.

22. For lytic viruses, _________________ is a phase during a viral growth curve when the virus is not detected.

23. Viruses can be diagnosed and observed using a(n) _____________ microscope.

24. Cell abnormalities resulting from a viral infection are called ____________ _____________.

25. Both viroids and virusoids have a(n) _________ genome, but virusoids require a(n) _________ to reproduce.

Short Answer

26. Discuss the geometric differences among helical, polyhedral, and complex viruses.

27. What was the meaning of the word “virus” in the 1880s and why was it used to describe the cause of tobacco mosaic disease?

28. Briefly explain the difference between the mechanism of entry of a T-even bacteriophage and an animal virus.

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29. Discuss the difference between generalized and specialized transduction.

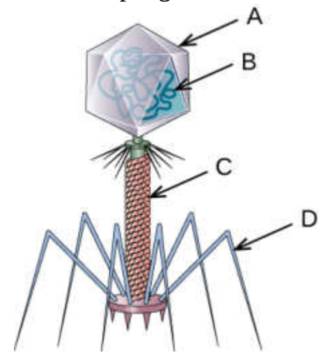
30. Differentiate between lytic and lysogenic cycles.

31. Briefly explain the various methods of culturing viruses.

32. Describe the disease symptoms observed in animals infected with prions.

Critical Thinking

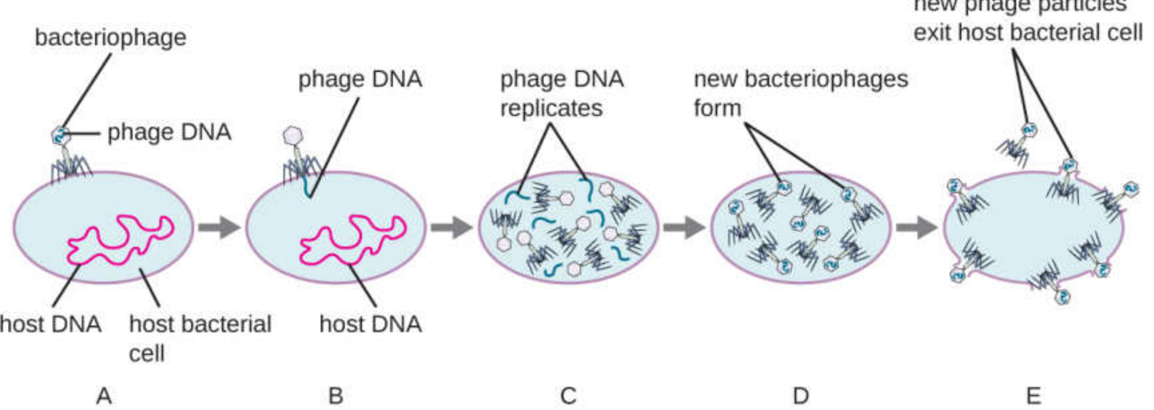
33. Name each labeled part of the illustrated bacteriophage.



34. In terms of evolution, which do you think arises first? The virus or the host? Explain your answer.

35. Do you think it is possible to create a virus in the lab? Imagine that you are a mad scientist. Describe how you would go about creating a new virus.

36. Label the five stages of a bacteriophage infection in the figure:



37. Bacteriophages have lytic and lysogenic cycles. Discuss the advantages and disadvantages for the phage.

38. How does reverse transcriptase aid a retrovirus in establishing a chronic infection?

39. Discuss some methods by which plant viruses are transmitted from a diseased plant to a healthy one.

40. Label the components indicated by arrows.

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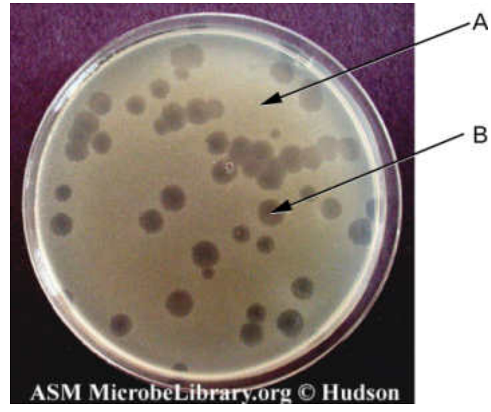

41. What are some characteristics of the viruses that are similar to a computer virus?

42. Does a prion replicate? Explain.