

Medical Microbiology and Diagnosis in the “Omic” Era

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Infectious diseases remain one of the leading causes of death worldwide. According to the latest World Health Organization estimates (2008; <http://apps.who.int/ghodata/?vid=10012>), deaths attributable to infectious diseases, including respiratory illnesses, is the 2nd leading cause of death, responsible for an estimated 12.2M (21.5% of a total of 55.9M) deaths annually (Figure 1a), with cardiovascular diseases estimated as responsible for 30.5% of total deaths and neoplasms responsible for 13.6% of all deaths. The infectious disease burden is especially acute in developing countries. While infectious disease deaths account for less than 7% of the total in the “developed” countries (such as American and European Countries; Figure 1b), it is the leading cause of death in less-developed areas (Figure 1c). Since infectious diseases afflict all sectors of the population, with many infections being particularly serious for neonates and children, whereas most cardiovascular diseases and neoplasms afflict the more elderly, the cumulative life-adjusted burden of infectious diseases is significantly higher, and thus infectious diseases may be argued to be the most serious health concern.

Therefore, better understanding of the basic mechanisms of pathogenesis, as well as improved and more rapid diagnosis and treatment of medically relevant microorganisms is of paramount importance. Considerable progress has been made during the past century in how a variety of bacteria, fungi and viruses replicate. The ways in which host cells and organisms respond to these infectious agents has lagged, partially because of the greater complexity of eukaryotic organisms as compared to prokaryotic and viral agents. This barrier to knowledge advancement has been mitigated, in part, by significant recent improvements in analytical instrumentation and bioinformatics, combined with more extensive, and complete, genomic information about a growing list of organisms of human interest. These advances have led to explosive growths in the amount of information garnered from genomic, proteomic and functional assays.

For example, knowledge about many eukaryotic organisms’ entire gene repertoire has allowed development of micro-array-based techniques to study any given organism’s “transcriptome” and how that transcriptome is altered after infection by a variety of pathogenic microorganisms [1-4]. Transcriptomic profiling has enjoyed explosive growth during the past 10 – 15 years. However, less information is available about the quantitative and functional status of the host’s effector proteins and how these are affected by infection. Recent advances in mass spectrometry instrumentation have allowed the application of a variety of labeling methodologies to the study of proteomic alterations. These include: 2-dimensional difference in gel electrophoresis [5,6], isotope-coded affinity tags [7,8], isotope-coded protein labels (ICPL; [9]), isobaric tags for relative and absolute quantization [10-12], and stable isotope labeling of amino acids in cell culture [13-16], as well as label-free methods [17-21]. Continued application of these types of methodologies will certainly expand the datasets of information about such changes. However, several daunting aspects of data analysis remain with respect to analysis of the huge datasets generated [22,23]. In addition, analysis of the quantitative differences often provides no clues about functional alterations. Thus, application of

additional functional screens remains warranted. Examples include phosphoproteomics, since differential phosphorylation is one example of key post-translational modifications that can greatly impact proteins’ functional status. Another recent application that should provide additional functional information includes activity-based protein profiling to assess the active status of various enzyme classes [24-26].

In summary, the combination of results provided by conducting complementary analyses that make use of multiple modalities such as those outlined above should provide significant new information about mechanisms of pathogenesis induced by various medically relevant pathogens, which in turn should aid their diagnosis and treatment. However, better integrated tools to analyze the wealth of information, and to put that information into more useful clinical application, remain future challenges.

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