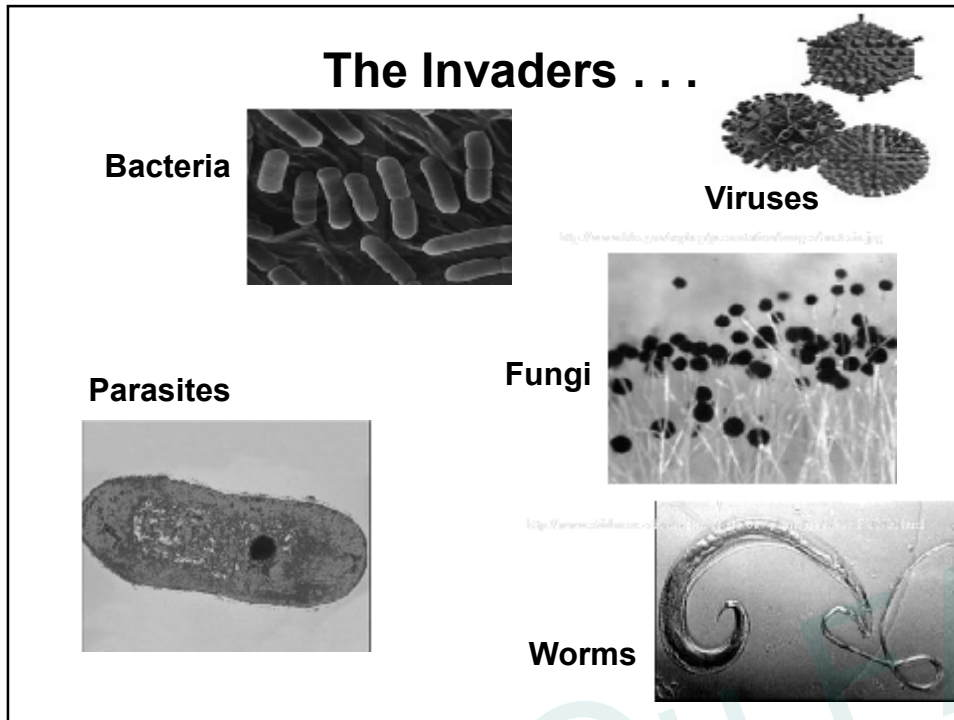


## **Immunity anti- Pathogens**

□  
**Dr.faihaa abou fakher**

## **Immune responses to Pathogen**



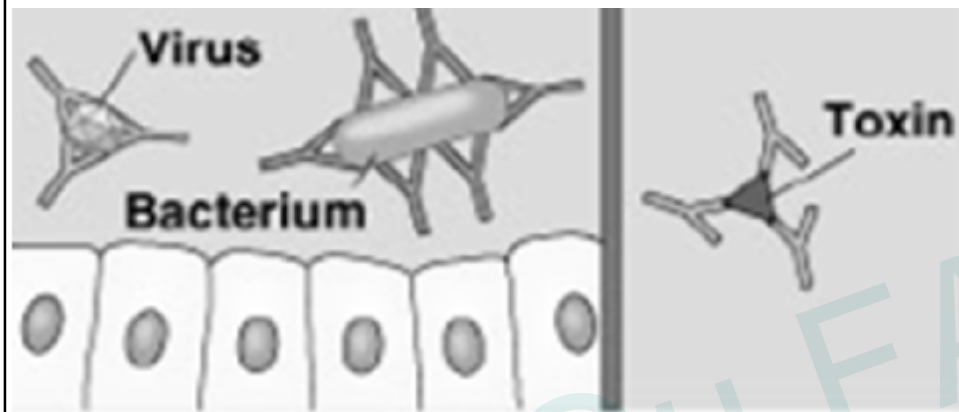
### Actions of antibodies

- **Neutralize** bacterial toxins
- **Agglutinate** bacteria, preventing their spread and facilitating phagocytosis
- **Activation the complement** leading to bacterial lysis
- **Attraction** of phagocytes
- attach to the surface of bacteria and act as opsonins, enhance phagocytosis (**Opsonization**)
- **Stimulation** of inflammation
- Prevent adherence of bacteria to their target cells  
e.g. IgA on mucosal surfaces

## Neutralization

Blocks adhesion of bacteria to mucosa

Blocks active site of toxin



## Agglutination

Enhances phagocytosis

Reduces number of infectious units to be dealt with



## Opsonization

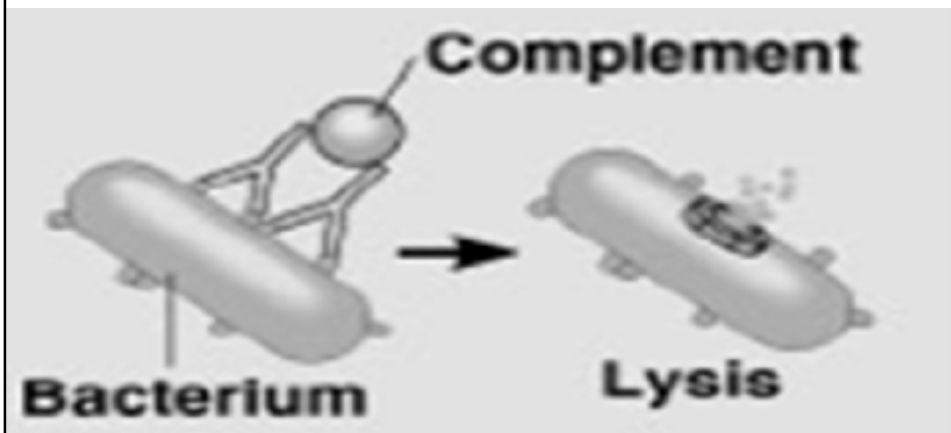
Coating antigen with antibody enhances phagocytosis

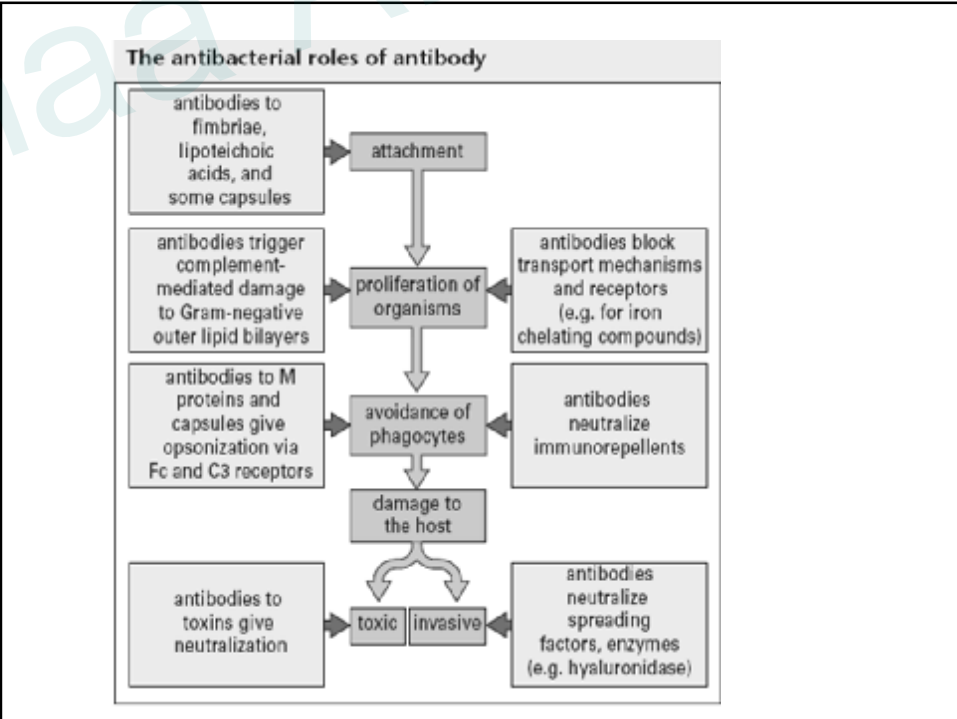
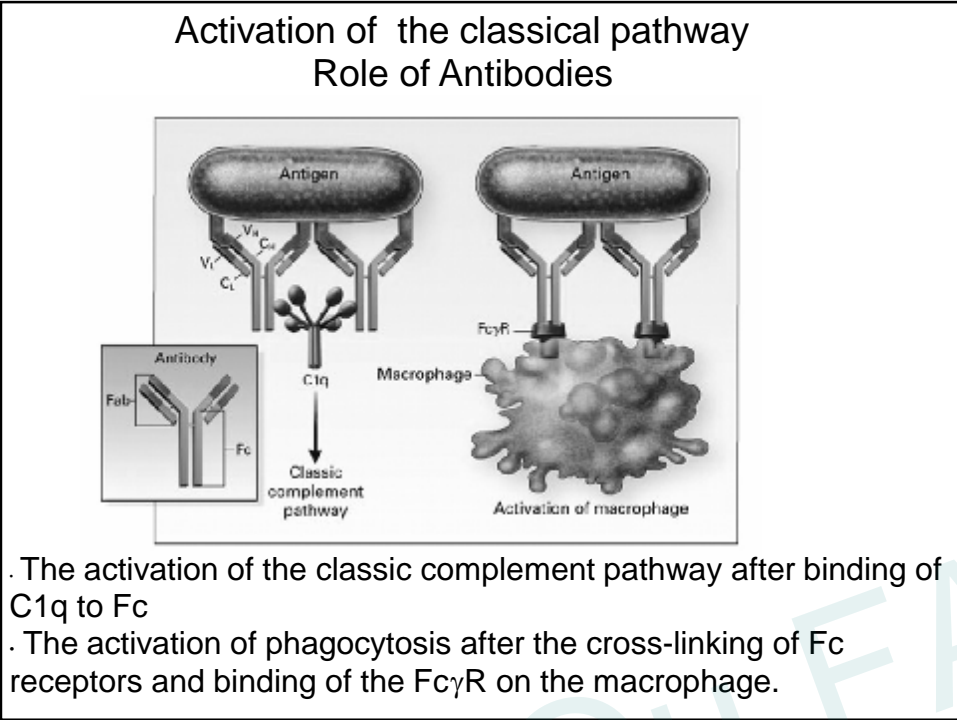


## Activation of complement

Cell lysis

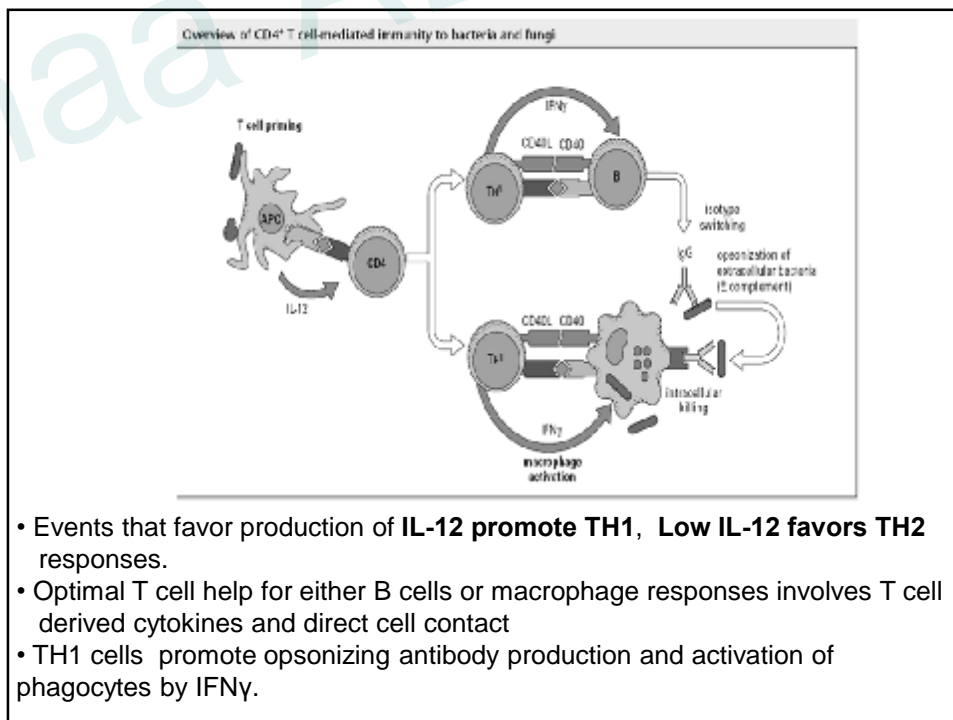
Attraction of phagocytes



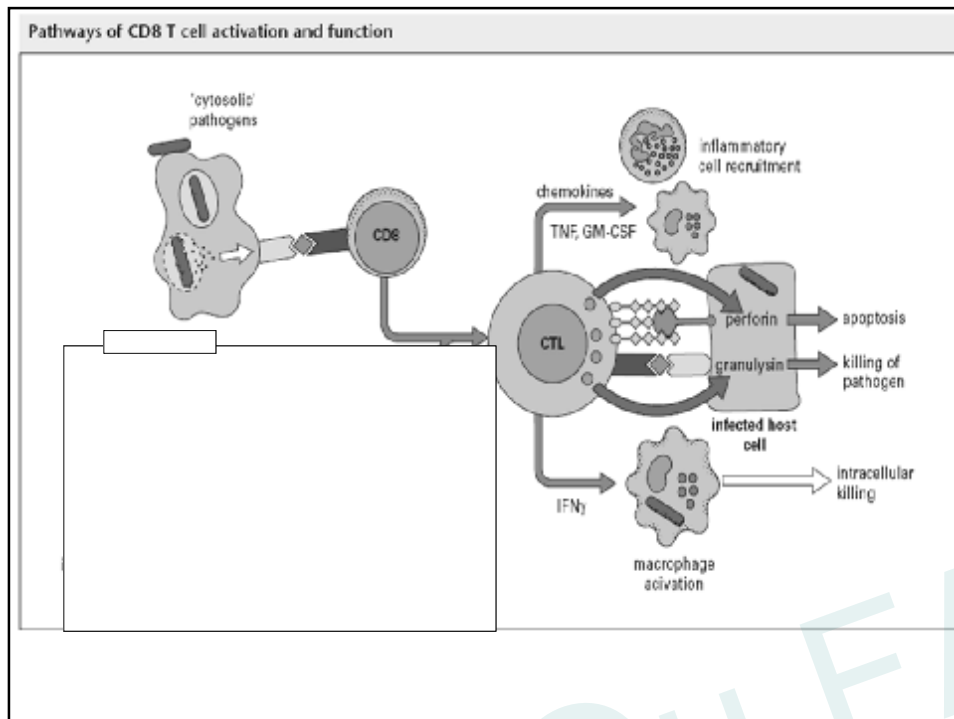


### CD4+ T cell mediated immunity to Bacteria

- Naive CD4+ T cells are stimulated by class II MHC antigen-bearing dendritic cells (DCs) via the TCR.
- Co-stimulatory molecules CD80/86 and CD28, induce T cell activation and proliferation.
- Differentiation into either TH1 or TH2 effector cells is strongly influenced by the cytokine environment during this interaction



- Events that favor production of **IL-12 promote TH1**, **Low IL-12 favors TH2** responses.
- Optimal T cell help for either B cells or macrophage responses involves T cell derived cytokines and direct cell contact
- TH1 cells promote opsonizing antibody production and activation of phagocytes by IFN $\gamma$ .



## CD8+ T cell in bacteria infection

- Naive CD8 T cells are activated by peptides presented via MHC class I molecules, derived from microorganisms that reside in the cytoplasm
- Effector CD8 T cells (CTLs) provide protection by releasing proinflammatory and macrophage activating cytokines
- killing infected host cells via perforin release and Fas.
- In some cases, the release of granulysin from the CTL can also result in killing of the pathogen.

## Granuloma formation

- ❖ Intracellular pathogens are not quickly eliminated (chronic infections).
- ❖ The persistent recruitment and activation of macrophages, macrophage-derived multinucleated giant and T cells to an infected tissue can result in the formation of **granulomas**.
- ❖ associated with:
  - chronic bacterial infections, tuberculosis and syphilis,
  - schistosomiasis
  - response to non-infectious materials ( asbestos).

### Evasion mechanisms of bacteria (and some fungi)

- (1) secrete repellents or toxins inhibit chemotaxis.
- (2) have capsules or outer coats that inhibit attachment by the phagocyte
- (3) permit uptake, but release factors that block subsequent triggering of killing mechanisms.
  - inhibit lysosome fusion with the phagosome.
  - inhibit the proton pump that acidifies the phagosome, so the pH does not fall.
- (4) They may secrete catalase which breaks down hydrogen peroxide.
- (5) Organisms such as *M. leprae* have highly resistant outer coats.
- (6) Mycobacteria release a lipoarabinomannan, which blocks the ability of macrophages to respond to the activating effects of IFN $\gamma$ .
- (7) impaired antigen presenting function.
- (8) Several organisms can escape from the phagosome to multiply in the cytoplasm.



**the response to bacteria can result in immunological tissue damage**

**Excessive cytokine release can lead to endotoxin shock**

If cytokine release is sudden and massive, several acute tissue-damaging syndromes can result and are potentially fatal.

- **Endotoxin (septicemic) shock,**

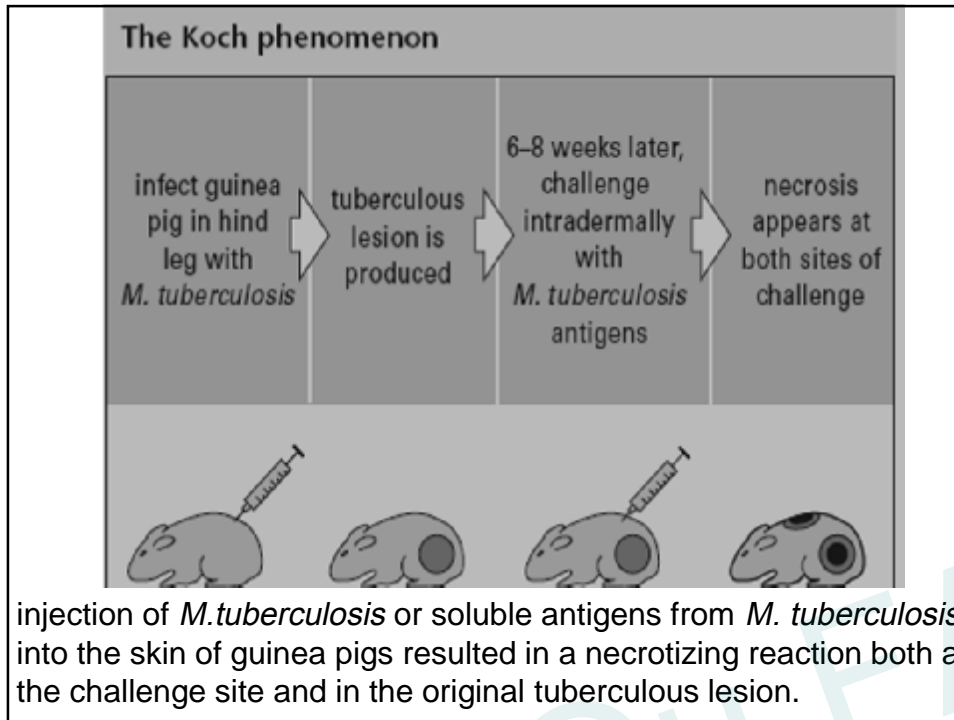
usually caused by bacterial products released during septicemic episodes.

Endotoxin (LPS) from G- bacteria is usually responsible can be life-threatening fever, circulatory collapse, diffuse intravascular coagulation, and hemorrhagic necrosis, leading eventually to multiple organ failure

**the response to bacteria can result in immunological tissue damage**

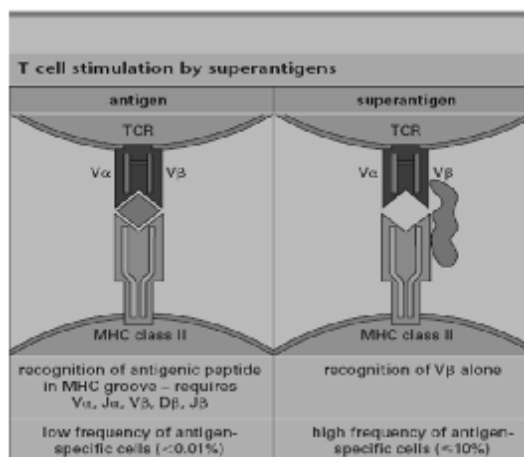
**The Koch phenomenon is necrosis in T cell mediated mycobacterial lesions and skin test sites**

- The **Koch phenomenon** is a necrotic response to antigens of *M. tuberculosis*, originally demonstrated by Robert Koch.
- It may be related to the necrosis that also occurs in the lesions in tuberculosis.
- It is at least partly due to the release of cytokines into a T cell-mediated inflammatory site (**delayed hypersensitivity**).



### The toxicity of superantigens results from massive cytokine release

- Certain bacterial components called **superantigens**
- bind directly to the variable regions of  $\beta$  chains ( $V\beta$ ) of antigen receptors on subsets of T cells, and cross-link them to the MHC molecules of APCs, usually outside the normal antigen-binding groove.



### **What effect do superantigens have on T cells?**

- All T cells bearing the relevant V $\beta$  gene product are activated without the processing and presentation of the antigen as peptides in the cleft of the MHC molecule
- T cell activation is non specific
- Releasing massive cytokines

### **fungal infection**

#### **Fungal infections are regularly seen in:**

- ❖ patients with untreated AIDS;
- ❖ patients with cancer and undergoing chemotherapy
- ❖ patients with transplants on immunosuppressive agents
- ❖ some patients taking long-term corticosteroids.

**These clinical findings point to the key roles of neutrophils and macrophage activating TH1 cell responses in antifungal immunity.**

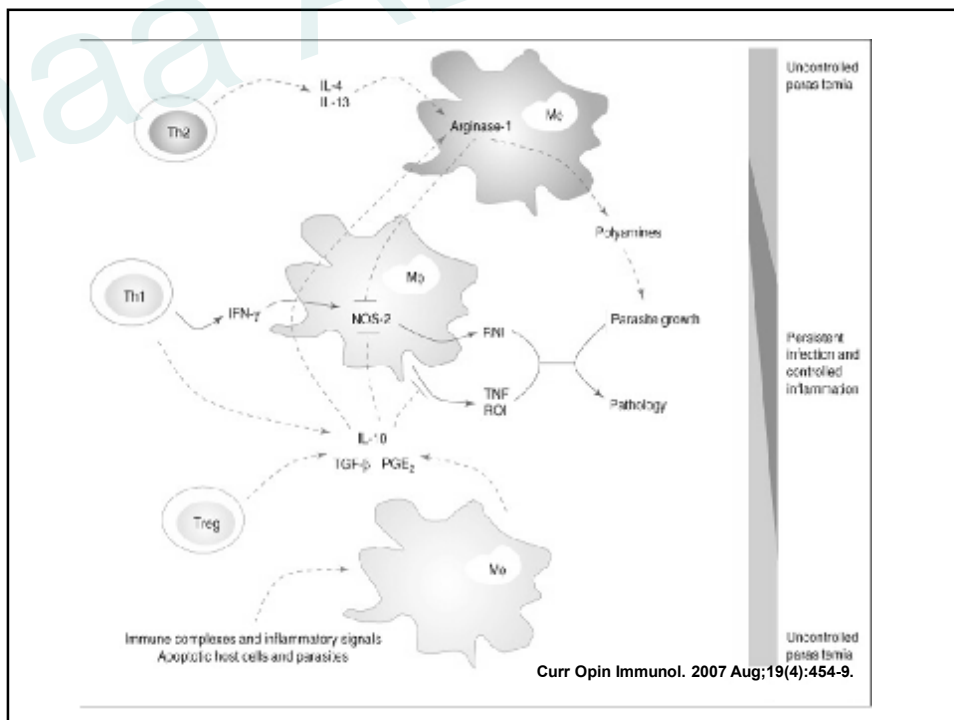
### **Innate immune responses to fungi**

- the skin and normal commensal flora
- Defensins have antifungal as well as antibacterial properties
- Phagocytes (neutrophils & macrophages), are essential for killing fungi

### **T cell-mediated immunity**

Immunity anti-parasites

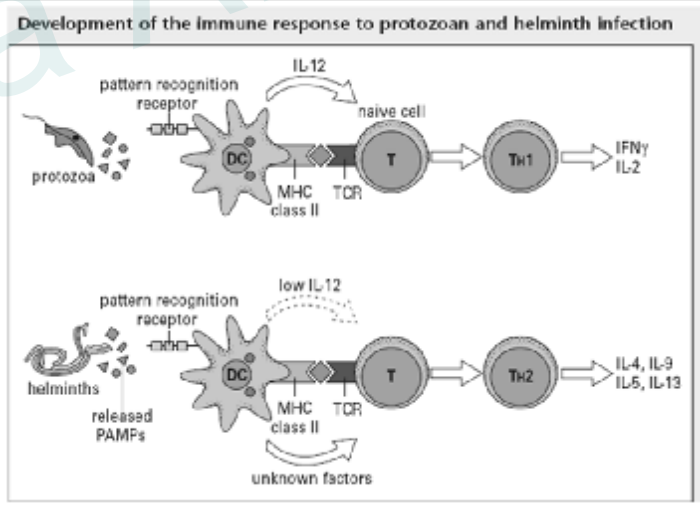
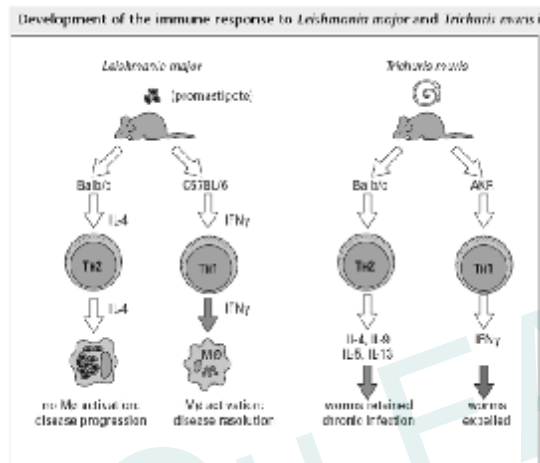
- in determining the outcome of parasitic infections have
- been extensively investigated.
- As a result of early studies, predominantly in mouse
- infections, certain dogmas have arisen suggesting that:
  - • TH1 responses mediate killing of intracellular pathogens; and
  - • TH2 responses eliminate extracellular ones.
- However, this is very much an oversimplification of the
- true picture.
- Although the TH1/TH2 paradigm may be a useful tool
- in some situations, it is probably more realistic to consider
- that TH1 and TH2 phenotypes represent the extremes of
- a continuum of cytokine profiles and that perhaps it may
- be more accurate to look at the role of the cytokines
- themselves in the resolution of infectious disease.



## T cell responses to protozoa depend on the species

in mouse models, the induction of TH1 cells with concomitant upregulation of IFN $\gamma$  and nitric oxide (NO $\bullet$ ) is crucial for protection of mice from leishmania.

Strains of mice driving TH2 responses on infection, manifested by high levels of IL-4, IL-13, IL-10 and antibody, develop progressive and ultimately lethal disease



Early recognition of parasites by antigen-presenting cells (APCs), for example dendritic cells, determines the phenotype of the adaptive response

The cytokines produced by CD4+ T cells can be important in determining the outcome of infection. Helper T cells have been phenotypically divided into TH1 and TH2 and more recently regulatory T cell subsets based on the cytokines produced.

As TH1 and TH2 cells have contrasting and crossregulating cytokine profiles, the roles

### **Parasites have many different escape mechanisms**

- **Parasites can resist destruction by Complement**
- **Intracellular parasites can avoid being killed by oxygen metabolites and lysosomal enzymes**
- ***Other parasites acquire a surface layer of host antigens***  
schistosomes, acquire a surface layer of host antigens so that the host does not distinguish them from 'self'.
- Schistosomes cultured in medium containing human serum and red blood cells can acquire surface molecules containing A, B, and H blood group determinants.

### **Parasites have many different escape mechanisms**

- **Some extracellular parasites hide from immune attack**  
Some species of protozoa (e.g. *Entamoeba histolytica*) and helminths (e.g. *T. spiralis*) form protective cysts, while
- adult worms of *Onchocerca volvulus* in the skin induce the host to surround them with collagenous nodules. Intestinal nematodes and tapeworms are preserved from many host responses simply because they live in the gut.

