

# Ⅲ Historical aspects: the *Vibrio* days

- McFadyean & Stockman, British veterinarians, epizootic abortion in ewes (1909)
- Theobald Smith, investigating infectious abortions of U.S. cattle (1919): *Vibrio fetus*

# Ⅲ Historical aspects: the *Vibrio* days (2)

- •Jones, Little, & Orcutt, winter dysentery in U.S. calves (1931): *Vibrio jejuni*
- •Doyle, swine dysentery (1944)

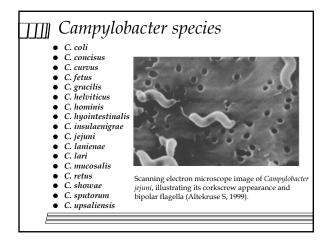
# Ⅲ Historical aspects: the *Vibrio* days (3)

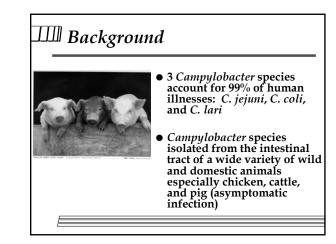
•Humans:

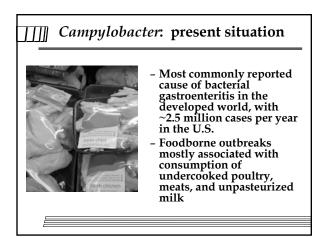
- -acute milkborne diarrhea, *Vibrio jejuni* (Levy, 1946)
- -abortion in two women, Vibrio fetus (Vinzent, 1947)
- •King (1957): *Vibrio fetus* differentiated from "related vibrios"

# Ⅲ Historical aspects: the new genus

- Sebald and Veron (1963): differentiation from cholera and halophilic vibrios → genus *Campylobacter* ("curved rod")
- *C. jejuni* (+ *C. coli*) perhaps foremost bacterial causes of <u>diarrhea</u> in humans; a classical zoonosis – pathogen or commensal in animals





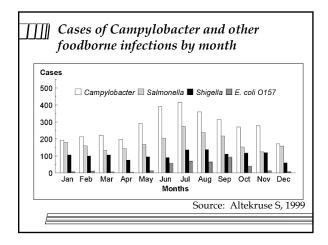


# **Campylobacter:** present situation

- •U.S., 1998–2002: *Campylobacter* spp., 61 outbreaks comprising 1,440 cases (ranked #7); <u>leader in CA</u> <u>FoodNet</u> (Bay Area)
- Largest outbreak documented in the U.S. ~3,000 cases, water (city)
- Largest milkborne outbreak in U.S., ~1,600 cases, California 2006

# ☐☐☐ Campylobacter: present situation (2)

•CAST (1994) estimates: 170,000 to 2,100,000 cases/yr , 120–360 deaths – presumably all foodborne; average medical and productivity cost/case \$920, annual total near \$1 billion



Pathogen	All Sites	CA FN	Alameda	Contra	SF	
				Costa		
Campylobacter	13.3	31.5	26.3	24.9	48.2	
Cryptosporidium	1.3	1.0	0.7	0.2	3.0	
Cyclospora	0.1	0.1	0	0	0.4	
E. coli 0157	1.7	1.4	1.8	1.0	2.0	
Listeria	0.3	0.4	0.4	0.3	0.4	
Salmonella	16.2	16.1	17.6	10.8	19.3	
Shigella	10.3	11.4	8.2	6.0	23.6	
Vibrio	0.3	0.3	0.4	0	0.6	
Yersinia	0.5	0.5	0.7	0.4	0.3	

#### IIII FoodNet data (US) Organism 1996-2005 1998 $Campylobacter(/10^5)$ 21.7 12.7 *E. coli* O157 (/10<sup>5</sup>) 2.3 1.1 Listeria $(/10^6)$ 4.9 3.0 Salmonella ( $/10^5$ ) 13.5 14.6 Shigella $(/10^5)$ 7.7 4.7

# Characteristics of *Campylobacter* (classification)



- Small, nonsporeforming, gram-negative bacteria – curved, S-shaped, or spiral
  0.5-8 µm long, 0.2-0.9 µm
- diameter
- Single polar flagellum at one or both ends – rapid, darting, corkscrew-like motility

## **Characteristics of** *Campylobacter* (classification)

- Require reduced O<sub>2</sub> for growth (microaerophilic), increased CO<sub>2</sub> (capnophilic)
- *C. jejuni* growth optimum = 42°C, minimum 30°C, maximum ca. 45°C, thermal inactivation from 48°C, survives well at 4°C in milk and water

# ☐ Characteristics of Campylobacter

- •Many species and subspecies
- •Many serotypes of *C. jejuni*, based on somatic, capsular, and flagellar antigens
- •Tremendous genetic diversity ("naturally competent"): multiple molecular typing methods: PFGE, MLST, AFLP

# □□□ Survival and growth in the environment

- Labile to freezing, drying, and temperatures from 48°C up
- Stable at 4°C, dies more quickly at 25°C than at 4 or 30°C
- Some losses at atmospheric levels of O2; optimum salt level 0.5%
- Growth above pH 4.9, good at 5.5– 8, optimum at 6.5–7.5

# IIII Infections in humans

- Affects young adults as often as infants
- Human disease principally (~90%) from *C. jejuni*, also *C. coli*
- Infectious dose is apparently "small"
- Incubation 2–5 (1–10) days
- Duration 2–5 days, sometimes 10 days

# IIII Infections in humans

- Pathogenesis is poorly understood: both enterotoxic and enteroinvasive strains may exist
- Diarrhea (watery to bloody with pus & WBC), abdominal pain, malaise, fever, nausea, and vomiting
- Rarely febrile convulsions, arthritis, Guillain-Barré syndrome, or meningitis; may mimic acute appendicitis; many infections asymptomatic

# IIII Infections in humans

- •Shedding 2–7 weeks if antibiotic treatment is not done; minor source of human infection, except for an occasional food worker contaminating food
- Lasting immunity follows infection

# *Campylobacter* in animals: Reservoirs

- •Common in cattle, swine, sheep, and especially poultry (also companion animals and rodents)
- •Carried in gall bladder and small and large intestines

# *□□ Campylobacter* in animals: Transmission

- •Shed in feces, which may contaminate edible portions of carcass
- •Occurrence in milk may indicate shedding via the mammary gland, but mastitis is seldom involved.

#### Campylobacter insulaenigrae Isolates from Northern Elephant Seals (Mirounga angustirostris) in California

- Robyn A. Stoddard,1,2\* William G. Miller,3 Janet E. Foley,4 Judy Lawrence,2 Frances M. D. Gulland,2 Patricia A. Conrad,1 and Barbara A. Byrne1
- Departments of Pathology, Microbiology, and Immunology,1 Medicine and Epidemiology, School of Veterinary Medicine, University of California, Davis, California 92122,4 The Marine Mammal Center, Sausalito, California,2 Produce Safety and Microbiology Research Unit, Agricultural Research Service, U.S. Department of Agriculture, Albany, California3
- Applied and Environmental Microbiology, March 2007, p. 1729-1735, Vol. 73, No. 6

# IIII Prevalence of *Campylobacter* in foods

- Eggs not in outbreaks
- Poultry common at retail; fecal cross-contamination in processing
- Meat most common on swine carcasses; sometimes on beef and lamb

# IIII Prevalence of *Campylobacter* in foods

- Milk and milk products readily killed by pasteurization; raw milk is a leading vehicle in U.S.
- Other foods mainly animal products; fertilization of vegetables with manure may cause contamination

# IIII Prevalence of *Campylobacter* in feed and water

- Animal feed subject to contamination from bird and rodent droppings
- Water at least two drinking water-associated outbreaks (≥130 cases), U.S., 2003–2004

## ☐☐ Foods most often associated with human Campylobacter infections – U.S.

- •Raw milk
- •Poultry
- •Other foods via crosscontamination

# **Detection of** *Campylobacter*

- Samples ideally stored at 4°C in N<sub>2</sub> atmosphere, with 0.01% sodium bisulfite added
- Expect low contamination levels: pre-enrichment likely to be necessary
- Slow-growing organism isolation medium must be selective, to inhibit competitors.

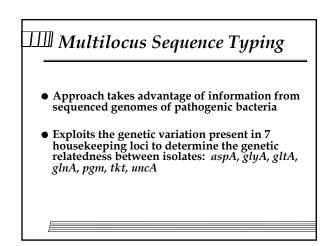
# Campylobacter jejuni

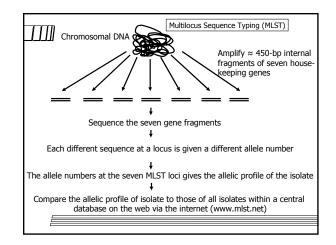
# **Detection of** *Campylobacter*

- Optimum atmosphere is 5% O<sub>2</sub>, 10% CO<sub>2</sub>, 85% N<sub>2</sub>; candle jars are <u>marginally</u> useful
- Incubation generally 42°C
- Antibiotics used in some selective media may inhibit some strains of *C. jejuni*, also *C. coli*; cefaperazone is presently recommended, not cephalothin

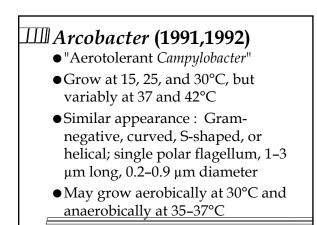
### **IIII** Identification of *Campylobacter*

- Gram-negative, appropriate appearance, growth temperature and atmosphere; oxidase and catalase positive; hydrolyzes hippurate and indoxyl acetate; reduces nitrate; produces H<sub>2</sub>S; <u>some tests require</u> <u>special precautions</u>
- Nonculture detection methods and epidemiologic typing systems available





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# **III** Arcobacter

- "Frequently isolated from cattle and pigs suffering from abortion and enteritis"
- •Human illnesses from two of the species include bacteremia, endocarditis, peritonitis, and diarrhea

# **IIII** Arcobacter Species in Humans • During an 8-year study period, *Arcobacter butzleri* was the fourth most common *Campylobacter*-like organism isolated from 67,599 stool specimens in Belgium • Observations suggest that A. butzleri displays microbiologic and clinical features similar to those of Campylobacter jejuni • *A. butzleri* was more frequently associated with a persistent, watery diarrhea

- Emerging infection?

Source: Vandenberg O, 2004

# ⊥ШHelicobacter pylori

- •Discovered in 1982, separated from genus Campylobacter in 1989
- •Looks like *Campylobacter*, microaerophilic, optimum growth at 37°C
- •Culture characteristics, etc., need not be discussed here

# ]]]]]] Helicobacter pylori

- Clinically important as a probable cause of <u>chronic gastritis and peptic</u> and duodenal ulcer in humans
- Human infection is widespread (nonhuman reservoirs of this species unknown); shed with feces and may contaminate food, but foodborne transmission is not clearly established

## **IIII** Summary: three genera

- •*Campylobacter*: a leading bacterial cause of foodborne disease in U.S.
- •*Arcobacter*: also can cause foodborne disease.
- •*Helicobacter*: causes ulcers; may not be foodborne.