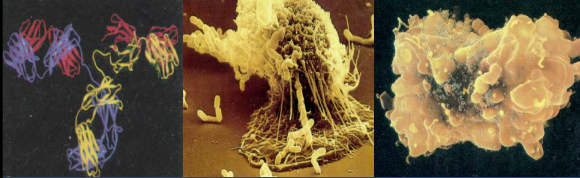


NURSING

Science lectures



Prof Peter O'Donoghue

1

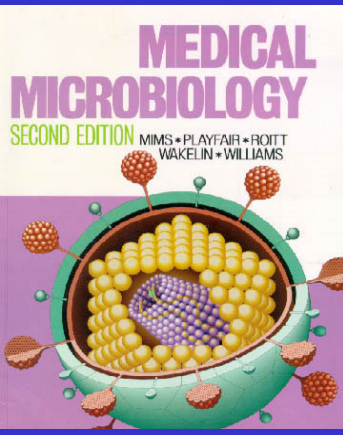
LEARNING OBJECTIVES

Lecture 8: Overview of Defense (Immunology)

- identify cells and tissues of the immune system
- recognize innate immune responses (barriers/inflammation)
- review acquired immune responses (humoral/cell-mediated)

protection and pathology

2



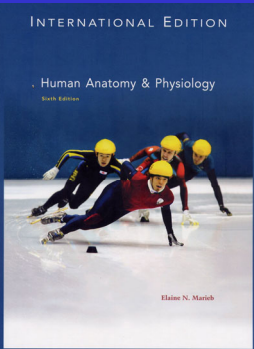
Second edition
1999

Third edition
2004

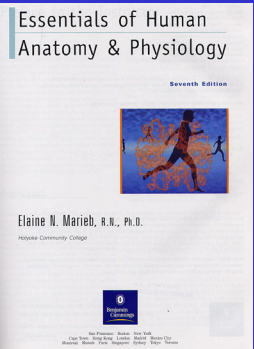
Chapters 4-6

3

Textbooks



INTERNATIONAL EDITION
Human Anatomy & Physiology
Sixth Edition
Elaine N. Marieb



Essentials of Human
Anatomy & Physiology
Seventh Edition
Elaine N. Marieb, R.N., Ph.D.
Holtby Community College

Sixth edition, 2004
Chapters 20-21

4

ROLE OF IMMUNE SYSTEM IN HEALTH AND DISEASE

| AGENT | NORMAL response | DEFICIENT response |
|----------------------|-----------------|--------------------------------|
| infectious organism | protection | persistent/recurrent infection |
| tumour | immunity | cancer |
| grafted organ/tissue | rejection | acceptance |
| innocuous substance | allergy | no response |

5


IMMUNE SYSTEM

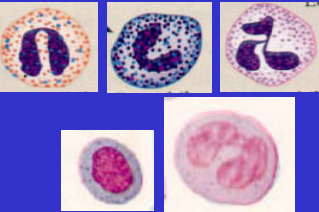
| Structures | Function |
|---|---|
| <ul style="list-style-type: none"> • organs (bone marrow, thymus, spleen) • tissues (lymphatic system) • cells (phagocytes, lymphocytes) • molecules (cytokines, lymphokines) | <ul style="list-style-type: none"> factory transit system effectors signals |
| <p>All function to provide:</p> <ul style="list-style-type: none"> • nonspecific immunity (innate) => no memory • specific immunity (adaptive/acquired) => memory | |

6

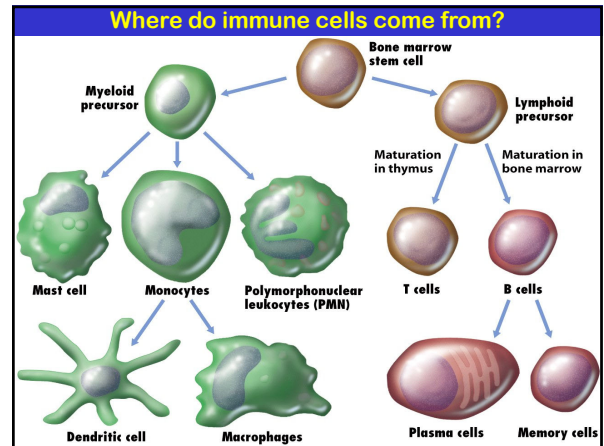
BLOOD CELLS

circulating cells divided into:

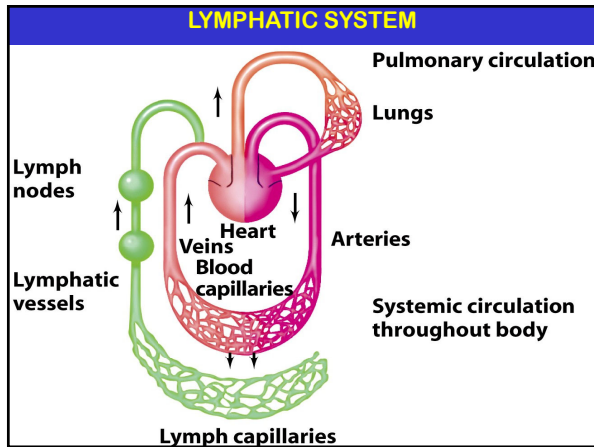
- erythrocytes (red blood cells) 
- leucocytes (white blood cells)
 - granular
 - eosinophils
 - basophils
 - neutrophils
 - agranular
 - lymphocytes
 - monocytes



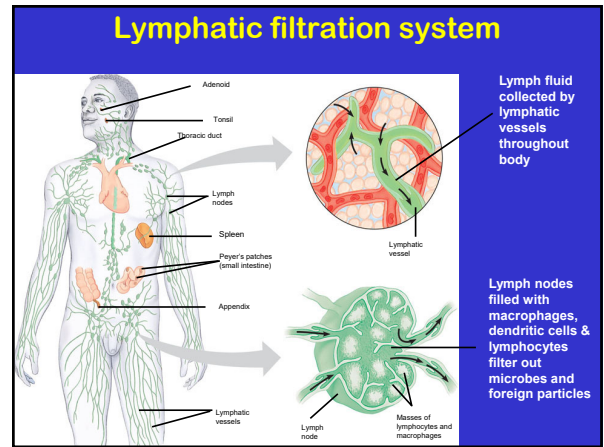
7



8

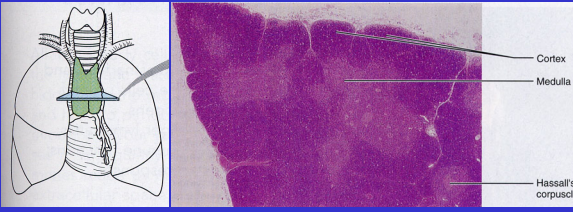


9



10

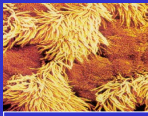

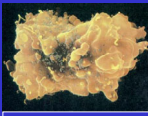
Lymph organ THYMUS



- bilobed organ
- in inferior neck
- lobules & corpuscles
- causes lymphocytes (T cells) to become immunocompetent
- secretes hormones (thymosin & thymopoietin)

11

THREE LINES OF IMMUNE DEFENSE

| | | |
|--|---|---|
|  |  |  |
| first line BARRIER | second line INNATE | third line ADAPTIVE (ACQUIRED) |
| external coverings & secretions | phagocytes & inflammation | cell-mediated & humoral responses |
| nonspecific | nonspecific | specific |

12

first line of defense


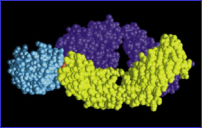
NONSPECIFIC EXTERNAL BARRIERS

PHYSICAL (coverings)

- intact skin
- mucous membranes
- cilia in respiratory tract
- flow through tubular organs

CHEMICAL (secretions)

- mucus, sweat, lysozyme
- saliva, gastric juices
- urine
- milk

objective is to prevent entry of pathogens

13

second line of defense


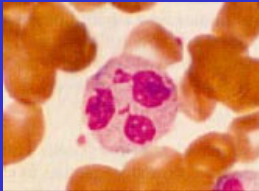
NONSPECIFIC INNATE IMMUNITY

| | |
|------------------------|---|
| phagocytes | - ingest pathogens |
| natural killer cells | - lyse infected cells |
| antimicrobial proteins | |
| complement (C') | - lyse microbes |
| interferon (IFN) | - inhibit viral spread |
| inflammation | - deliver phagocytes to injured tissues |

objective is to mop up microbes that have entered

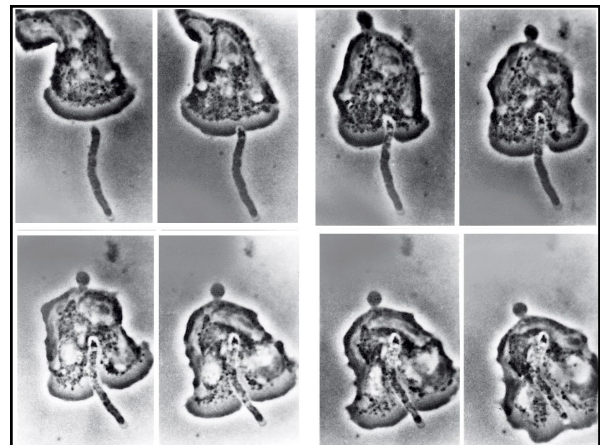
14

PHAGOCYTES

| | |
|--|--|
| tissue macrophages | circulating neutrophils |
|  |  |
| fixed or migratory long-lived | 60-70% of leucocytes short-lived |

chemotaxis - chemokines attract phagocytes

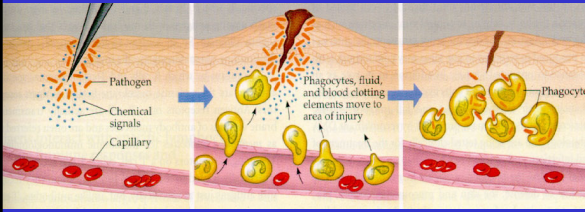
15



16

INFLAMMATION

“setting on fire” = rubor (redness), calor (heat), tumor (swelling), dolor (pain)



| | | |
|--|---|------------------------------|
| tissue injury release of chemical signals | dilation and increased permeability of blood vessels | phagocytosis of pathogens |
|--|---|------------------------------|

17

third line of defense

SPECIFIC ADAPTIVE (ACQUIRED) IMMUNITY

reliant on lymphocytes

provide specificity, diversity, memory, self tolerance

develop from pluripotent stem cells in bone marrow

| | |
|---|---|
| T cells mature in thymus cell-mediated immunity | B cells mature in marrow humoral immunity |
|---|---|

objective is to target and destroy “nonself”

18

Triggered by exposure to **ANTIGENS**

Molecules provoking immune responses (non-self = foreign)

Complete antigens

- large molecules (proteins, nucleic acids, lipids, polysaccharides)
- reactive by themselves
- immunogenic (**antibody generating**)

Incomplete antigens (haptens)

- small molecules (peptides, nucleotides)
- only reactive when linked with other proteins
- not immunogenic (not protective)

19

Having been activated, the lymphocytes grow and proliferate - process known as **clonal selection**

Two types of clones formed:

- short-lived effector cells
- long-lived memory cells

20

CELL-MEDIATED IMMUNITY

Cytotoxic T cells

antigen

perforin

infected cell

cell lysis

Class I MHC

CD8

Antigen fragment

T-cell receptor

Perforin

T_C cell

Infected cell

Pore

Ions and water

Infected cell lyses

T_C cell binds to infected cell.

Perforin makes pores in infected cell's membrane.

Ions and water enter the cell via pores.

Infected cell lyses.

21

CELL-MEDIATED IMMUNITY

Helper T cells

antigen

cytokines

APC (mφ)

effector cells

APC (macrophage)

Bacterium

Class II MHC molecule

Antigen fragment

T-cell receptor

CD4

Interleukin-1 activates T_H cells.

Interleukin-2 and other cytokines activate T_H cells, B cells, and T_C cells.

T_H cell

T_C cell

B cell

22

HUMORAL IMMUNITY

B cells

PLASMA CELLS (secrete antibodies)

MEMORY CELLS (ready for next challenge)

Cell proliferation

Clone of plasma cells

Clone of memory cells

Antibodies secreted into circulation

23

ANTIBODY

= immunoglobulin = gamma-globulin

5 classes (IgG, IgM, IgA, IgD, IgE)

Y-shaped glycoproteins

- Fab = antigen-binding
- Fc = constant (opsonization)

Variable region

V_H

V_L

C_H1

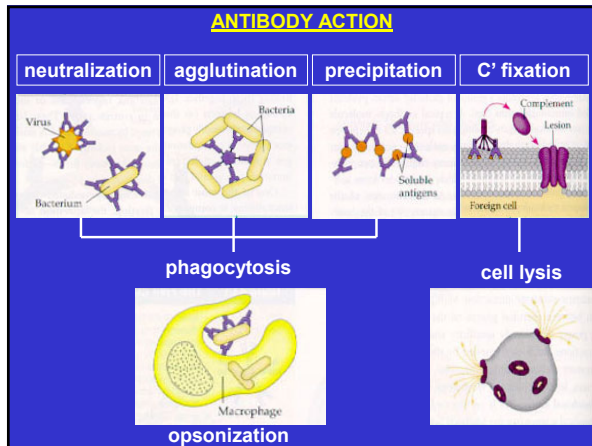
C_L

Constant region

C_H2

C_H3

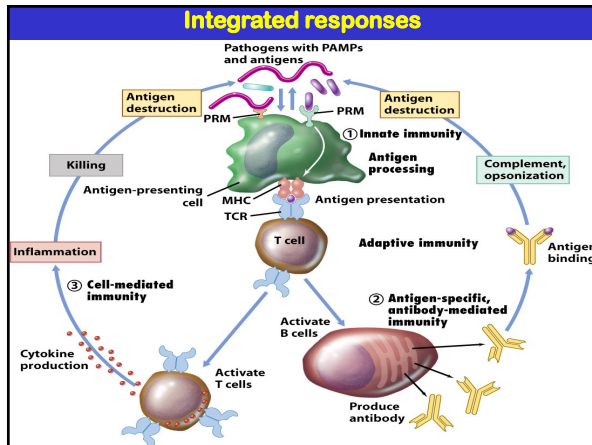
24



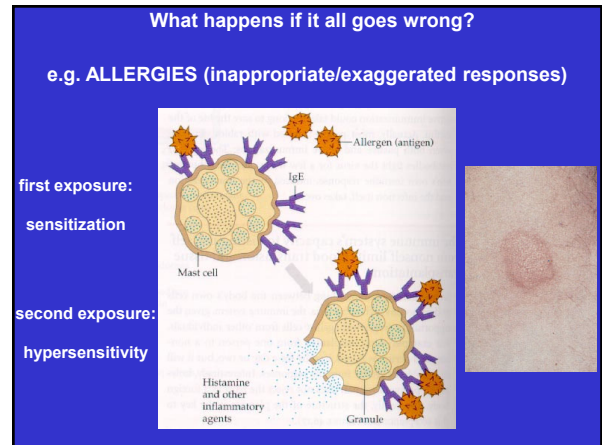
25

- ### RECAP
- #### IMMUNITY
- barrier (nonspecific) - physical
 - chemical
 - innate (nonspecific) - phagocytosis
 - inflammation
 - adaptive (specific)
 - humoral (B cells) - antibodies
 - cell-mediated (T cells) - helper
 - cytotoxic

26



27



28


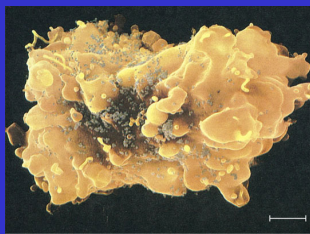
FOUR TYPES OF HYPERSENSITIVITY

| | | | | |
|----------|------------------------|----------------|------------------------------|-----------------|
| type I | immediate (minutes) | allergens | anaphylaxis asthma, hives | IgE, mast cells |
| type II | cytotoxic (hours) | Ab-dep | haemolytic anaemia | IgG, IgM, C' |
| type III | immune complex (hours) | Ag-Ab deposits | serum sickness | IgG, Ag, C' |
| type IV | delayed type (days) | skin reactions | contact dermatitis | T cells, mØ |

29

- ### IMMUNE SYSTEM PROBLEMS
- autoimmune diseases
 - auto-antibodies (SLE, RA)
 - T cell intolerance (MS, diabetes)
 - immunodeficiencies
 - congenital (SCID)
 - acquired (HIV-AIDS)
 - pathological (Hodgkins cancer)
 - immunosuppression
 - chemotherapy (cancer treatment)
 - concomitant infections (measles)
 - incompatibility
 - blood transfusion (groups)
 - tissue grafts (rejection)
 - organ transplantation (rejection)

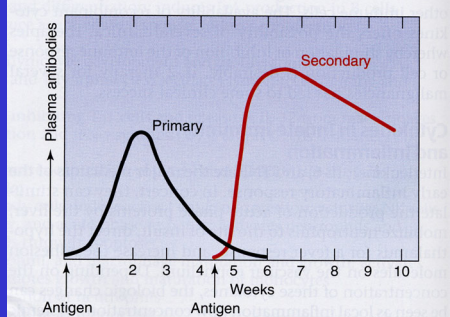
30

| | |
|--|---|
| <p>RA rheumatoid arthritis</p>  <p>autoimmune disease inflammation of joints</p> | <p>HIV human immuno- deficiency virus</p>  <p>acquired immunodeficiency loss of T_H cells</p> |
|--|---|

31

Can immune system be manipulated?

YES!
invoke/heighten immunological memory
through **VACCINATION**




The graph plots 'Plasma antibodies' on the y-axis against 'Weeks' on the x-axis. Two antigen exposures are marked at week 1 and week 5. The first exposure (black line) shows a 'Primary' response peaking at week 2. The second exposure (red line) shows a 'Secondary' response that is higher and occurs earlier, peaking at week 7.

32

VACCINATION

Jenner used cowpox (vaccinia) to protect against smallpox (variola)



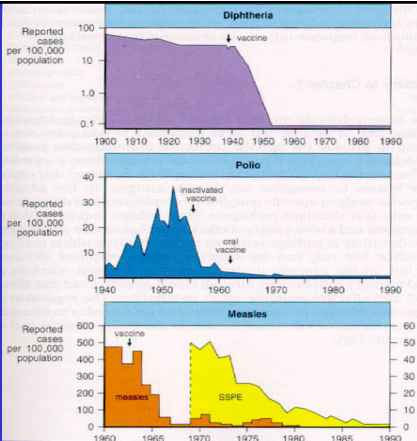
33

VACCINATION PROGRAMS

many success stories

BUT

still some antagonists
(you will meet them)




The graphs show 'Reported cases per 100,000 population' from 1900 to 1990. Diphtheria cases (purple area) drop from ~100 to near zero by 1950. Polio cases (blue area) peak in the 1950s and drop to near zero by 1980, with markers for 'inactivated vaccine' and 'oral vaccine'. Measles cases (yellow area) peak in the 1960s and drop to near zero by 1990, with markers for 'measles' and 'SSPE'.

34

Have you been vaccinated?

you are going to be dealing
with some awfully sick people!!



35

Nursing is multidisciplinary

- chemistry – atomic & molecular soup
- biochemistry – sugar-burning machines
- cell biology – membranes, organelles, DNA
- genetics – mitosis/meiosis, genes, heredity
- histology – epithelia/connective/muscle/nerve
- embryology – zygote, embryo, foetus
- microbiology – infectious diseases
- immunology – protection & defence

36