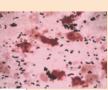
# Microbiology Laboratory in Diagnosing Bacterial Meningitis

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#### **Common bacterial pathogens** Group B Streptococcus causing meningitis Gram-positive coccus 2° >• Can be passed form mother to baby 1° during labour and birth Neisseria More commonly meningitidis found in newborns • Polysaccharide capsule Neisseria •Resides in human Haemophilus gonorrhoeae nasopharynx influenzae Intracellular, gramnegative •Gram-negative Diplococcus . coccobacillus Severe infections and •Can be encapsulated disseminated •Type B distinguished by Streptococcus infection can lead to capsular polysaccharides meningitis pneumoniae 1° 2° •Gram-positive lancet-1° shaped with capsuleforming cocci or diplococci •Normally resides in human upper respiratory tract





2°

## Listeria

## monocytogenes

- Gram-positive, rodshaped
- Infection can lead to listeriosis, caused by contaminated food
- Can infect gut as well as spread throughout body

#### Escherichia coli K1 known to cause meningitis in newborns or babies under 3 months Meningitis very rare, but those with

2° >•



compromised immune systems, head injuries, recent head surgery have increased risk

# Patient samples taken to laboratory

# **Cerebrospinal Fluid**

- Obtained through lumbar puncture
- Neutrophil count >1180/mm<sup>3</sup> or leukocyte count >2000/mm<sup>3</sup> rules out viral cause
- Gram stain and culture most important tests
- Culture of CSF is gold standard
- PCR and agglutination reserved as secondary tests for cases where Gram stain results are negative

# Blood

- CSF glucose levels interpreted relative to blood glucose – ratio decreases in infection
- Can reveal underlying pathology
- Useful in diagnosis when CSF sample is contradicted, blood cell counts and differential can confirm active infection

# Tests performed to identify pathogen

## Culture

- •CSF sample concentrated by centrifugation
- •Cultured on solid media, usually chocolate or peptone-blood base agar, N. meningitis grows on both
- •Cultivated in moist chamber with 5-10% CO<sub>2</sub>, important to warm medium to 37C before inoculation
- •Thayer-Martin medium contains antimicrobials that inhibit growth of most organisms other than *N. Meningitis*

## Sensitivity

Kovac's oxidase test
Confirms presence of cytochrome oxidase
Carbohydrate utilization test

- •Sample enriched with glucose, maltose, lactose, sucrose in 4 separate tubes – production of acid from glucose and maltose confirms *N. meningitis*
- •*N. Meningitis* utilizes glucose and maltose

## Gram Staining

 Preliminary step in identifying bacterial organism, yields rapid confirmation, distinguishes between Gram-positive and negative

After centrifugation, bacterial sediment spread onto slide and stained with crystal violet dye for 30s, then rinsed and counter-stained with safranin for 30s
Gram-positive retain purple colour of crystal

violet dye •Gram-negative susceptible to decolourization, lose crystal violet dye when rinsed and adapt pink/red of safranjn

## PCR

Used to identify serogroup of pathogen
Complementary strands of DNA intitatd from a pair of oligonucleotide primers, DNA polymerase elongates complementary strand to copy a strand of DNA

*crgA* gene of *N.meningitis* is amplified, *lytA* gene of *S. pneumoniae* and *bexA* gene of *H. influenzae* often amplified as well to distinguish *N. meningitidis* from these other pathogens
Serogroups B, C, Y, and W135 of *N. meningitidis* can be identified via

amplification of *siaD* gene, serogroup A via *mynB* 

## Latex Agglutination

Determines serogroup by initiating an antigenantibody reaction between potential capsular antigens of infectious pathogen and serogroup-specific artificial antibody
Results available within 15 min, high sensitivity for bacterial meningitis
May provide advantage of rapid identification of causative pathogen and the serogroup

# Expected results of laboratory tests in identification of bacteria

#### CSF and Blood

- CSF can be examined for altered cell counts, glycose, and protein levels in order to determine cause of symptoms
- Elevated white blood cell numbers and proteins levels characteristic of viral and bacterial meningitis
- Good indication of bacterial infection: 1000-5000 leukocytes/mm<sup>3</sup> with neutrophil dominance of 80-95%
- During bacterial meningitis, CSF to glucose ratio drops dramatically, ratio <0.4 highly indicative of bacterial

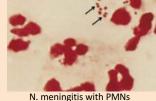
- Growth on culture plates differentiates between viral, bacterial, and fungal
- If viral, plate remains empty, fungi and bacteria will grow depending on plate used Recommended to use blood and choloate agar plates, can differentiate between 3
- main causes: *N. meningitidis, S.* pneumoniae, H. influenzea Thayer-Martin agar plates can be used to directly select for Neisseria due to
  - containing antibiotics and fungicides
- *N. meningitidis* is haemolytic, able to grow on blood and chocolate agar plates; colonies appear moist, grey/unpigmented, with round, smooth edges
- *H. influenzae* unable to lyse red blood cells so unable to grow on blood agar plates
- Blood agar plates narrow down to N. meningitis and S. pneumoniae

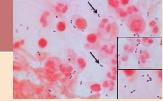


N. meningitis on blood agar

N. meningitis on chocolate agar

# *N. meningitis* are Gram-negative, will appear pink/red diplococci *S. pneumoniae* are Gram-positive and will appear violet





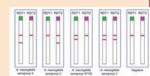


#### Sensitivity

- Kovac's oxidase test detects whether organism produces cytochrome c oxidases (partakes in aerobic respiration
- N. meningitis treated as strictly aerobic, turns testing reagent purple, indicating positive result
- Carbohydrate utilization test detects whether organism can fermet specific carbohydrate substrates, can help differentiate between different Neisseria species
- N. meningitis able to ferment glucose and maltose, these samples should turn yellow







#### PCR

- *crgA* gene will be only one amplified for *N*. meningitis
- Amplification of *SiaD* gene indicates B, C, Y, or W135 serogroup, whereas *mynB* gene indicates A serogroup

- reacts with antigen specific antibody to Positive conclusion can only be reached if

- and sample does not react with saline

#### Rapid Diagnostic Tests

- Used to directly test CSF in a quick, simple to use technique, however not sensitive or specific
- 2 commonly used tests identify 4 of the serogroups – one identifies A and W135/Y and other C and Y
- Positive indicator results in 2 lines appearing on test paper stick Negative result only has 1 line
- Where the second line appears determines which serogroup is present

