

ENTERIC GRAM-NEGATIVE RODS (ENTEROBACTERIACEAE)

? ENTERIC GRAM-NEGATIVE RODS (ENTEROBACTERIACEAE)

? CLASSIFICATION & GENERAL CHARACTERISTICS

? Definition & Overview

- Family of **Gram-negative, non-spore forming bacilli**
 - Primarily **intestinal commensals**, but many are **important pathogens**
 - Facultative anaerobes
 - Major cause of:
 - **Gastrointestinal infections**
 - **Urinary tract infections**
 - **Septicemia**
-

? Habitat

- **Normal intestinal flora**
 - E. coli (dominant)
 - Enterobacter, Klebsiella (less common)
 - **Environmental presence**
 - Soil
 - Water
 - Food
-

? Morphology

- Gram-negative rods
 - Non-spore forming
 - Motility:
 - **Motile** ? peritrichous flagella (E. coli, Salmonella, Proteus)
 - **Non-motile** ? Klebsiella, Shigella
-

? Cultural Characteristics

- Grow on **ordinary media**
-

- **MacConkey agar:**
 - **Lactose fermenters (LF)** ? pink colonies
 - **Non-lactose fermenters (NLF)** ? pale colonies
-

? Cell Wall Structure (VERY HIGH-YIELD)

- Outer membrane contains **LPS (Endotoxin)**

Components:

- **Lipid A**
 - Toxic component ? fever, shock
 - **Core polysaccharide**
 - **O antigen**
 - Serotyping basis
-

? Biochemical Properties

- Oxidase negative
 - Catalase positive
 - Ferment glucose
 - Reduce nitrates to nitrites
-

? Antigenic Structure

ANTIGEN	LOCATION	FUNCTION	EXAMPLE
O antigen	Cell wall	Serotyping	Salmonella
H antigen	Flagella	Motility	Salmonella
K antigen	Capsule	Virulence	Klebsiella
Vi antigen	Capsule	Anti-phagocytic	S. typhi

? Mechanism of Endotoxin (VERY IMPORTANT)

- LPS (Lipid A) released
 - ? Macrophage activation
 - ? Cytokines (TNF, IL-1)
 - ? Complement activation
 - ? Coagulation cascade
 - ? DIC + **septic shock**

? Virulence Factors

FACTOR	FUNCTION	EXAMPLE
Capsule	Anti-phagocytic	Klebsiella
Fimbriae	Adhesion	E. coli (UTI)
Toxins	Tissue damage	ETEC toxins

FACTOR	FUNCTION	EXAMPLE
Invasion factors	Cell entry	Shigella

? Plasmids & Resistance

- **R plasmids** ? antibiotic resistance
- **ESBL (Extended spectrum ?-lactamase)**
- **Carbapenemases (NDM, KPC)** ? highly resistant strains

? Classification

Based on Lactose Fermentation

LACTOSE FERMENTERS	NON-LACTOSE FERMENTERS
E. coli	Salmonella
Klebsiella	Shigella
Enterobacter	Proteus
Serratia (late LF)	

Based on Motility

MOTILE	NON-MOTILE
E. coli	Klebsiella

MOTILE	NON-MOTILE
Salmonella	Shigella
Proteus	

Based on IMViC Reactions

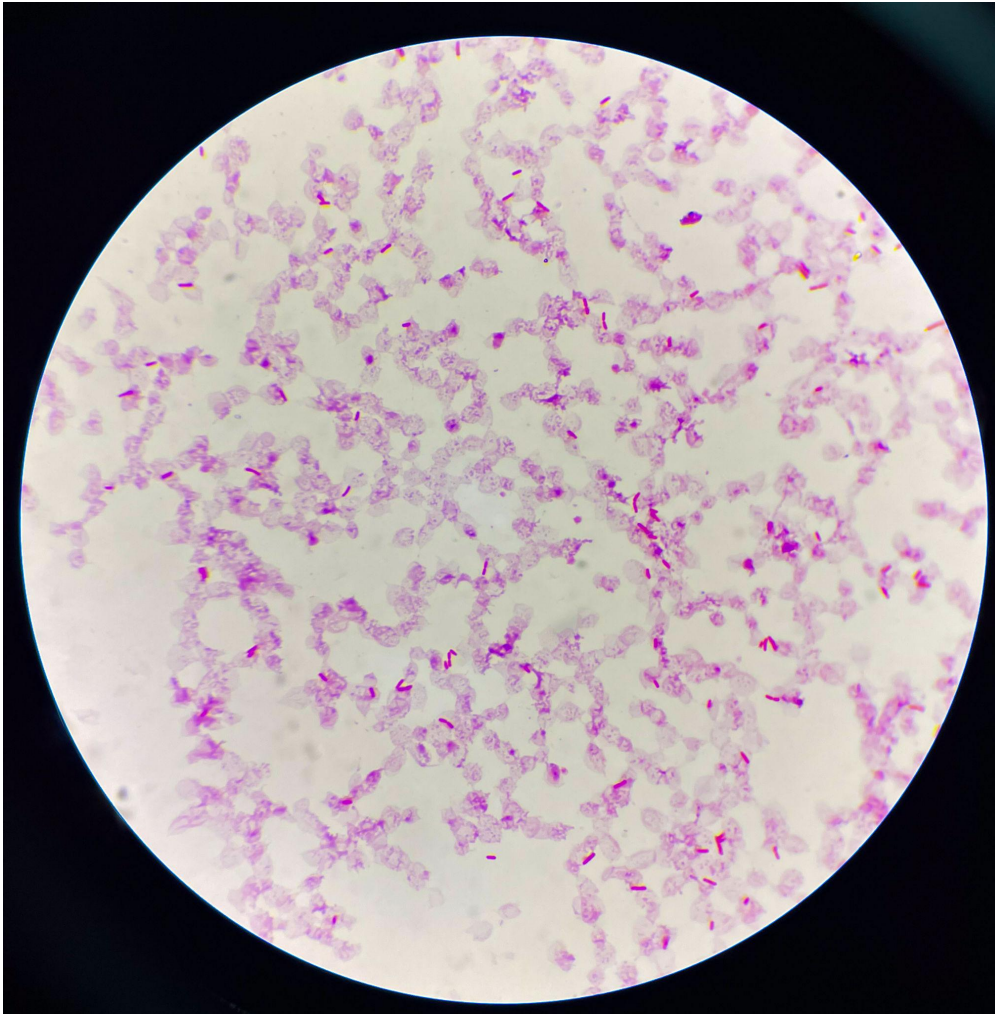
ORGANISM	INDOLE	MR	VP	CITRATE
E. coli	+	+	—	—
Klebsiella	—	—	+	+
Enterobacter	—	—	+	+

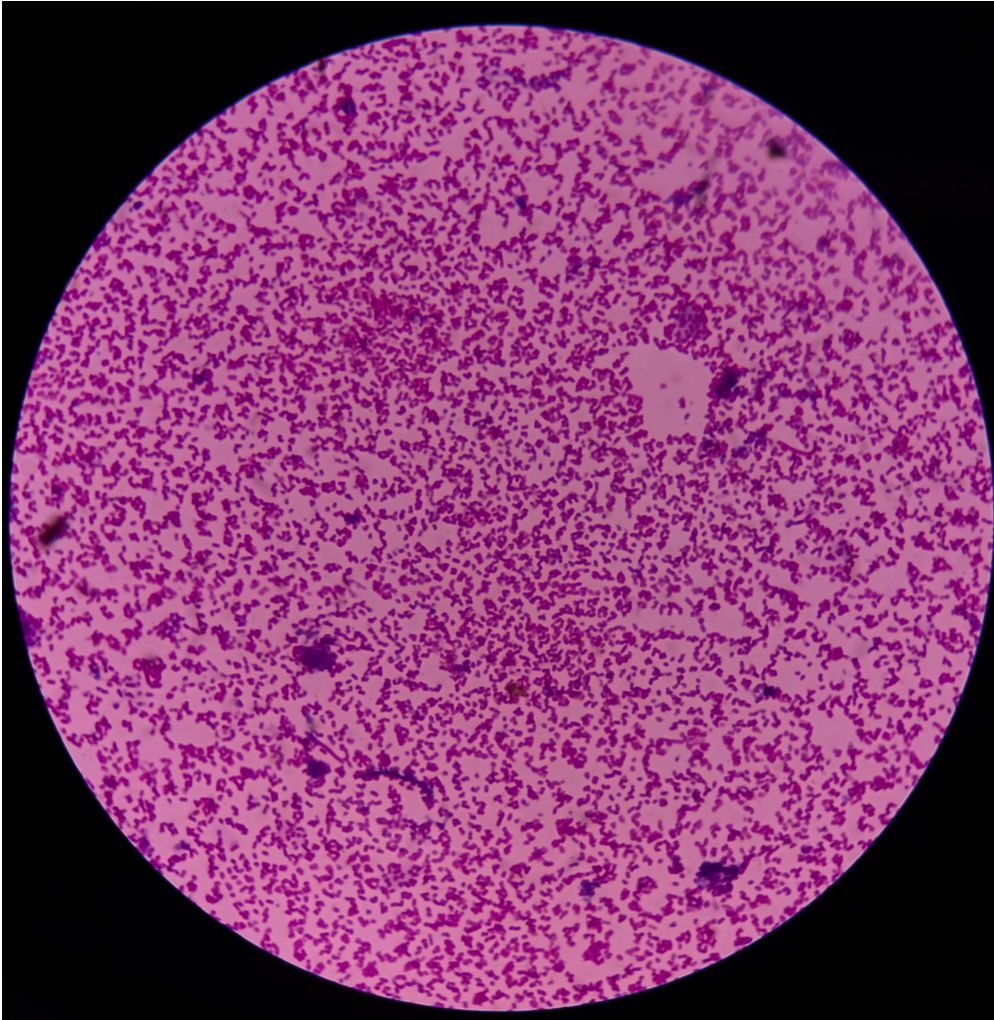
? Important Genera

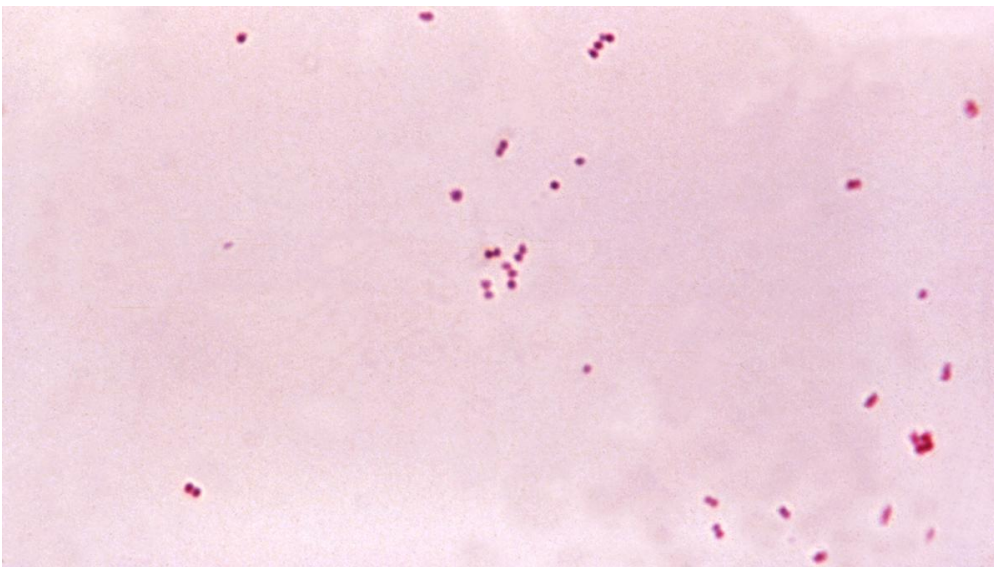
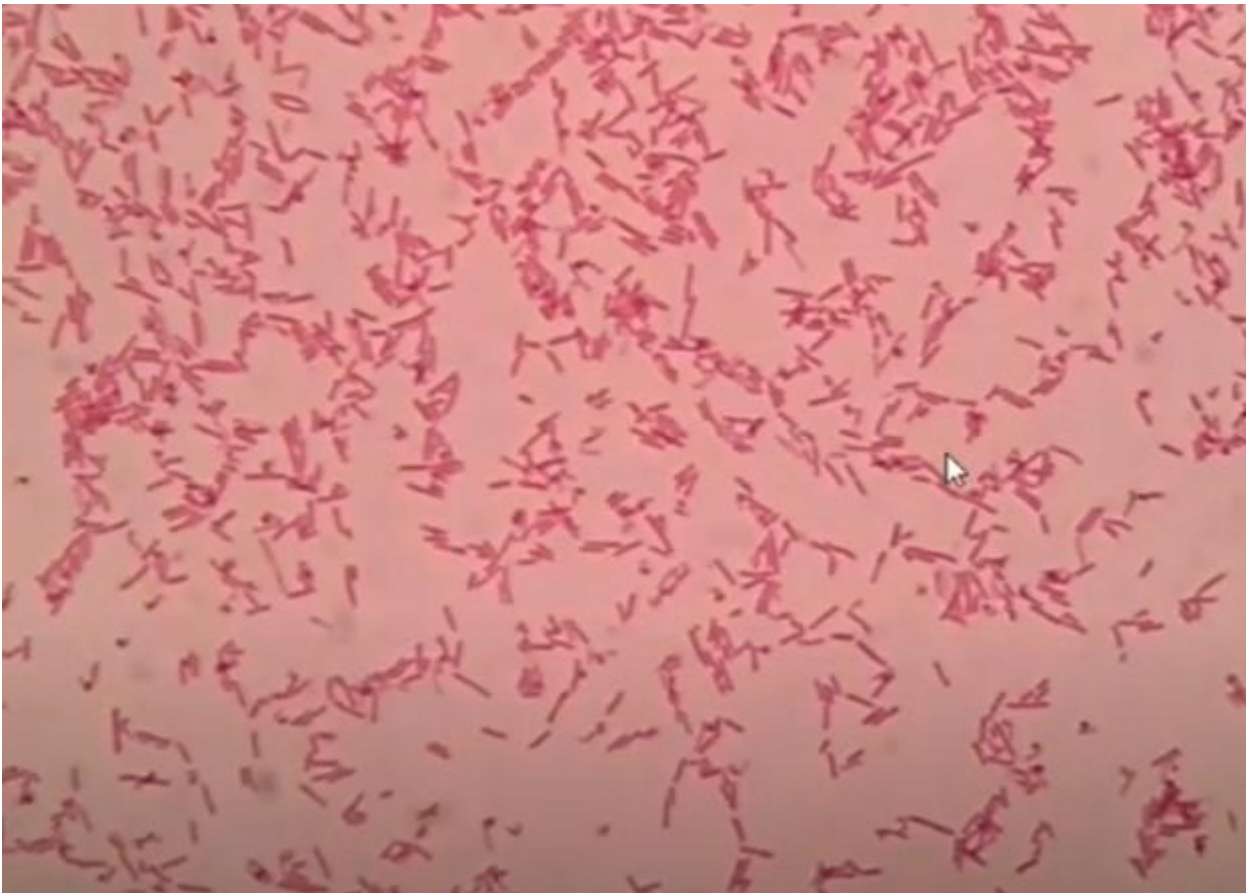
- Escherichia
- Klebsiella
- Proteus
- Enterobacter
- Citrobacter
- Serratia
- Shigella
- Salmonella

? SLIDES (EXAM FAVORITE)

Gram-negative bacilli







MacConkey agar (LF vs NLF)



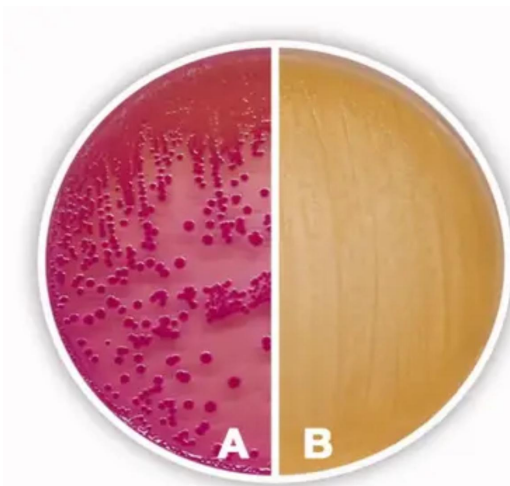
Lactose non fermentor



Lactose Fermentor

Macconkey Agar





MacConkey agar plate : lactose fermentation (A) vs non-fermentation of lactose (B)



MacConkey agar plate : Klebsiella colonies are often mucoid, large (4-6 mm) and dark to pale pink (@lab.elm)



Capsule demonstration (Klebsiella)

? DIAGRAMS / FLOWCHARTS

? Classification of Enterobacteriaceae

Gram-negative bacilli

?

Enterobacteriaceae

?

Lactose fermenters ? E. coli, Klebsiella

Non-lactose fermenters ? Salmonella, Shigella

? LPS Endotoxin Mechanism

LPS (Lipid A)

?

Macrophage activation

?

Cytokines (TNF, IL-1)

?

Complement activation

?

Coagulation cascade

?

DIC ? Shock

? Lactose Fermentation Differentiation

MacConkey agar

?

Pink colonies ? Lactose fermenter

?

E. coli / Klebsiella

Colorless colonies ? Non-lactose fermenter

?

Salmonella / Shigella

? LABORATORY DIAGNOSIS (VERY HIGH-YIELD CORE)

? Specimen Collection

- **Stool**
 - Acute diarrhea, dysentery
 - Fresh sample preferred
- **Blood**
 - Enteric fever (1st week best)
- **Urine**
 - UTI (E. coli, Klebsiella, Proteus)
- **Pus / body fluids**
 - Abscess, wound infection, septicemia

? Transport Media

- **Cary-Blair medium**
 - Preserves enteric pathogens
 - Prevents overgrowth of commensals

? Culture Media

- **MacConkey agar**
 - LF ? Pink colonies
 - NLF ? Pale colonies
 - **XLD agar (Xylose Lysine Deoxycholate)**
 - Salmonella ? Red colonies with black center (H₂S)
 - Shigella ? Red colonies
 - **SS agar (Salmonella-Shigella agar)**
 - Salmonella ? Colorless with black center
 - Shigella ? Colorless
 - **DCA agar (Deoxycholate citrate agar)**
 - Selective for enteric pathogens
-

? Enrichment Media

- **Selenite F broth**
 - Enhances Salmonella growth
 - **Tetrathionate broth**
 - Selective enrichment for Salmonella
-

? Colony Characteristics

- Size, shape, margin, elevation
 - Pigmentation
 - Hemolysis (if any)
 - Swarming ? Proteus
-

? Biochemical Identification

IMViC Tests

- Indole
 - Methyl red
 - Voges–Proskauer
 - Citrate
-

TSI (Triple Sugar Iron) Test

- Glucose, lactose, sucrose fermentation
 - Gas production
 - H₂S production
-

Other Tests

- **Urease test**

- Positive ? Proteus, Klebsiella

- **Citrate test**

- Positive ? Klebsiella, Enterobacter

- **Motility test**

- Motile ? Salmonella, E. coli
- Non-motile ? Shigella, Klebsiella

? Automated Systems (Brief)

- **VITEK**

- Rapid identification + antibiotic sensitivity

- **MALDI-TOF**

- Protein-based rapid organism identification

? TABLES (VERY HIGH-YIELD)

? Selective & Differential Media

MEDIUM	FUNCTION	ORGANISM IDENTIFIED
--------	----------	---------------------

MacConkey	LF vs NLF	E. coli, Salmonella
XLD	Enteric pathogens	Salmonella, Shigella
SS agar	Selective for pathogens	Salmonella, Shigella
DCA	Enteric pathogens	Salmonella

? IMViC Reactions (Detailed)

ORGANISM	INDOLE	MR	VP	CITRATE
E. coli	+	+	–	–
Klebsiella	–	–	+	+
Enterobacter	–	–	+	+

? TSI Reaction Patterns

ORGANISM	SLANT	BUTT	GAS	H ₂ S
E. coli	A	A	+	–
Salmonella	K	A	±	+
Shigella	K	A	–	–
Proteus	K	A	+	+

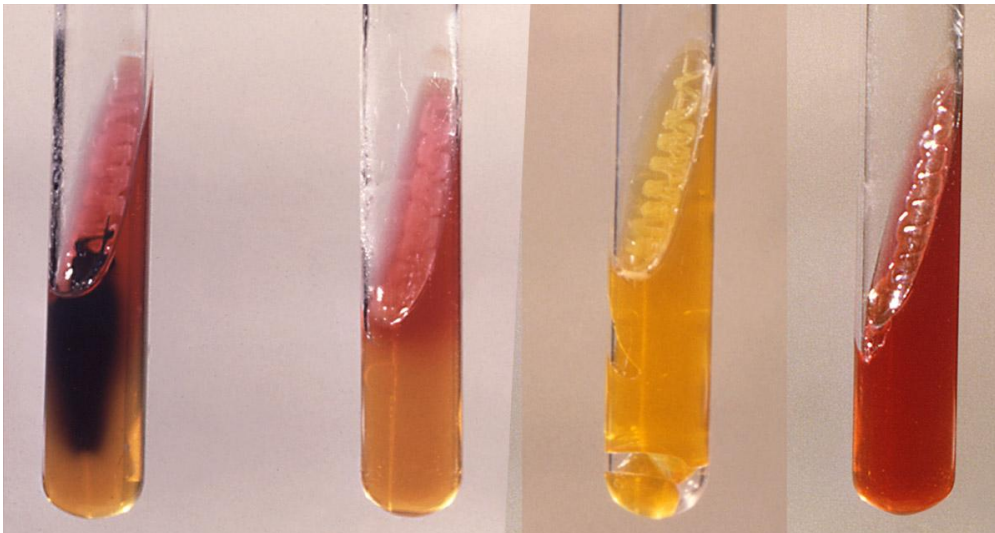
(A = Acid, K = Alkaline)

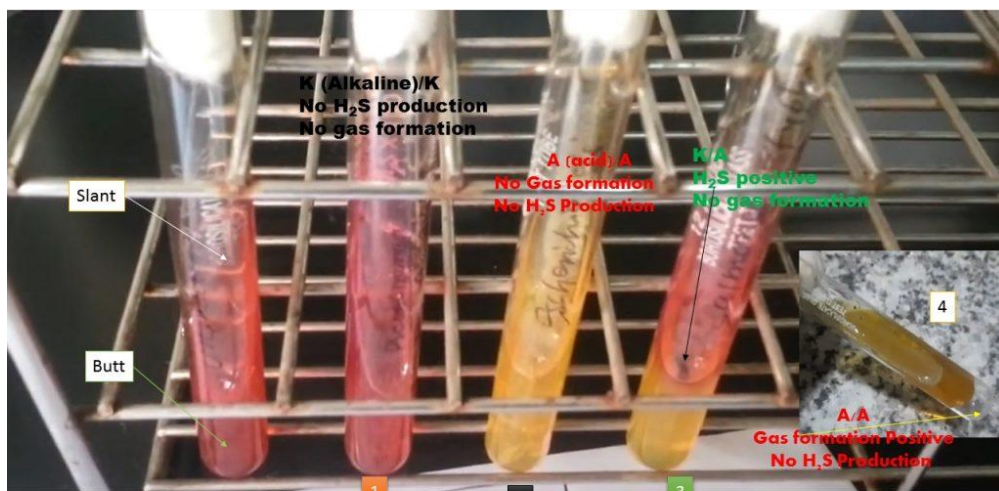
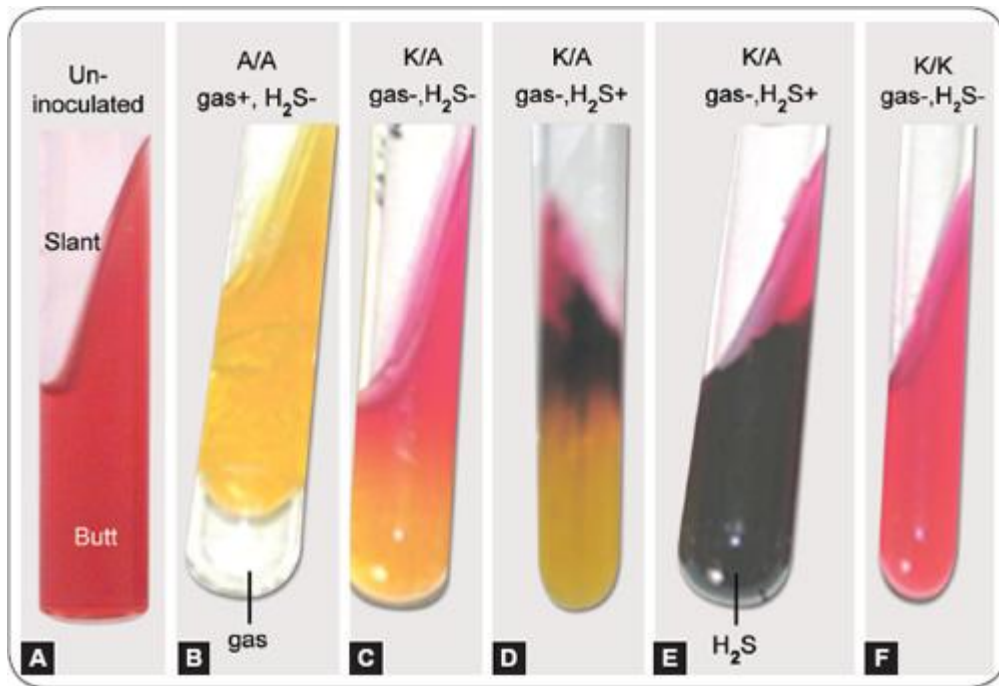
? Biochemical Test Interpretation

TEST	POSITIVE ORGANISM
Urease	Proteus, Klebsiella
Citrate	Klebsiella, Enterobacter
Motility	Salmonella, E. coli

? SLIDES (EXAM FAVORITE)

TSI agar slants





Triple Sugar Iron(TSI) Agar

Reaction in TSI agar



- Acid butt
- Acid slant
- Gas production
- No H₂S production



SLANT/BUTT K/A+ GAS(H₂S)

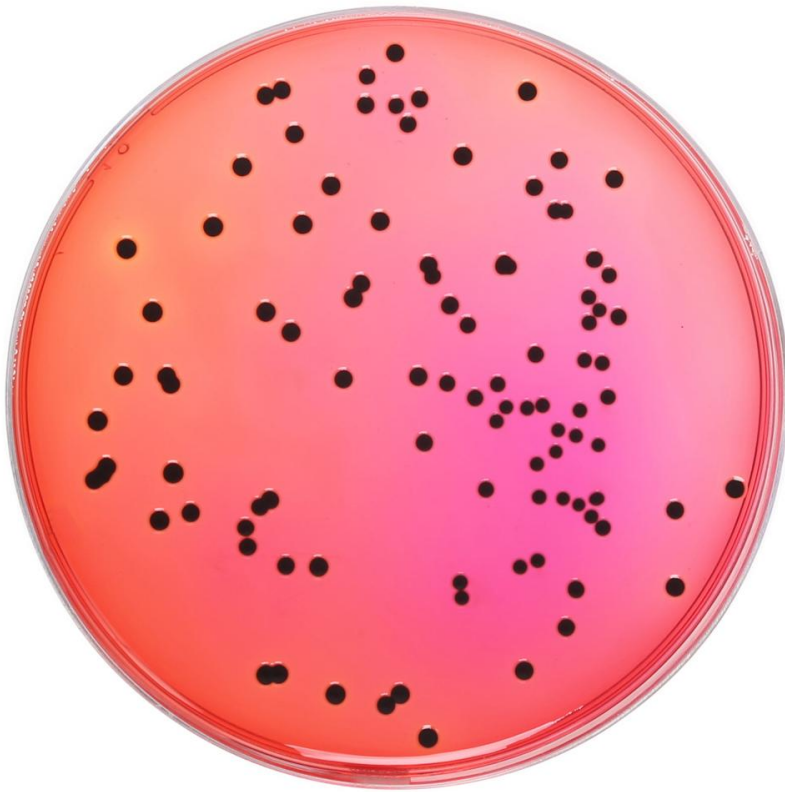
- **Only Glucose is fermented**
- **Black precipitate present - H₂S gas production**

**K- Alkaline
A- Acidic**



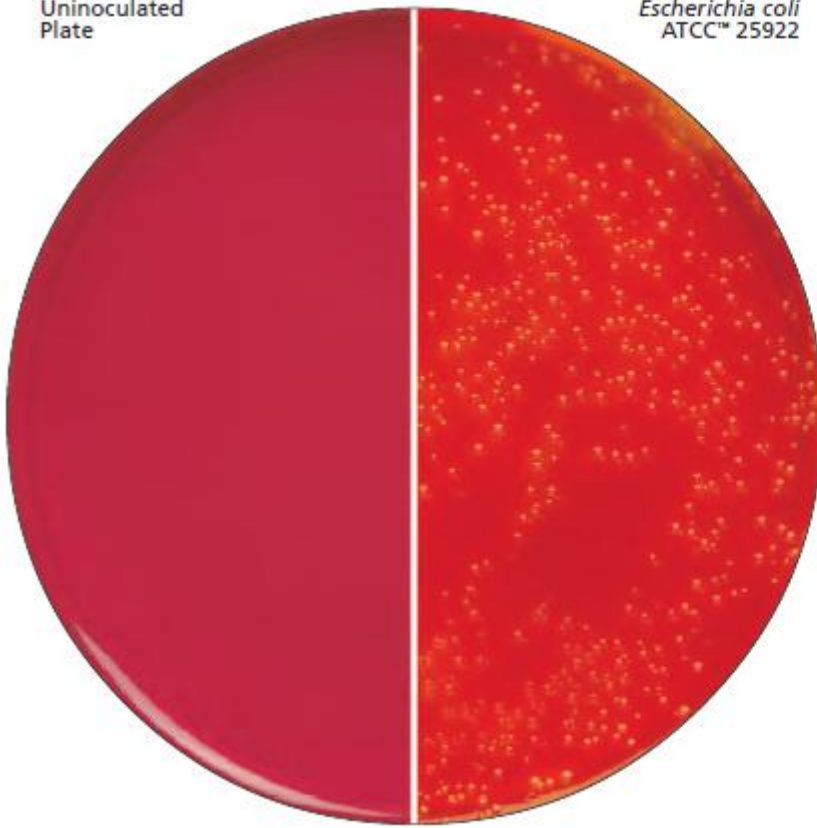
**Red Slant
Yellow Butt
+ Gas
+ H₂S**

XLD agar colonies



Uninoculated
Plate

XL Agar Base

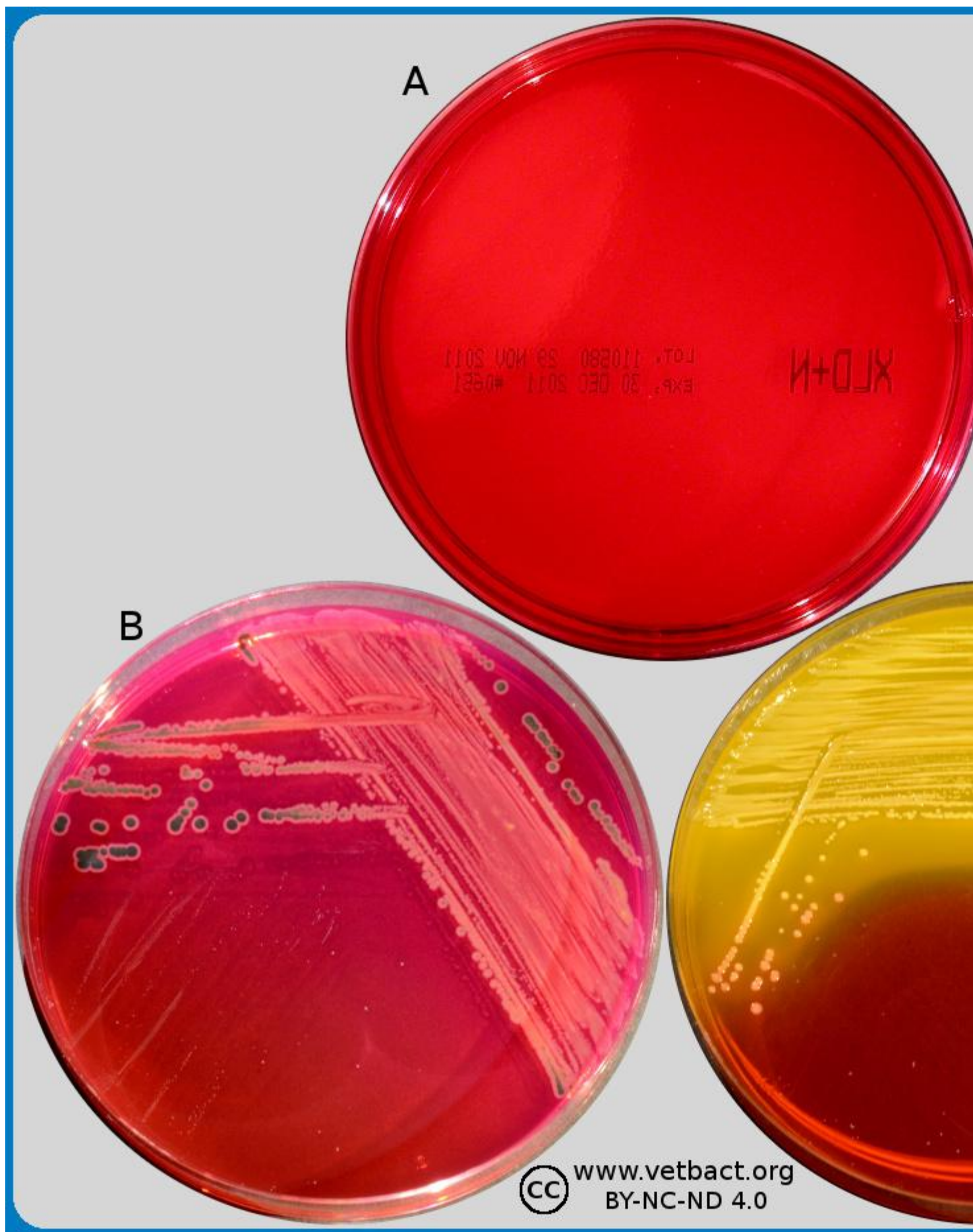


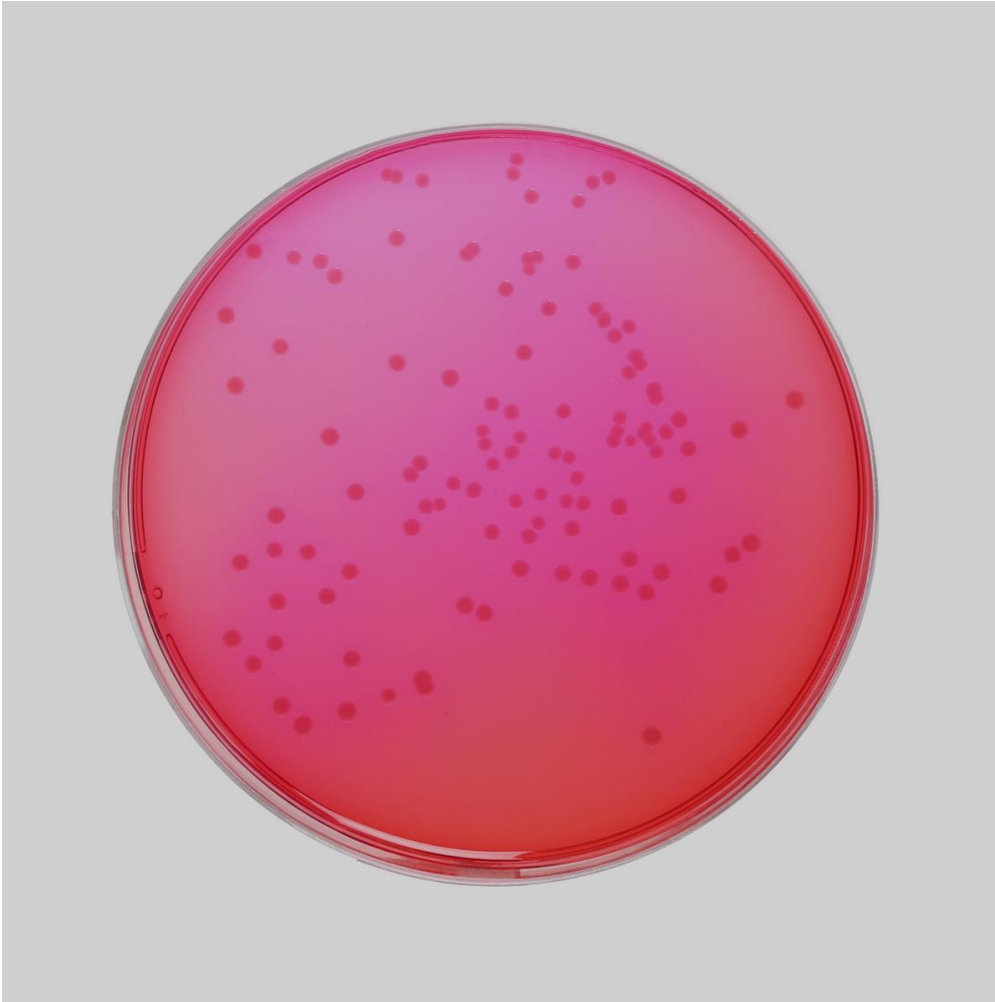
Escherichia coli
ATCC™ 25922

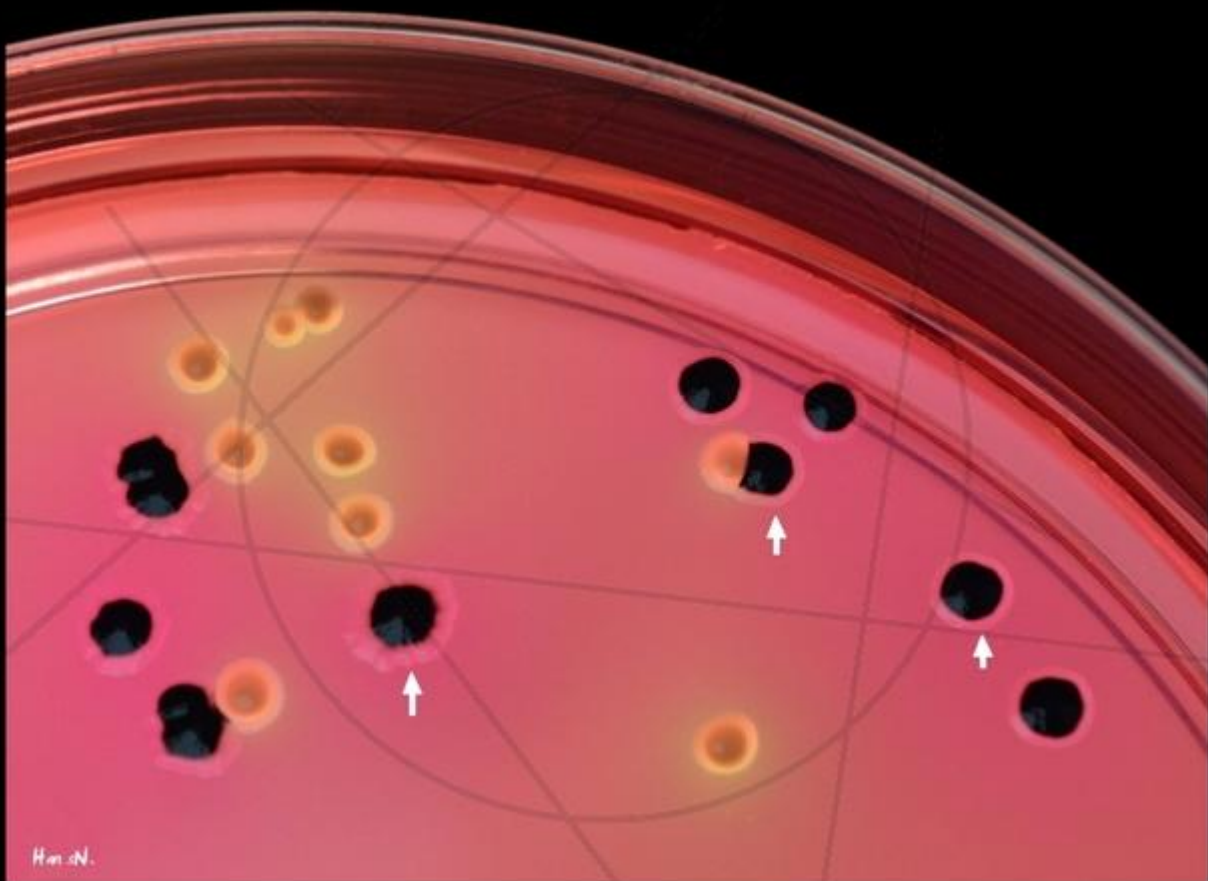
Salmonella typhimurium
ATCC™ 14028

XLD Agar





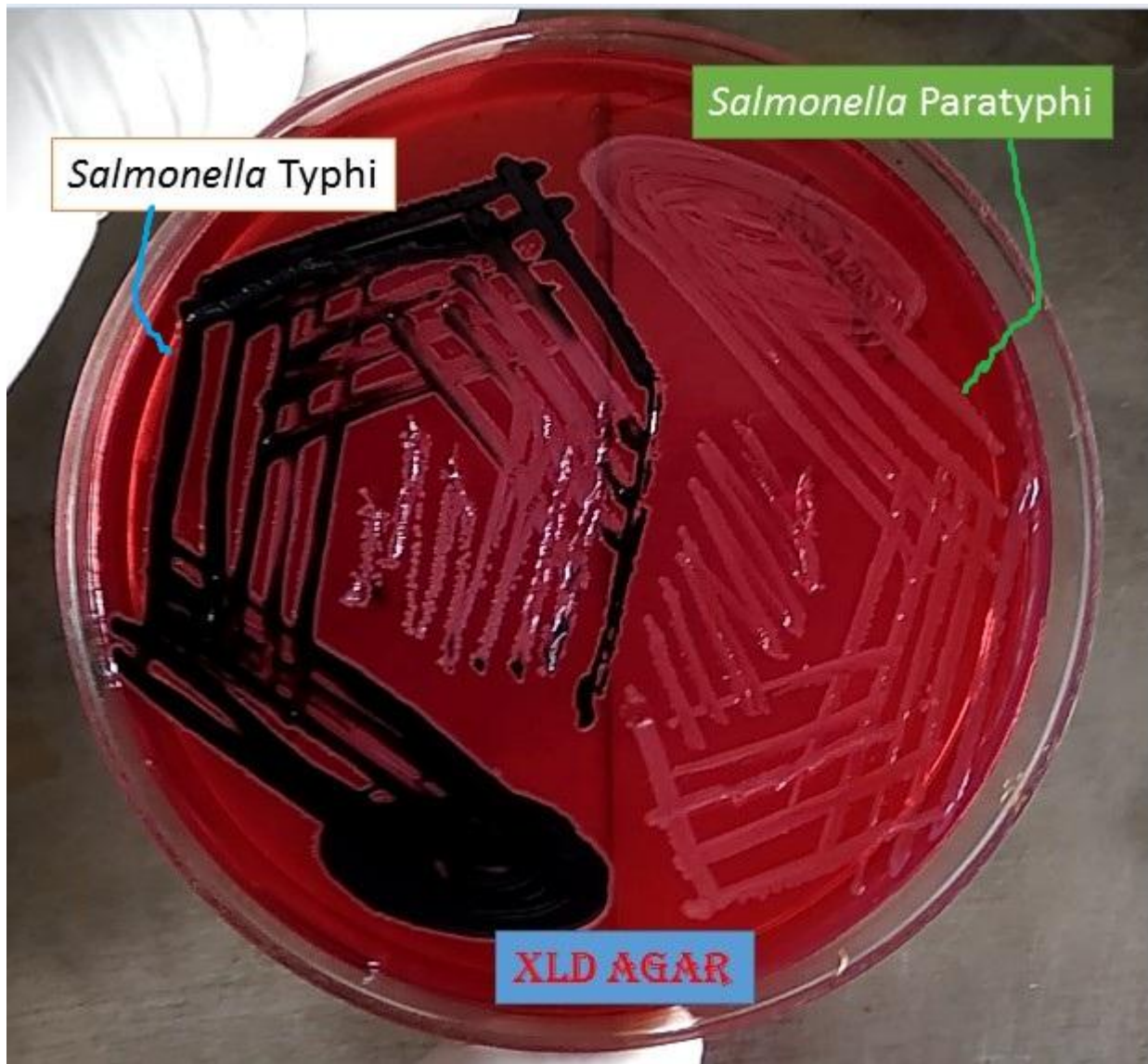




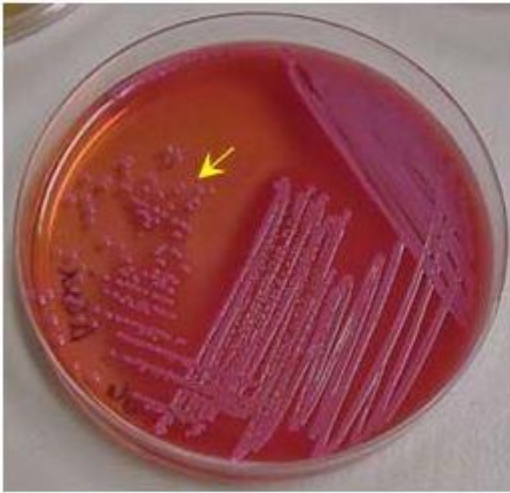
Han, N.

Salmonella enterica and *E. coli* on XLD agar





SS agar colonies



Escherichia coli



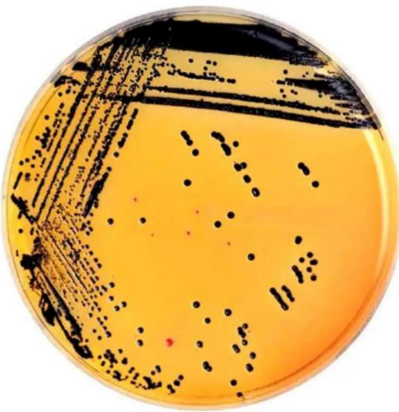
Salmonella



Shigella



Salmonella



Black, non-lactose fermenter colonies of Salmonellae on SS Agar



Black, non-lactose fermenter colonies of Salmonellae on hektoen enteric agar



Shigella Laboratory Diagnosis:

Continued



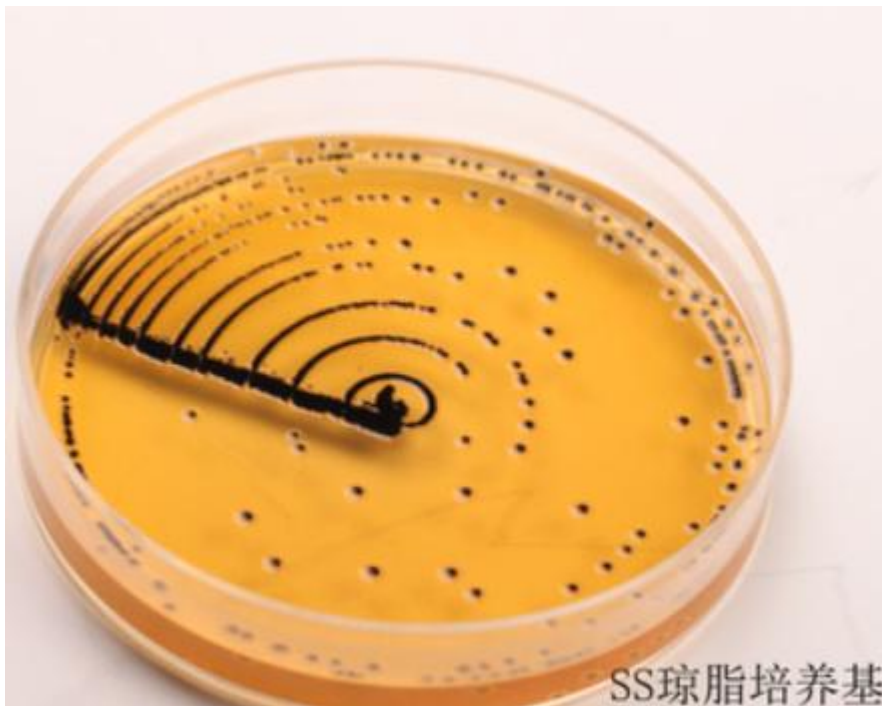
XLD agar: Shigella colonies appear red without black centers,



SS Agar Shigella: Colourless (non-lactose fermenting), no blackening

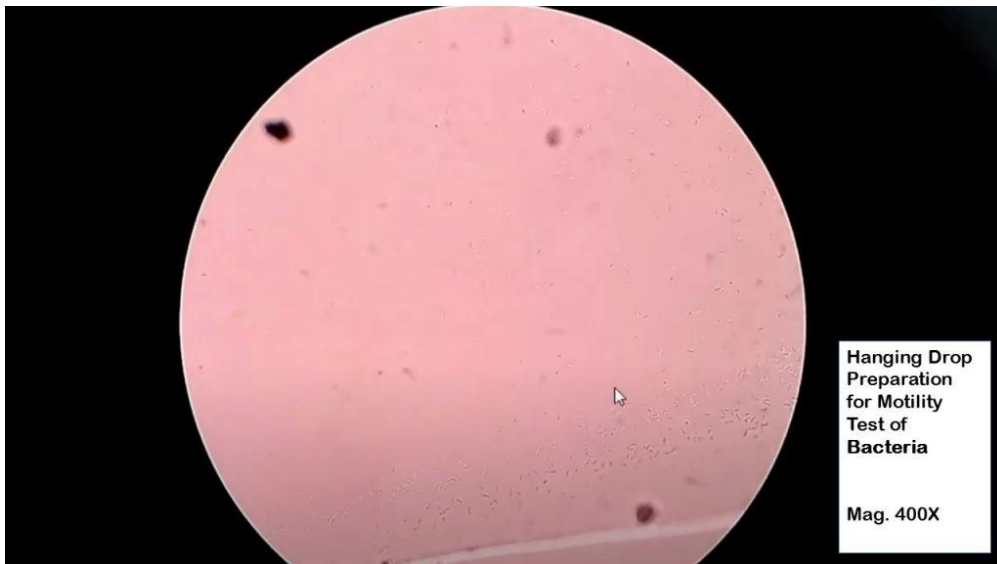


MacConkey's agar: Colourless (non-lactose fermenting), SS



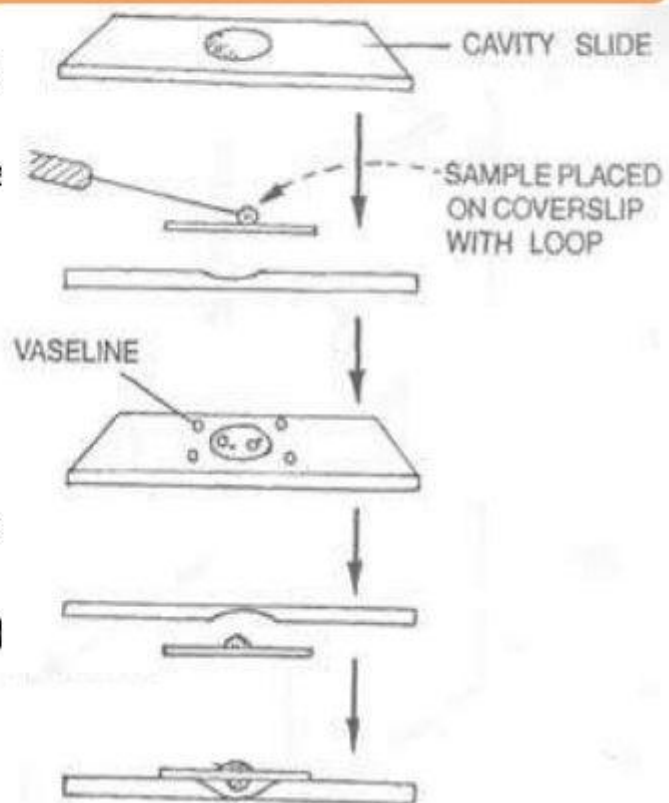
SS琼脂培养基

Motility test

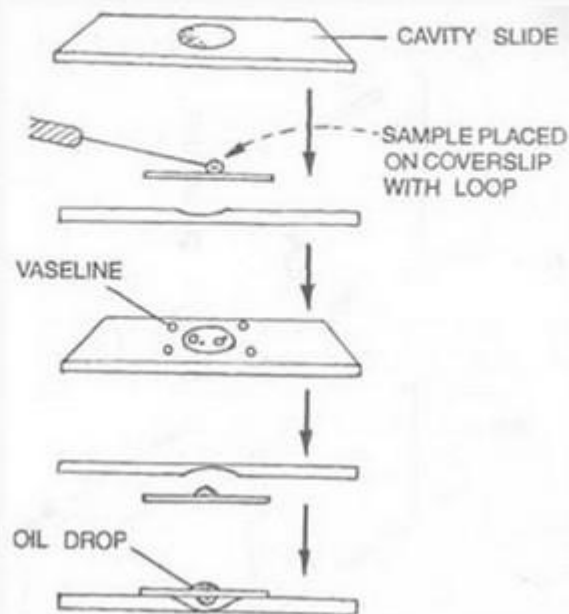


HANGING DROP TEST

- Place a drop stool in the centre of a coverslip.
- Place a drop of water / vaseline at each corner of the coverslip.
- Invert a slide with a central depression over the coverslip.
- The coverslip will stick to the slide and when the slide is inverted the drop of bacterial culture will be suspended in the central depression of the slide.
- Examine microscopically (X100) for motile organisms.



The hanging Drop Method



Activ
Go to !

HANGING DROP PREPARATION

Result and Interpretations

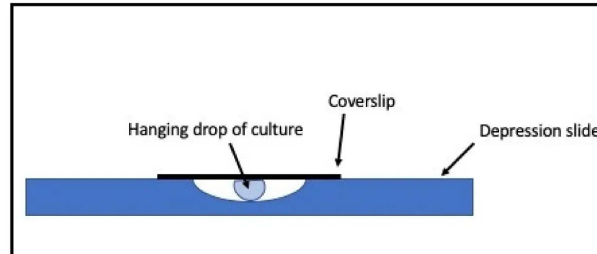
- *Directional purposeful motility is a positive test.*
- Motile organisms change position with respect to one another.
- Brownian movement (random jiggling or shaking due to molecular bombardment),



METHODS FOR DEMONSTRATING BACTERIAL MOTILITY

3. Hanging drop method

- This method involves preparing a wet mount of a bacterial culture on a hollow-ground slide and cover glass. We can then examine the drop under a microscope.



? DIAGRAMS / FLOWCHARTS

? Stepwise Lab Diagnosis Algorithm

Specimen

?

Transport medium (Cary-Blair)

?

Culture on selective media

?

Colony morphology

?

Biochemical tests (IMViC, TSI)

?

Identification

?

Antibiotic sensitivity

? TSI Reaction Interpretation

Glucose fermentation

?

Acid butt (yellow)

If lactose/sucrose ferment ? Entire tube yellow (A/A)

If not ? Slant red, butt yellow (K/A)

H₂S production ? Black precipitate

Gas production ? Cracks / bubbles

? DISEASES CAUSED BY ENTEROBACTERIACEAE (EXCLUDING SALMONELLA & SHIGELLA)

? ESCHERICHIA COLI

Types (Pathotypes)

- **ETEC (Enterotoxigenic)** ? Traveler's diarrhea
 - **EPEC (Enteropathogenic)** ? Infantile diarrhea
 - **EHEC (Enterohemorrhagic)** ? Hemorrhagic colitis, HUS
 - **EIEC (Enteroinvasive)** ? Dysentery-like illness
 - **EAEC (Enteroadgregative)** ? Persistent diarrhea
-

Virulence Factors

- **LT toxin (Heat-labile)**
 - ? cAMP ? secretory diarrhea

- **ST toxin (Heat-stable)**
 - ? cGMP ? secretory diarrhea

- **Verotoxin (Shiga-like toxin)**
 - Inhibits protein synthesis ? endothelial damage

- **Adhesins (fimbriae)**
 - Attachment to intestinal mucosa
-

Mechanisms of Diarrhea

- **Secretory** ? ETEC (LT, ST)
 - **Invasive** ? EIEC
 - **Hemorrhagic** ? EHEC
-

Clinical Features

- Traveler's diarrhea
 - Hemorrhagic colitis
 - Watery diarrhea (children)
-

Other Important Syndromes

- **Uropathogenic E. coli (UPEC)**
 - Ascending UTI
 - **Neonatal meningitis**
-

- K1 antigen (capsule)

? KLEBSIELLA

Key Features

- Prominent **capsule** ? major virulence
- **Hypermucoviscosity (string test positive)**

Diseases

- **Pneumonia**
 - Thick “currant jelly” sputum
- **UTI**
- **Rhinoscleroma**

Resistance

- ESBL-producing strains
- MDR hospital pathogens

? PROTEUS

Key Features

- **Swarming motility**

- Urease positive
 - H₂S production
 - Dienes phenomenon (strain differentiation)
-

Clinical Importance

- UTI
 - Renal stone formation
 - Urease ? ammonia ? alkaline urine ? stones
-

? ENTEROBACTER, CITROBACTER, SERRATIA

Features

- Opportunistic pathogens
 - Cause nosocomial infections
 - High drug resistance
-

Clinical Importance

- UTI
 - Pneumonia
 - Septicemia
-

? TABLES (VERY HIGH-YIELD)

? Types of E. coli and Diseases

TYPE	DISEASE	MECHANISM
ETEC	Traveler's diarrhea	Secretory (LT, ST)
EPEC	Infantile diarrhea	Adherence
EHEC	Hemorrhagic colitis	Verotoxin
EIEC	Dysentery	Invasion
EAEC	Persistent diarrhea	Aggregation

? E. coli Toxin Comparison

TOXIN	MECHANISM	EFFECT
LT	? cAMP	Watery diarrhea
ST	? cGMP	Watery diarrhea
Verotoxin	Ribosomal inhibition	Bloody diarrhea

? Enterobacteriaceae Causing UTI

ORGANISM	FEATURE
E. coli	Most common

ORGANISM	FEATURE
Klebsiella	Capsule
Proteus	Stones (urease)

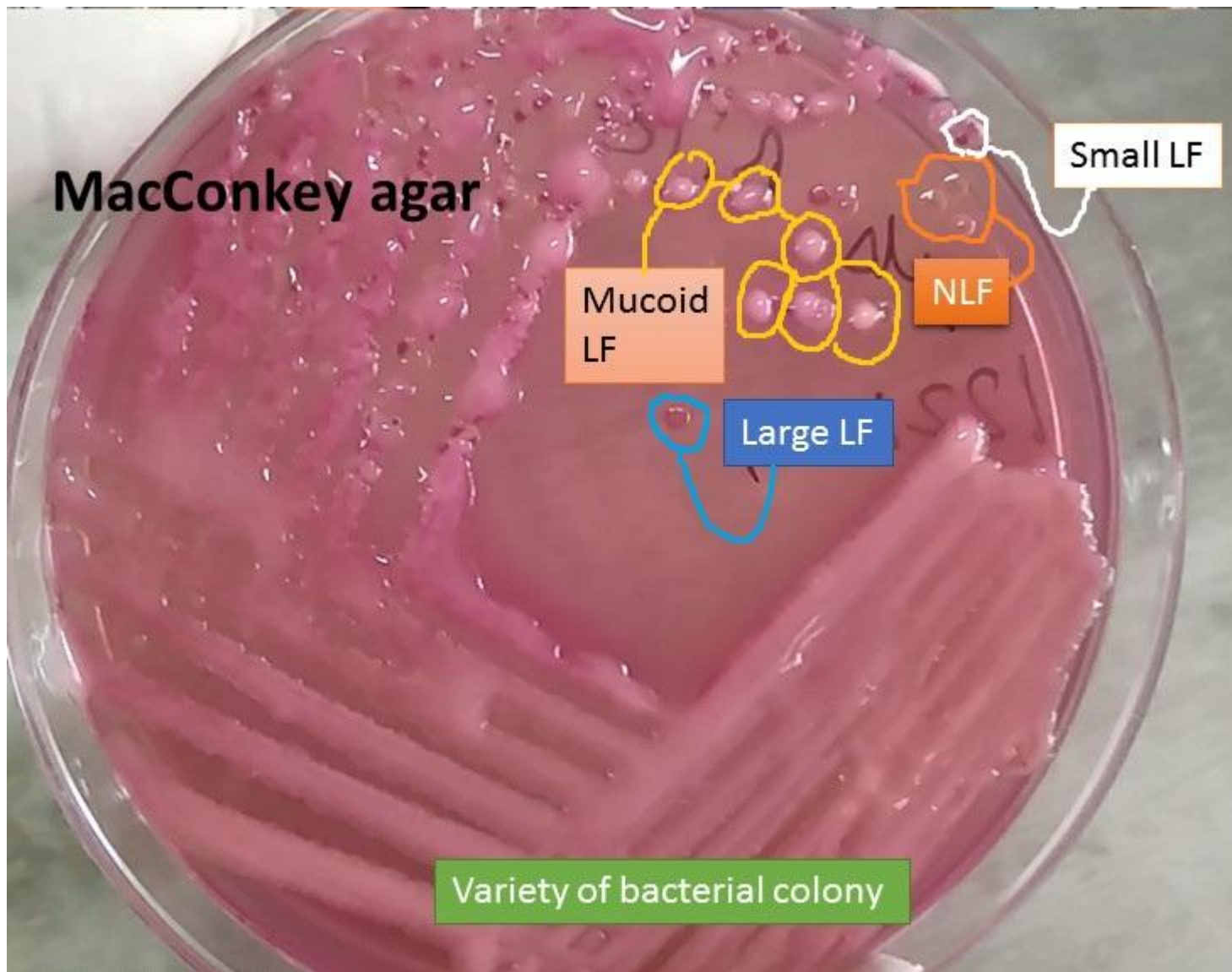
? Nosocomial Pathogens Comparison

ORGANISM	KEY FEATURE
Enterobacter	Opportunistic
Serratia	Red pigment (sometimes)
Klebsiella	MDR, ESBL

? SLIDES (EXAM FAVORITE)

E. coli colonies





Escherichia coli

Klebsiella pneumoniae

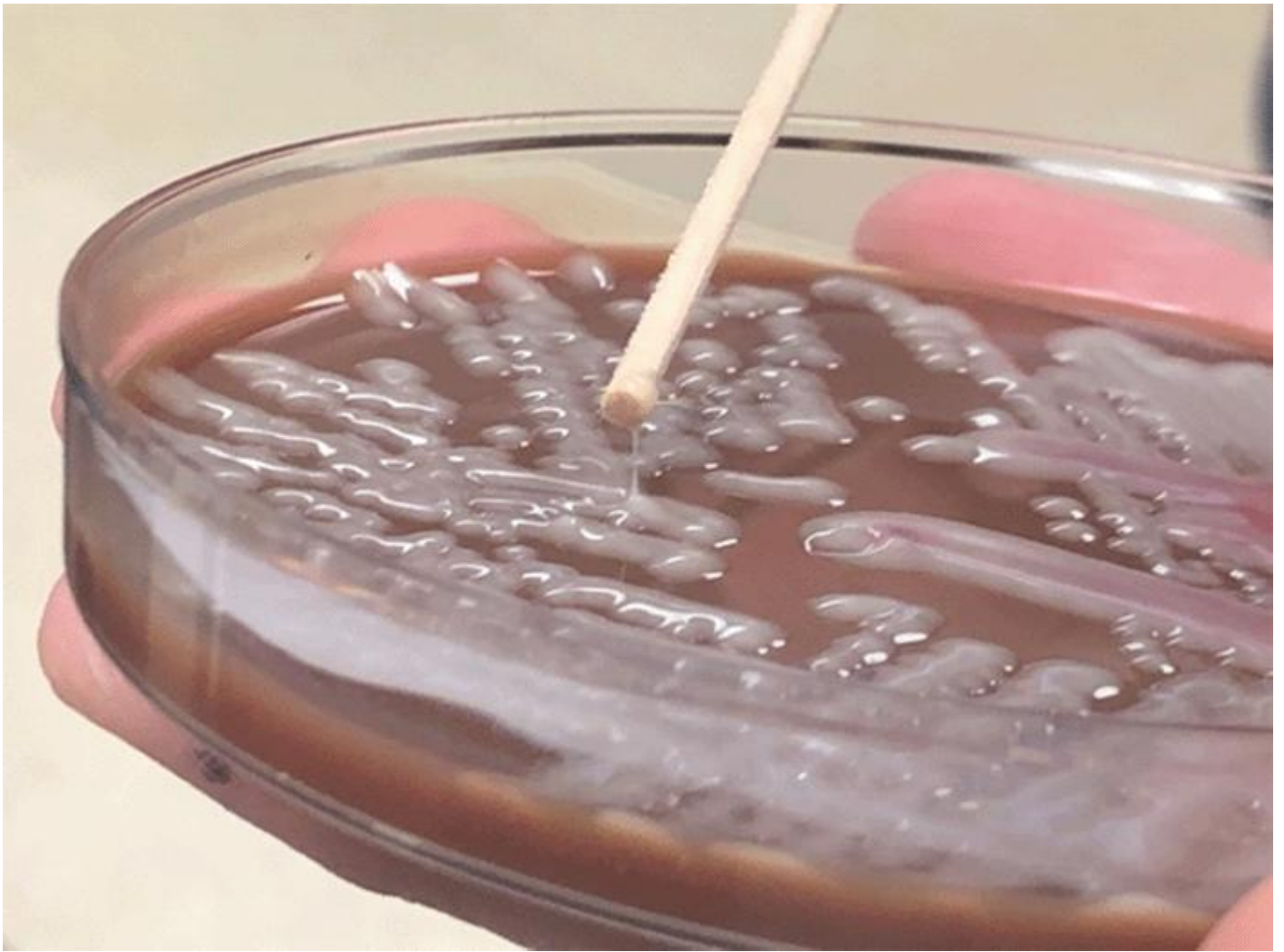
Pseudomonas aeruginosa

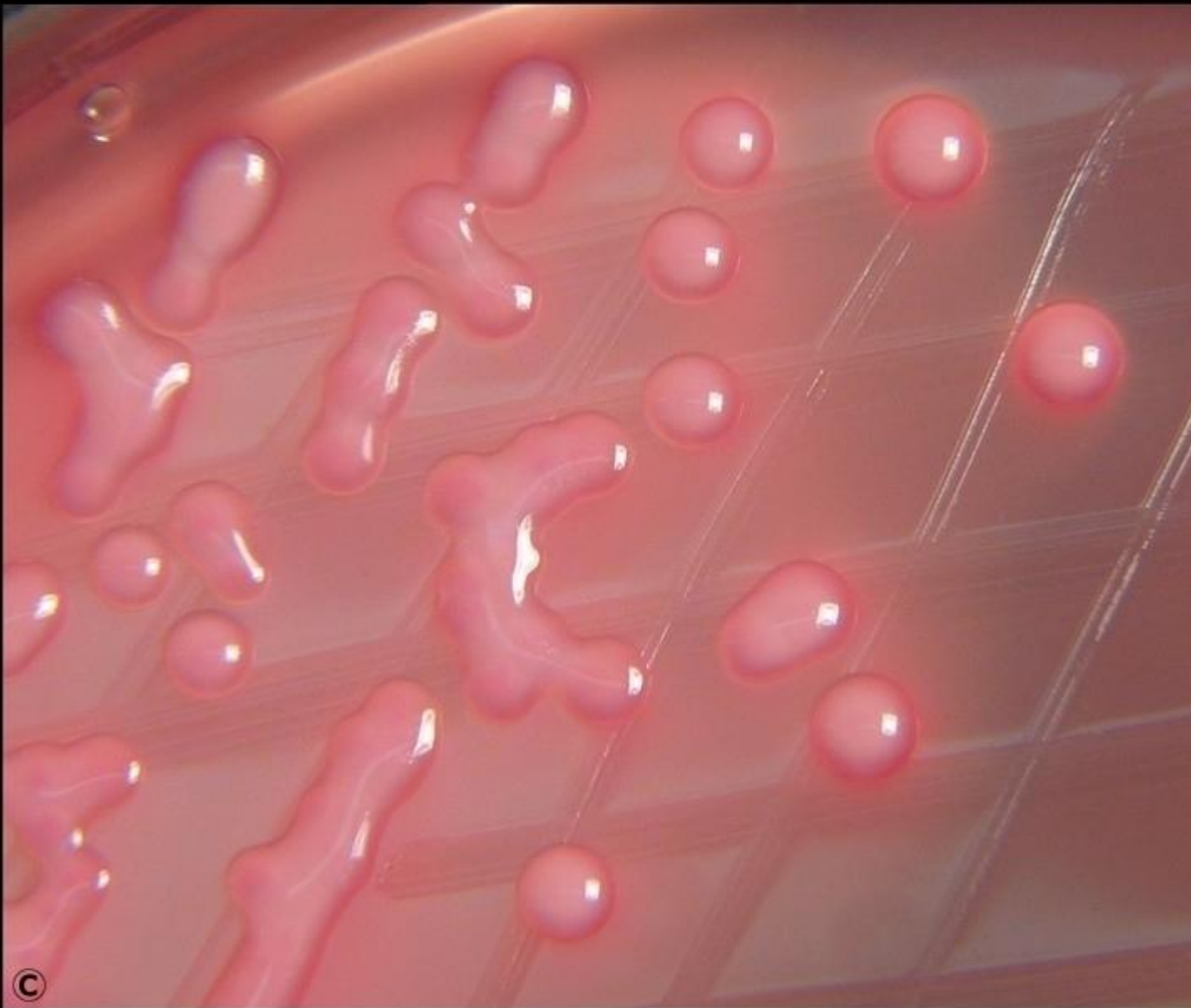
Hari sN.

MacConkey agar



Klebsiella mucoid colonies





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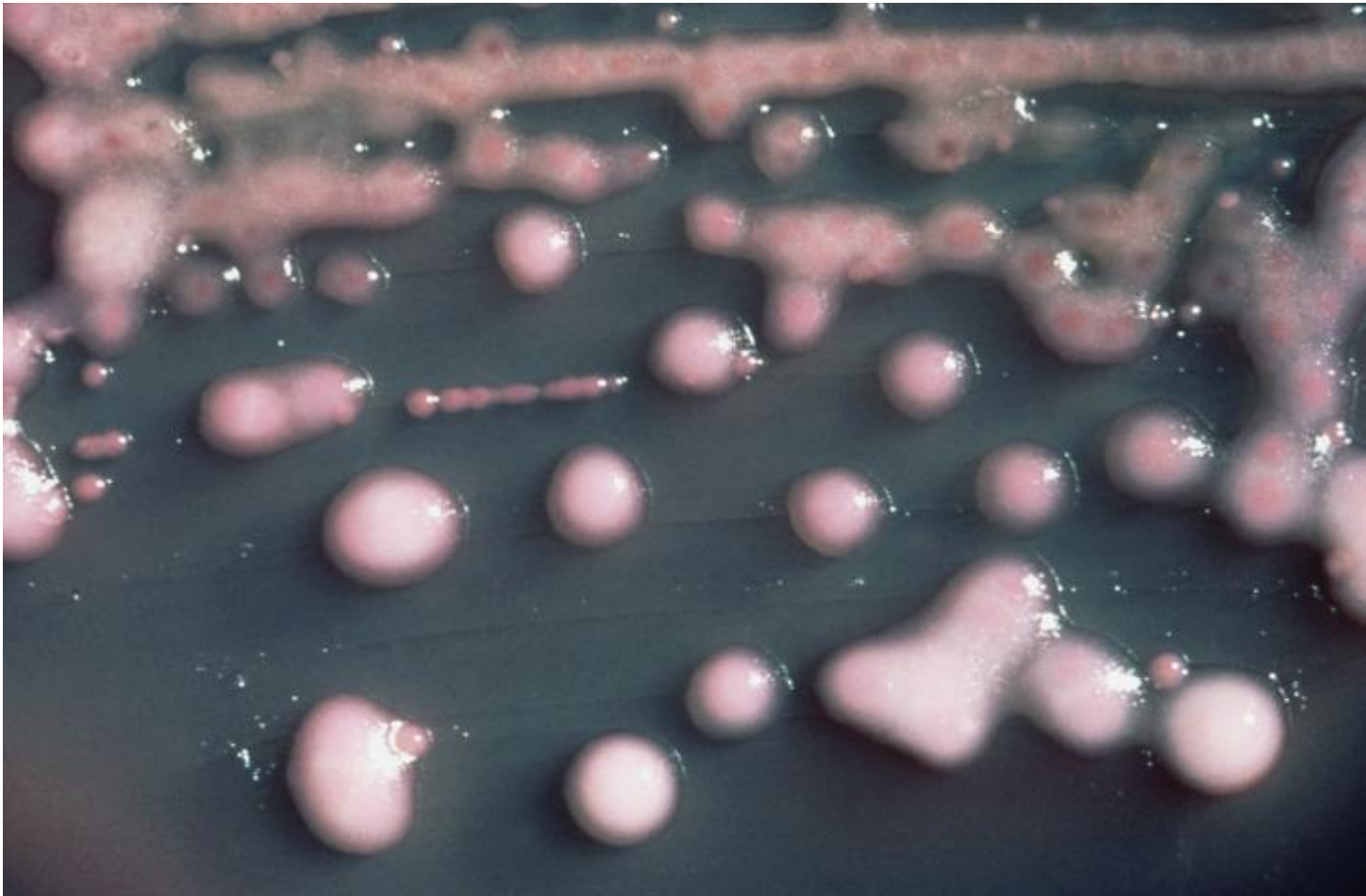
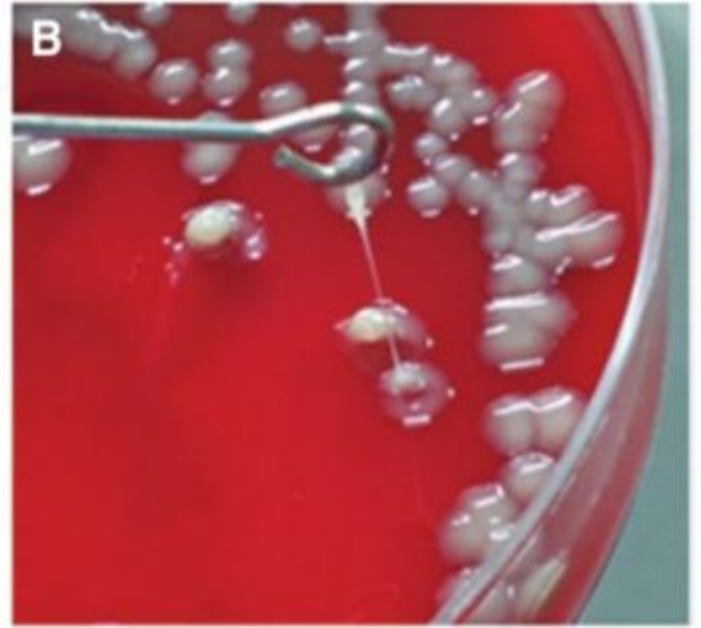
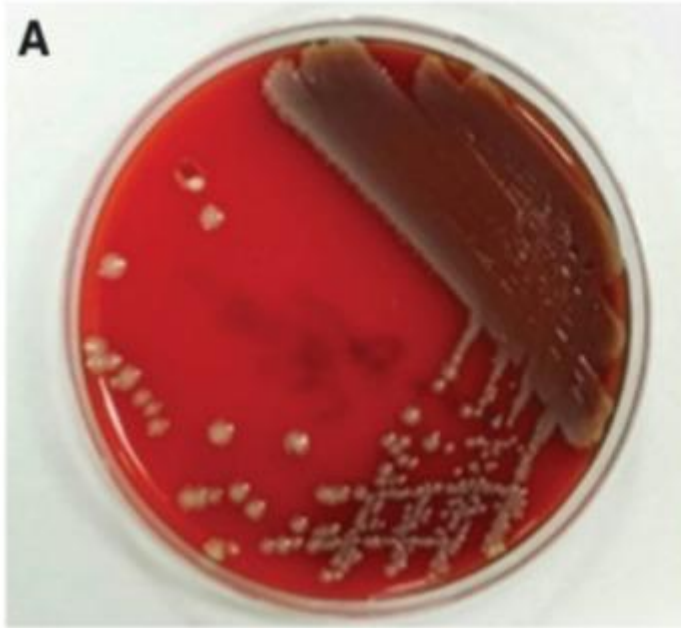
HmsN.

Klebsiella pneumoniae



Klebsiella pneumoniae
Tryptic soy agar

Hans N.





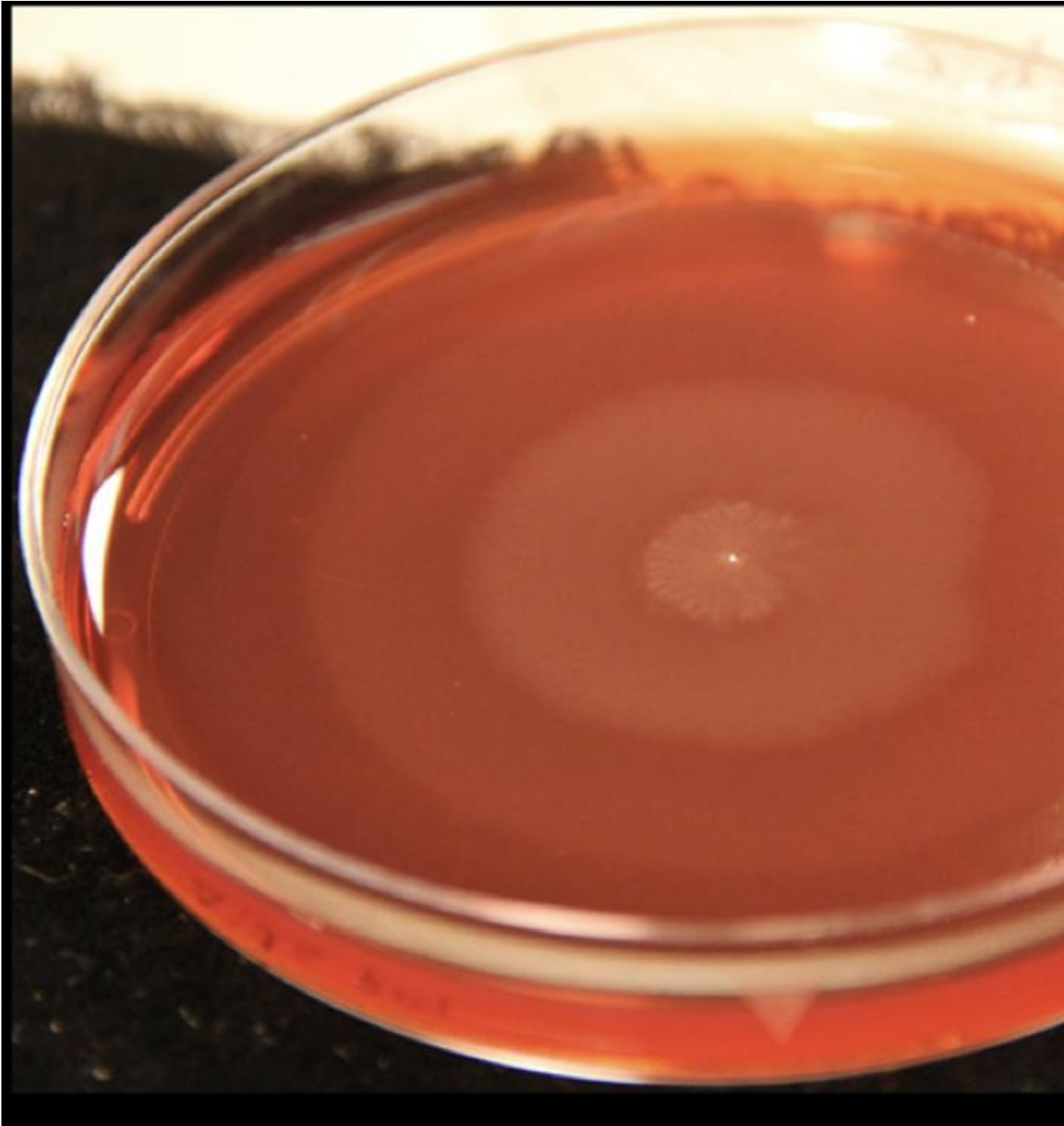
Klebsiella pneumoniae

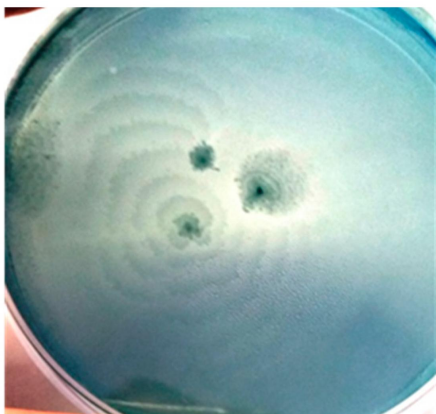
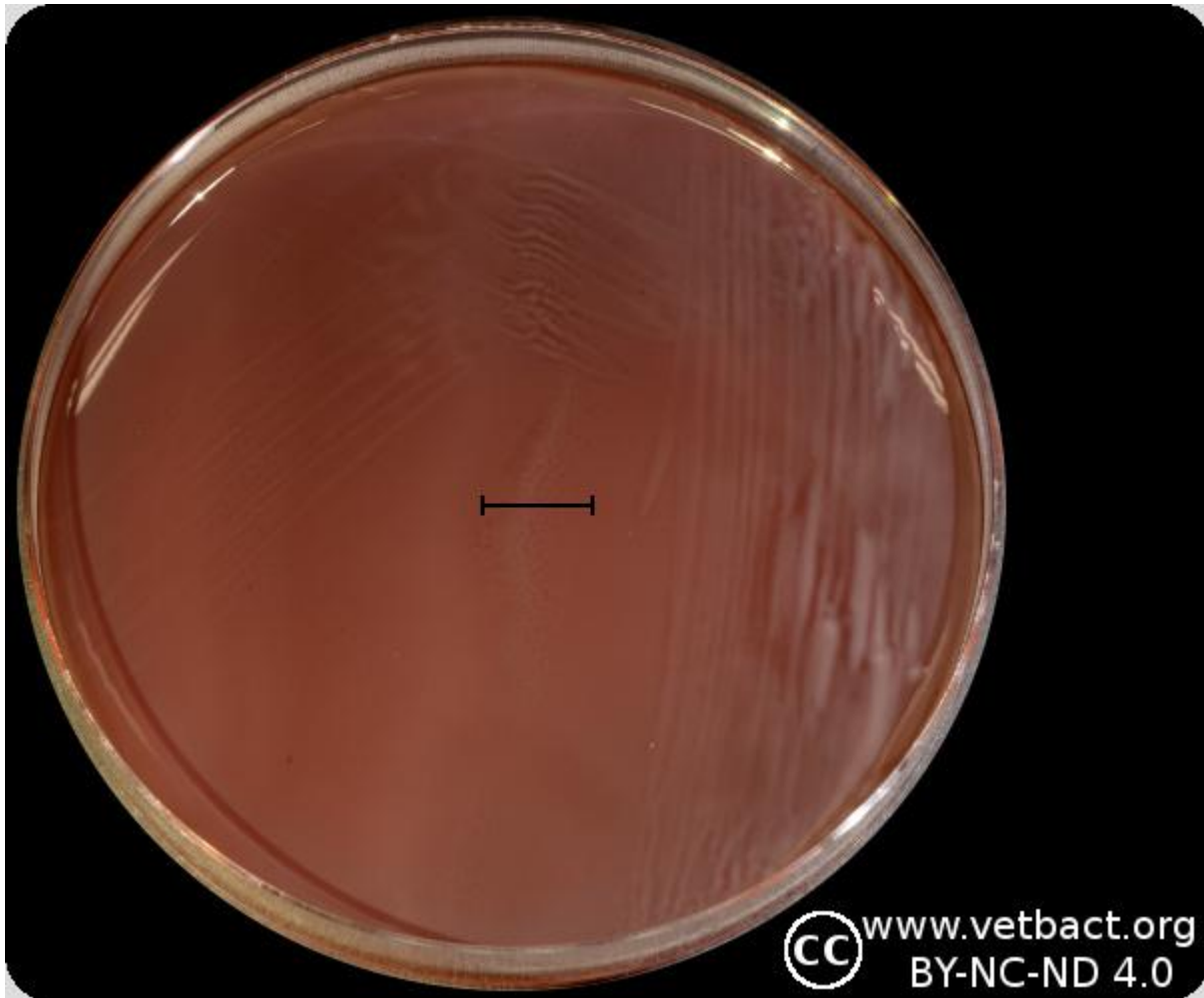
Proteus swarming



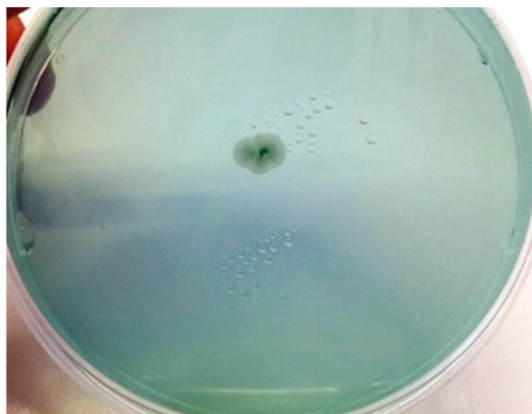








A



B

? DIAGRAMS / FLOWCHARTS

? E. coli Diarrheal Mechanism

Adhesion

?

Toxin production / invasion

?

Electrolyte imbalance

?

Diarrhea

? UTI Pathogenesis (Ascending)

Perineal flora (E. coli)

?

Urethra

?

Bladder

?

Kidney (pyelonephritis)

? Proteus Stone Formation

Urease

?

Urea ? Ammonia

?

Alkaline urine

?

Struvite stones

? THE SHIGELLAE

? Classification

- *S. dysenteriae*
 - *S. flexneri*
 - *S. boydii*
 - *S. sonnei*
-

? Morphology

- Gram-negative bacilli
 - **Non-motile**
-

? Cultural & Biochemical Features

- Non-lactose fermenter
 - No H₂S production
 - Oxidase negative
-

? Antigenic Structure

- Only **O antigen** present
 - No H antigen
-

? Infective Dose

- Very low (10–100 organisms)

? Pathogenesis

- Entry via contaminated food/water
- **M cell invasion**
- Intracellular multiplication
- Spread to adjacent cells
- **Shiga toxin ? inhibits 60S ribosome**

? Clinical Features

- **Bacillary dysentery**
 - Blood + mucus in stool
 - Tenesmus

? Complications

- **Hemolytic uremic syndrome (HUS)**

? Laboratory Diagnosis

- Stool microscopy ? RBC, pus cells
 - Culture ? NLF colonies
-

? Treatment & Resistance

- Antibiotics (based on sensitivity)
 - Increasing resistance trends
-

? TABLES (VERY HIGH-YIELD)

? Shigella Species Comparison

SPECIES	SEVERITY
S. dysenteriae	Severe
S. flexneri	Common
S. sonnei	Mild

? Shigella vs EIEC

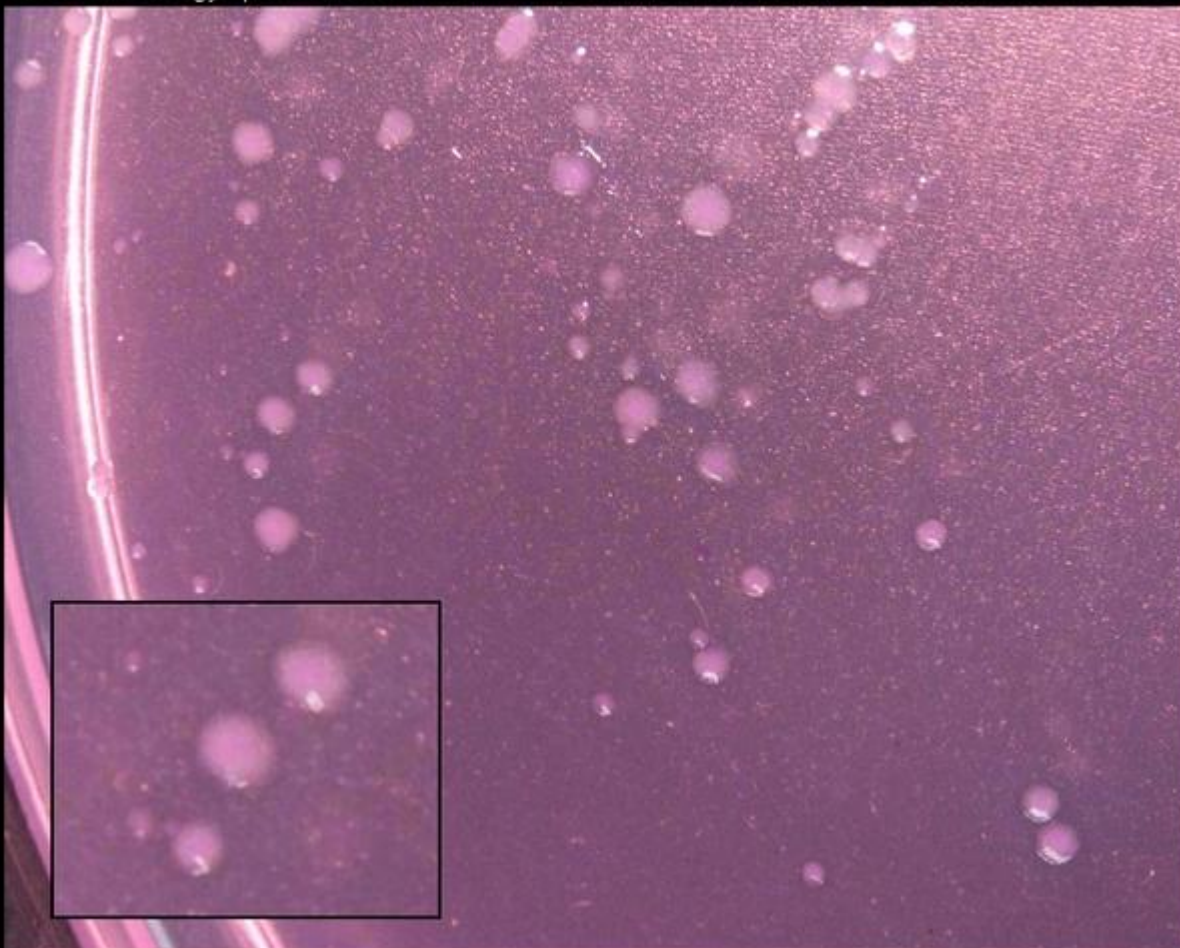
FEATURE	SHIGELLA	EIEC
Motility	Non-motile	Motile
Toxin	Present	Absent
Severity	Severe	Mild

? Biochemical Reactions

TEST	RESULT
Lactose	—
H ₂ S	—
Motility	—

? SLIDES (EXAM FAVORITE)

Shigella colonies



CDC/Dr. Todd Parker

Shigella sonnei on MacConkey agar

Shigella (culture)

- **MacConkey's (Mac) agar:** medium sized, non-lactose fermenter colonies.



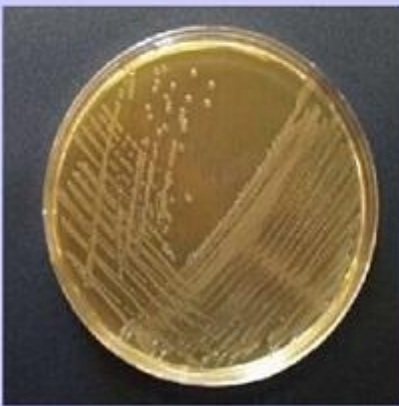
Shigella boydii colony morphology on MacConkey agar

(NLF Colonies)

Univer;e84a

Shigella spp Isolation

- *Shigella* organisms may be very difficult to distinguish biochemically from *Escherichia coli*.
- *Shigella* species are Gram-negative, facultatively anaerobic, nonsporulating, nonmotile rods in the family *Enterobacteriaceae*.
- They do not decarboxylate lysine or ferment lactose within 2 days.



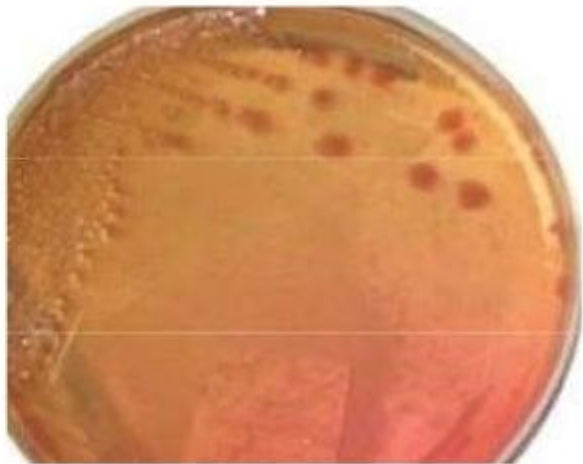
**NON-LACTOSE
FERMENTERS:
COLOURLESS
COLONIES**



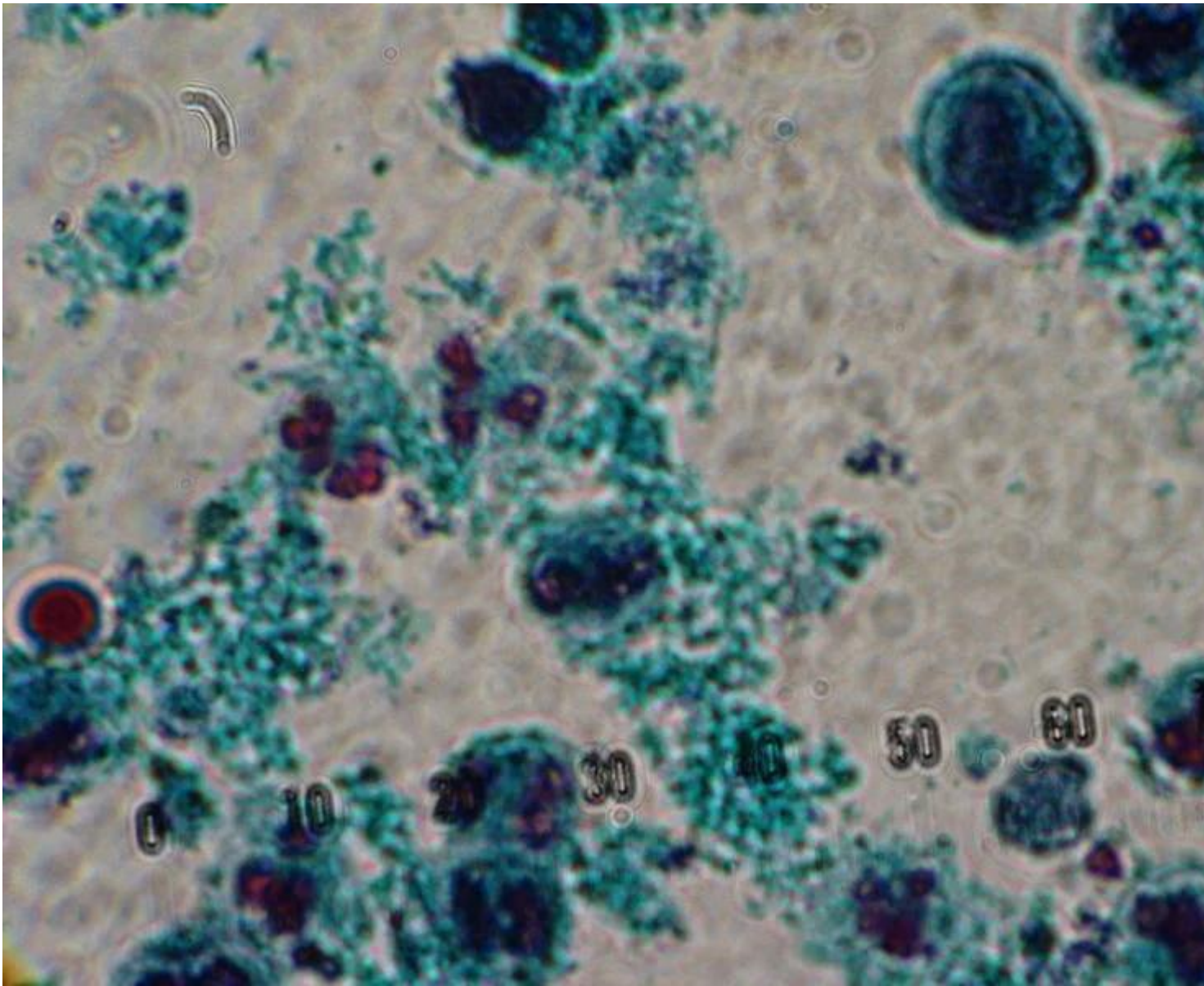
**MacConkey Agar
LACTOSE FERMENTERS: RED/PINK COLONIES**

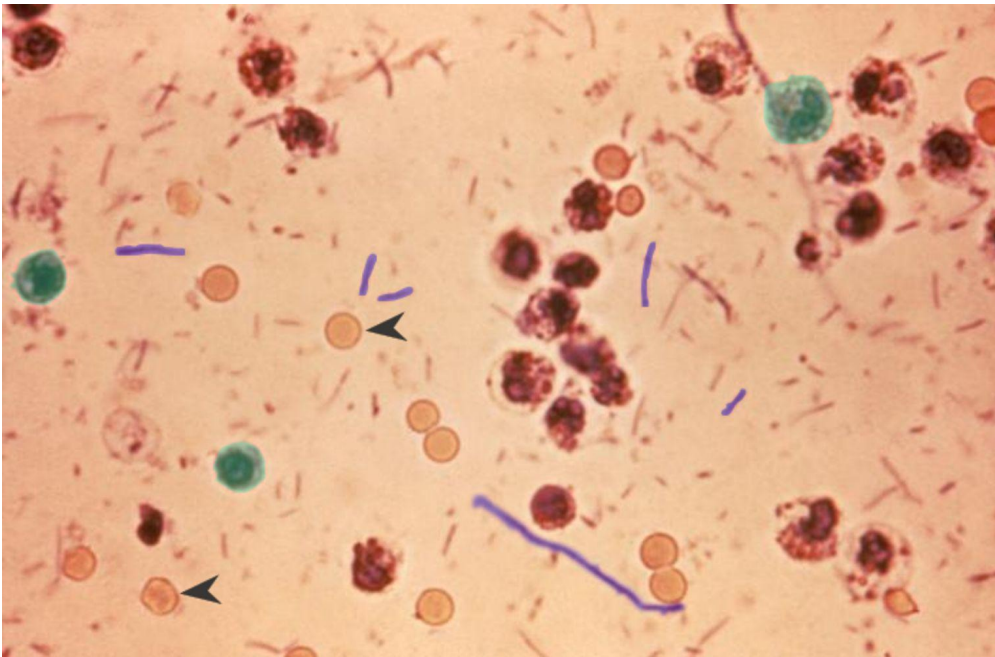
On MacConkey agar

Shigellae form non-lactose fermenting pale colored or colorless and transparent colonies



Stool microscopy





MICRO

Leukocytes (WBCs)

- Normal stool may contain occasional (0-1) WBCs
- To look for WBCs, the stool should be prepared for

Positive Fecal WBC

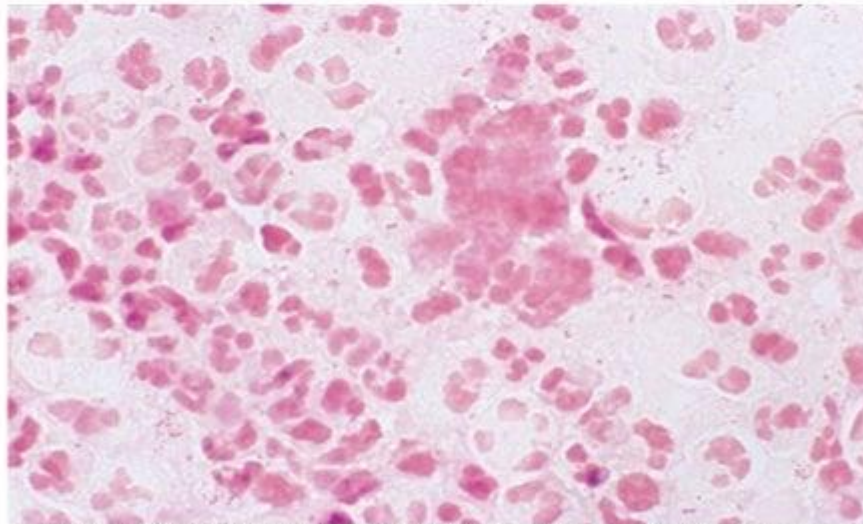


Fig. 34-2. Gram stain of a direct fecal smear to show the presence of white blood cells, indicative of an invasive process and not an enterotoxin.

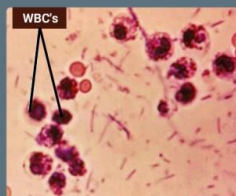
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INTERPRETATION OF STOOL EXAMINATION

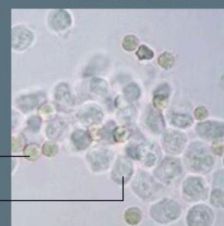
Microscopic examination

Presence of Leukocytes

- ▶ Normal stool may contain occasional (0 – 1) WBC's
- ▶ To look for WBC's the smears must be prepared from the area of mucus or from watery stool



Wet mount



? Shiga Toxin Mechanism

Toxin

?

60S ribosome inhibition

?

Protein synthesis blocked

?

Cell death

? THE SALMONELLA–ARIZONA GROUP

? Classification

- **Kauffmann–White classification**
 - Based on **O (somatic) and H (flagellar) antigens**
 - Major groups:
 - **Salmonella typhi**
 - **Salmonella paratyphi (A, B, C)**
 - **Non-typhoidal Salmonella (NTS)** ? *S. typhimurium*, *S. enteritidis*
-

? Morphology

- Gram-negative bacilli
-

- Motile (peritrichous flagella)
 - Non-spore forming
-

? Cultural Characteristics

- Non-lactose fermenter
 - MacConkey ? pale colonies
 - XLD ? red colonies with black center (H₂S)
 - SS agar ? colorless colonies with black center
-

? Biochemical Reactions

- Glucose fermentation ? positive
 - Lactose ? negative
 - H₂S production ? positive
 - Urease ? negative
 - Citrate ? positive (most species)
-

? Antigenic Structure

ANTIGEN	FEATURE	SIGNIFICANCE
---------	---------	--------------

O antigen	Somatic	Early immune response
H antigen	Flagellar	Phase variation (Phase 1 & 2)
Vi antigen	Capsule (S. typhi)	Anti-phagocytic, carrier state

? Pathogenesis

- Ingestion via contaminated food/water
?
- Survives gastric acid
?
- Invades intestinal mucosa (Peyer's patches)
?
- Multiplies in macrophages
?
- **Primary bacteremia**
?
- Dissemination to liver, spleen, bone marrow
?
- **Secondary bacteremia ? systemic disease (enteric fever)**

? Clinical Features

Enteric Fever

- Step-ladder fever

- Relative bradycardia
- Hepatosplenomegaly
- Rose spots

Food Poisoning (NTS)

- Acute gastroenteritis
- Vomiting + diarrhea

Septicemia

- Immunocompromised patients
- High mortality

? Carrier State

TYPE	SITE
Intestinal	Intestine
Biliary	Gall bladder (most important)
Urinary	Urinary tract

? Stage-wise Disease Progression

WEEK	FINDINGS
1st	Fever, bacteremia
2nd	High fever, organ involvement
3rd	Complications
4th	Recovery

? Complications

- Intestinal perforation
- Hemorrhage
- Septic shock

? Laboratory Diagnosis

- Blood culture
 - Best in 1st week
- Stool culture
 - Later stages
- Widal test

- Detects antibodies against O & H antigens

? Vaccines

- Vi polysaccharide vaccine
- Oral Ty21a vaccine

? TABLES (VERY HIGH-YIELD)

? Typhoidal vs Non-typhoidal Salmonella

FEATURE	TYPHOIDAL	NON-TYPHOIDAL
Example	<i>S. typhi</i>	<i>S. typhimurium</i>
Disease	Enteric fever	Gastroenteritis
Host	Humans only	Animals + humans

? Antigenic Structure Comparison

ANTIGEN	FUNCTION
O	Somatic
H	Motility

ANTIGEN	FUNCTION
Vi	Capsule

? Widal Test Interpretation

ANTIBODY	SIGNIFICANCE
O	Acute infection
H	Past infection

? Stage-wise Culture Positivity

STAGE	BEST SAMPLE
Early	Blood
Late	Stool
Carrier	Stool/urine

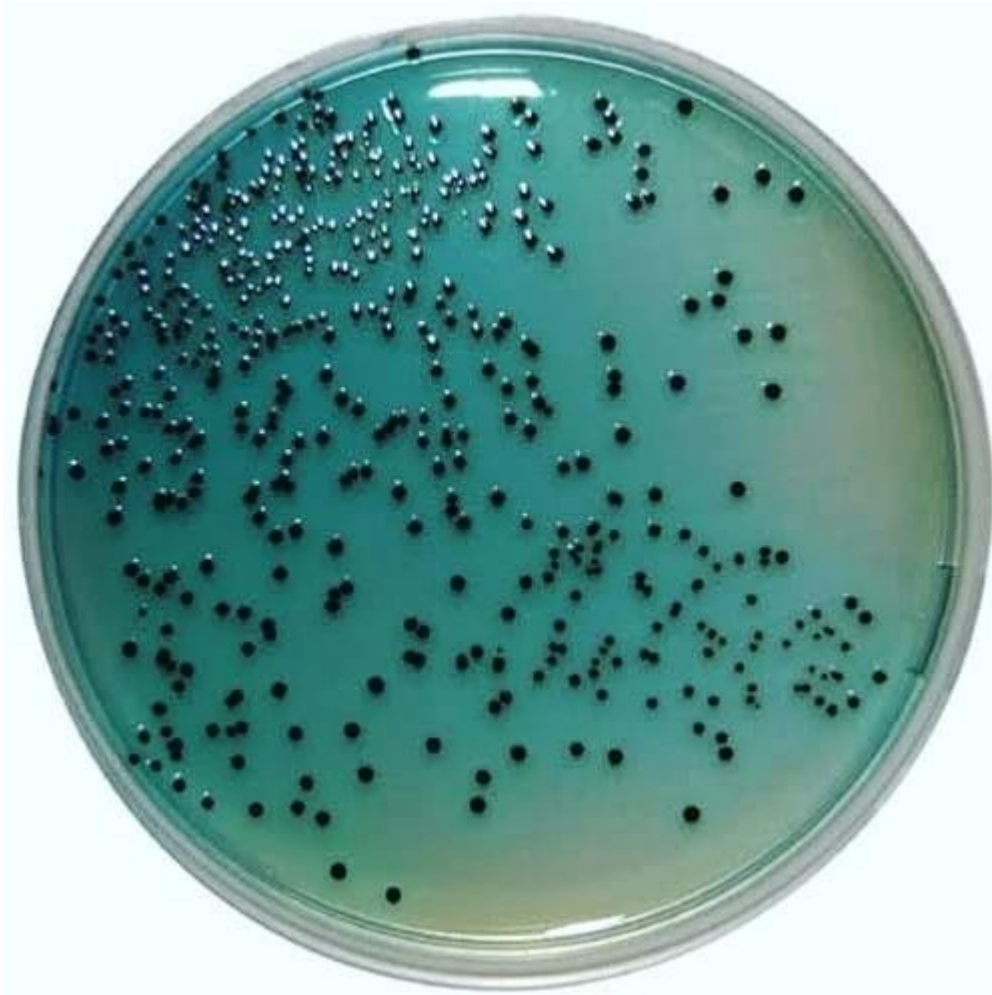
? Typhoid vs Paratyphoid

FEATURE	TYPHOID	PARATYPHOID
Severity	Severe	Mild
Organism	S. typhi	S. paratyphi

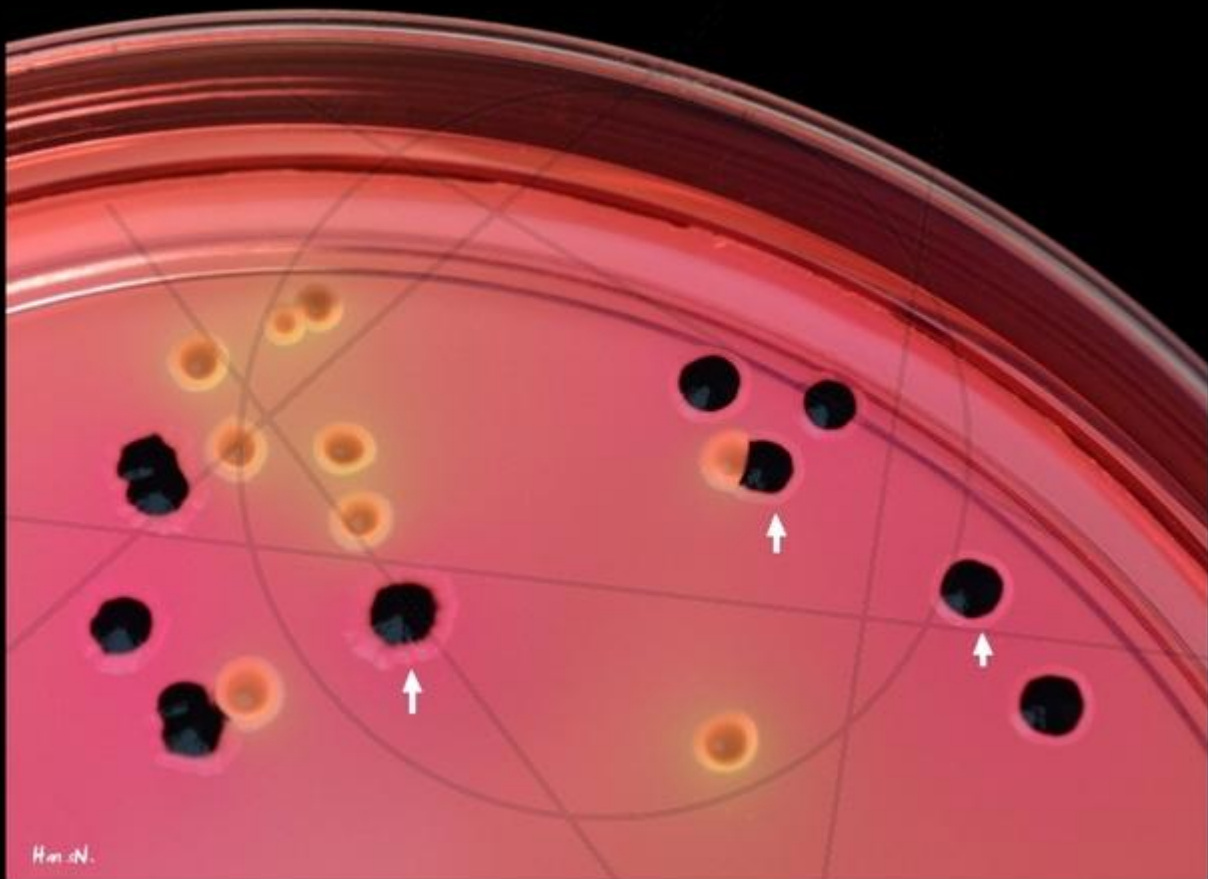
? SLIDES (EXAM FAVORITE)

Salmonella colonies

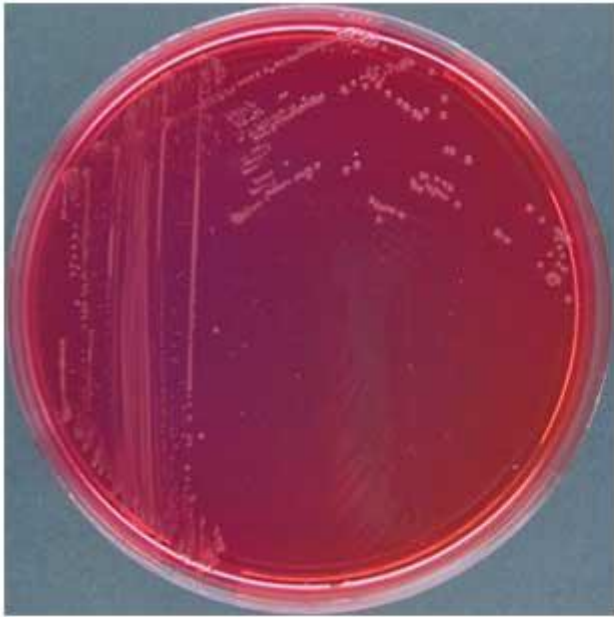




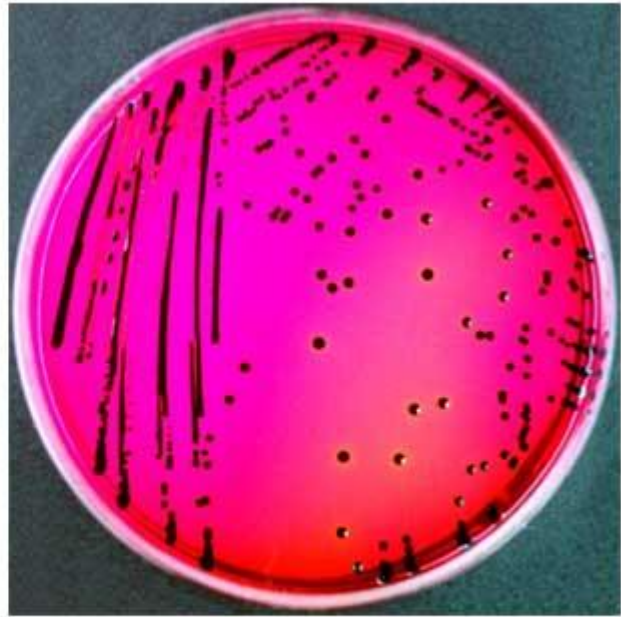




Salmonella enterica and *E. coli* on XLD agar



***Shigella* on XLD.**

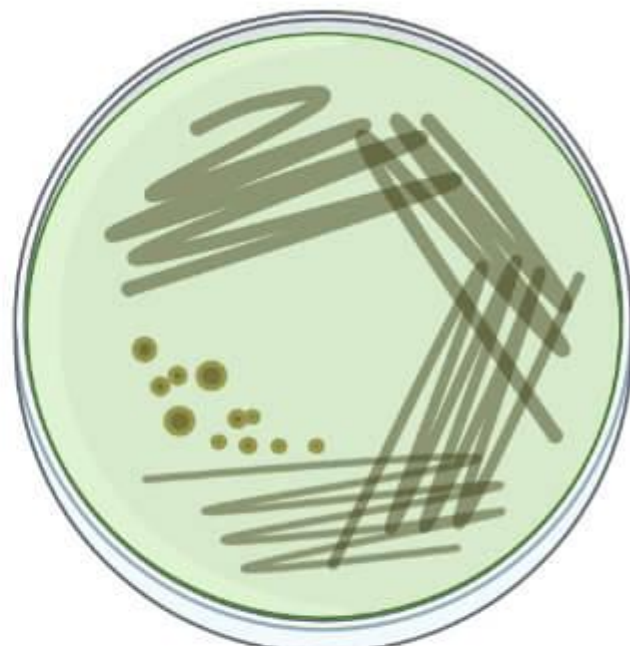


***Salmonella* on XLD.**

Image Source: Faculty of Health and Medical Sciences - University of Copenhagen, Denmark



***Salmonella* spp. on XLD Agar**

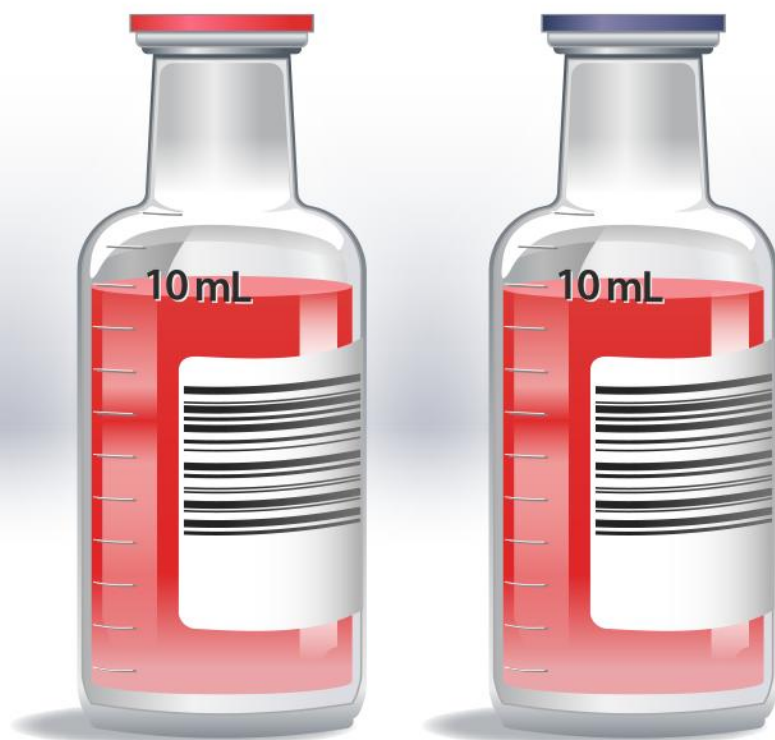


***Salmonella* spp. on Bismuth Sulfite Agar**

Blood culture









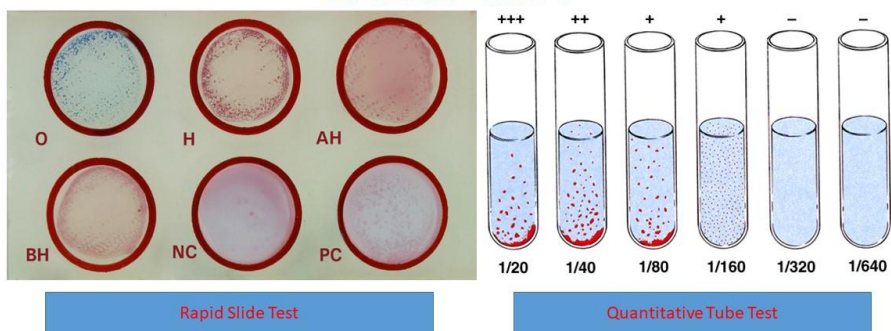






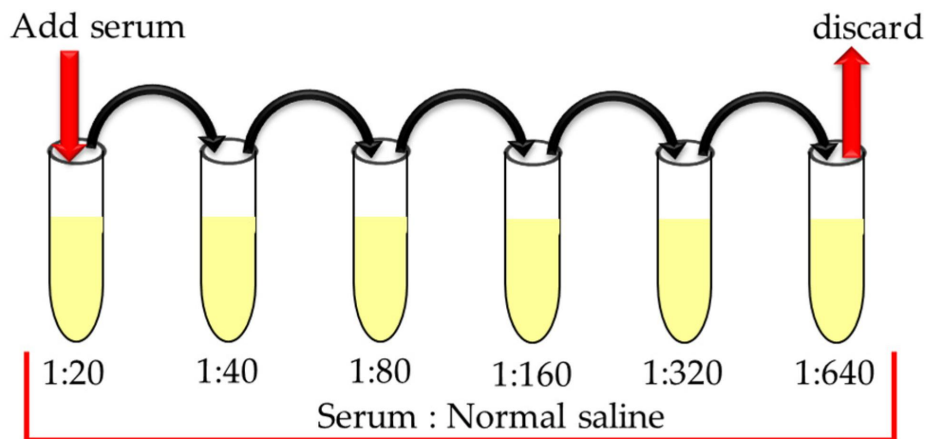
Widal test

Widal Test

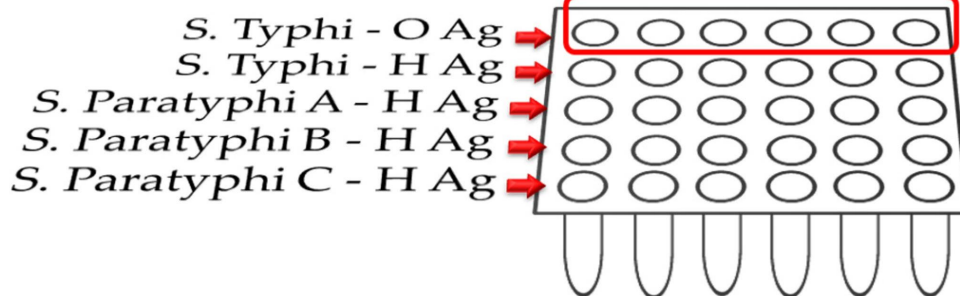


www.onlinebiologynotes.com

1. Serial dilution



2. Add antigens



3. Mix properly, cover and incubate at 37° C overnight

4. Observe for agglutination and interpret the results





PROCEDURE OF WIDAL TEST

1. SLID AGGLUTINATION TEST:

1. REQUIREMENTS:-

Widal

Dropper

Mixture

2. SAMPLE-patient serum

3. REAGENT-

O-antigen

AH-antigen

H-antigen

BH-antigen

? DIAGRAMS / FLOWCHARTS

? Pathogenesis of Enteric Fever

Ingestion

?

Intestinal invasion

?

Macrophage survival

?

Primary bacteremia

?

Reticuloendothelial system

?

Secondary bacteremia

?

Systemic disease

? Carrier State (Gall Bladder)

Salmonella persistence

?

Gall bladder colonization

?

Chronic shedding

?

Carrier state

? Widal Reaction Principle

Antigen (O/H)

?

Patient serum

?

Antibody binding

?

Agglutination

? Antigen Structure Diagram

Cell wall

?

O antigen

Flagella

?

H antigen

Capsule

?

Vi antigen

? CHAPTER SUMMARY

? Key Characteristics

- Gram-negative bacilli
- Non-lactose fermenters
- H₂S production
- Antigenic variation

? Important Organisms

- Salmonella typhi
- Salmonella paratyphi
- Non-typhoidal Salmonella

? Diagnostic Approach

- Blood culture (early)
- Stool culture (late)
- Widal test

? Virulence Mechanisms

- Intracellular survival
- Endotoxin
- Vi antigen (immune evasion)

? High-Yield Differentiating Points

- H₂S production
- Motility
- Antigenic variation

? TABLES (VERY HIGH-YIELD)

? Organism vs Disease

ORGANISM	DISEASE
S. typhi	Enteric fever
S. paratyphi	Mild enteric fever
NTS	Gastroenteritis

? Quick Revision Table

FEATURE	SALMONELLA
Motility	+
Lactose	—
H ₂ S	+
Urease	—

? DIAGRAMS / FLOWCHARTS

? Organism ? Disease Concept Map

Salmonella

?

Typhi ? Enteric fever

Paratyphi ? Mild fever

NTS ? Gastroenteritis

? Diagnostic Algorithm

Fever

?

Blood culture

?

Positive ? Salmonella

If negative

?

Stool culture / Widal test

?

Confirmation
