



Cihan University/ Sulaymaniyah

College of Health Science

Medical Laboratory Analysis

4th Stage- 1st Semester

Clinical Immunology

Lecture- 7: Failures of Host Defense Mechanisms

Acquired Immune Deficiency Syndrome (AIDS)

2024- 2025

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Understanding Pathogen Infections

- Immune pathway defects lead to opportunistic infections in immunodeficient individuals.
- Opportunistic infections dominate in immunodeficiencies.
- True pathogens can infect those with normal defenses.
- Pathogen strategies are evolved to evade immune detection and destruction using sophisticated methods.
- Fungi and helminthic parasites are not life-threatening in healthy individuals.
- Major infectious agents are viruses, bacteria, and protozoa (AIDS, tuberculosis, malaria) cause significant morbidity and mortality and infect over 100 million people and cause 1-2 million deaths annually.



Immune Evasion by Extracellular Bacterial Pathogens

❖ Strategies of Evasion:

1. **Shielding of surface MAMPs** to avoid detection by pattern recognition receptors on immune cells and destruction by antibody, complement, and antimicrobial peptides.
2. **Modifying the lipid A core of LPS** with carbohydrates and other moieties to interfere with TLR4 binding (Gram-negative pathogens).
3. **Producing variants of lipid A** that act as TLR4 antagonists rather than agonists (Gram-negative pathogens).
4. **Modulating peptidoglycan recognition by NODs** (select Gram-positive pathogens).
5. **Producing hydrolases that degrade peptidoglycan** (select Gram-positive pathogens).

Immune Evasion by Extracellular Bacterial Pathogens

Gram-Negative Pathogens



- **Replication Sites:**
 - Surfaces of barrier tissues (e.g., gastrointestinal or respiratory tract).
 - Tissue spaces or blood post-invasion.
- **Immune Response:**
 - Type 3 immunity (neutrophilic responses, opsonizing/complement-fixing antibodies, antimicrobial peptides).
- **MAMPs:**
 - LPS in outer cell membrane (activates TLR4).
- **Immune Evasion:**
 1. Shielding surface MAMPs to avoid detection.
 2. Modifying lipid A core of LPS with carbohydrates and other moieties to interfere with TLR4 binding.
 3. Producing lipid A variants that act as TLR4 antagonists.

Immune Evasion by Gram-Negative Pathogens

Type III and Type IV Secretion Systems (T3SS and T4SS):

- Specialized needlelike structures (injectisomes) on bacterial surface.
- Inject immune modulatory proteins directly into host cells.

Functions:

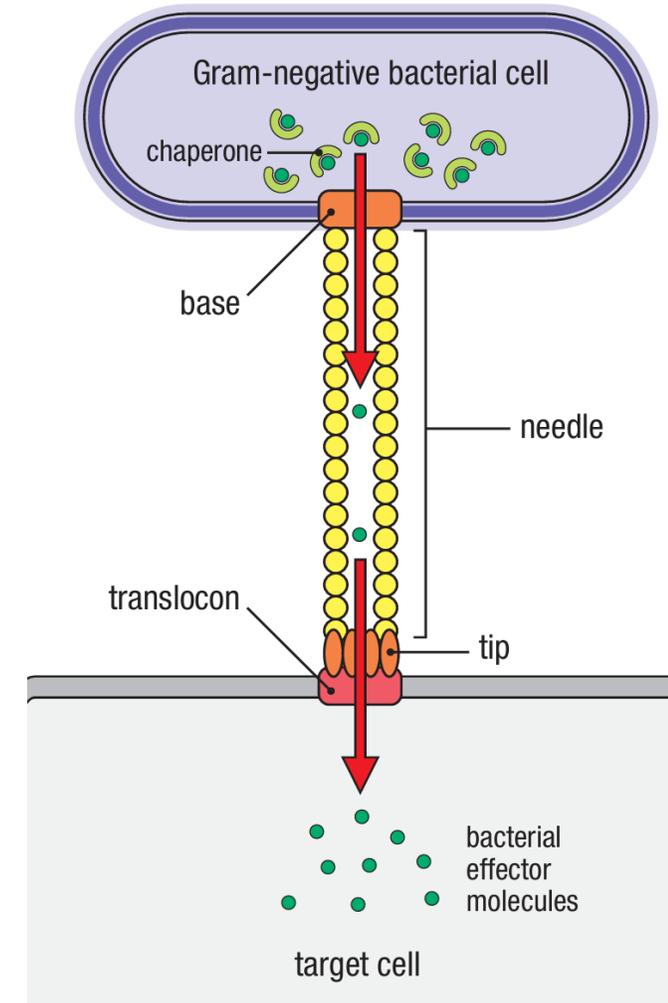
- Deliver bacterial virulence factors to subvert host immune response.
- Block signaling cascades (NFκB and MAP kinases) central to inflammatory response.

Examples:

- **Yersinia outer proteins (Yops):** Produced by *Yersinia pestis* (bubonic plague).
 - Disrupt actin cytoskeleton essential for phagocytosis.

Significance:

- Essential roles in immune subversion.
- Loss of pathogenicity in mutants lacking these structures.



Immune Evasion by Extracellular Bacterial Pathogens

Gram-Positive Pathogens



■ Replication Sites:

- Surfaces of barrier tissues (e.g., gastrointestinal or respiratory tract).
- Tissue spaces or blood post-invasion.

■ Immune Response:

- Type 3 immunity (neutrophilic responses, opsonizing/complement-fixing antibodies, antimicrobial peptides).

■ MAMPs:

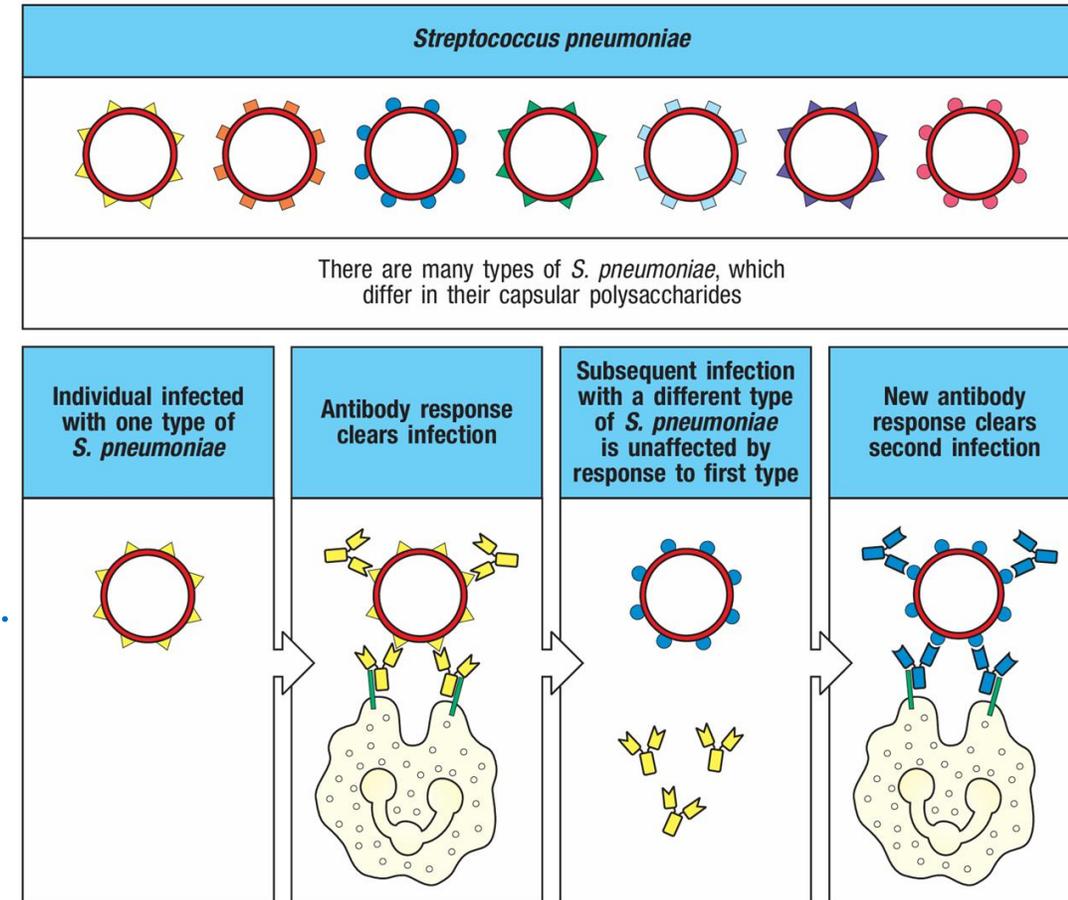
- Peptidoglycans in cell wall (activate TLR2 and NOD1/NOD2).

■ Immune Evasion:

1. Shielding surface MAMPs to avoid detection.
2. Modulating peptidoglycan recognition by NODs.
3. Producing hydrolases that degrade peptidoglycan.
4. Shielding with a thick carbohydrate capsule.
 - Inhibits recognition of peptidoglycan and complement activation.
 - Prevents antibody and complement deposition.
 - Avoids damage by the membrane-attack complex.
 - Impairs clearance by phagocytes.

Streptococcus pneumoniae and Antigenic Variation

- **Carbohydrate Capsule:**
 - Platform for antigenic variation.
 - Modulates expression of surface antigenic epitopes.
- **Serotypes:**
 - Over 90 known types, distinguished by polysaccharide capsule structures.
 - Identified using specific antibodies in serological tests.
 - Known as serotypes.
- **Type-Specific Immunity:**
 - Infection with one serotype leads to immunity against that type.
 - No cross-protection against different serotypes.
- **Implications:**
 - Each serotype represents a distinct organism to the adaptive immune system.
 - Same pathogen can cause disease multiple times in the same individual.





Antigenic Variation and Immune Evasion by Bacterial Pathogens

■ Antigenic Variation:

1. DNA rearrangement aids enteropathogenic *E. coli* and *Neisseria* species.
2. Fimbriae/pili used for attachment evade antibody-mediated immune clearance.
3. *Neisseria pilus* gene (*pilE*) recombines with *pilS* loci, altering pilus expression.

■ Anti-Immune Strategies:

1. Inactivating C3 convertase in the complement cascade.
2. Expressing Fc-binding proteins (e.g., Protein A) to block antibody binding.
3. Decorating bacterial surface with host complement inhibitors (e.g., factor H).
4. Defeating antimicrobial peptides (AMPs) like defensins and cathelicidins.
 - Altering membrane composition to reduce AMP binding.
 - Producing proteases to degrade AMPs.

Immune Evasion by Intracellular Bacterial Pathogens



■ **Sheltering Within Phagocytes:**

- Avoids extracellular immune effectors (complement and antibodies).

■ **Trojan Horse Strategies:**

1. Blockade of Phagosome-Lysosome Fusion:

- Example: *Mycobacterium tuberculosis* is taken up by macrophages but prevents the fusion of the phagosome with the lysosome, protecting itself from the bactericidal actions of the lysosomal contents.

2. Escape from Phagosome to Cytosol:

- Example: *Listeria monocytogenes*.

3. Resistance Within Phagolysosome:

- Example: *Listeria monocytogenes* induces actin filaments for cell-to-cell spread.

Immune Evasion by *Listeria monocytogenes*

1. Escape from Phagosome:

- Moves into the cytoplasm of macrophages to multiply.
- Spreads to adjacent cells without entering the extracellular environment.

2. Actin Hijacking:

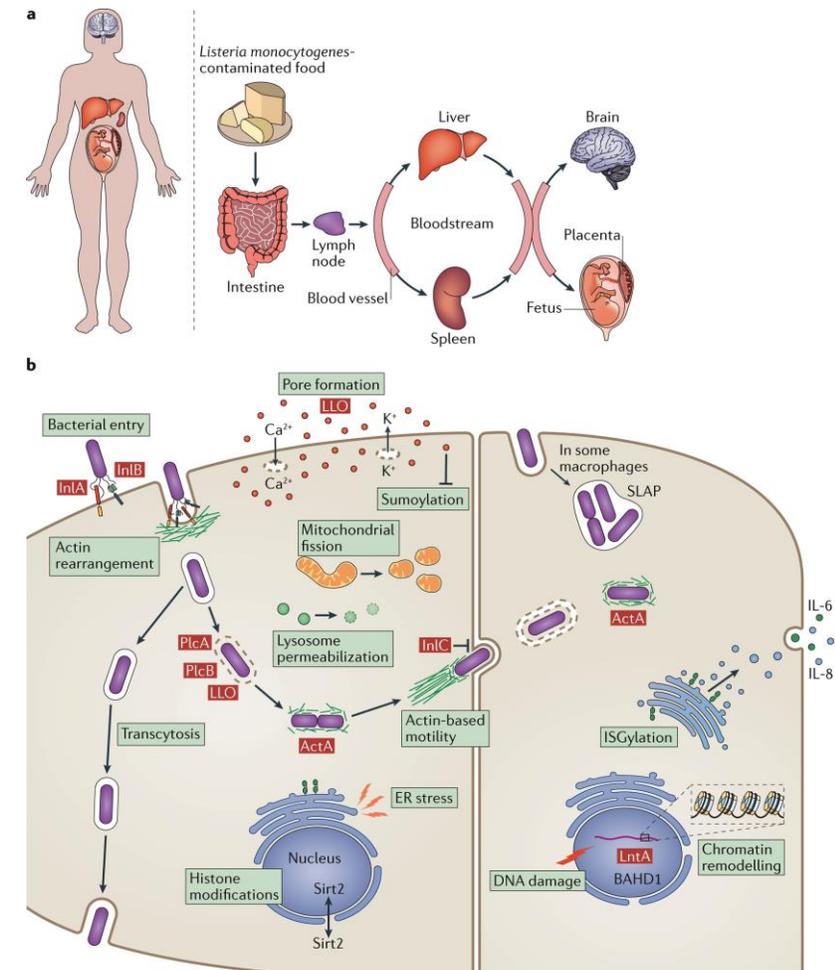
- Uses cytoskeletal protein actin to form filaments at the rear.
- Actin filaments propel bacteria into vacuolar projections to adjacent cells.
- Vacuoles are lysed, releasing bacteria into the cytoplasm of adjacent cells.

3. Formation of Blebs:

- Induces bacteria-containing blebs on the infected cell surface.
- Blebs express phosphatidylserine on the outer membrane leaflet.
- Mimics apoptotic debris, promoting uptake by phagocytes.

4. Immune Evasion:

- Delivered directly to phagocytic cells, avoiding antibody attack.



Immune Evasion by Salmonella Species

Type III Secretion System (T3SS):

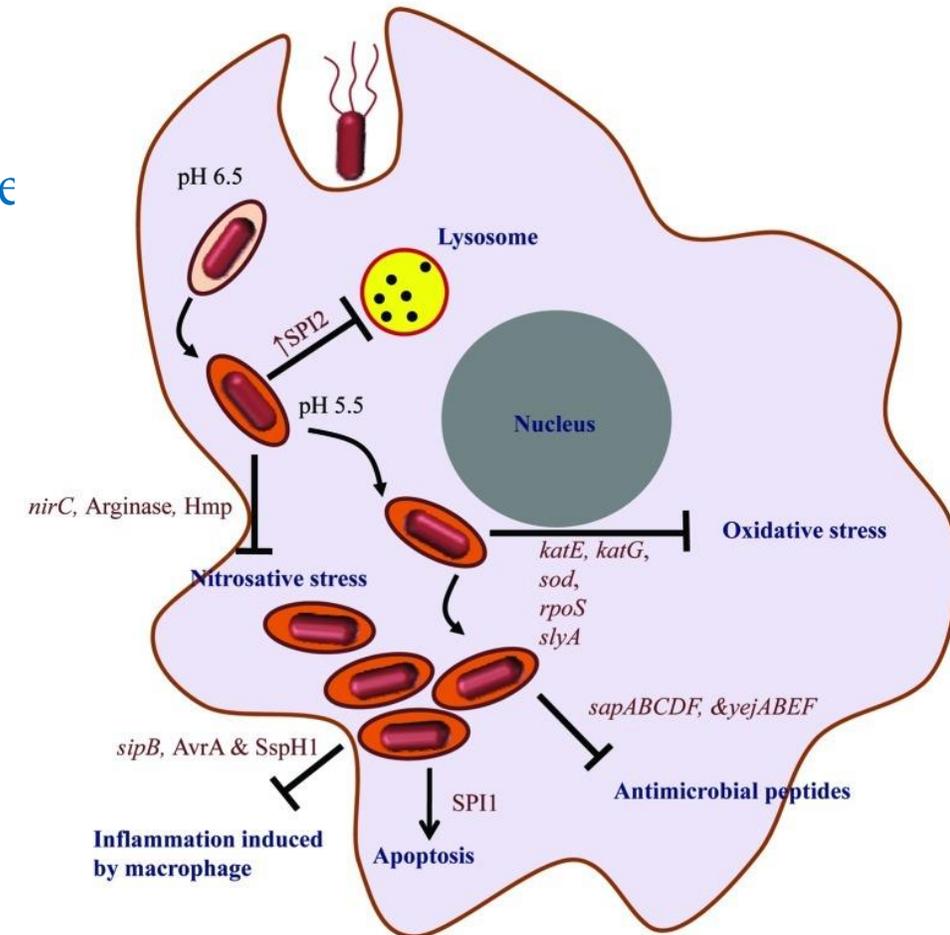
- **Function:** Secretes effectors (e.g., SifA) into host cytosol and membranes.
- **Purpose:** Alters composition of Salmonella-containing vacuole to avoid destruction.

Delaying Macrophage Apoptosis:

- Injects factors that delay apoptotic death of host macrophages.
- Prolongs phagocyte lifespan to deliver bacteria to new hosts.

Counteracting Phagocyte Mechanisms:

- Neutralizes reactive oxygen species.
- Defeats microbicidal peptides in the phagolysosome.





Immune Evasion by Protozoan Parasites

■ **Complex Life Cycles:**

- Partly in humans, partly in an intermediate host (e.g., mosquitoes, flies, ticks).

■ **Transmission:**

- Bypasses normal infection barriers.
- Infectious agent delivered directly to blood by bite or blood meal.

■ **Innate Immune Defense Bypass:**

- Normal innate immune defenses associated with barrier function are bypassed.

■ **Evasion Strategies:**

1. Complex and varied, leading to 'hide-and-seek' chronic infections.
2. Characterized by episodic disease manifestations.

■ **Key Examples:**

- **Plasmodium species:** Cause malaria.
- **Trypanosoma species:** Cause trypanosomiasis (sleeping sickness).

Immune Evasion by *Trypanosoma brucei*

■ Disease:

- Trypanosomiasis (sleeping sickness).

■ Antigenic Variation:

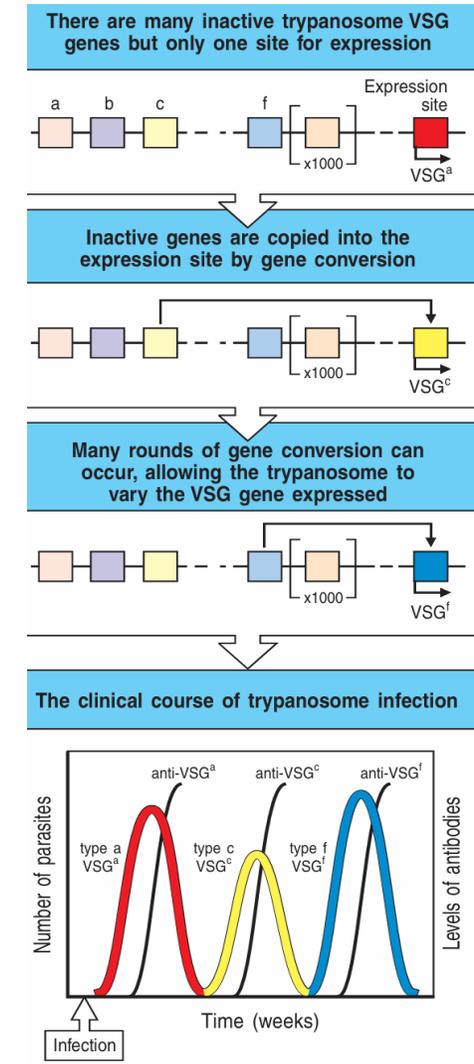
- Coated with variant-specific glycoprotein (VSG).
- Elicits potent antibody response that clears most parasites.
- Contains ~1000 VSG genes, each with distinct antigenic properties.
- Only one VSG gene expressed at a time; can be changed by gene rearrangement.

■ Evasion Mechanism:

1. Under selective pressure, trypanosomes expressing different VSG escape elimination.
2. Leads to disease recurrence and cycles of active and quiescent disease.

■ Impact:

- Chronic cycles of antigen clearance cause immune complex damage and inflammation.
- Leads to neurological damage and coma, characteristic of sleeping sickness.
- Major health problem in Africa.





Immune Evasion by Plasmodium Species

■ Disease:

- Malaria, caused by Plasmodium species.

■ Antigen Variation:

- Vary their antigens to avoid immune elimination.

■ Escaping Immune Response:

- Merozoites burst from hepatocytes and infect red blood cells.
- Immune system focuses on liver, while parasite escapes to red blood cells.

■ Adaptation to Evade Immune Detection:

• Red Blood Cells:

- ✓ Lack MHC class I molecules.
- ✓ Merozoite antigens escape detection by CD8 T cells.



Immune Evasion by RNA Viruses

■ Antigenic Variation:

- RNA viruses use mechanisms of antigenic variation to evade adaptive immune responses.

■ Virus Characteristics:

- Simplest and most diverse pathogens.
- Replicate only within living cells, using host cellular machinery.
- Activate intracellular PRRs, inducing cytolytic immune responses by NK cells and CD8 T cells.
- Induce type I interferon responses to limit viral replication.

■ Innate Immune Response:

- Type I interferons, produced by many cells and especially by plasmacytoid dendritic cells.
- Early antiviral defense involves NK cells and high levels of type I interferons.

■ Adaptive Immune Response:

- Involves all arms of adaptive immunity:
 - ✓ **TH1 Cells:** Help produce opsonizing and complement-fixing virus-specific antibodies.
 - ✓ **CD8 T Cells:** Destroy virally infected cells and produce IFN γ .

Immune Evasion by RNA Viruses

General Strategies:

- RNA polymerases lack proofreading, leading to high mutation rates.
- Rapid mutation alters antigenic epitopes, aiding immune evasion.
- Segmented genomes enable reassortment during replication.

Influenza Virus:

1. Antigenic Drift:

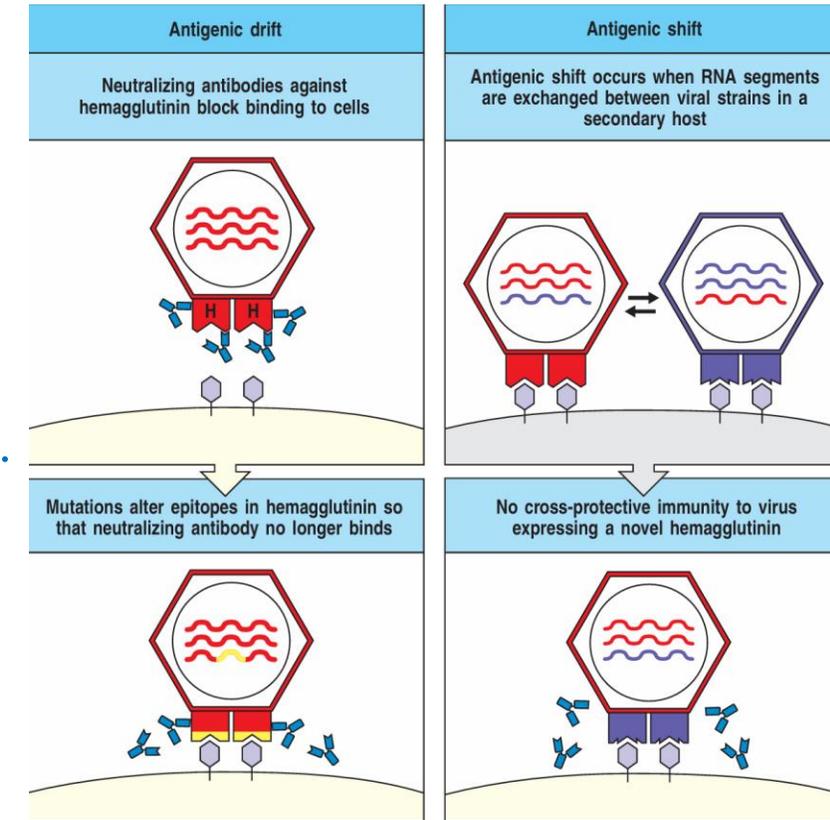
- Point mutations in hemagglutinin and neuraminidase genes.
- New variants arise every 2-3 years, causing mild epidemics.

2. Antigenic Shift:

- Reassortment of segmented RNA genome with animal influenza viruses.
- Major changes in hemagglutinin result in severe pandemics.

Hepatitis C Virus (HCV):

- Causes acute and chronic liver infections.
- High mutation rate in immune epitopes aids evasion.
- E2 glycoprotein's heavy glycosylation and mutation hinder neutralizing antibodies.
- Mutation of T-cell epitopes creates escape variants evading cytolytic T-cell responses.
- HCV factors subvert dendritic cell function, impairing T-cell immunity induction.





Immune Evasion by DNA Viruses

1. Mechanisms to Subvert NK-Cell and CTL Responses:

2. Chronic Infections:

- DNA viruses can establish chronic infections.
- Evolve diverse mechanisms to evade immune defenses.

3. Low Mutation Rates:

- DNA viruses have relatively low mutation rates compared to RNA viruses.
- Less reliance on antigenic variation.

4. Large Genomes:

- Support larger genomes due to low mutation rates.
- Accommodate many genes for immune evasion.
- Example viruses: Poxvirus, adenovirus, herpesviruses (e.g., HSV, EBV, VZV, CMV).

5. Latency:

- Some DNA viruses enter a latent state (e.g., herpesviruses).
 - ✓ Virus not actively replicated.
 - ✓ No viral peptides produced for MHC class I loading.
 - ✓ Avoids detection by cytolytic T cells.
 - ✓ Establishes lifelong infections.

6. Reactivation:

- Latent infections can reactivate, causing recurrent illness.



Evasion Mechanisms of DNA Viruses

■ Evasion of CTLs and NK Cells:

- Central to the long-term survival of DNA viruses.

■ Immunevasins:

1. Prevent appearance of viral peptide:MHC class I complexes on infected cell surfaces.
2. Block peptide entry into the endoplasmic reticulum by targeting TAP transporter.
3. Prevent peptide:MHC complexes from reaching the cell surface.
4. Catalyze degradation of newly synthesized MHC class I molecules.

■ Impacts:

- Viral factors impair or block presentation of viral peptides to CTLs.
- Also target the MHC class II processing pathway, affecting CD4 T cells.
- Viral homologs of MHC class I engage inhibitory receptors on NK cells to block cytotoxicity.

■ Additional Mechanisms:

1. Subvert cytokine and chemokine responses.
2. Produce viral homologs of cytokines or receptors to inhibit actions.
3. Inhibit JAK/STAT signaling, cytokine transcription, and transcription factors.
4. CMV produces cmvIL10 to downregulate proinflammatory cytokines, promoting tolerogenic responses.

Immune Evasion by Epstein-Barr Virus (EBV)



Primary Infection:

■ Initial Acute Infection:

- EBV infects B cells by binding to CR2 (CD21) and MHC class II.
- Causes infectious mononucleosis (glandular fever) in severe cases.
- Infected B cells proliferate and produce virus, leading to proliferation of antigen-specific T cells.
- Virus is released from B cells, destroying them.
- Controlled by virus-specific CD8 cytotoxic T cells.

■ Latency:

• Latent Infection:

- ✓ EBV enters latency in memory B lymphocytes.
- ✓ Virus remains quiescent without replicating.
- ✓ Limited viral protein expression, including Epstein–Barr nuclear antigen 1 (EBNA1).
- ✓ EBNA1 prevents its own degradation, maintaining viral genome.

■ Immortal Cell Lines:

• Transformation:

- Latently infected B cells can become immortal cell lines in vitro.
- Can occasionally undergo malignant transformation in vivo (Burkitt's lymphoma).

Immune Evasion by Hepatitis Viruses (HBV and HCV)



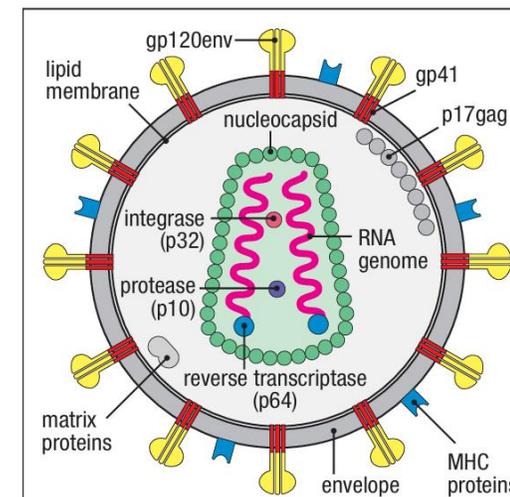
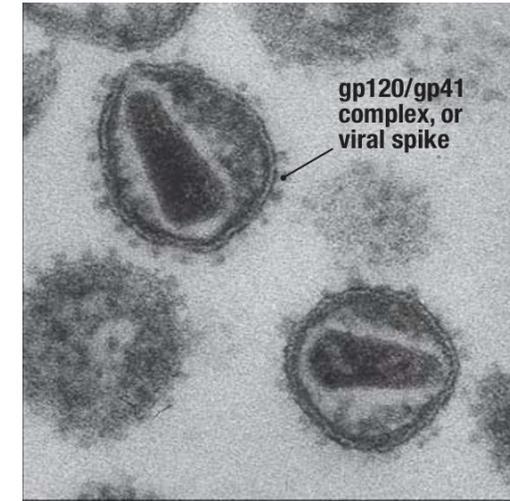
- **Hepatitis B Virus (HBV):**
 - DNA virus causing acute and chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma.
 - Immune responses play a role in viral clearance, but chronic infection often occurs.
- **Hepatitis C Virus (HCV):**
 - RNA virus causing acute and chronic liver infections.
- **Immune Evasion Strategies:**
 - ✓ Interferes with dendritic cell activation and maturation.
 - ✓ Leads to inadequate activation of CD4 T cells and lack of TH1 differentiation.
 - ✓ High mutation rate due to lack of RNA polymerase proofreading, leading to antigenic changes.
- **Chronic Infection:**
- **Consequences:**
 - Inadequate CD4 T cell help leads to chronic infection.
 - Antiviral treatment improves CD4 T cell function and restores cytotoxic CD8 T cell responses.
 - Chronic infection associated with liver cirrhosis and hepatocellular carcinoma.

Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)



Overview:

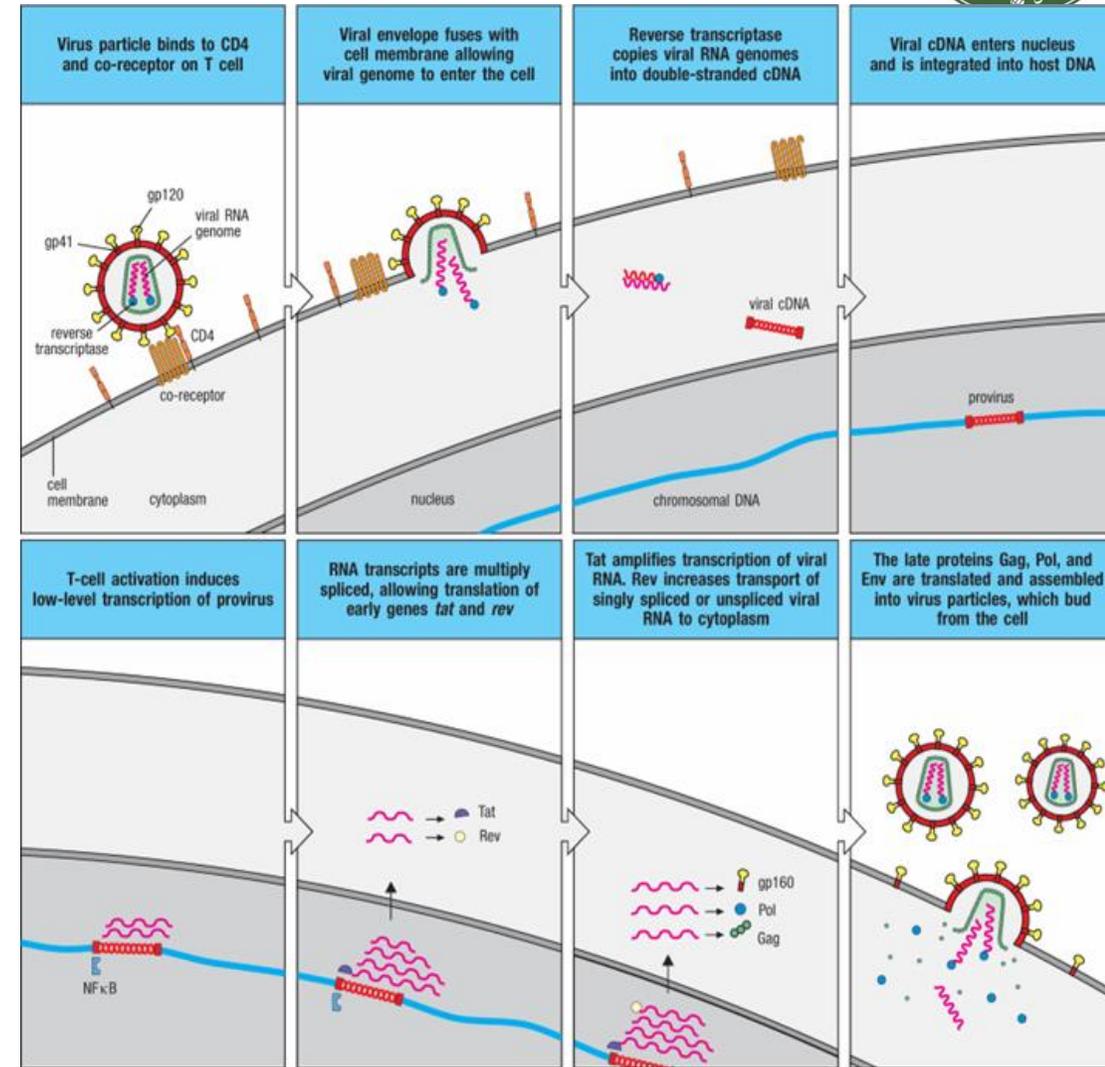
- **Pathogen:** Human Immunodeficiency Virus (HIV)
- **Disease:** Acquired Immune Deficiency Syndrome (AIDS)
- **Characterized by:** Progressive loss of CD4 T cells
- **Consequences:** High susceptibility to opportunistic infections and malignancies
- **Types of HIV:**
 - **HIV-1:**
 - Higher viral loads in blood
 - More easily transmitted
 - High rate of mother-to-child transmission
 - More rapid progression to AIDS
 - Most prevalent cause of AIDS worldwide
 - **HIV-2:**
 - Less prevalent
 - Endemic to West Africa



HIV Infection and Replication in Immune System Cells



- **Primary Targets:**
 1. CD4 T cells
 2. Macrophages
 3. Dendritic cells
- **Cellular Tropism:**
 - Determined by specific receptors on cell surface.
- **Viral Glycoproteins:**
 - gp120 and gp41 form trimers in the viral envelope.
 - gp120 binds to CD4 and a coreceptor (CCR5 or CXCR4).
- **Coreceptors:**
 - CCR5: Expressed on effector memory CD4 T cells, dendritic cells, macrophages.
 - CXCR4: Expressed on naive and central memory CD4 T cells
- **Entry Mechanism:**
 - gp120 binds CD4 and coreceptor, causing conformational change.
 - gp41 inserts fusion peptide into host cell membrane, inducing fusion.
 - Viral nucleocapsid enters host cell cytoplasm.





References

- ✓ Immunology , Kuby, seventh edition.
- ✓ Medical microbiology, Jawetz, 26th edition.
- ✓ Cellular and Molecular Immunology, Abul K. Abbas, 8th edition.
- ✓ Malesza, I.J.; Malesza, M.; Krela-Kaźmierczak, I.; Zielińska, A.; Souto, E.B.; Dobrowolska, A.; Eder, P. Primary Humoral Immune Deficiencies: Overlooked Mimickers of Chronic Immune-Mediated Gastrointestinal Diseases in Adults. *Int. J. Mol. Sci.* 2020, 21, 5223. <https://doi.org/10.3390/ijms21155223>
- ✓ Cunningham-Rundles, C. (2001). Common variable immunodeficiency. *Current allergy and asthma reports*, 1(5), 421-429.
- ✓ Reinhard A.Seger. 2019. Chronic granulomatous disease 2018: advances in pathophysiology and clinical management. *LymphoSign Journal*. 6(1): 1-16. <https://doi.org/10.14785/lymphosign-2018-0012>.
- ✓ Ni, J., & Zhang, L. (2020). Cancer Cachexia: Definition, Staging, and Emerging Treatments. *Cancer management and research*, 12, 5597–5605. <https://doi.org/10.2147/CMAR.S261585>.