



WEEK NO. 1



# MICROBIOLOGY & IMMUNOLOGY

DOCTOR 2019 | MEDICINE | JU

DONE BY : Rawan Fratekh

SCIENTIFIC CORRECTION :

GRAMMATICAL CORRECTION :

DOCTOR : Anas abu-Humaidan

Immunity → Resistance to disease specifically infectious ones.

Vaccination → stimulating the immune responses against microbes (the most effective way to protect people from infections).

Immune system functions?

1) Defense against infections 2) Prevent the growth of tumors. 3) Clearance of dead cells & initiating tissue repair [remember patho → irreversible injury]

The immune system → collection of cells, tissues & molecules that mediate the resistance against the disease.

The immune system may "over-react" → Defense against ANY foreign body, doesn't have to be infectious.

Excessive defense against bacteria → harmful to the body

Resistance against organ transplantation.

Role of the immune system	Implications
Defense against infections	Deficient immunity results in increased susceptibility to infections; exemplified by AIDS Vaccination boosts immune defenses and protects against infections
Defense against tumors	Potential for immunotherapy of cancer
The immune system can injure cells and induce pathologic inflammation	Immune responses are the cause of allergic, autoimmune, and other inflammatory diseases
The immune system recognizes and responds to tissue grafts and newly introduced proteins	Immune responses are barriers to transplantation and gene therapy

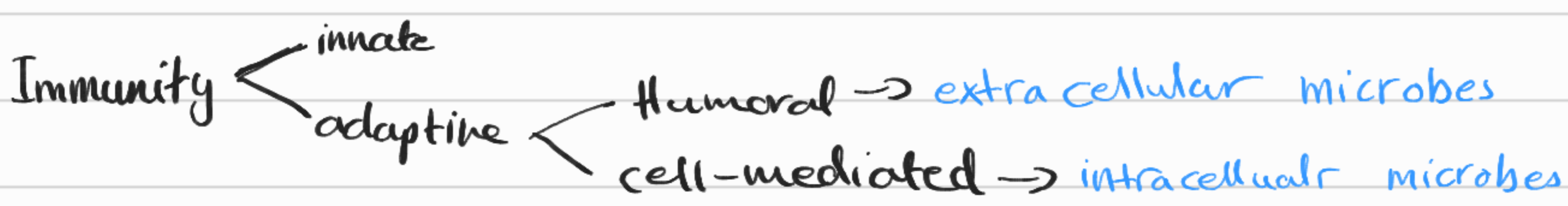
# History.

① Robert Koch → ① Main founder of bacteriology ② Identified the causatives of tuberculosis, cholera & anthrax.

② Pasteur → Discovered the principle of vaccination, pasteurisation & microbial fermentation. Disproved the doctrine of spontaneous generation.

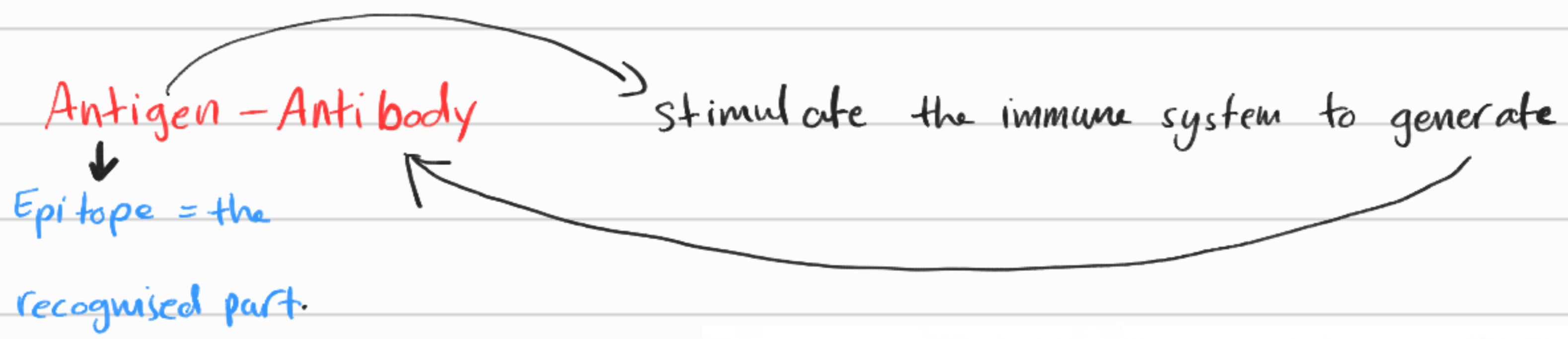
③ Paul Ehrlich → specific antigen X specific antibody, key & lock principle

\*The most important scientists in immunology Paul Ehrlich & Élie Metchnikoff. ↓  
introducing the idea of cells involved in defense



What are the steps of how the immune system attacks a foreign body?

- 1) Recognise → The foreigner
- 2) Restore → Homeostasis
- 3) Remember → The foreigner

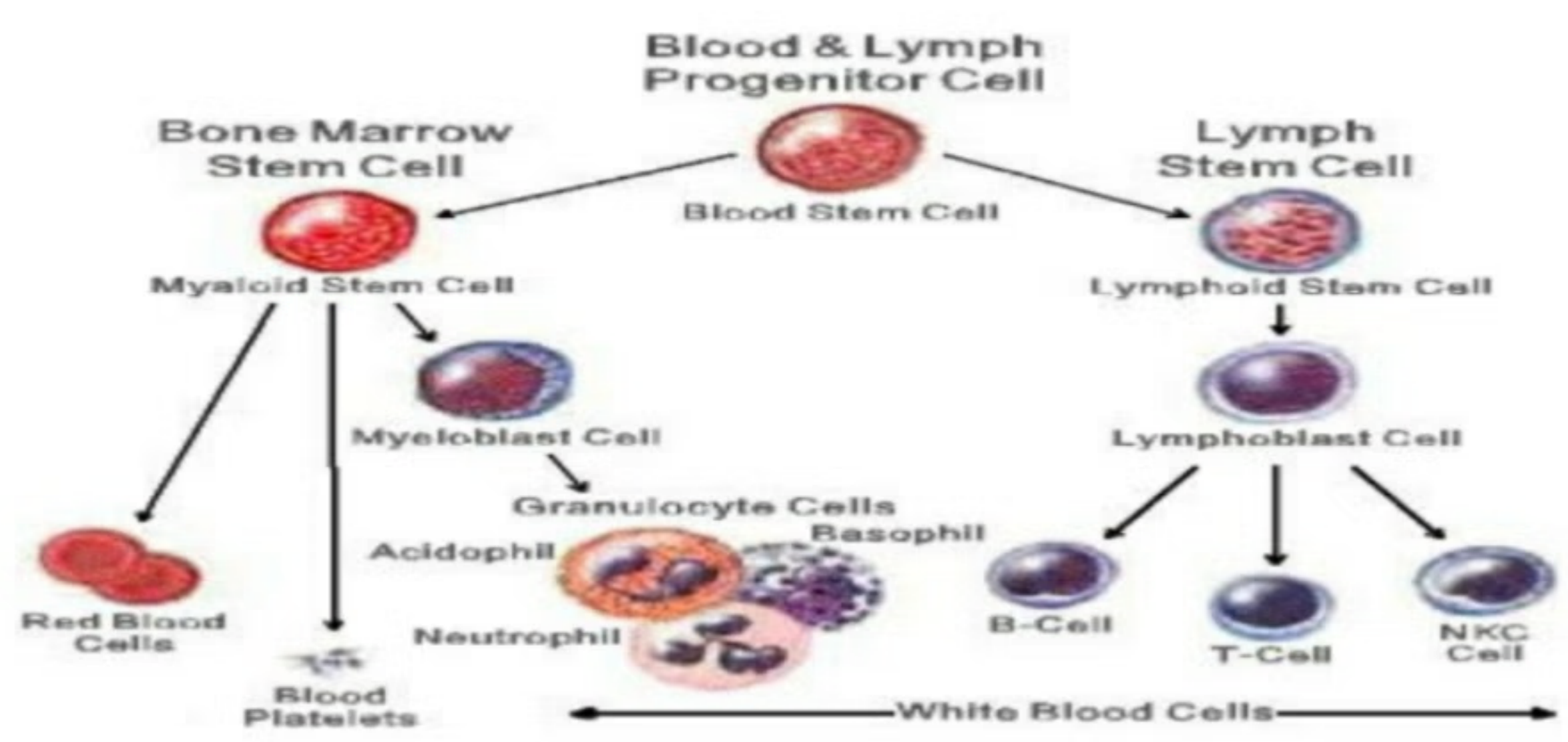


Innate immunity → Prevent / eliminate

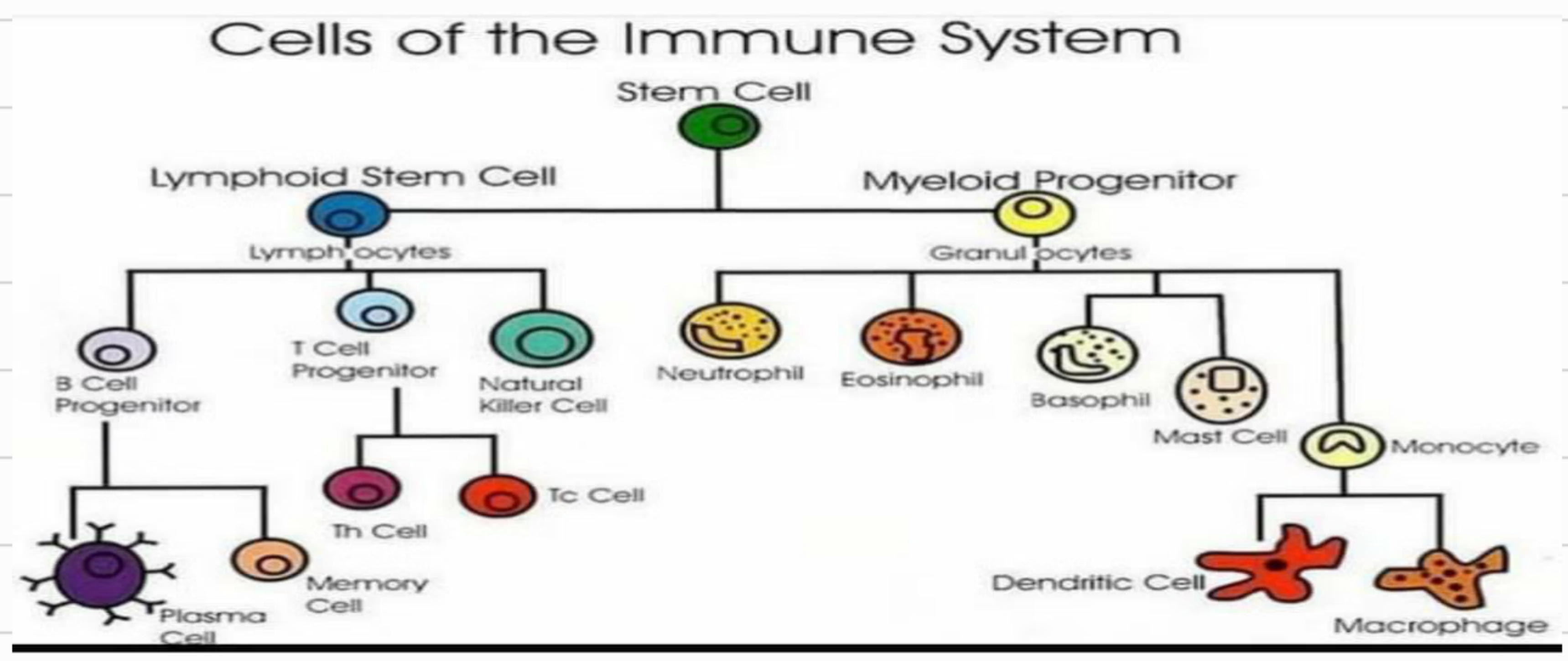
Adaptive immunity → Antibodies block, T-cells eradicate

	Innate immunity	Adaptive Immunity
<b>Components</b>	<ol style="list-style-type: none"> <li>Physical and chemical barriers</li> <li>Phagocytic leukocytes</li> <li>Dendritic cells</li> <li>Natural Killer cells</li> <li>Plasma proteins (complement)</li> </ol>	<ol style="list-style-type: none"> <li>Humoral immunity (B cells, which mature into antibody secreting plasma cells)</li> <li>Cell-mediated immunity (T cells, which mature into effector helper and cytotoxic T cells)</li> </ol>
<b>Activity</b>	Always present	Normally silent
<b>Response and potency</b>	Immediate response, but has a limited and lower potency	Slower response (over 1-2 weeks, but is much more potent)
<b>Specificity</b>	General: can recognize general classes of pathogens (i.e. bacteria, viruses, fungi, parasites) but cannot make fine distinctions	Recognizes highly specific antigens
<b>Course</b>	Attempts to immediately destroy the pathogen, and if it can't, it contains the infection until the more powerful adaptive immune system acts.	Slower to respond; effector cells are generally produced in 1 week and the entire response occurs over 1-2 weeks. However, this course can vary somewhat during different responses in an individual.

Immune cells originate from → The bone marrow then 
{
Lymphoid  
Myeloid



# Immune cells

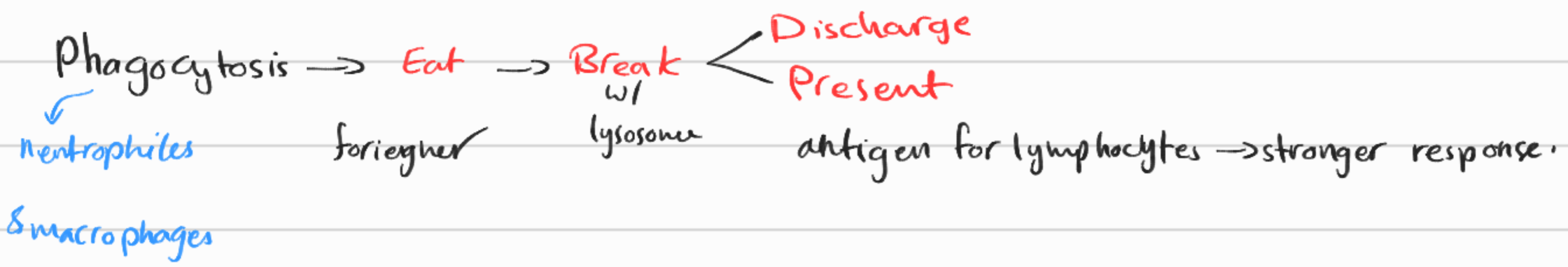


① **lymphoid cells** 
{
NK  
T, B lymph cells

② **Myeloid stem cells.**  
 - Cells don't have a relation with the IS 
{
Erythroblasts [RBCs eventually]  
Megakaryoblasts [platelets eventually]

- Cells that have a relation with the IS 
{
Putative mast cells precursor [we're not sure yet]  
Myeloblasts [3 cells granulocytes 
{
neutrophiles  
Basophiles  
eosinophiles
  
Monoblasts [macrophages & dendritic cells]

① White blood cells  $\left\{ \begin{array}{l} T, B \text{ cells} \\ \text{Natural killers} \\ \text{Granulocytes} \rightarrow \text{Neutro, baso, eosino, mast cells.} \end{array} \right.$



- Neutrophils  $\rightarrow$  Most abundant, segmented nucleus, 6 hours lifespan, their production stimulated by Granulocyte colony-stimulating factor.

Granules  $\rightarrow$  specific:  $\left. \begin{array}{l} \text{Lysozymes: Break NAM, NAG} \\ \text{collagenase: Break peptid bond} \\ \text{elastase: Break elastic fibers} \end{array} \right\} \rightarrow \text{Penetration of the ECM.}$

$\rightarrow$  Azurophilic: lysosomes

NET  $\rightarrow$  Neutrophils "throw" their DNA out the cell & trap foreigners.  $\left\{ \begin{array}{l} \downarrow \\ \text{with histones, ROS, myelo peroxidase [harmful for]} \end{array} \right.$

Macrophages  $\rightarrow$  Original from monocytes, circulate in the blood, tissue specific due to microenvironmental changes in the monocytes.

Liver / sinusoids  $\rightarrow$  Kupffer cells    Kidney  $\rightarrow$  mesangial cells    Brain  $\rightarrow$  Microglial cells  
connective tissue  $\rightarrow$  Histocytes    Bones  $\rightarrow$  osteoclasts.

Macrophage become activated in the site of infection

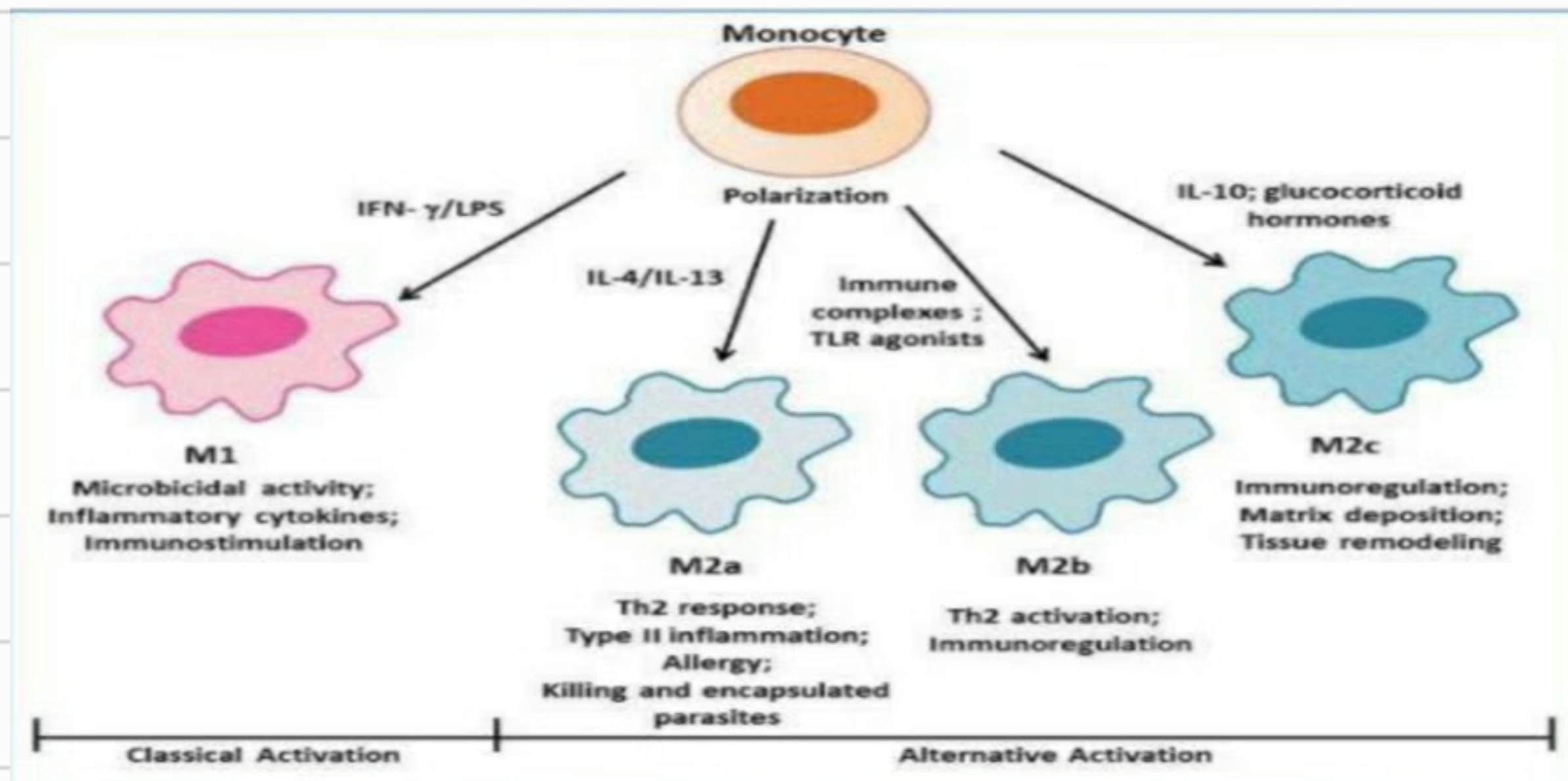
Functions  $\rightarrow$  Ingesting microbes & dead host cells

\* Activated  $\sim$  secrete proteins (cytokines)

APC  $\rightarrow$  Antigen Presenting cell  $\left\{ \begin{array}{l} \leftarrow \text{serve as APCs to activate T-cells} \\ \leftarrow \text{promote repair of damaged tissues} \end{array} \right.$

Monocytes response vary.

- 1) IFN $\gamma$  or LPS  $\rightarrow$  M1  $\rightarrow$  secret cytokines  $\rightarrow$  Immunostimulation
- 2) Already infected site  $\rightarrow$  M2  $\rightarrow$  immunoregulation.
- 3) After injury  $\rightarrow$  become an immune regulatory macrophage



most important

Mast cells, basophiles, eosinophiles  $\rightarrow$  Immune response against helminth and cause allergic diseases.

Mast cells  $\rightarrow$  From the bone marrow

Present in the skin & mucosal epithelium

Rich with cytoplasmic granules filled with cytokines, histamine & others

found in tissues [sites of allergy] not the circulation.

Receptors for IgE, IgG. [antigen bind to the receptors  $\rightarrow$  Mast cell release histamine  $\rightarrow$  allergy]

Basophiles  $\rightarrow$  IgG & IgE receptors, less than 1% of blood leukocytes

Eosinophiles  $\rightarrow$  Express cytoplasmic granules that contain enzymes harmful for the cell-walls of parasites & for the host cell