

第一大題

1. Systematic screening of 250,000 bacterial extracts from 83,000 strains in three growth conditions, with the aim to identify chemicals against bacterial growth, led to the identification of a potent and selective small molecule from a strain of *Streptomyces platensis* recovered from a soil sample collected in South Africa. This molecule was named platensimycin ($C_{24}H_{27}NO_7$, relative molecular mass 441.47). The chemical structure of platensimycin is shown in Fig.1a. The *in vitro* toxicity of platensimycin against several strains of bacteria (including methicillin-susceptible, methicillin-resistant *Staphylococcus aureus*), HeLa cells and *Candida albicans* were shown in Table 1 with IC_{50} (concentration that inhibited 50% cell growth) indicated. Linezolid is a chemical which has been in clinical use since 2000. Carefully examine the figure and the table, answer the followings:

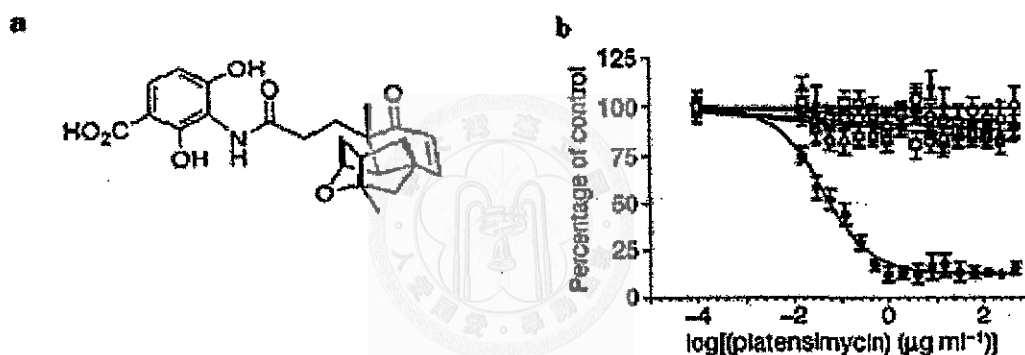


Fig. 1

a. Structure of platensimycin.

b. The assay was performed with a serial dilution of platensimycin, starting at $500\ \mu g\ ml^{-1}$. Effect of platensimycin on the synthesis of DNA (open circles), cell wall (filled triangles), protein (open squares), RNA (open triangles), and phospholipid (filled circles) were shown.

- 1) What is the primary mode of action of methicillin ? (2%)
- 2) List two possible mechanisms mediating methicillin-resistance in *S. aureus*. (2%)
- 3) Whole-cell labelling assay was performed to investigate the mechanism of action of platensimycin and shown in Fig. 1b. What might be the target of platensimycin ? (3%)
- 4) Please define "antibiotics". (2%) Is platensimycin an antibiotic ? (1%)

見背面

Table 1 | Microbiological profiles and toxicity of platensimycin and linezolid

Organism and genotype	Platensimycin	Linezolid
Antibacterial activity	IC₅₀ (μg/ml)	IC₅₀ (μg/ml)
<i>S. aureus</i> (MSSA)	0.5	4
<i>S. aureus</i> + serum	2	4
<i>S. aureus</i> (MRSA)	0.5	2
<i>S. aureus</i> (MRSA, macrolide ^R)	0.5	2
<i>S. aureus</i> (MRSA, linezolid ^R)	1	32
<i>S. aureus</i> (VISA, vancomycin ^I)	0.5	2
<i>Enterococcus faecalis</i> (macrolide ^R)	1	1
<i>Enterococcus faecium</i> (VRE)	0.1	2
<i>S. pneumoniae</i> †	1	1
<i>E. coli</i> (wild-type)	>64	>64
<i>E. coli</i> (tolC)	16	32
Toxicity (μg ml⁻¹)		
HeLa MTT	>1,000	>100
<i>Candida albicans</i>	>64	>64

*A concentration of 1 μg ml⁻¹ equals 2.27 μM for platensimycin and 2.96 μM for linezolid.

†Cells were inoculated at 10⁵ colony-forming units followed by incubation overnight at 37 °C with a serial dilution of compounds in Todd-Hewitt broth.

Linezolid is a synthetically derived agent that has been in clinical use since 2000. MRSA, methicillin-resistant *S. aureus*; MSSA, methicillin-susceptible *S. aureus*; MTT, 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-2H-tetrazolium bromide; VISA, vancomycin-intermediate *S. aureus*; VRE, vancomycin-resistant *Enterococcus*.

II. Fill in the blank on the left column with the letter from the right column so that disease(s) and bacteria pathogen(s) are matched (12%)

Bacterial pathogen	Disease(s)
1. <i>Borrelia burgdorferi</i>	a. Diarrhea, hemolytic uremic syndrome (HUS)
2. <i>Streptococcus mutans</i>	b. Whooping cough
3. <i>E. coli</i> O157:H7	c. Meningitis, pneumonia, sinusitis
4. <i>Haemophilus influenzae</i>	d. Gastric and duodenal ulcers
5. <i>Staphylococcus aureus</i>	e. Food poisoning, wound infections, toxic shock syndrome
6. <i>Corynebacterium diphtheriae</i>	f. Food poisoning, gas gangrene, uterine infections
7. <i>Mycobacterium tuberculosis</i>	g. Diphtheria
8. <i>Helicobacter pylori</i>	h. Listeriosis
9. <i>Bordetella pertussis</i>	i. TB (tuberculosis)
10. <i>Treponema pallidum</i>	j. Syphilis
11. <i>Clostridium perfringens</i>	k. Lyme disease
12. <i>Listeria monocytogenes</i>	l. Dental caries

III.

- 1) Define "normal flora". (2%)
- 2) What are the beneficial effects of Normal flora ? (2%)
- 3) While most of the activities of the normal flora benefit their host, some are **pathogenic** (capable of producing disease). How can we live in peace with these potentially noxious bacteria in our guts? Express your opinions. (4%)

第二大題

一、 下列敘述是否正確，正確者請答(○)，若有錯誤請打(x)，並修正錯誤之處，才予計分。(每題三分，共 15 分)

1. 病毒的基因體可以是 DNA 或 RNA，也可能是單股或雙股結構。
2. 核苷酸類似物和干擾素，是目前臨床上常用的兩種抗病毒藥物，兩者之作用機制，均在直接影響病毒 RNA polymerase 複製病毒基因體的步驟。
3. Herpes simplex virus 感染口腔部位時，會造成唇疱疹(cold sores)，臨床上常見此病毒會再次感染，不過復發時其症狀通常較初次感染輕微。
4. Human papillomaviruses 和 picornaviruses 均為 RNA 病毒，前者是造成子宮頸癌的主要致病原，後者則可能引起小兒麻痺和手口足病(hand-foot-and-mouth disease)等。
5. 水痘、德國麻疹、玫瑰疹、麻疹和傳染性紅斑(又稱 fifth disease)為兒童的五種發熱出疹性疾病，其中玫瑰疹常出現在臉上，其特殊的外觀類似 "被打了巴掌的雙頰"。

二、舉出三種肝炎病毒，並說明他們的基因體特性和主要的傳染途徑。(5 %)

三、兩個幼稚園的小朋友，因嚴重急性腹瀉，來到醫院求診。你如何推測其可能的感染原？試就你所認識的病毒，舉出兩種可能造成小朋友嚴重急性腹瀉的 RNA 病毒，並藉由此病毒的特性，說明如何由檢體進行檢測分析確認。(5 %)

四、請列出 MMR 疫苗可用於預防什麼病毒感染，並舉出其中的一種病毒，說明其基因體特性和感染此病毒時的主要臨床症狀。(5 %)

見背面

第三大題

1. 解釋名詞(各 3 分)

- A. Innate immunity
- B. anergy
- C. positive selection
- D. clonal selection
- E. Affinity maturation
- F. alloresponse

2. You cross two inbred strain mice A and B to have F1, then you further cross these F1 to get F2. If you transplant the skin graft from parent mice A to one of the F2 mice, what will be the chance the skin graft is rejected? (單選, 3 分)

- A. 100% B. 75% C. 50% D. 25% E. 0%

3. Which of the following vaccine is most effective in preventing infection? (單選, 3 分)

- A. live attenuated virus B. heat killed virus
- C. genetically engineered recombinant viral virulent proteins
- D. DNA vaccine encoding viral proteins E. non of the above, it depends case by case

4. 配合題: pick up the right answer from the below list (單選, 共 16 分)

- _____ (1) viral antigens
- _____ (2) tumor antigens
- _____ (3) PGYAVEDGGMLL peptide
- _____ (4) bacterial antigens
- _____ (5) hypermutation
- _____ (6) RAG-1
- _____ (7) anaphylaxis
- _____ (8) tuberculin test reaction

- (A). MHC class I antigen presentation
- (B). MHC class II antigen presentation
- (C). non classical MHC antigen
- (D). antigen binding sites in T cell receptor (TCR)
- (E). NK cell receptor
- (F). Initiate the cutting of recombination sequence-specific DNA cleavage during Ig gene rearrangement
- (G). affinity maturation
- (H). generation of memory cells
- (I). Class switching
- (J). Type I hypersensitivity
- (K). Type II hypersensitivity
- (L). Type III hypersensitivity
- (M) Type IV hypersensitivity