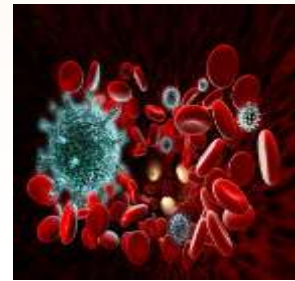
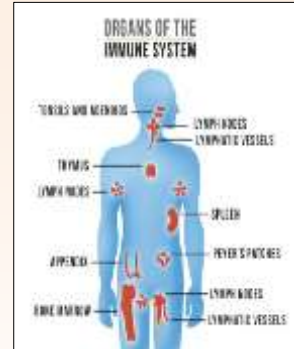


Ch. 11: Immune Physiology (modified 6/21)

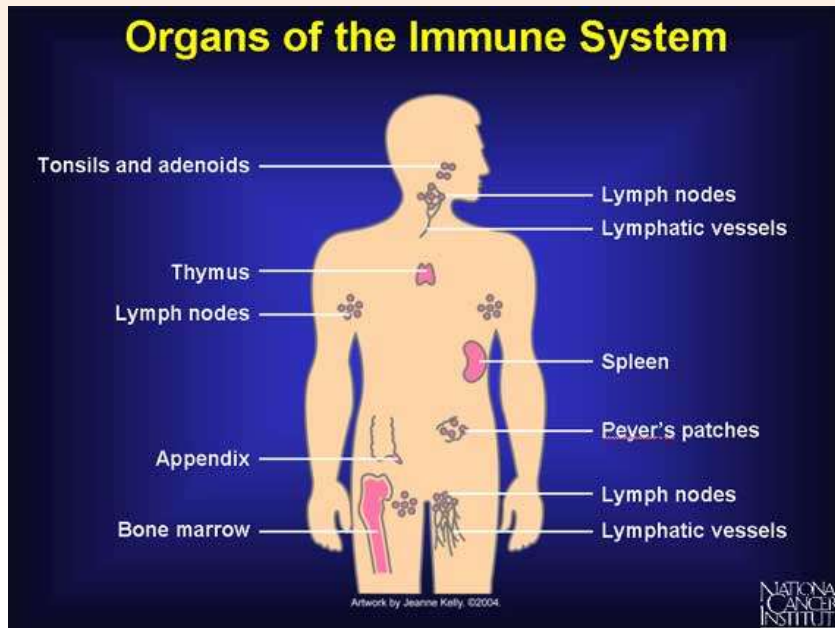
Objectives:

1. Review immune organs & cells.
2. Two categories of immunity: innate vs adaptive
3. Understand functions of adaptive immunity cells (T-cells and B-cells)
4. Natural vs artificial immunity
4. Understand autoimmunity disorders.



1

1. *Review* Immune Organs & Cells.



2

1. **Review** Immune Organs & Cells. Pg 164 Wiki text

Immune system = The cells & organs that defend against pathogens & cancer.

1) **Lymph Organs:**

A. Primary lymph organs

- > **Bone marrow** – where lymphocytes (and all WBCs, RBCs, platelets) produced.
- > **Thymus** – where T-cells mature

B. Secondary lymph organs

- > **Lymph nodes** – where lymphocytes “activated”, where B cells mature.
- > **Lymphatic & blood vessels** – transport immune cells
- > **Tonsils** – first line of defense from inhaled pathogens
- > **Alveolar macrophages** – defend against pathogens in lungs.
- > **Brain** – has microglia for defense
- > **Appendix** – on cecum.
- > **Spleen** – activate lymphocytes
- > **Liver** – have Kupffer cells for defense
- > **Intestines** – have Peyer’s patches for defense

3

3 Lines of Defense from Pathogens! Pg 162 Wiki text

A) External Innate Immunity (non-specific)

External barriers to pathogen entry



B) Internal Innate Immunity (non-specific)

Once pathogen enters body, internal non-specific defenses



Innate

Adaptive

Adaptive or Acquired Immunity (specific)

Defense involving antibodies, for long-term and specific protection from antigens. (involves T and B lymphocytes)

4

1) Innate Immunity (non-specific)

A. External Innate Defense (barriers to keep things OUT of your body)

- **Epithelial membranes**
 - > skin – physically blocks pathogen entry.
 - > Sweat – is acidic and antimicrobial.
- **Stomach acid** – kills bacteria
- **Respiratory tract** – mucus, cilia for removal of pathogens. Alveolar macrophages destroy pathogens.
- **Urinary / genital defense** = both are acidic (antimicrobial)
- **Eyes** – lysozymes in tears is antimicrobial.



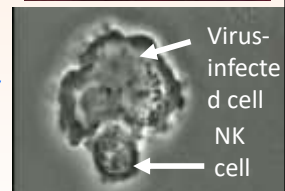
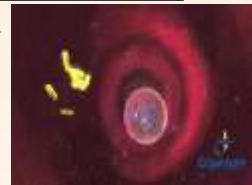
5

1) Innate Immunity (non-specific)

B. Internal innate defense (if things get in, try & kill them without antibodies)

Step 1. Phagocytic WBC Cell response.

- > **Neutrophils** & **Monocytes** in blood can phagocytize bacteria.
- > WBCs secrete **endogenous pyrogens** = cause fever (kills bacteria)
- > WBCs secrete **cytokines & chemokines** – chemical cries for help.



Step 2. Natural killer (NK) cells

- > secrete **interferons** kills viruses.
- > **toxic granules** - destroys tumor and cancer cells



6

1) Innate Immunity (non-specific)

B. Internal innate defense (if things get in, try & kill them without antibodies)

Step 1. Phagocytic WBC Cell response.

- > Neutrophils & Monocytes in blood attack, engulf, & kill pathogens
- > WBCs secrete **endogenous pyrogens** to cause **fever response**.
- > WBCs secrete chemical cries for help (**cytokines & chemokines**)

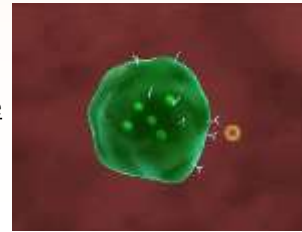
Step 2. Natural killer (NK) cells

- > secrete **interferons** to kill viruses.
- > **toxic granules** to kill tumor/cancer cells.

Step 3. Inflammatory response

- > **Mast cells** – secrete histamine for inflammation response
- > **Complement proteins** – kill bacteria by poking holes in them.

*Mast cell
secreting
histamine*



7

Step 1: Phagocytic WBC response:

1. In bloodstream - **Neutrophils & Monocytes** are **phagocytes** that destroy pathogens & secrete endogenous pyrogens (cause fever).



2. Histamine secreted by mast (basophil) cells makes blood vessels “leaky” so WBC can escape, especially **monocytes** which “**extravasate**” out of capillary



8

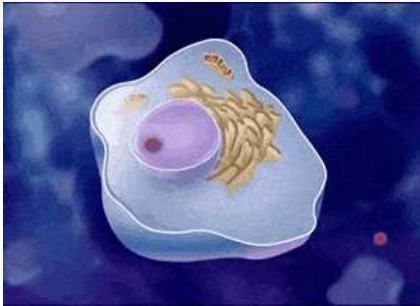
Step 1: Phagocytic WBC response:

3. **Monocytes** migrate from blood into tissues by **extravasation** to become **Macrophages** that destroy pathogens in tissue.

4. Macrophages places pathogen's antigen it cell surface – now macrophage is called an **Antigen-Presenting Cell (APC)**.

APCs will activate T Cells (see later in notes)

- Phagocytes then send chemical “**Cries for help**” = **cytokines, chemokines**



A macrophage becoming an APC

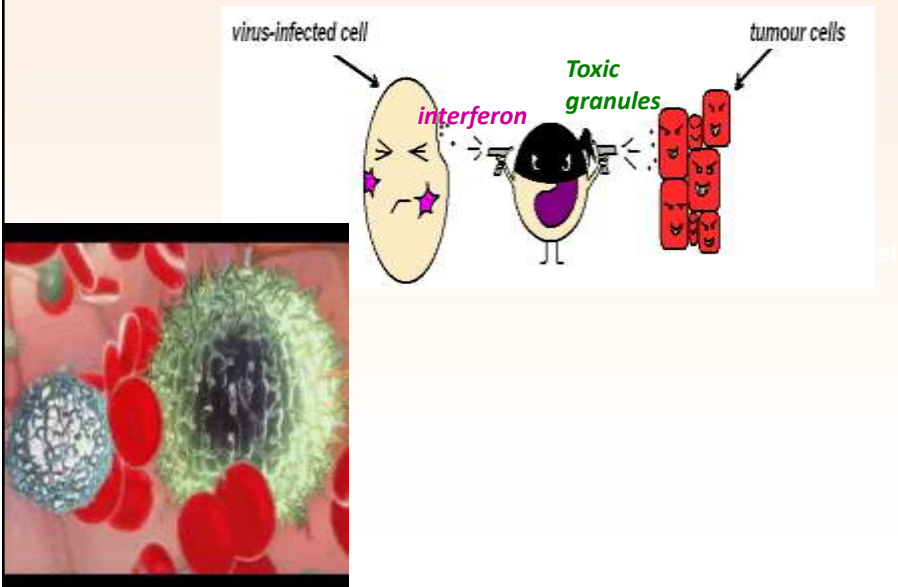


An APC activating a helper T-cell

9

Step 2. Natural Killer (NK) Cell response

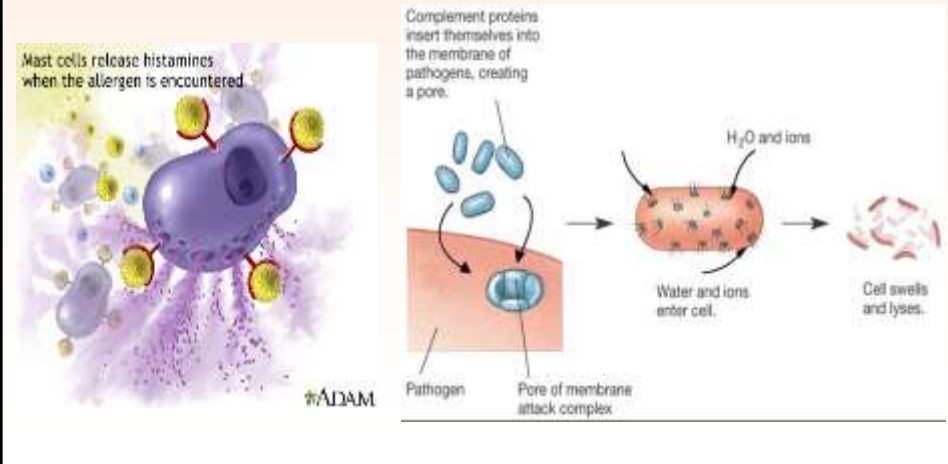
- are activated by cries for help (cytokines, chemokines)
- release interferon to kill virus-infected cells.
- release toxic granules to kill tumor cells.



10

Step 3. Inflammatory Response

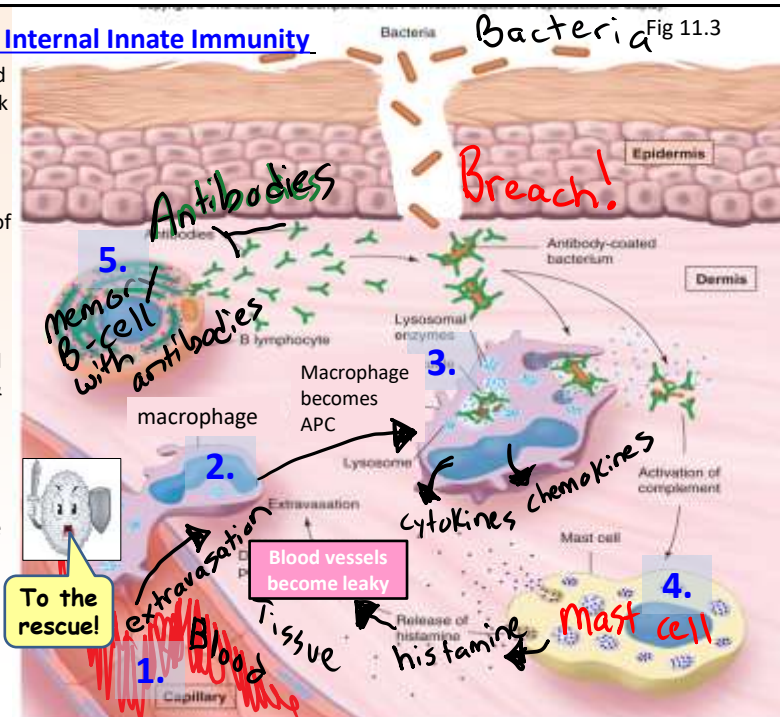
- **Mast cells** – secrete **histamine** for inflammation. Causes vasodilation of blood vessels. (Allows more WBCs to enter into tissue as macrophages!)
- **Complement proteins** - kill bacteria by making holes in them (bacteria burst!) & cause inflammation.



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Activation of Internal Innate Immunity

1. Neutrophil and monocytes attack pathogen in blood, secrete pyrogens (fever)
2. Extravasation of monocyte in tissue
3. macrophages eat pathogen, become APC (will activate T-cells, & cry for help (cytokines & chemokines))
4. Mast cells release histamine (start redness & swelling)
5. Cytokines & chemokines call cells of adaptive immunity



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Review

> Review of Immune Organs and Cells

> Innate Immunity (2 types)

External innate immunity (keep pathogens OUT)

Internal innate immunity (activate when pathogens get in)



> Activation of Internal Innate immunity

- **Neutrophils & monocytes** (phagocytic cells in blood that attack pathogens)
 - > secrete endogenous pyrogens (fever)
 - > secrete chemical cries for help (cytokines & chemokines)
- **Phagocytic cells in tissue** (macrophages, which become APC)
- **Natural killer (NK) cells**
 - > interferon to kill viruses & toxic granules to kill tumor cells
- **Mast cells**
 - > secrete histamine for inflammation response (edema, redness, pain, vasodilation)
- **Complement proteins**
 - > poke holes in bacteria to lyse them

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Activation of Adaptive Immunity – or long term specific defenses

Adaptive immunity:

Provided by lymphocytes

- > Are produced in bone marrow
- > T-lymphocytes (**T-cells**) & B-lymphocytes (**B-cells**)
- > T-cells mature in **thymus**.
 - Are involved in **Cell-Mediated Immunity**
 - T-cells must activate first in order to activate B-cells
- > B-cells mature in lymph nodes & spleen, and produce **antibodies**.
 - Are involved in **Antibody-Mediated Immunity**

14

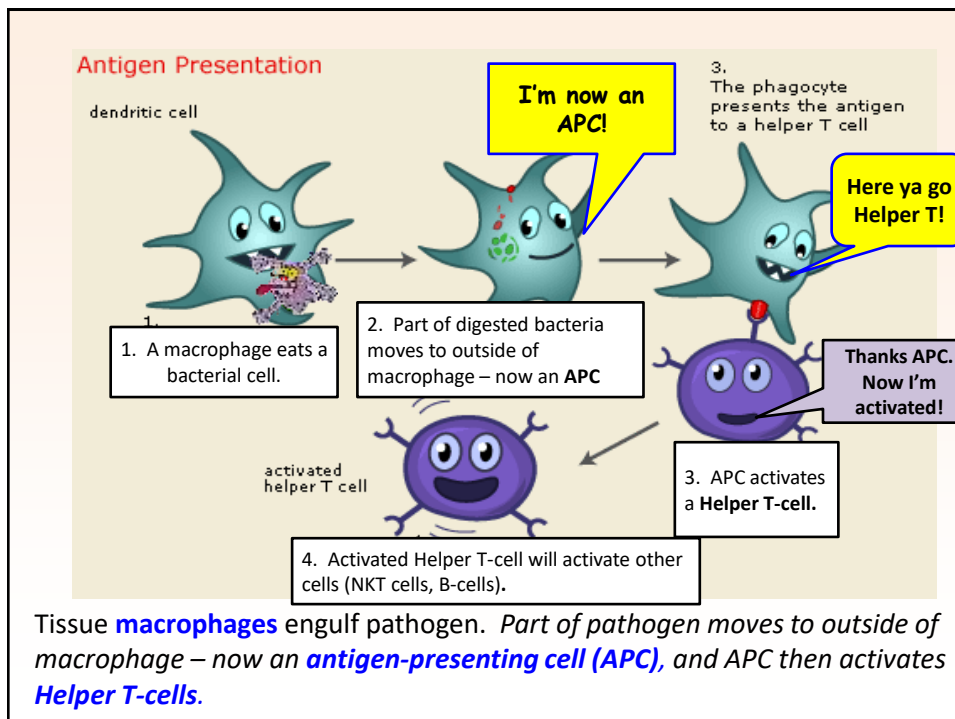
How do T-cells get “activated”?

By Antigen-Presenting Cells (APCs) of the internal innate immunity

- APC presents antigen to Helper T-cells
- Helper T-cell then is ACTIVATED!



15



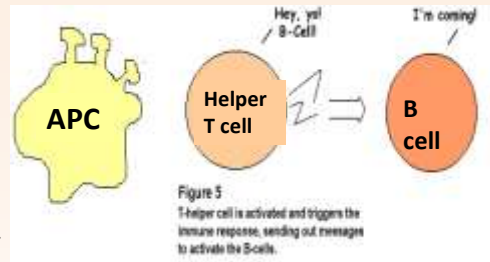
16

Two types of Adaptive Immunity:

1. Cell-Mediated Immunity (T-cells!)

• **Helper T-cells** (activated by APCs)
Now activates other T-cells:

- > **Cytotoxic T cells (T_C)**
 - can kill pathogens directly
- > **Memory T cells (T_M)**
 - retain memory of pathogen, to kill later.
- > **Regulatory T-cells (T_{reg})**
 - inhibit T_C and B cells.
 - may guard against allergies & autoimmune disease.



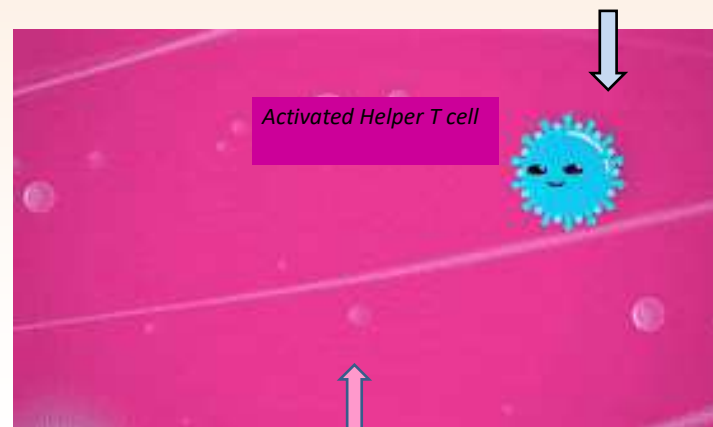
2. Antibody-Mediated Immunity (B-cells)

• **Helper T-cells** activate **B-cells** to make antibodies.

- **B-cells** are activated by Helper T-cells & make **antibodies** (or immunoglobulins) specific to the pathogen.
- Results in formation 2 types of B-cells
 - > Plasma B cells
 - > Memory B cells

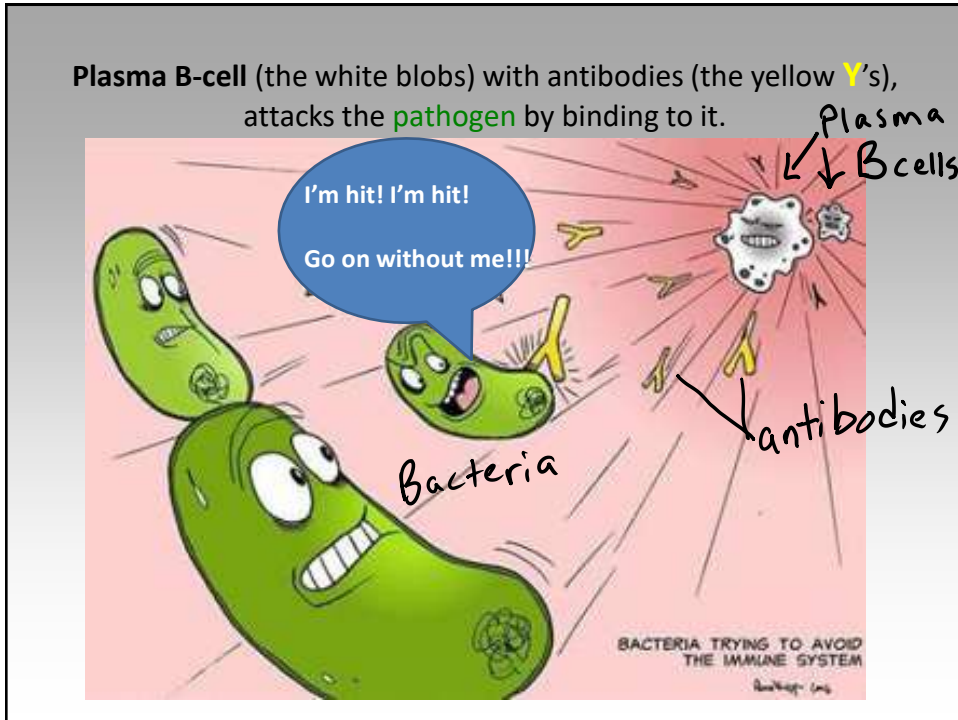
17

Activated T-cells stimulate B-cells (plasma cells) to make antibodies to an antigen.



Helper T cell activating a B cell to make antibodies specific to pathogen

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Antibodies from B-cells

Pathogen

Antibodies of B-cells stick to antigen on **pathogen cells** and “stick them together” – process called **agglutination**.

The agglutinated blob will attract macrophages, which will engulf the blob & destroy it.

Anti-A	Anti-B	Anti-Rh

Agglutination used in blood typing test

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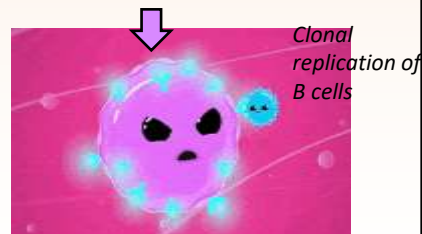
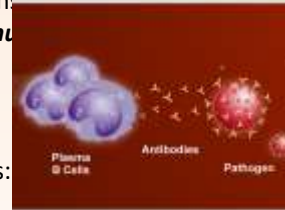
More about B-Cells

- > Activated by stimulation by activated Helper T-cells.
- > produce **antibodies (immunoglobulins)** to specific antigens
- > Provides **humoral (or antibody-mediated, or specific immunity)**

> Exposure of B-cell to its specific antigen causes release of antibodies to bind to antigens.

> causes clonal production of 2 types B-cells with antibodies:

- plasma B cells** – ready to fight NOW.
- memory B cells** – wait to fight for later.



Effects of antibodies:

- Activate complement proteins
- Agglutination reaction (antibodies sticks antigen-bearing cells together)
“tags” pathogenic cells so they’re recognized & destroyed by phagocytes.

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Action of B Lymphocytes

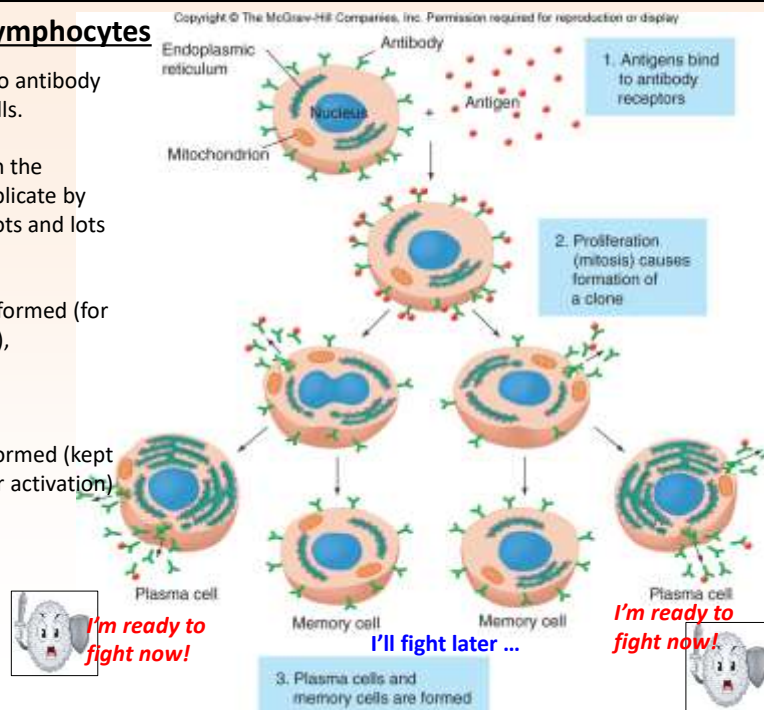
1. Antigen binds to antibody receptors on B-cells.

2. On contact with the antigen B-cells replicate by **cloning** to make lots and lots more B-cells.

3. **Plasma B-cells** formed (for immediate action),

and

Memory B-cells formed (kept in storage for later activation)



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Sequence of events, from entry of pathogen into the body to the formation of antibodies:

1. Bacteria enters tissue from a break in skin.
2. _____ = Phagocytic non-specific WBC in the blood stream.
3. _____ = Cell that extravasates from blood vessel into tissue. (is now called an _____)
4. _____ = Phagocytic cell in tissue, which finds pathogen, kills it, and puts antigen on its surface.
5. _____ = Cell of cell-mediated adaptive immunity, which becomes activated by interaction with the cell in #4 above.

6. Activated cell from #5 above can now activate these cells:

- A. _____ = Cell of cell-mediated adaptive immunity, which directly kills pathogen.
- B. _____ = Cell of cell-mediated adaptive immunity, which keeps a memory of pathogen.
- C. _____ = Cell that is part of antibody-mediated adaptive immunity)

7. Cell from 6C above can make _____ (otherwise known as immunoglobulins)

8. Cell from 6C above encounters its pathogen and the following happens:

- A. _____
- B. _____

Click [HERE](#) for blank flow diagram.

Click [HERE](#) for KEY

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CATEGORIES OF IMMUNITY:

Innate Immunity		Vs	Adaptive Immunity	
(also called _____)			(also called _____)	
1) _____	2) _____		1) _____	2) _____
• _____	• _____		• _____	• _____
• _____	• _____		• _____	• _____
• _____	• _____		• _____	• _____
• _____	• _____		• _____	• _____
• _____	• _____		• _____	• _____

Click [HERE](#) for blank flow diagram of immune categories

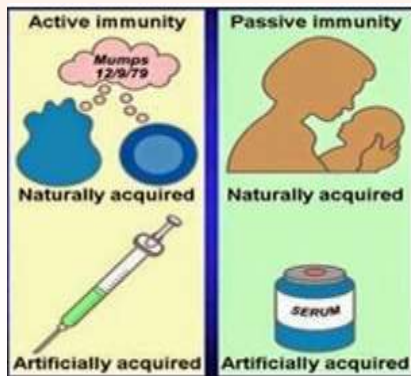
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Classification of Immunity

1) **Active immunity** = get immunity (antibodies) that you produce from actual exposure (natural) to disease organism or from vaccination (artificial exposure).

2) **Passive Immunity** = get immunity (antibodies) from source outside your body: Natural (breast milk) or artificial (injection of antibodies).



Active Immunity

Active natural immunity -

Make antibodies after exposed to sick person

Active artificial immunity -
Make antibodies after get vaccination

Passive Immunity

Passive natural immunity -
Receive antibodies
From breast milk

Passive artificial immunity -
Receive antibodies
From injection

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4. Autoimmunity Disorders

Problems with the Immune Response

autoimmunity – when immune cells attack self; can be B or T cells.

*** Abnormal T-cells from Thymus associated with most autoimmune disorders!

Ex. Of autoimmune disorders we've covered:

- > *rheumatoid arthritis* – attack on connective tissue of synovial joints.
- > *rheumatic heart disease* – antibodies produced from strep throat attack heart valves.
- > *multiple sclerosis* – attacks myelin sheaths on neurons.
- > *Grave's disease* – attack on thyroid gland TSH receptor.
- > *Myasthenia gravis* – destruction of nicotinic cholinergic receptors on skeletal muscles.

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Review

Adaptive Immunity

- Cell-mediated adaptive immunity
- Antibody-mediated adaptive immunity

Types of T and B Cells

- T-cell formation and activity
- T_H , T_C , and T_{reg}
- B-cell formation and activity

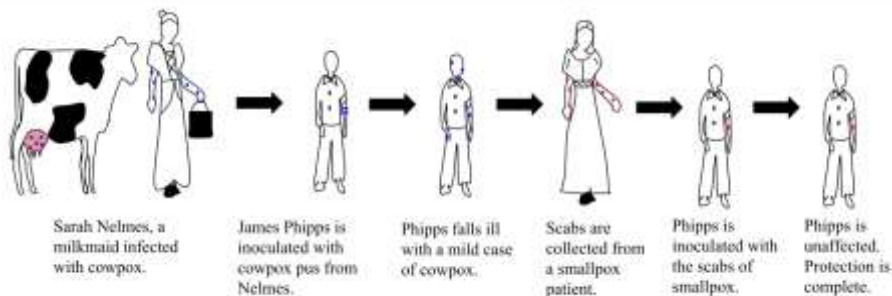
Classification of Immunity

Autoimmune Disorders

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Vaccinations

- Late 1700s → Edward Jenner noticed milkmaids rarely had smallpox.
- Jenner reasoned that milkmaids were immune to smallpox because they had been exposed to cowpox.
- To test his hypothesis, he inoculated a boy with cowpox pathogens and then with smallpox pathogens. As predicted, the boy did not contract smallpox.

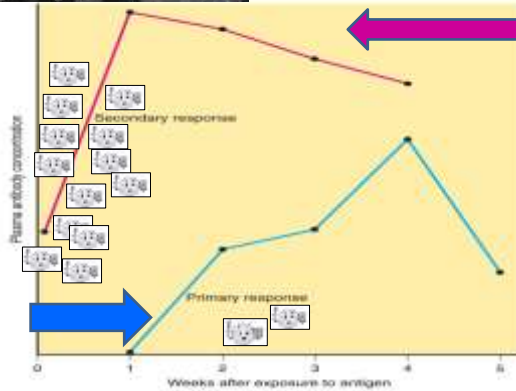


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vaccination → 1° immune response → memory cells



Primary response: takes ~ 2 weeks for good production of plasma B-cells with antibodies (**high antibody titer,**) and memory B-cells after 1st exposure.



Secondary response: have lots of memory B-cells that were stored & waiting for future exposure = **stronger, faster immune response!**

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Vaccinations and Halt of Communicable Disease: **THE SCIENCE**

Example of Vaccine Effectiveness:

In the United States, before measles vaccine became available in the mid-1960s was estimated over 530,000 cases with 500 deaths per year. After vaccine – has been **99.9% decrease** in incidence of the disease.



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Vaccinations and Halt of Communicable Disease: **THE SCIENCE**

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY*	MOST RECENT REPORTS OR ESTIMATES† OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053	0†	100%
<i>H. influenzae</i> (invasive, <5 years of age)	20,000	31‡	>99%
Hepatitis A	117,333	2,890§	98%
Hepatitis B (acute)	66,232	18,800§	72%
Measles	530,217	187†	>99%
Mumps	162,344	584†	>99%
Pertussis	200,752	28,639†	86%
Pneumococcal disease (invasive, <5 years of age)	16,069	1,900‡	88%
Polio (paralytic)	16,316	1†	>99%
Rotavirus (hospitalizations, <3 years of age)	62,500**	12,500††	80%
Rubella	47,745	9†	>99%
Congenital Rubella Syndrome	152	1†	99%
Smallpox	29,005	0†	100%
Tetanus	580	26†	96%
Varicella	4,085,120	167,490§§	96%

<http://www.immunize.org/catg.d/p4037.pdf>

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Vaccinations and Halt of Communicable Disease: **THE CONTROVERSY**

Do vaccinations cause Autism????

NO!

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Vaccinations and Halt of Communicable Disease: **THE CONTROVERSY**

Where did the controversy start?

A study originally published in journal *Lancet* by **Andrew Wakefield in 1995** claimed that his study of **12 children** showed that the 3 MMR (measles, mumps, rubella) vaccines taken together (1st at 1 year, then at 5-6 yrs) could alter immune systems, causing intestinal woes that then reach, and damage, the brain (autism?)

Scientific community responded:

- > Dozens of epidemiological studies found no merit to his work
- > His claims were based on a tiny sample size.
- > The British Medical Journal called his research “fraudulent.”
- > The British journal *Lancet* retracted his publication.
- > The British medical authorities stripped him of his license.

Problem:

People still believe Wakefield. Groups of people began to NOT vaccinate their children.

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Vaccinations and Halt of Communicable Disease:

> Nationwide, vaccination rate against diseases has stayed at 90 % or higher, but % in some of the country now well below that, making those communities more vulnerable to disease outbreak.

There has been an increase in cases of Measles, Mumps in the US – especially in counties where vaccination rate below 90%.

> Medical doctors & epidemiology experts say that vaccination rate of ~95 % needed to protect a community by “herd immunity”.

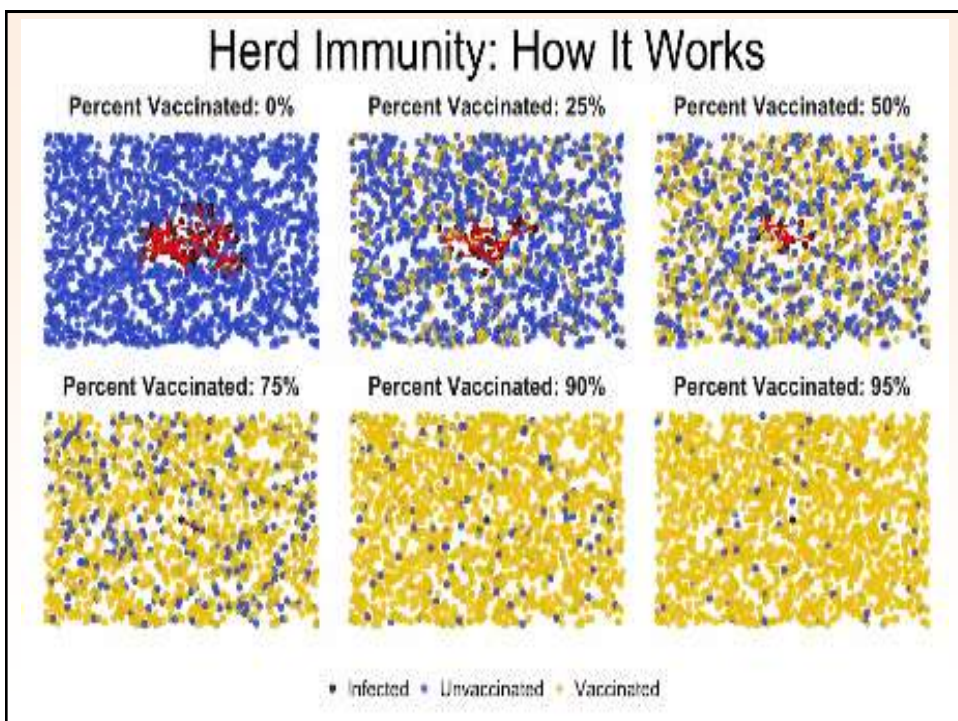
> **Herd immunity** = indirect protection from infectious disease when a large % of population has become immune (natural or vaccination-acquired) it reduces potential exposure of non-immune people (aren't or can't be vaccinated) to that disease.

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Herd Immunity

The **top box** shows an outbreak in a community in which a **few people are infected (shown in red)** and the rest are **healthy but unimmunized (shown in blue)**; the illness spreads freely through the population.

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Review

Vaccination

History of vaccination

Action of vaccinations on immunity

Controversy on vaccinations

[There shouldn't be!!!]