

# HOST-PATHOGEN BATTLES



## Host Immune Response to Pyogenic Infection

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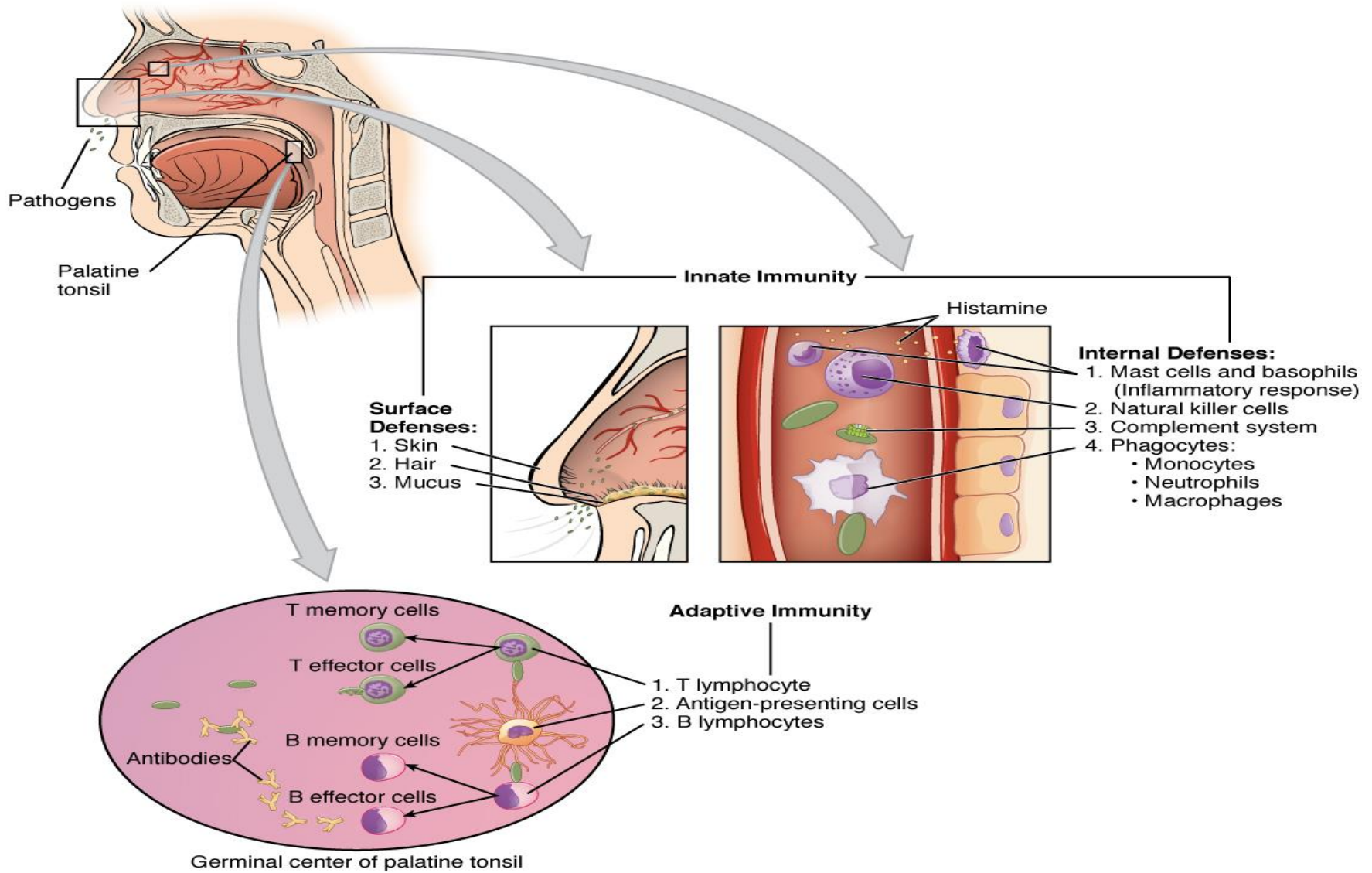
# Immunity to bacteria

**The defense mechanisms used depend on:-**

- Ø Site of infection
- Ø Structure of the invading bacteria
- Ø How they cause damage
- Ø Intracellular vs. extracellular location

# Barrier Defenses and the Innate Immune Response to Pyogenic Infection

- The immune system can be divided into two overlapping mechanisms to destroy pathogens: **the innate immune response**, which is relatively rapid but nonspecific and thus not always effective, **and the adaptive immune response**, which is slower in its development during an initial infection with a pathogen, but is highly specific and effective at attacking a wide variety of pathogens.



**Cooperation between Innate and Adaptive Immune Responses.** The innate immune system enhances adaptive immune responses so they can be more effective.

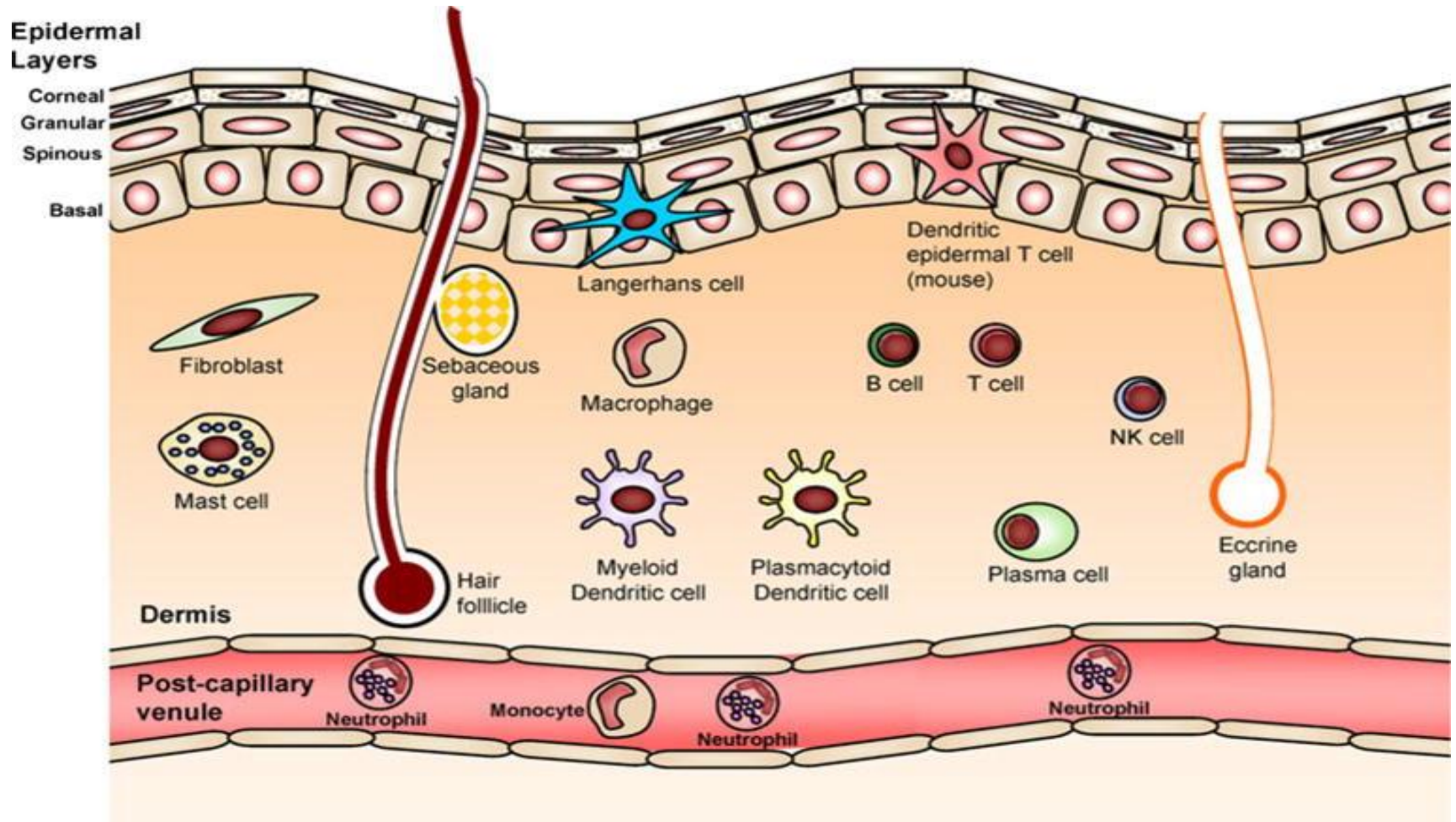
# Immunity to bacteria

- In general, the innate response is important in preventing an **infection** becoming established, the adaptive subsequently in combating an established infection.

# Barrier Defenses

<b>Site</b>	<b>Specific defense</b>	<b>Protective aspect</b>
Skin	Epidermal surface	Keratinized cells of surface, Langerhans cells
Skin (sweat/secretions)	Sweat glands, sebaceous glands	Low pH, washing action
Oral cavity	Salivary glands	Lysozyme
Stomach	Gastrointestinal tract	Low pH
Mucosal surfaces	Mucosal epithelium	Non-keratinized epithelial cells
Normal flora (nonpathogenic bacteria)	Mucosal tissues	Prevent pathogens from growing on mucosal surfaces

# The immune barrier of the skin



**Keratinocytes** have multiple mechanisms to promote early innate immune responses against pyogenic bacteria.

**First**, it produce antimicrobial peptides that have direct bacteriostatic or bactericidal activity against pyogenic bacteria, including  $\beta$ -defensin and cathelicidin.



**Second**, keratinocytes express PRRs such as Toll-like receptors which recognize pyogenic bacterial, lipoteichoic acid, and peptidoglycan, LPS.

# Antimicrobial peptides

- Antimicrobial peptides are a group of polypeptides that possess antimicrobial activity at physiologic conditions.
- Most antimicrobial peptides are cationic peptides that interact with the anionic membrane surfaces of bacteria leading to lysis.

## Antimicrobial peptides

	Cellular source in the skin	Mechanism of <i>S. aureus</i> evasion
$\alpha$ -Defensins	Neutrophils	Staphylokinase, MprF, <i>dlt</i> ABCD operon
hBD2	Keratinocytes, macrophages, and dendritic cells	IsdA
hBD3	Keratinocytes	
hBD4	Keratinocytes	
LL-37	Keratinocytes, macrophages, and neutrophils	IsdA, Aureolysin, MprF, <i>dlt</i> ABCD operon
Dermcidin	Sweat glands	Extracellular proteases
RNase 7	Keratinocytes	

## Phagocyte

The phagocyte takes the organism inside itself as a phagosome, which subsequently fuses with a lysosome and its digestive enzymes, effectively killing many pathogens.

the macrophages, neutrophils, and dendritic cells are major phagocytes of the immune system.

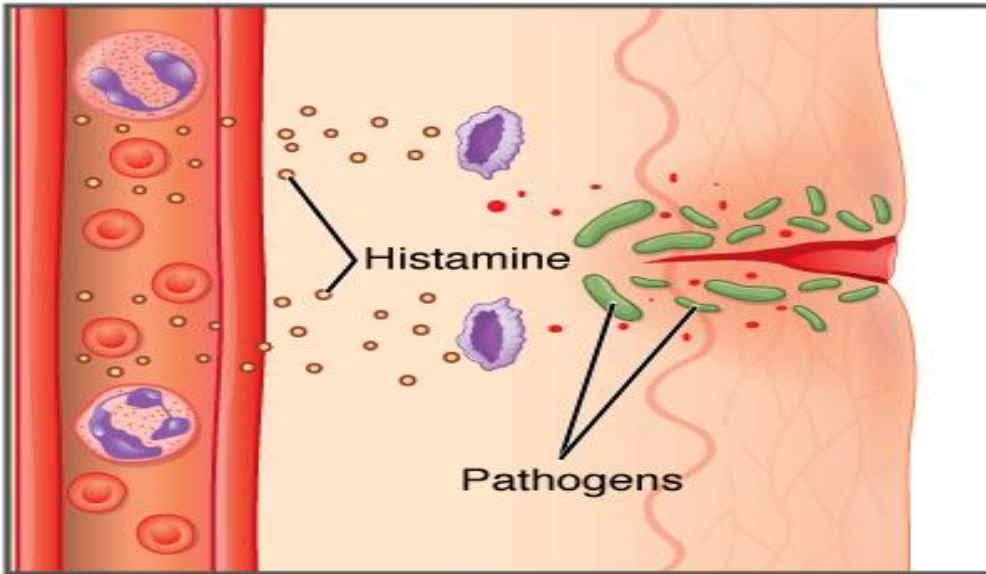
# Macrophage

Macrophages are the first line of defense.

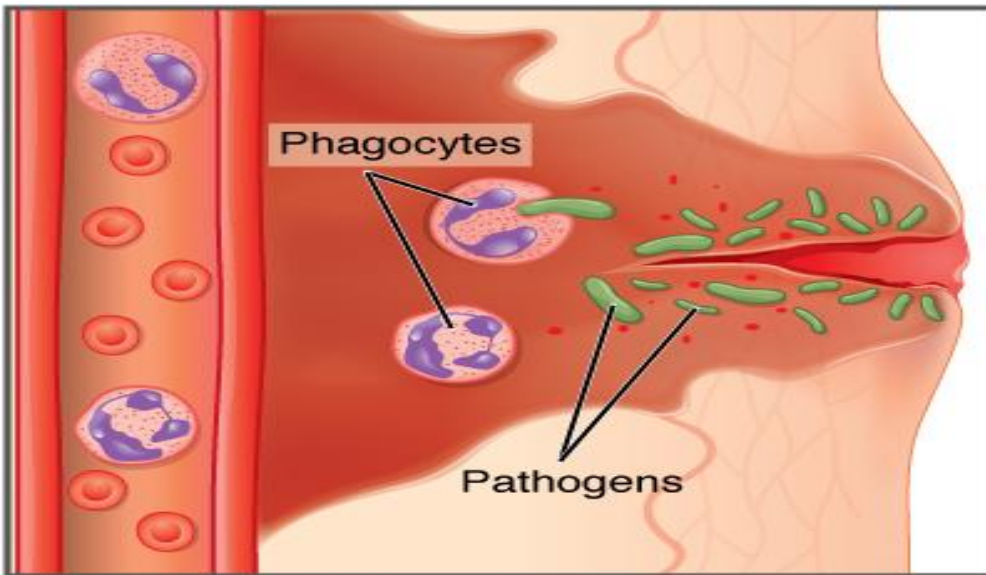
They are called different names, depending on the tissue: Kupffer cells in the liver, histiocytes in connective tissue, and alveolar macrophages in the lungs.

# Neutrophil

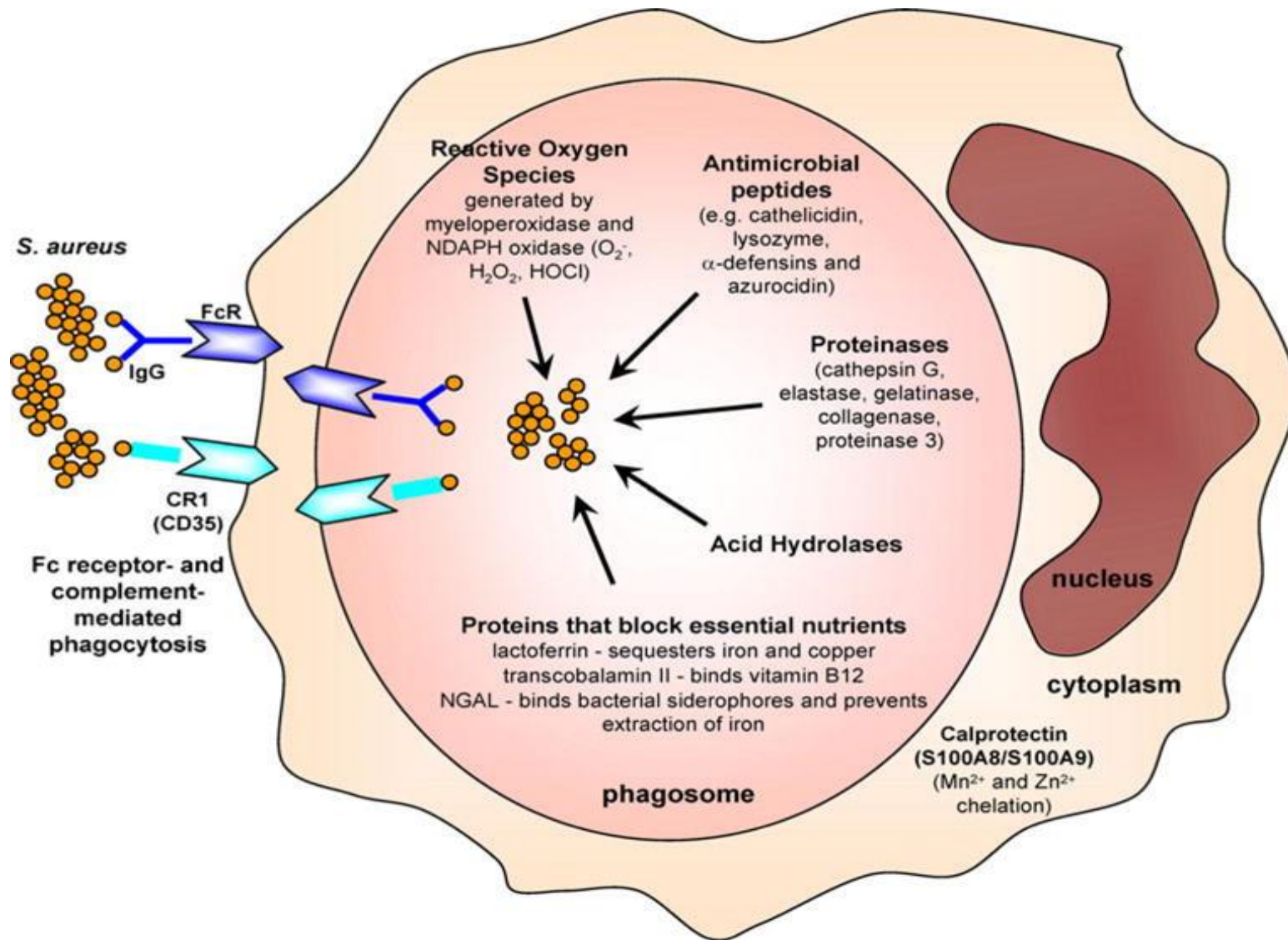
A **neutrophil** is a phagocytic cell that is attracted via chemotaxis from the bloodstream to infected tissues. A granulocyte contains cytoplasmic granules, which in turn contain a variety of vasoactive mediators such as histamine.



- ① Mast cells detect injury to nearby cells and release histamine, initiating inflammatory response.



- ② Histamine increases blood flow to the wound sites, bringing in phagocytes and other immune cells that neutralize pathogens. The blood influx causes the wound to swell, redden, and become warm and painful.





# Natural Killer Cells

- **NK** cells are a type of lymphocyte that have the ability to induce apoptosis, that is, programmed cell death, in cells infected with intracellular pathogens.
- The granules of the NK cells release perforins and granzymes. A **perforin** is a protein that forms pores in the membranes of infected cells. A **granzyme** is a protein-digesting enzyme that enters the cell via the perforin pores and triggers apoptosis intracellularly.

# Recognition of Pathogens

Cells of the innate immune response recognize patterns of pathogen-specific molecules (PAMP), such as bacterial cell wall components or bacterial flagellar proteins, using pattern recognition receptors. A **pattern recognition receptor (PRR)** is a membrane-bound receptor that recognizes characteristic features of a pathogen and molecules released by stressed or damaged cells.

# Soluble Mediators of the Innate Immune Response

These soluble factors are secreted during innate or early induced responses, and later during adaptive immune responses.

**A cytokines** is signaling molecule that allows cells to communicate with each other over short distances. Cytokines are secreted into the intercellular space, and the action of the cytokine induces the receiving cell to change its physiology.

**A chemokine** is a soluble chemical mediator similar to cytokines except that its function is to attract cells (chemotaxis) from longer distances.

# Complement System

The **complement** system is a series of proteins constitutively found in the blood plasma. As such, these proteins are not considered part of the **early induced immune response**, even though they share features with some of the antibacterial proteins of this class.

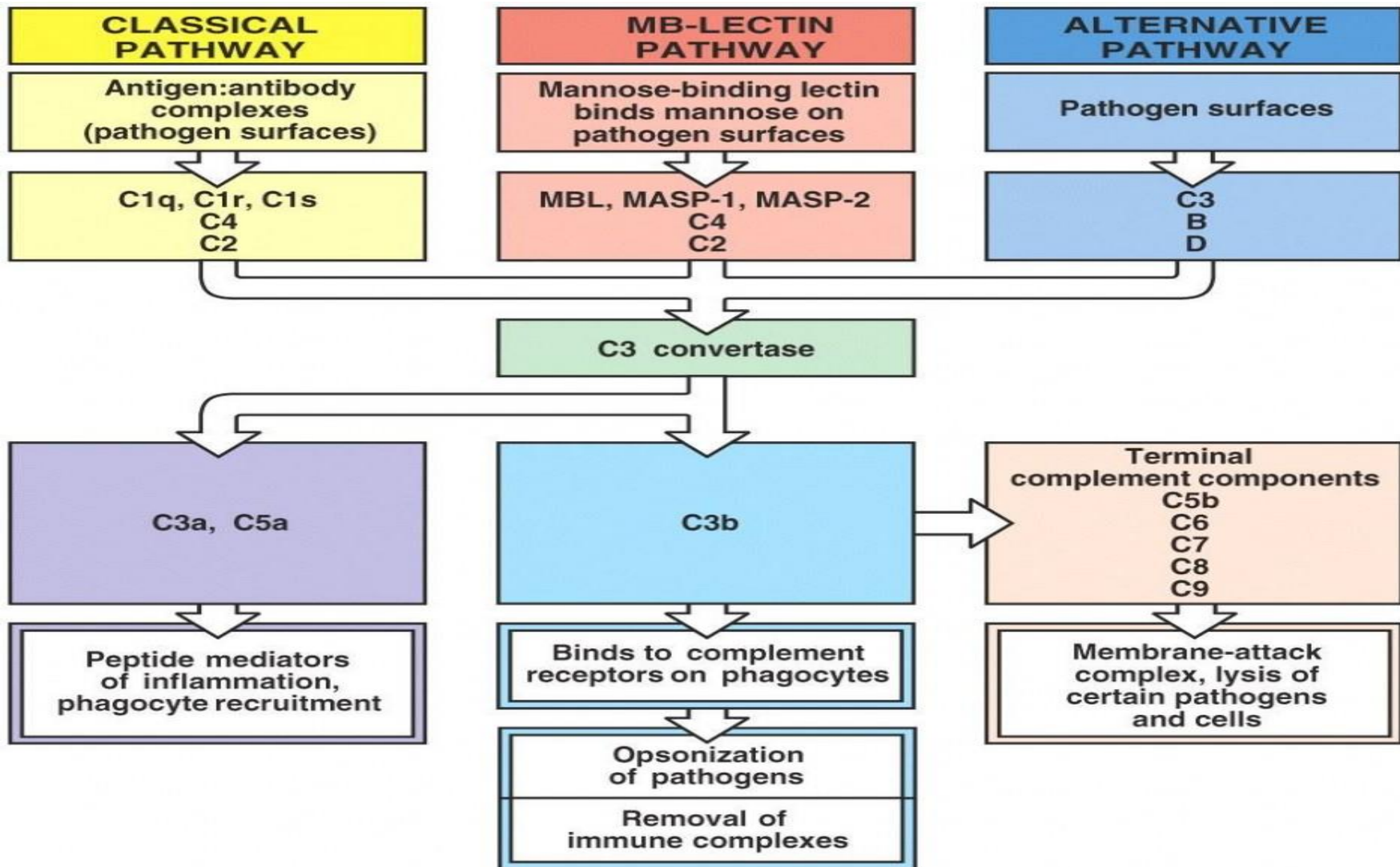


Figure 2-19 Immunobiology, 6/e. (© Garland Science 2005)

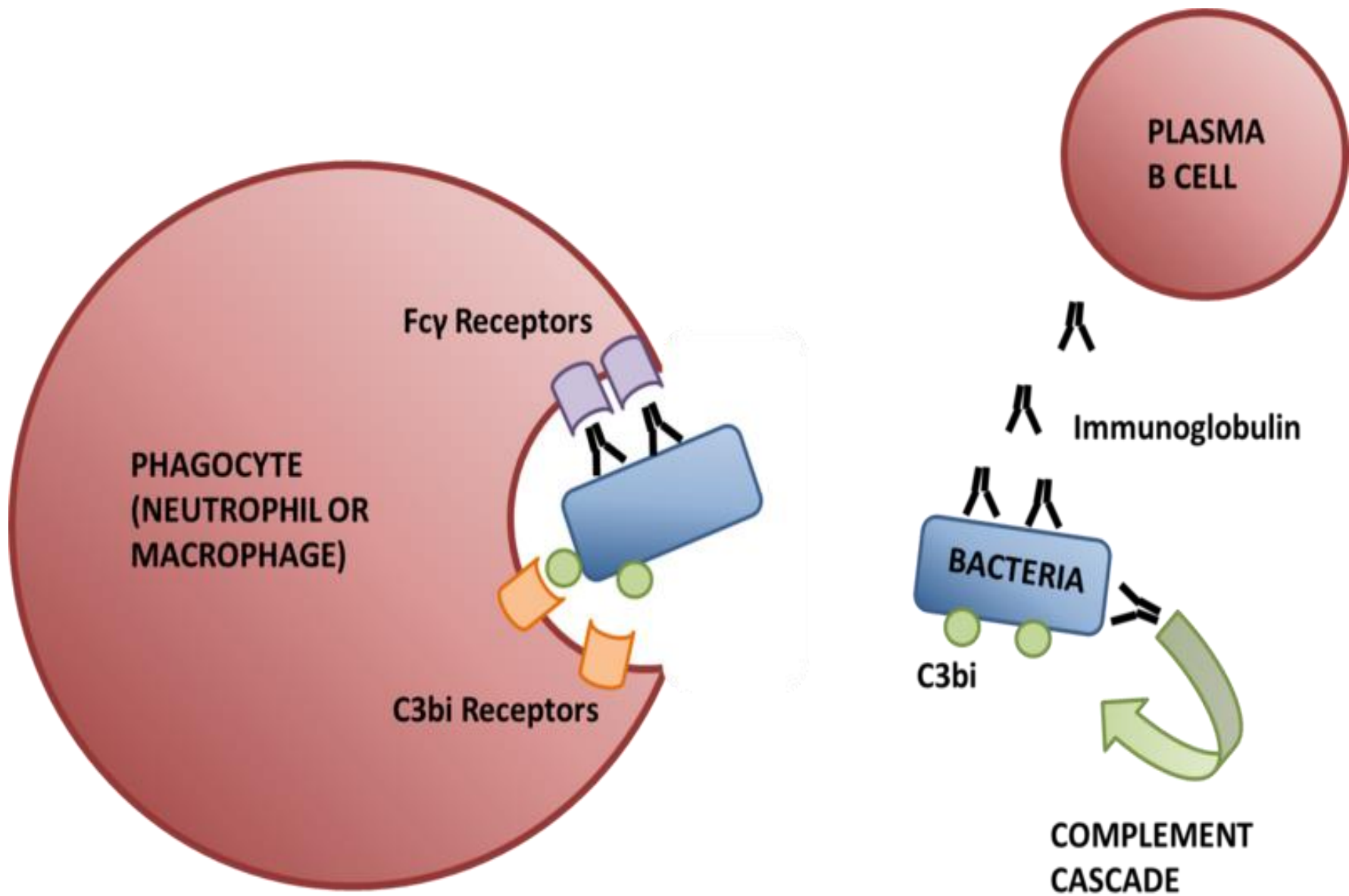
# The Adaptive Response

The adaptive response ensures the innate response is carried out efficiently.

There are two major branches of the adaptive immune response, humoral immunity and cell-mediated immunity.

## Humoral

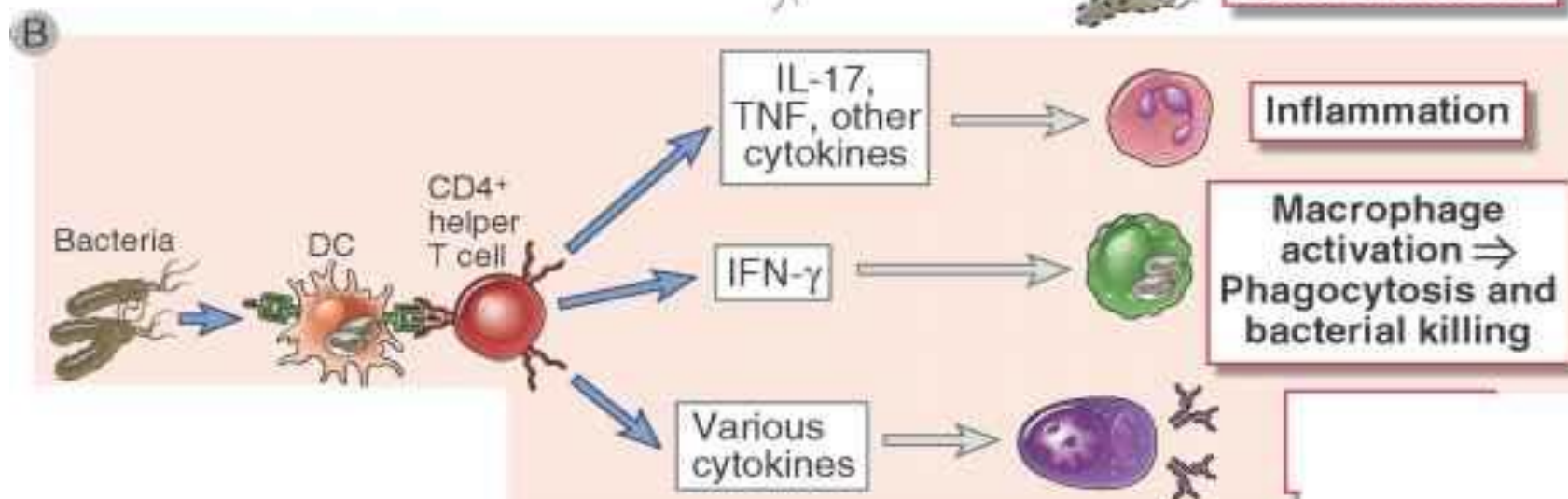
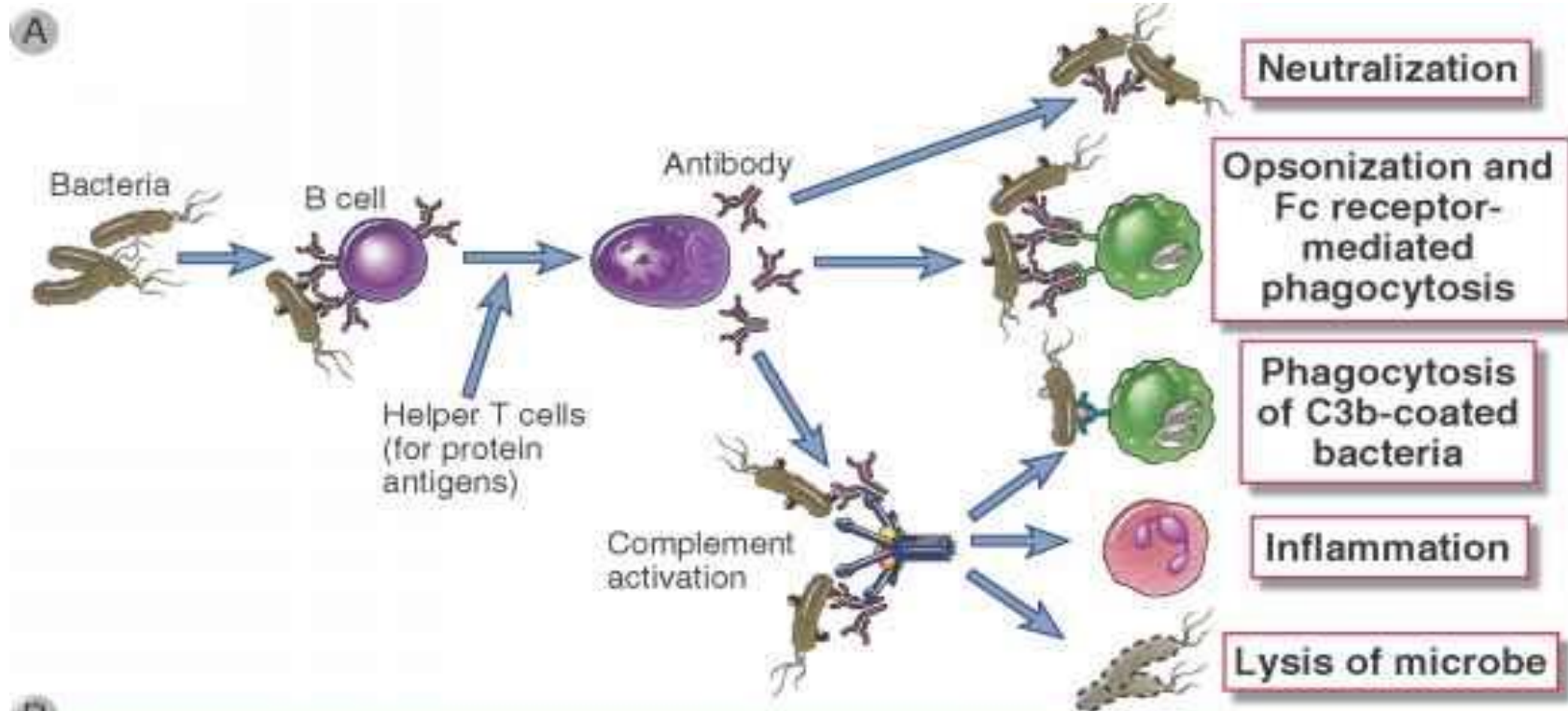
Humoral immunity includes **complement activation** of the classical pathway. It results in the production of **IgM** and **IgG** and makes the complement system more efficient.





## Cell-Mediated

Cell-mediated immunity provides help for macrophages. \*It includes **IgG** production (through T-helper type II (**T<sub>H</sub>2**) cell interaction with **B cells**), \*which improves phagocytosis by **opsonisation**. Infected macrophages are rescued by T-helper type I (**T<sub>H</sub>1**) cells when phagocytosis and digestion mechanisms fail to eliminate the pathogen.



# Extracellular Infection

The response to extracellular infection involves:

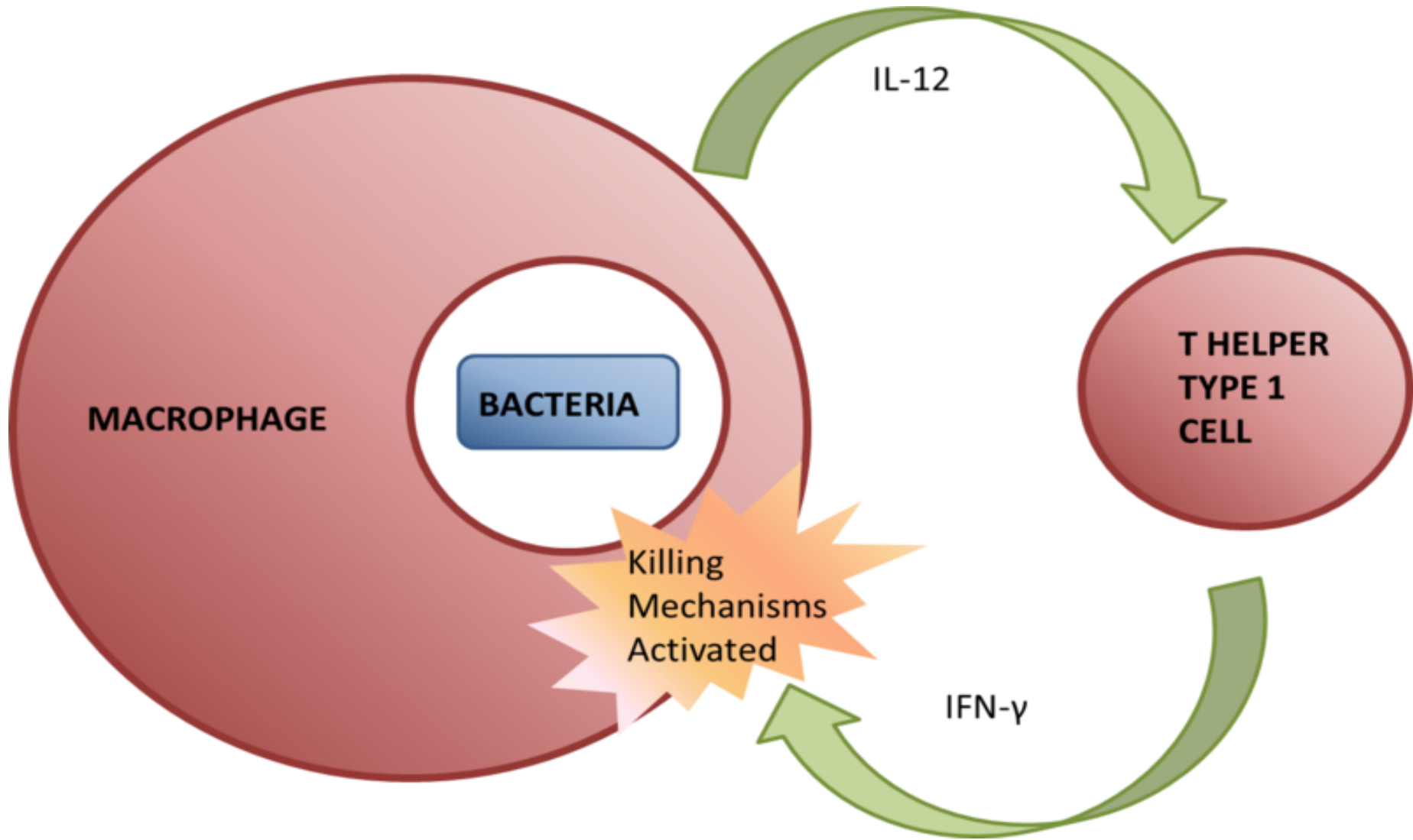
- Complement and phagocytosis.
- B cell and  $T_H2$  cell stimulation and the production of **IgM**, which activates the classical cascade.
- $T_H17$  stimulation also enhances extravasation of **neutrophils**.
- There is also class switching of IgM to IgG, which is a good opsonin and targets bacterial receptor.

# Intracellular Infection

During a intracellular infection, the infected **macrophage** secretes **IL-12**.

**IL-12** stimulates T-helper type I cells which release **IFN- $\gamma$** .

**IFN- $\gamma$**  then triggers the **macrophages** to kill the pathogens inside.



# Strategies of Pyogenic Bacteria to Evade the Immune System

- Production of toxins that inhibit the phagocytosis
- They are preventing killing by encapsulation
- The release of catalase inactivates hydrogen peroxide
- They infect cells and then cause impaired antigenic presentation
- The organism may kill the phagocyte by apoptosis or necrosis