Immune response to infections

Factors influencing the extent and severity of infection

- Pathogen factors
 - Dose
 - Virulence of organism
 - Route of entry
- Host factors
 - Integrity of non-specific defences
 - Competence of the immune system
 - Genetic influences
 - Previous exposure to antigen
 - Existence of co-infection

Immune response to viral infections

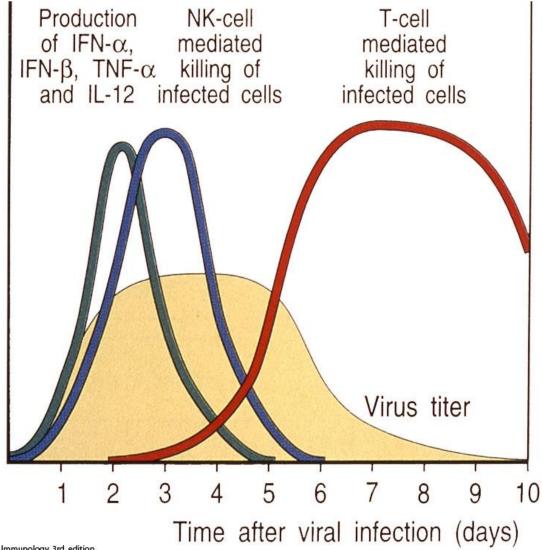
– Non-speciphic immunity

- Interferons (α and β)
- <u>Natural killer cells</u> (NK cells)
- Receptor-like molecules in various secretions

Speciphic immunity

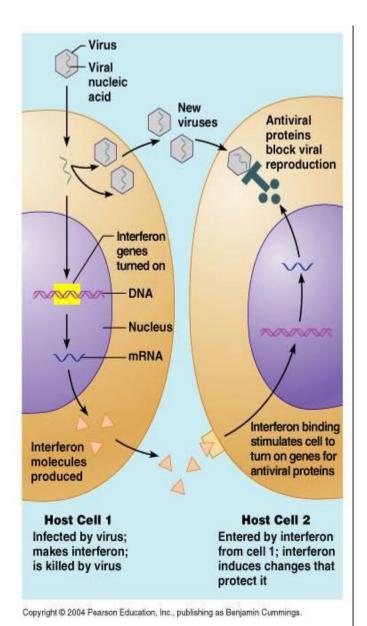
- Antibodies neutralization of extracellular viruses
- Tc lymphocytes elimination of virus-infected cells

Mechanisms of antiviral immunity



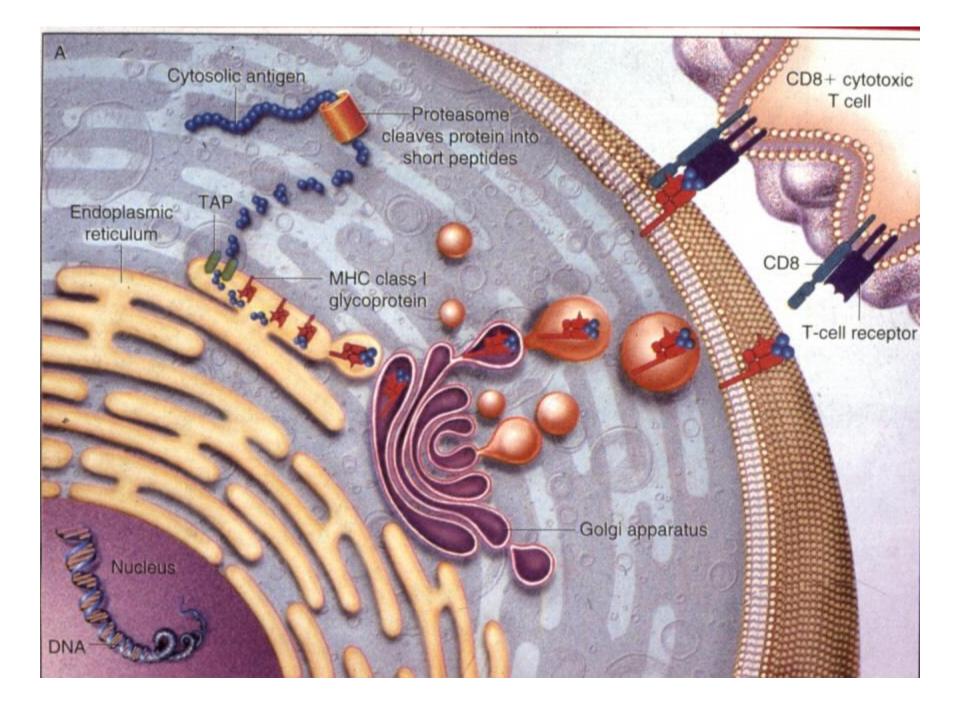
From: I. Roit et al: Slide atlas of Immunology. 3rd. edition

The action of interferon (IFN)



Natural killers (NK cells)

- Originate in non-T non-B lymphocyte lineage.
- Morphologically: large granulated lymphocytes (LGL).
- Recognition of target cells in antigen nonspeciphic.
- Virus infected and tumor cells are killed.
- Target cells are recognisd mainly by decreased HLA-I expression.
- Cytotoxic mechanisms are similar to Tc cells: perforin and induction of apoptosis.



Viral strategies to evade the immune response

- Antigenic variations
 - antigenic drift minor changes
 - antigenic shift major changes
- Long-term survival in a host
 - Viral persistence
 - Viral latency
 - Oncogenic transformation
- Immunosuppressive effect of viruses

Immunosuppressive effects of viruses

- <u>Suppression of T-cells</u>: HIV, morbilli, CMV,
- Inhibition of MHC antigens expression: CVM (binds β-2 microglobulin), Adenoviruses, RSV - decreased expression of HLA antigens
- <u>Production of inhibitory cytokies</u>: EBV (IL-10 - like factor)

Damage of a host caused by anti-viral immune response

- <u>Autoimmune diseases</u>: hemolytic anemia after EBV infection, autoimmune hepatitis induced by hepatitis-B virus
- Immune complex diseases: arthritis in hepatitis B, vasculitis
- <u>Tc meadited diseases</u>: rash in exanthematic viral diseases, myocarditis caused by coxackie virus

Immune responses to bacterial infections

- Non-specific immunity
 - Mechanical barriers
 - Phagocytosis
 - Complement system
- Specific immunity
 - Antibodies opsonisation, complementactivation, neutralisation of toxins, binding to receptors
 - T-lymphocytes against intracellular parasites

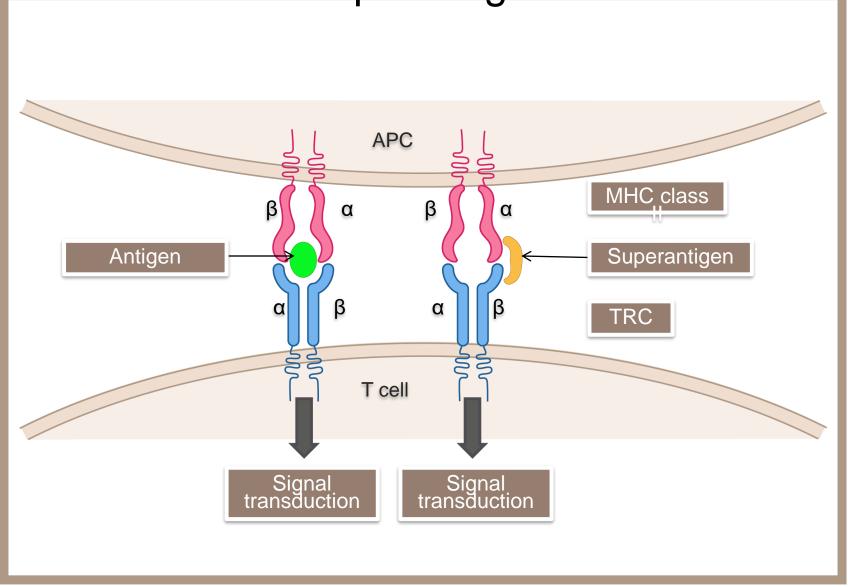
Bacterial evasions of immune defences

- <u>Antiphagocytic machanisms</u>: toxins, capsular polysaccharides
- Inhibition of the complement system: Str. pyogenes, E. coli, N. meningitidis
- Antigenic variations: Borrelia recurrentis
- <u>Proteases lysing IgA</u> Neisseria, Haemophilus
- <u>Sequestration in avascular regions</u>-Salmonella typhi in the gall bladder and urinary tract
- Intracellular parasitism

Macroorganism damage caused by the immune response to bacterial infection

- Autoimmune diseases
 - Cross-reactivity of bacterial and corporal antigens - rheumatic fever
 - Type-II hypersensitivity autoimmune hemolytic anemia caused by *Mycoplasma* infection
 - Heat shock proteins
 - Superantigens (streptococcal, staphylococcal)
- Immunocomplex diseases
- Type IV hypersensitivity- cavitatoin in pulmonary tuberculosis

Activation of TCR by antigen and superantigen



Mechanisms of anti-fungal resistance

- Normal bacterial flora
- Phagocytic cells
- T-lymphocytes -probably most important
- Antibodies usually present, but no protective effect

Imunity against parasites

- Different mechanisms involved against different parasites.
- Immune response frequently leads to premunity the situation when the parazite perzists, however it does not lead to dissemination and new infections.
- IgE and esinophils play a crucial role.



Role of IgE and mastocytes in protection against parasites

