Immune response to infections

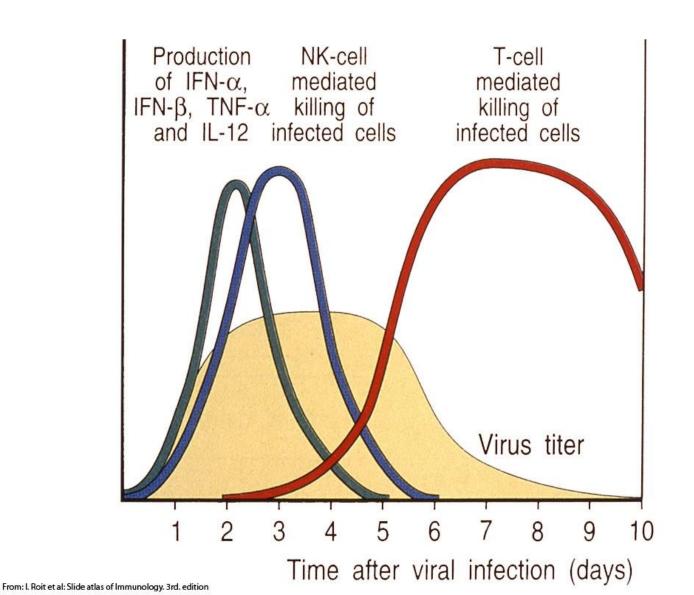
Factors influencing the extent and severity of infection

- 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

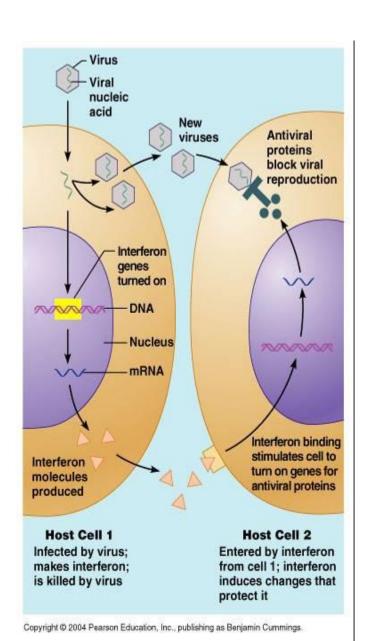
Immune response to viral infections

- Non-speciphic immunity
 - Interferons (α and β)
 - Natural killer cells (NK cells)
 - Receptor-like molecules in various secretions
 - In some situations also:
 - Activation of the complement system (EBV)
 - Phagocytosis
- Speciphic immunity
 - Antibodies neutralization of extracellular viruses
 - Tc lymphocytes elimination of virus-infected cells

Mechanisms of antiviral immunity

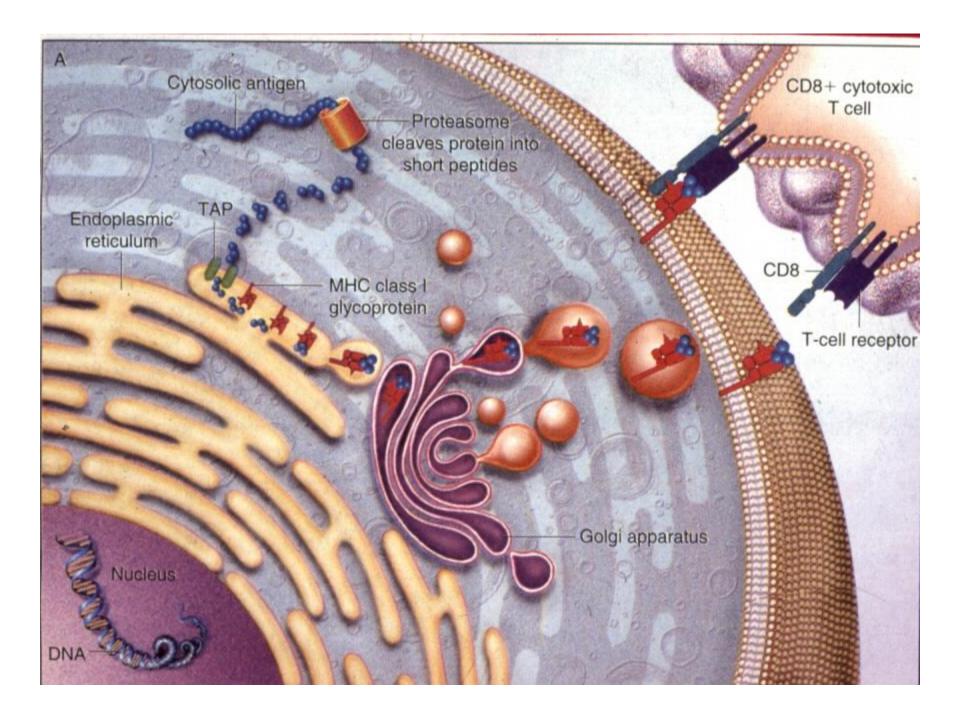


The action of interferon (IFN)



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

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

Damage of a host caused by anti-viral immune response

- Autoimmune diseases: 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

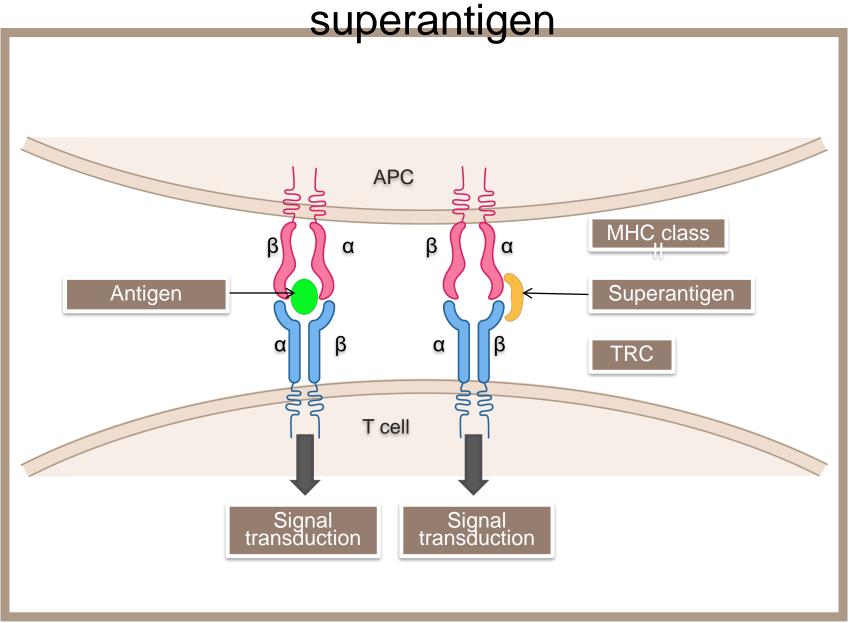
Bacterial evasions of immune defences

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

Bystander 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 <u>premunity</u> – the situation when the parazite perzists, however it does not lead to dissemination and new infections.

IgE and esinophils play a significant role.



Role of IgE and mastocytes in protection against parasites

