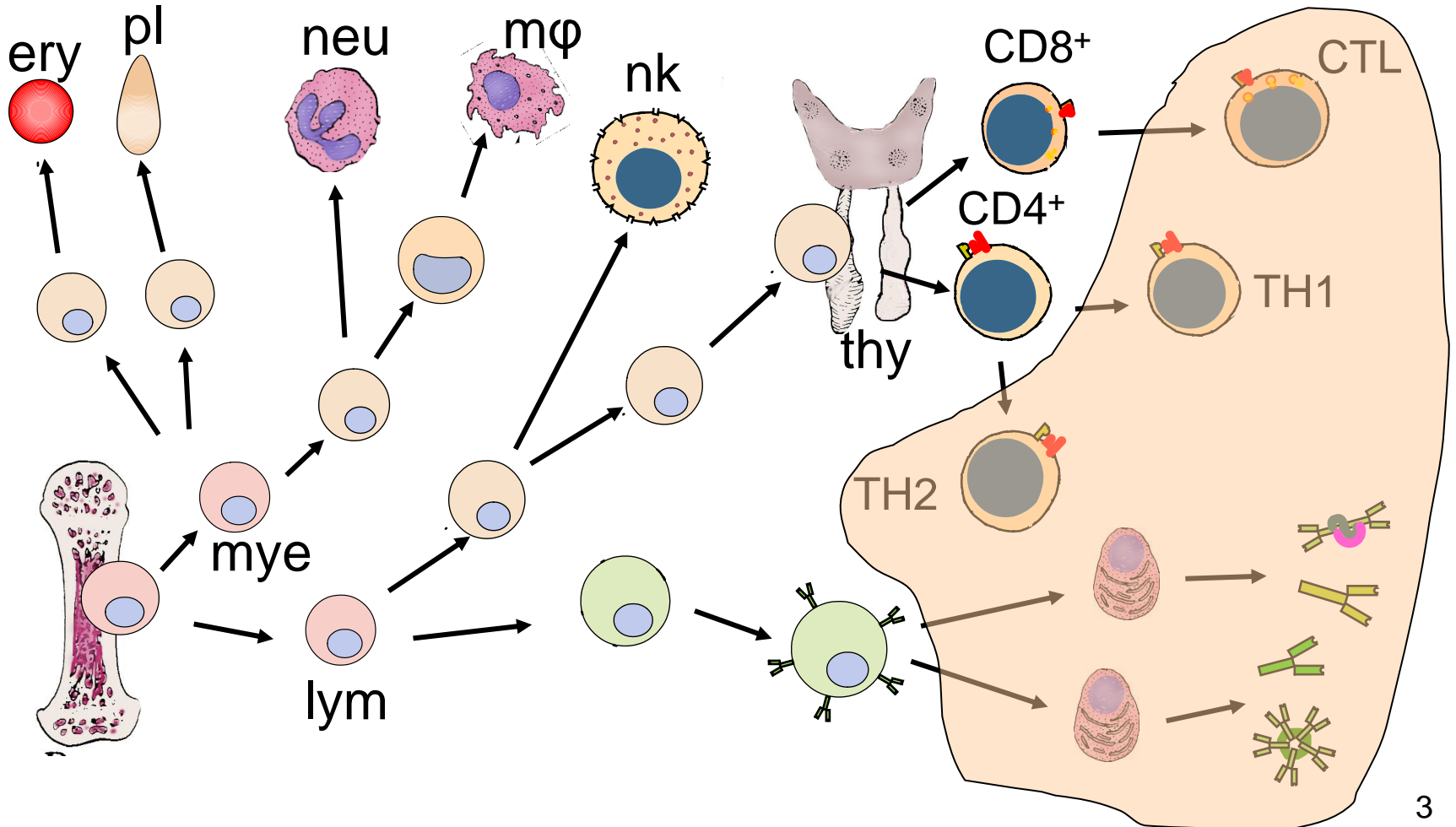


Allergy and Immunology

A middle-aged man with glasses and a friendly smile is the central focus. He is wearing a dark-colored short-sleeved shirt with a white and light green floral pattern. The background is a vibrant tropical landscape with numerous palm trees, a clear blue sky with light clouds, and a glimpse of the ocean in the distance. The overall atmosphere is bright and sunny.

Kraig W. Jacobson, M.D. Feb. 10, 2015

Development of the Immune System



The Immune System

Innate

physical barriers
natural killer cells
macrophages

Toll-like receptors
Complement

Acquired

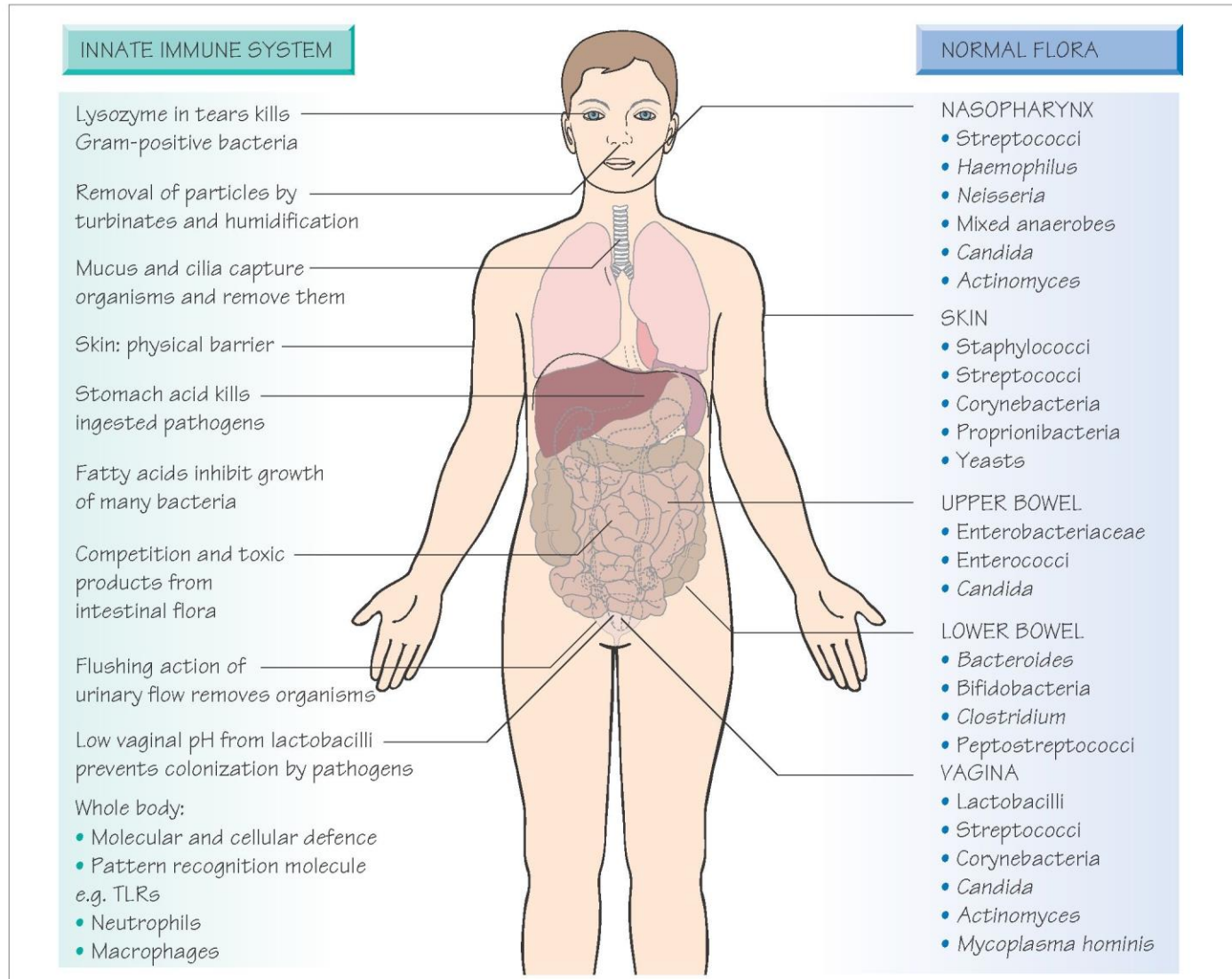
Cell-mediated

T & B cells

Humoral

antibody-mediated

Innate Immune System



Innate Immunity
Non-specific, general
Immediate response
No immunological memory

Humoral
Pattern Receptors
Complement
Enzymes
Cytokines

Cellular
Phagocytes
Natural Killer Cells

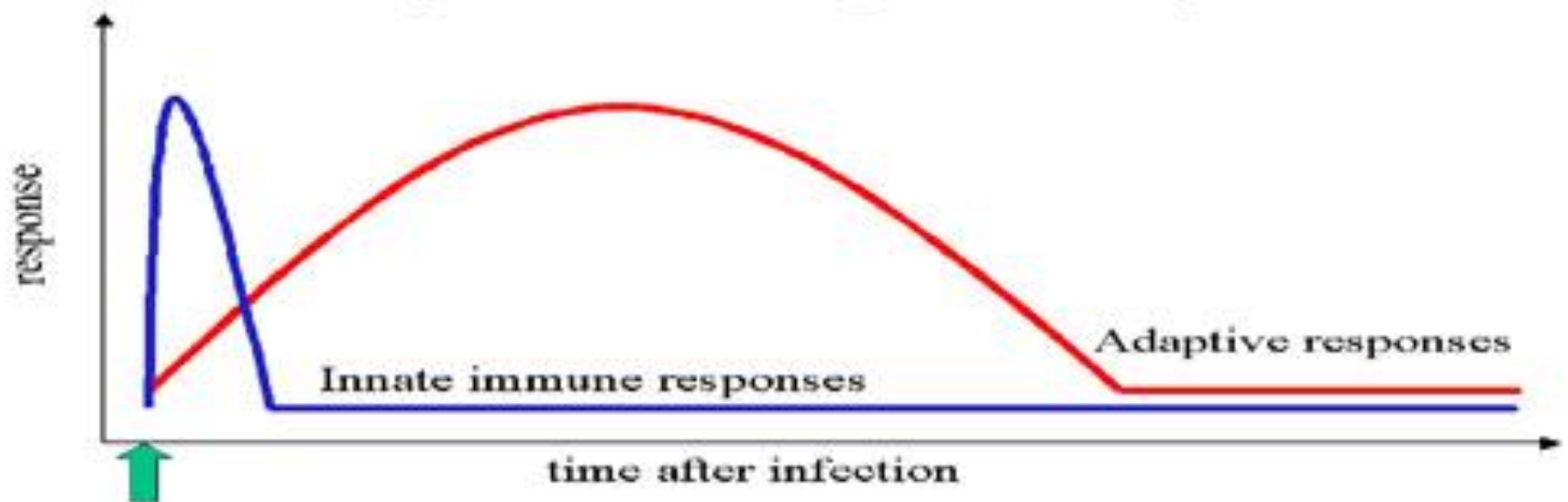
Adaptive Immunity
Specific to antigen
Lag time from exposure to response **
Immunological memory after exposure

Humoral
Antibodies
Cytokines

Cellular
T Cells
B Cells

****Except for IgE allergic reactions**

Model of Immune Responses: Speed and Specificity



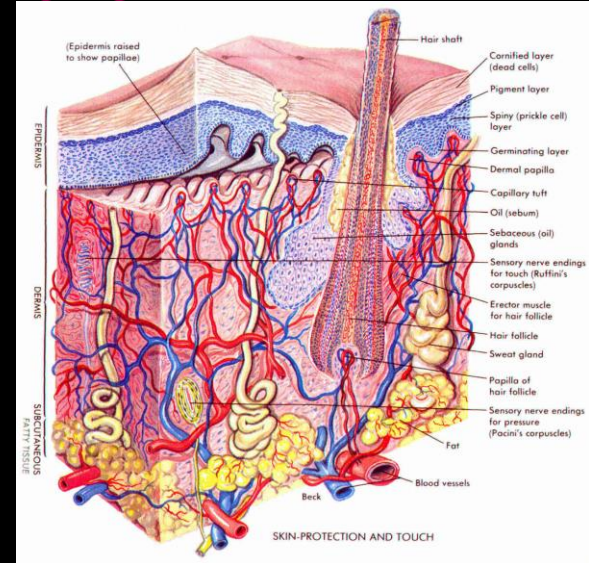
INNATE IMMUNITY

Physical Barriers

–skin

–hair

–mucous

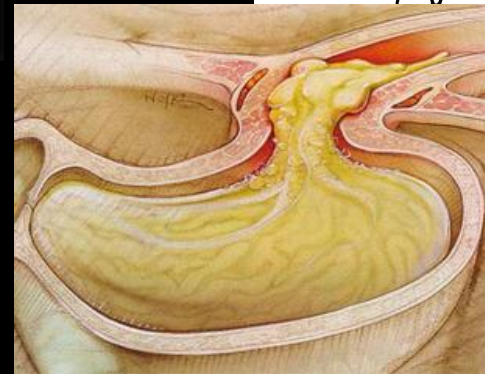
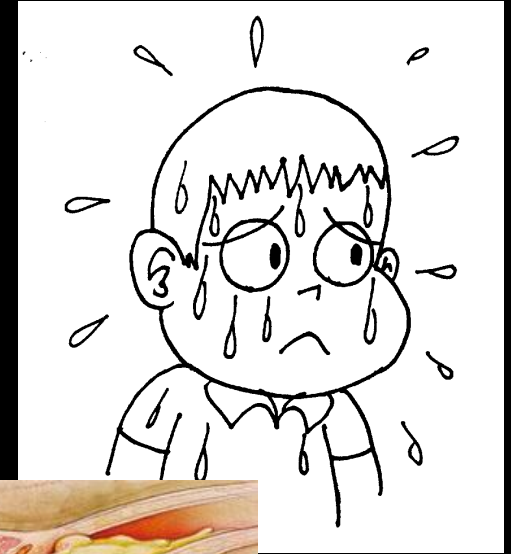




INNATE IMMUNITY

Chemical Barriers

- sweat
- tears
- saliva
- stomach acid
- urine







Fallagrín null mutation

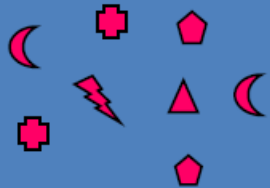


4 Compartments of the Immune System

Innate Immunity

Complement

“Land Mines”



Phagocytes

“The Marines”



Neutrophils Macrophages

Adaptive Immunity

B Cells

“Air Force – Make & Deploy Cruise Missiles”



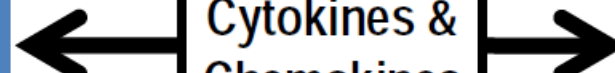
T Cells

“The Generals”
“The Assassins”
“The Psychologists”



Host Defense

Cytokines &
Chemokines



Complement

Classical



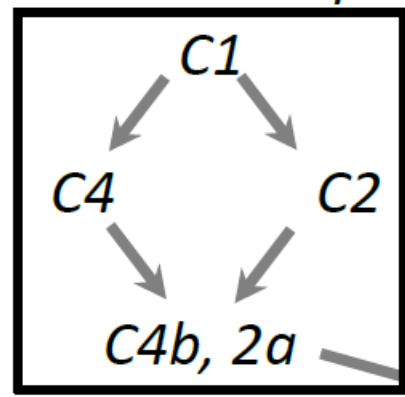
Immune Complex



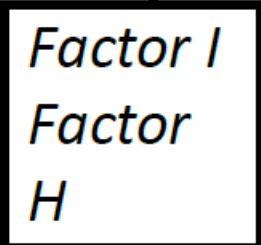
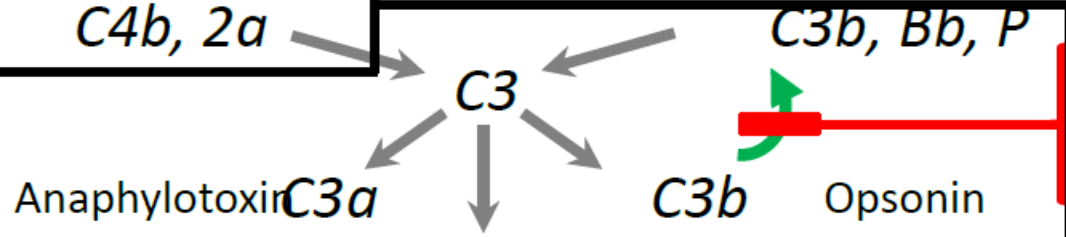
Alternative

Microbes

C3(H₂O), Bb

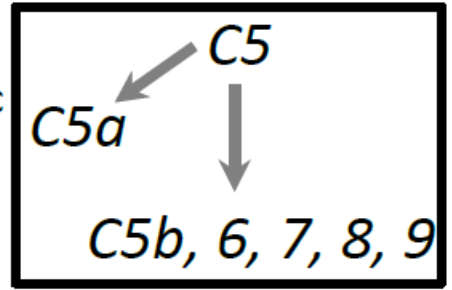


- Recurrent pyogenic infections (*Strep. pneumonia*)
- Glomerulonephritis, SLE

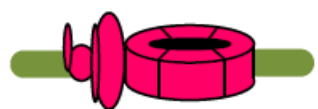


- Familial HUS
- Age-related Macular Degeneration

- Recurrent *Neisserial* infections



Membrane Attack Complex Bactericidal Activity

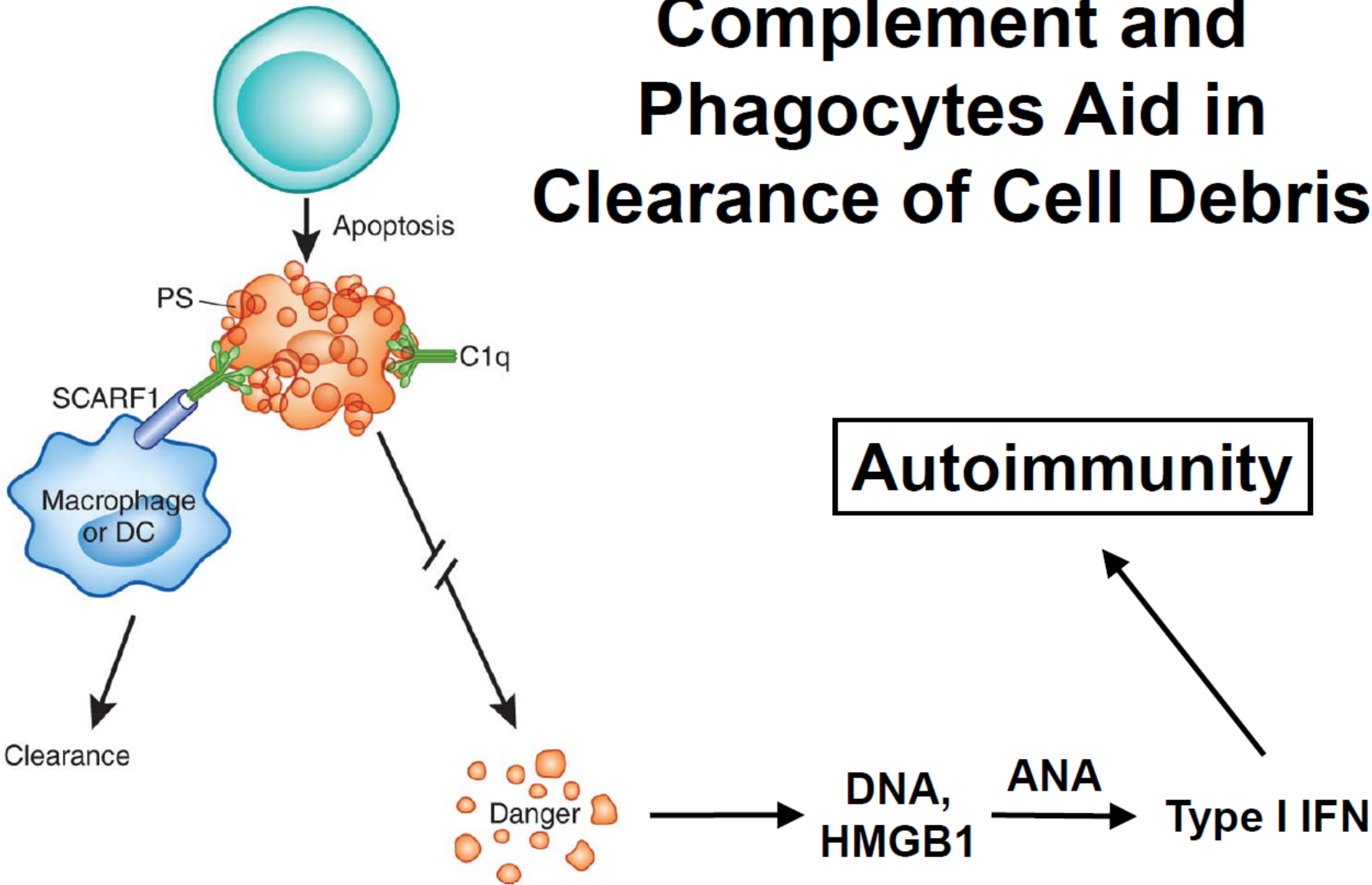




Immune System – Garbage Disposal is Important



Complement and Phagocytes Aid in Clearance of Cell Debris



Complement Deficiency

- **C1q/r/s Deficiency** – ~90% of homozygotes develop SLE or GN, usually <20 y/o.
- **C4 Deficiency** - ~75% of homozygotes develop SLE or GN.
- **C2 Deficiency** – Most common homozygous complement deficiency. ~40% of homozygotes develop SLE or GN .

Arthritis Rheum. 1989 Jul;32(7):906-13.

Successful plasma infusion treatment of a patient with C2 deficiency and systemic lupus erythematosus: clinical experience over forty-five months.

Steinsson K1, Erlendsson K, Valdimarsson H.

45 cycles, 22 infusions 6-8 weeks apart

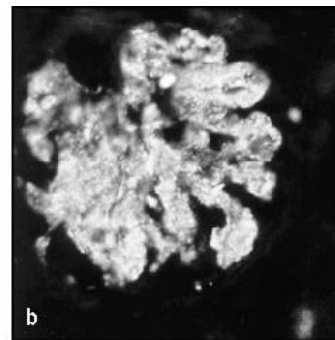
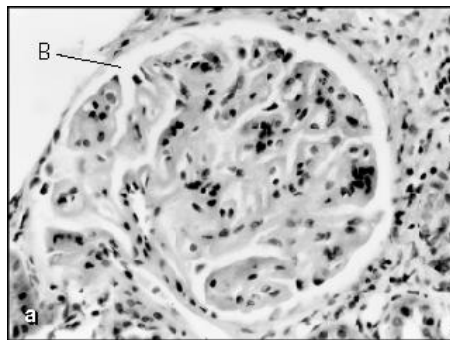
Systemic Lupus Erythematosus (SLE)²⁰

- **A chronic systemic autoimmune disease.**
 - Complexes of anti-self antibodies and antigen deposit in, and cause tissue damage.
- **1 million sufferers in the U.S.**
 - SLE strikes women nine times more often than men.
- Symptoms may include a butterfly-shaped rash on face, fatigue, and headaches.
- Triggered by environmental effects in persons who are genetically susceptible.



© 2000 Garland Publishing/Elsevier Science

Lupus “butterfly” rash



Damaged kidney (left) caused by immunoglobulin deposits (right)

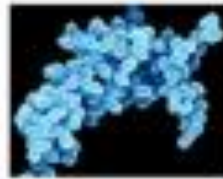
The Human Toll-like Receptor Family

TLRs

Gm- Bacteria



Gm+ Bacteria



Mycobacteria



Yeast



Various Membrane/Wall Components

LPS

Flagellin



TLR4

TLR5

TLR1

TLR2

TLR6

TLR10

ENDOSOME

TLR3



dsRNA

Viral and Bacterial Nucleic Acids

TLR7



ssRNA

TLR8

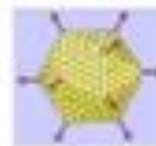


ssRNA

TLR9



dsDNA



INNATE IMMUNE RESPONSE

TLRs in Treatment

Imiquimod (Aldara) activates immune cells through the [toll-like receptor 7](#) (TLR7), commonly involved in pathogen recognition. Cells activated by imiquimod via TLR-7 secrete [cytokines](#) (primarily [interferon- \$\alpha\$](#) (INF- α), [interleukin-6](#) (IL-6), and [tumor necrosis factor- \$\alpha\$](#) (TNF- α)). There is evidence that imiquimod, when applied to skin, can lead to the activation of [Langerhans cells](#), which subsequently migrate to local lymph nodes to activate the adaptive immune system.^[9] Other cell types activated by imiquimod include [natural killer cells](#), [macrophages](#) and [B-lymphocytes](#)

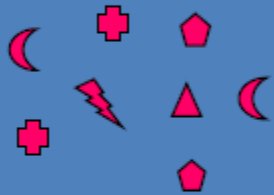


4 Compartments of the Immune System

Innate Immunity

Complement

“Land Mines”



Phagocytes

“The Marines”

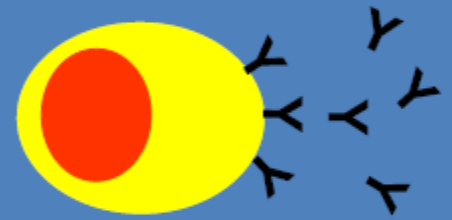


Neutrophils Macrophages

Adaptive Immunity

B Cells

“Air Force – Make & Deploy Cruise Missiles”



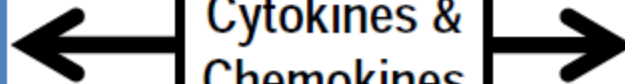
T Cells

“The Generals”
“The Assassins”
“The Psychologists”



Host Defense

Cytokines &
Chemokines



Innate Immunity

- Antigen independent
- No time lag
- Not antigen specific
- No Immunologic memory

Adaptive Immunity

- Antigen dependent
- A lag period (**except IgE**)
- Antigen specific
- Development of memory

Primary Function of the Adaptive Immune System

- Protect self from non-self;



and ...

- Remember it!

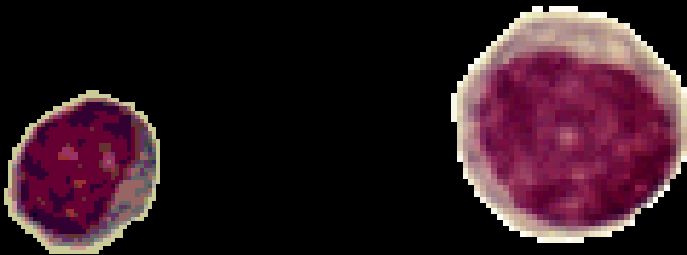
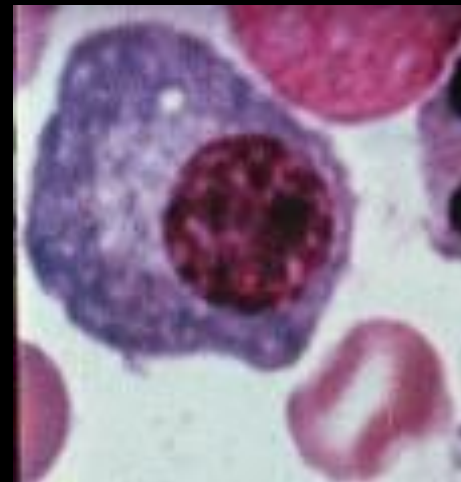
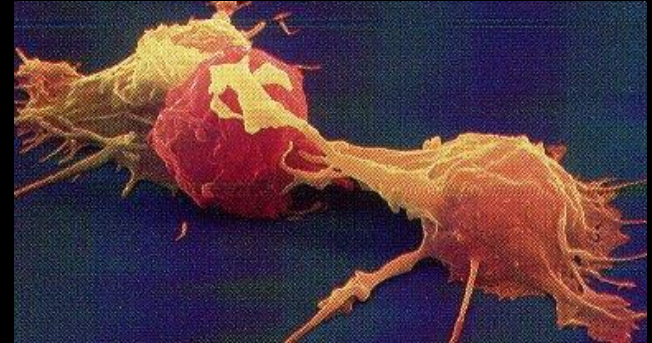




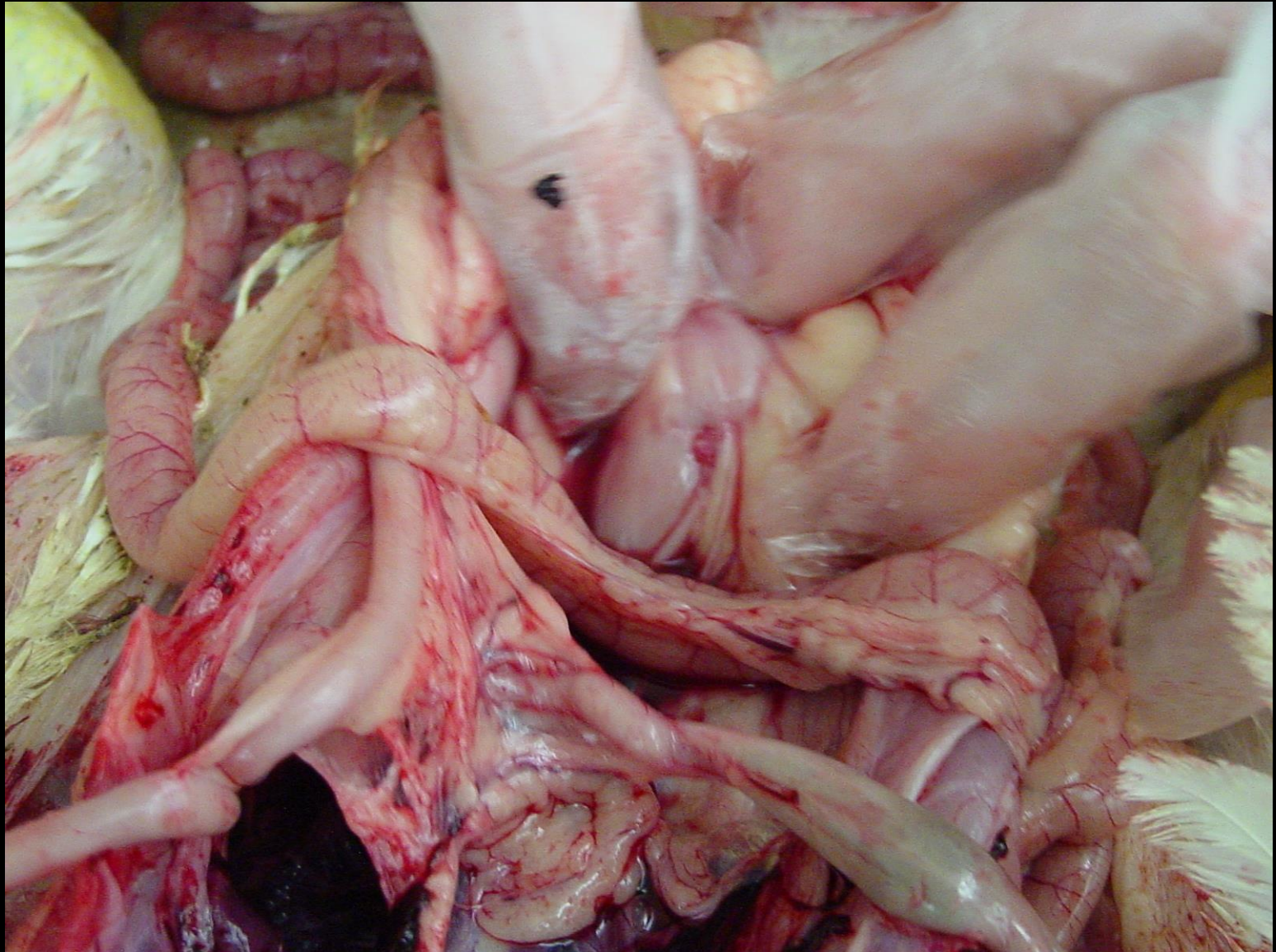


T and B Lymphocytes

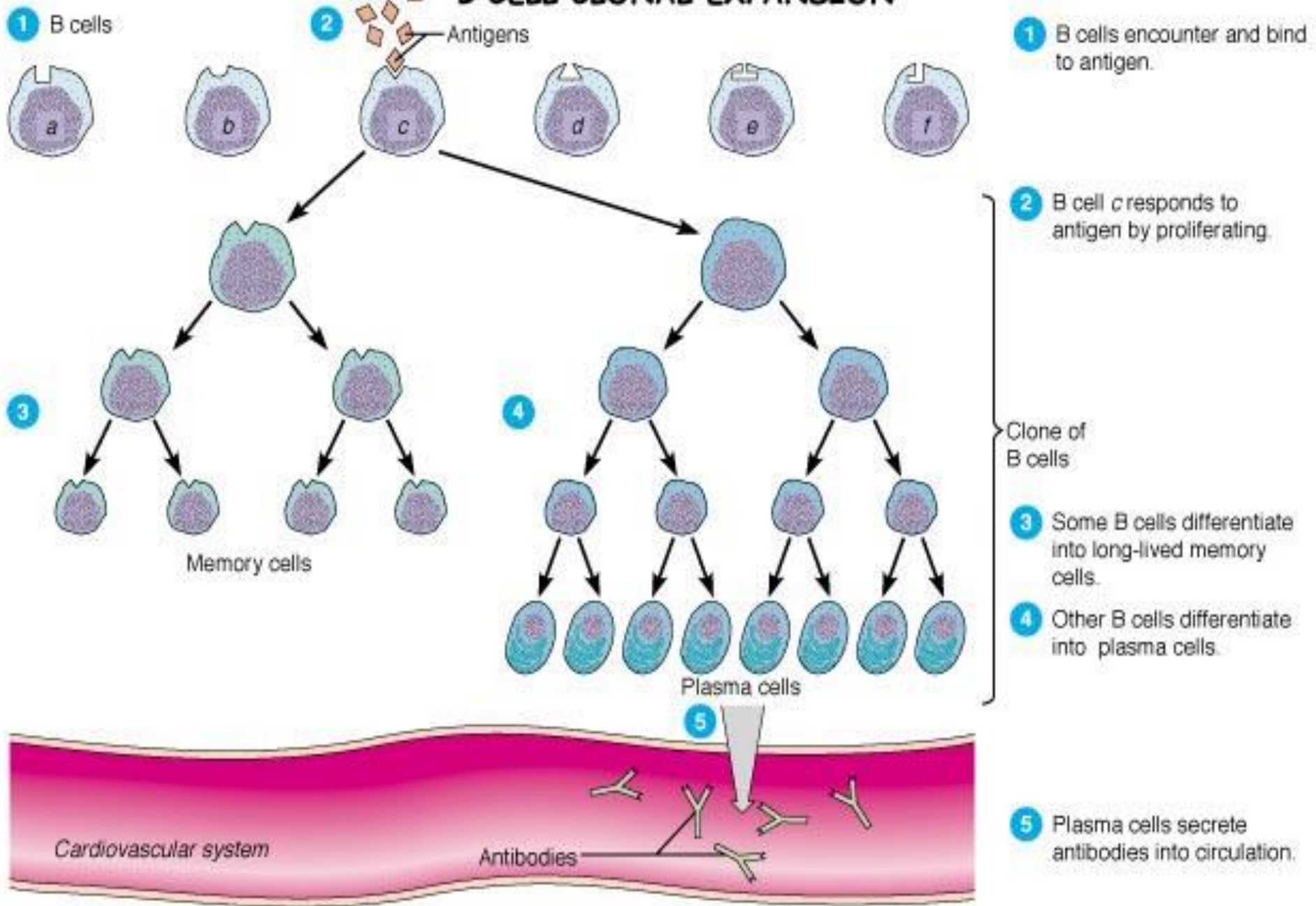
- T cells originate from the **Thymus** and may be Helper (CD4), Suppressor (CD8) or Cytotoxic.
- B cells originate from the **“Bursa”**. Their major function is to produce antibodies in response to foreign proteins including bacteria, viruses, and tumor cells.



Bursa of Fabricius



B CELL CLONAL EXPANSION



Function of the Immune System (Self / Non-self Discrimination)

- To protect from pathogens
 - Intracellular (*e.g.* viruses and some bacteria and parasites)
 - Extracellular (*e.g.* most bacteria, fungi and parasites)
- To eliminate modified or altered self

Hypersensitivity

There are four different responses of the immune system:

Type I: Immediate hypersensitivity

- onset within minutes of antigen challenge
- examples are allergies to molds, insect bites

Type II: Cytotoxic hypersensitivity

- onset within minutes or a few hours of antigen challenge
- examples are adult hemolytic anemia and drug allergies

Type III: Immune complex-mediated hypersensitivity

- onset usually within 2 - 6 hours
- examples include serum sickness and systemic lupus erythematosus

Type IV: Delayed hypersensitivity

- inflammation by 2- 6 hours; peaks by 24 - 48 hours
- examples include poison ivy and chronic asthma

Two Sides of the Adaptive Immune System

Humoral = Immediate sensitivity

Antibodies (Type I, II, III)



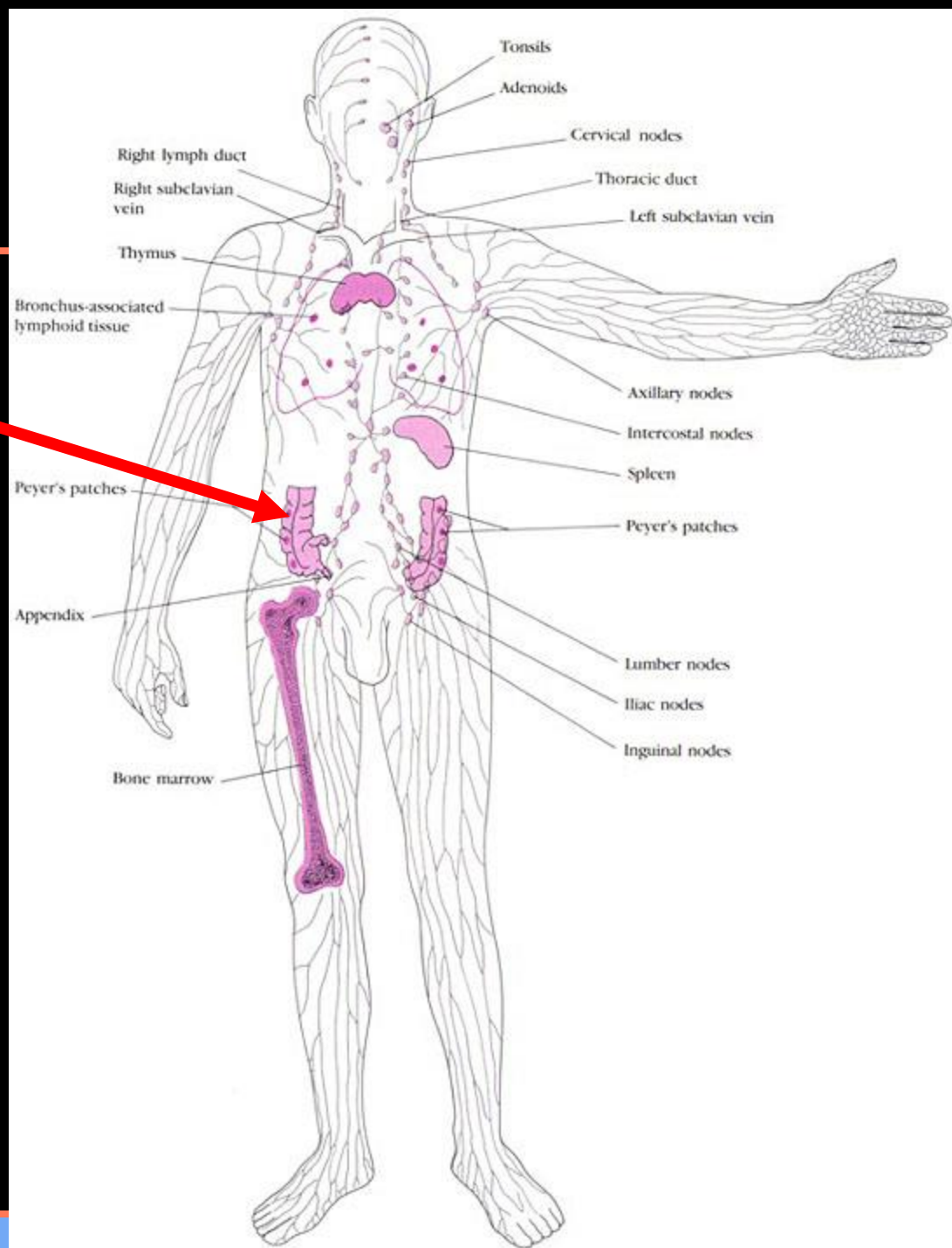
Two Sides of the Adaptive Immune System

Cellular = Delayed sensitivity (Type IV)

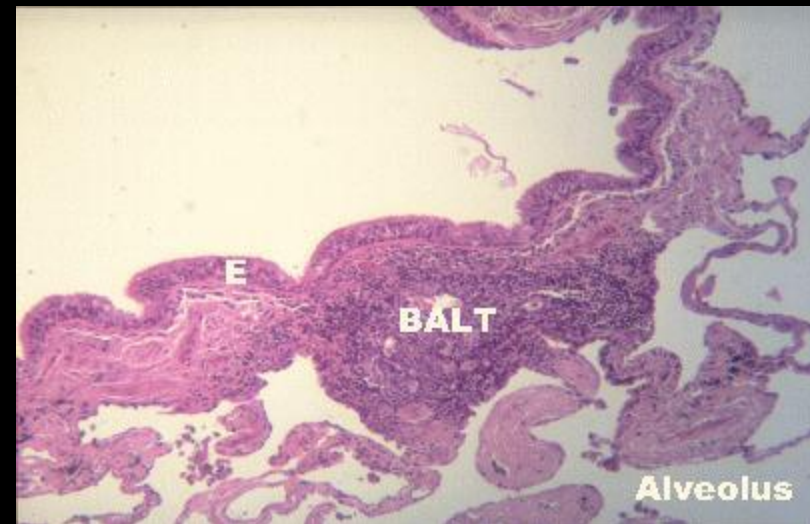
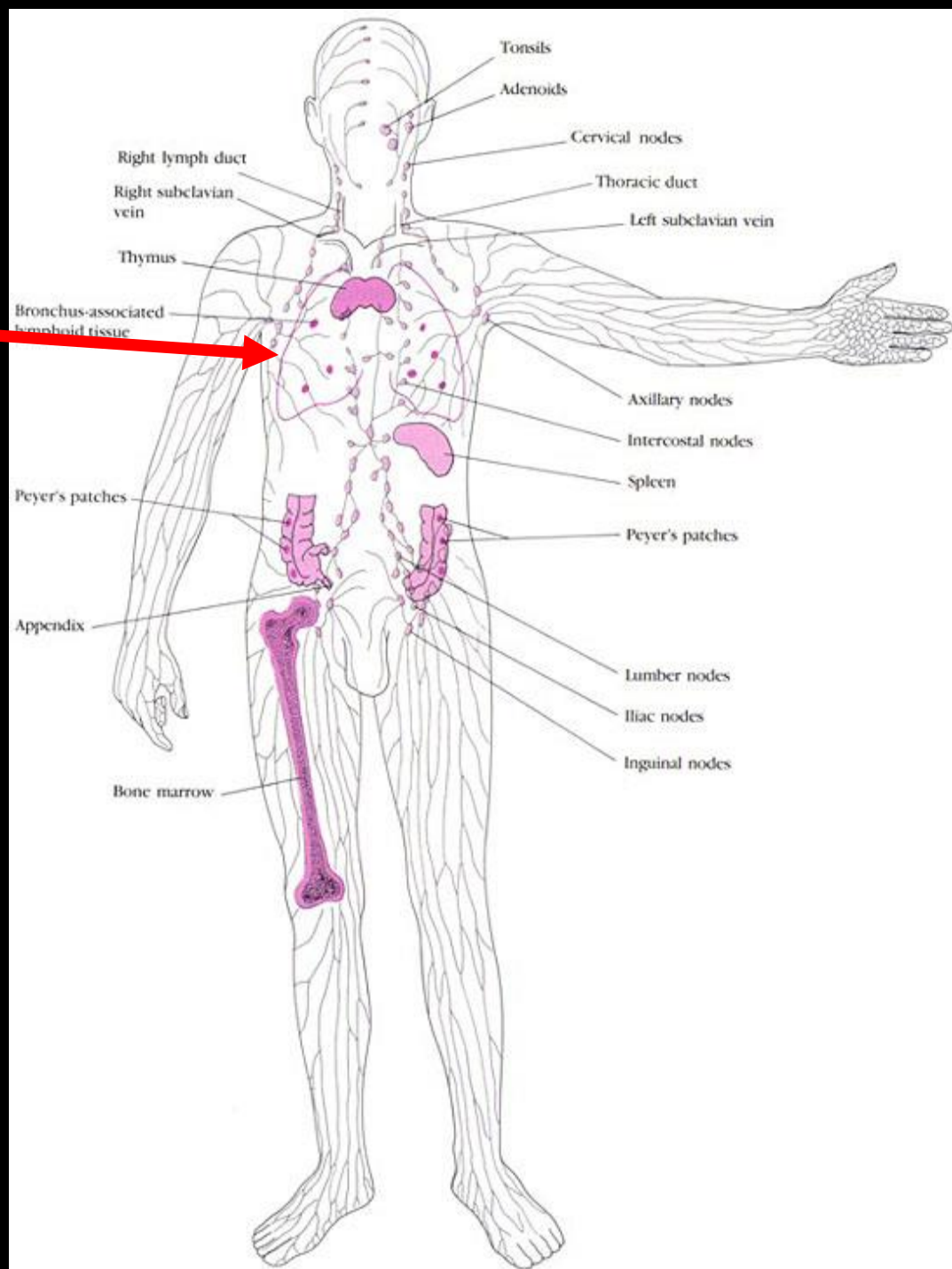


24 - 48 hours after exposure
CONTACT DERMATITIS

GALT = Gut Associated Lymphoid Tissue

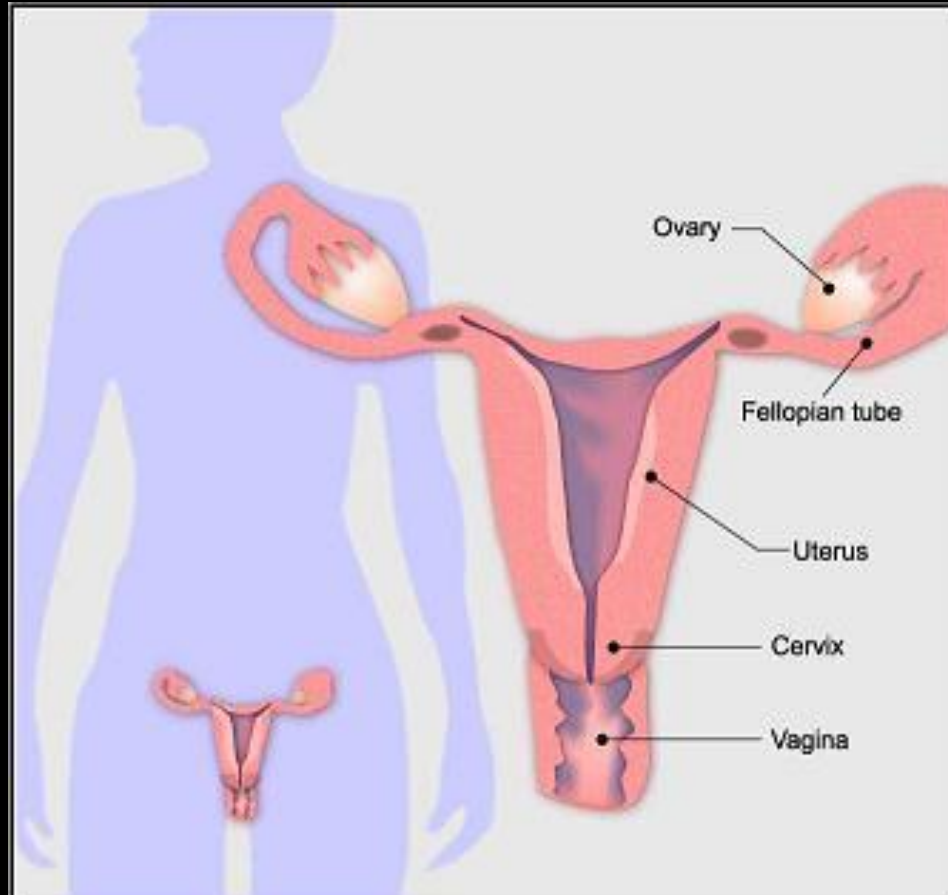


BALT = Bronchial Associated Lymphoid Tissue

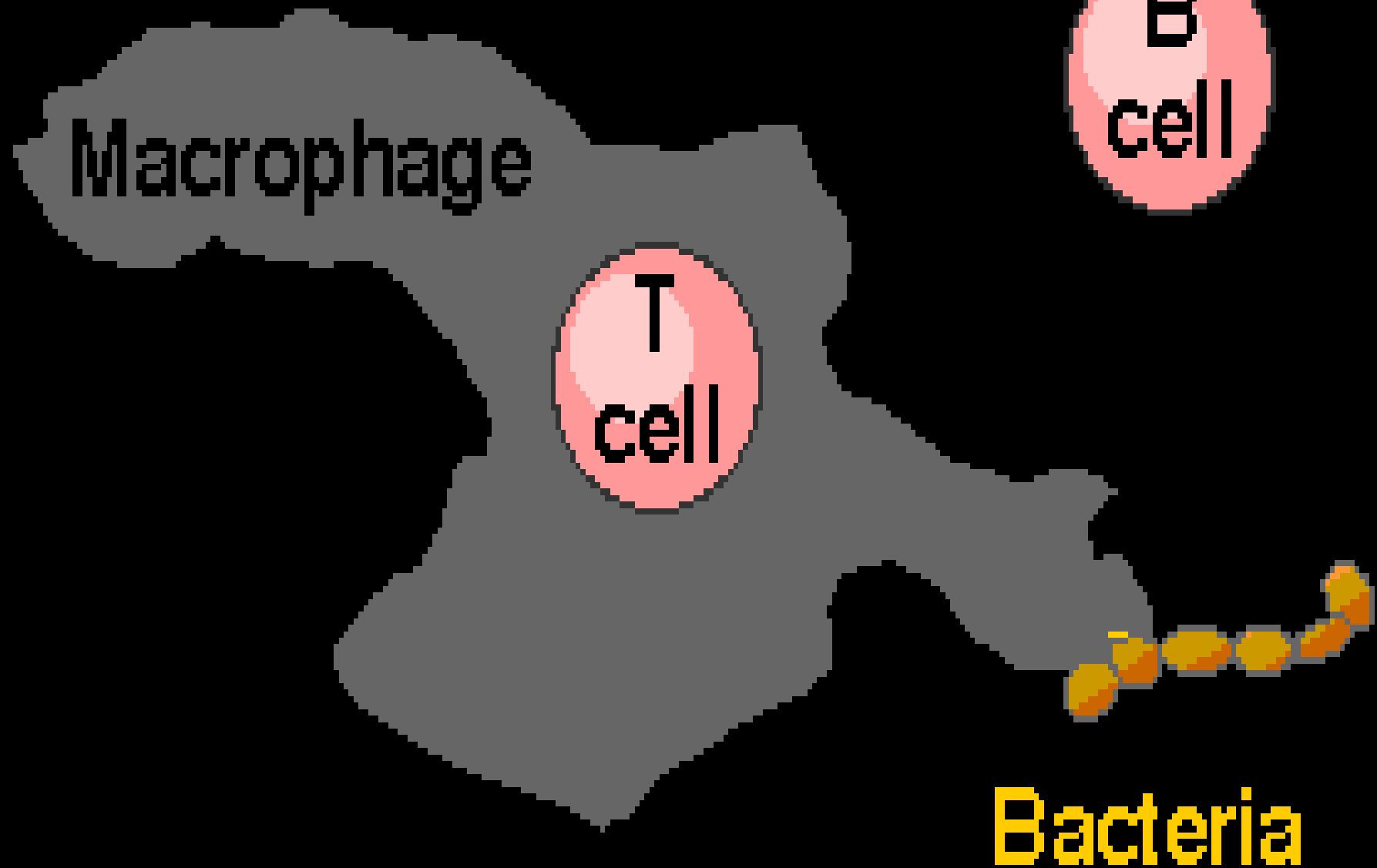


GENITAL TRACT

- no associated lymphoid tissue
- no clear site of immunologic priming



Antigen Processing



Remember the 5 Classes of Antibodies

- Ig = Immunoglobulin

G – A – M – E – D

- Ig**G** = “Good” major antibody class
- Ig**A** = “Appetite” to “**A**” hole, orifices
- Ig**M** = Macroglobulin, first one out
- Ig**E** = “Evil”, causes allergies
- Ig**D** = “Dumb class”, does nothing

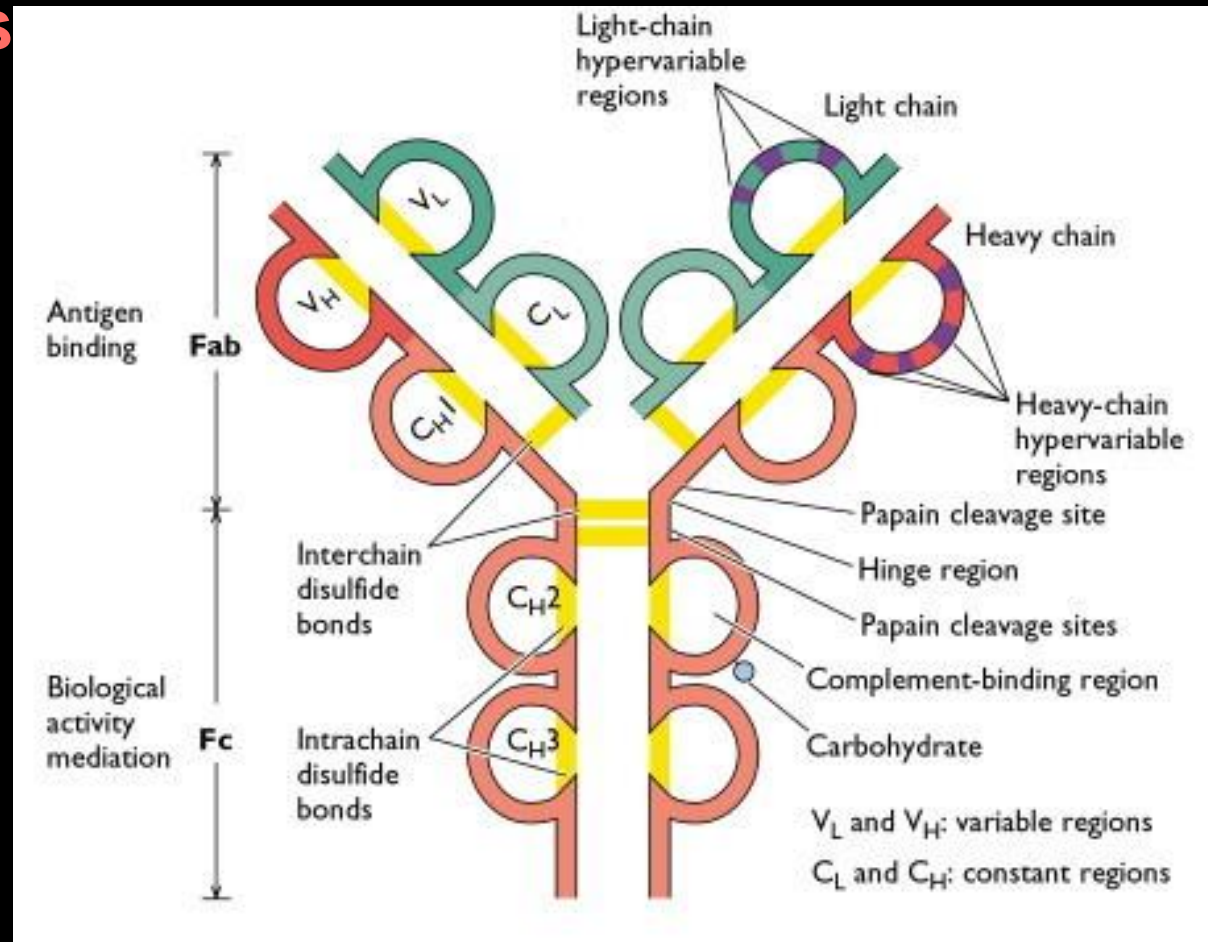
Antibody Structure

- **Two Heavy Chains**

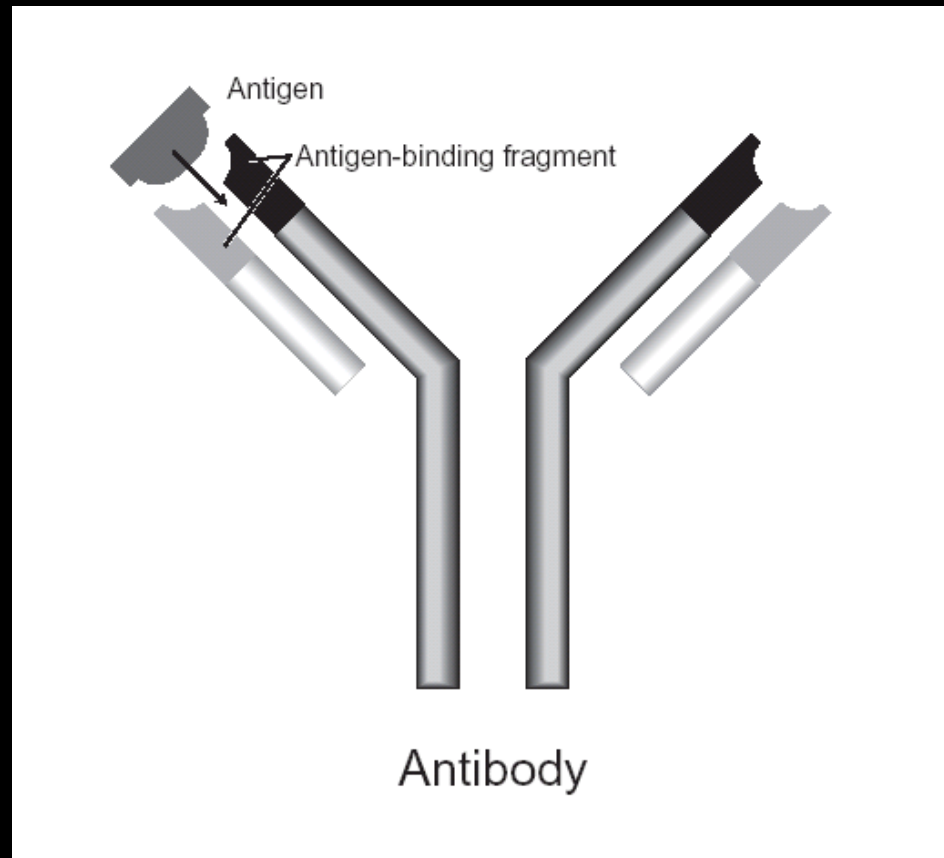
- IgA = α Alpha
- IgD = δ Delta
- IgM = μ Mu
- IgE = ϵ Epsilon
- IgG = γ Gamma

- **Two Light Chains**

- Kappa κ
- Lambda λ



Antibody Drawing



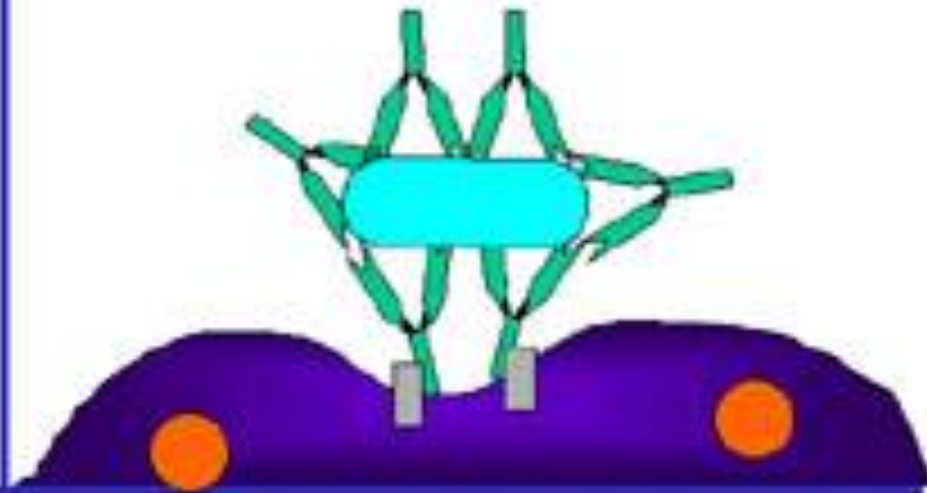


Extracellular
bacteria



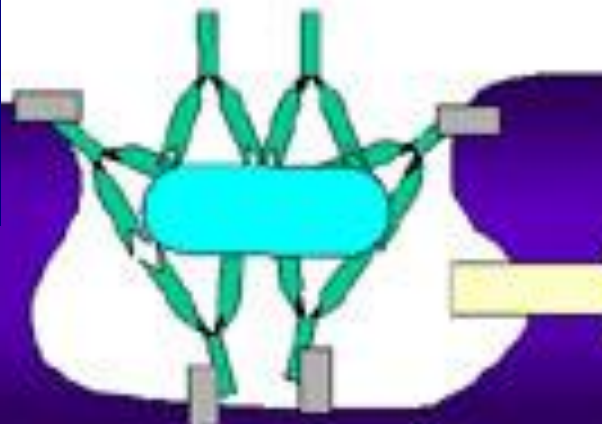
Macrophage

Opsonization



BACTERIAL CAPSULE:
The slippery capsule of
Streptococcus pneumoniae
enables these bacteria to
avoid being eaten by
neutrophils

Engulfment by macrophage



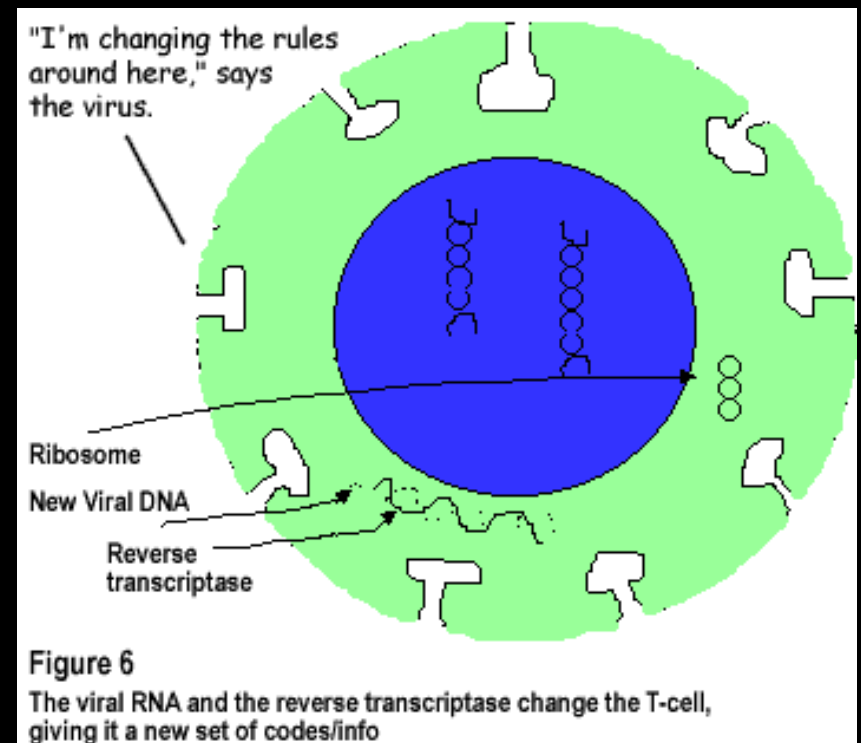
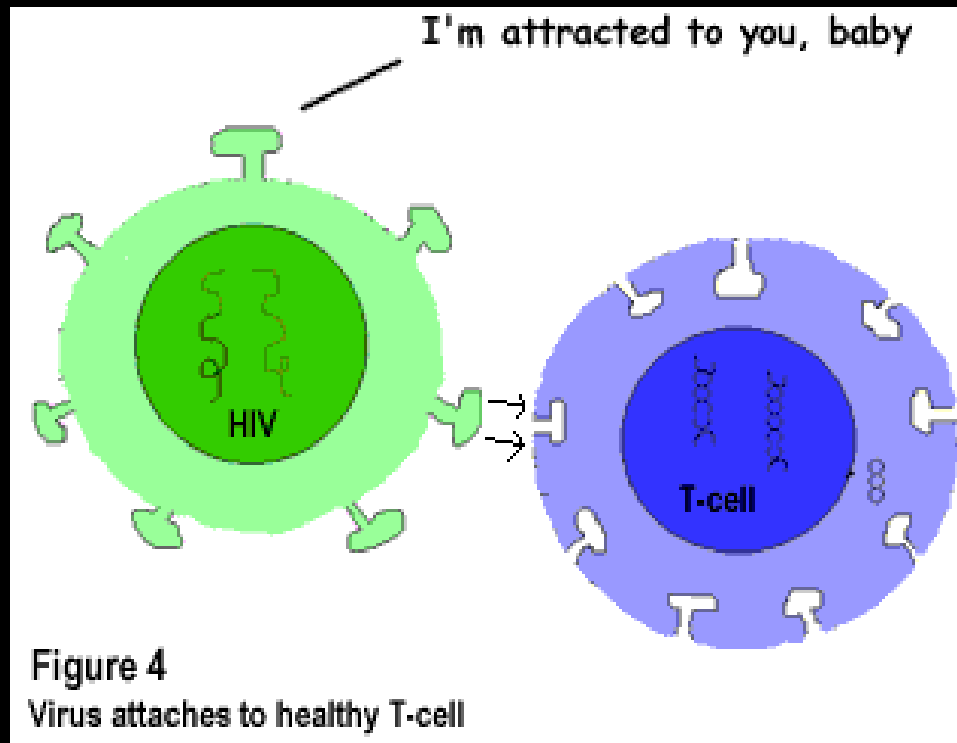
BACTERIAL CAPSULE:
The slippery capsule of
Streptococcus pneumoniae
enables these bacteria to
avoid being eaten by
neutrophils

Digestion in lysosome

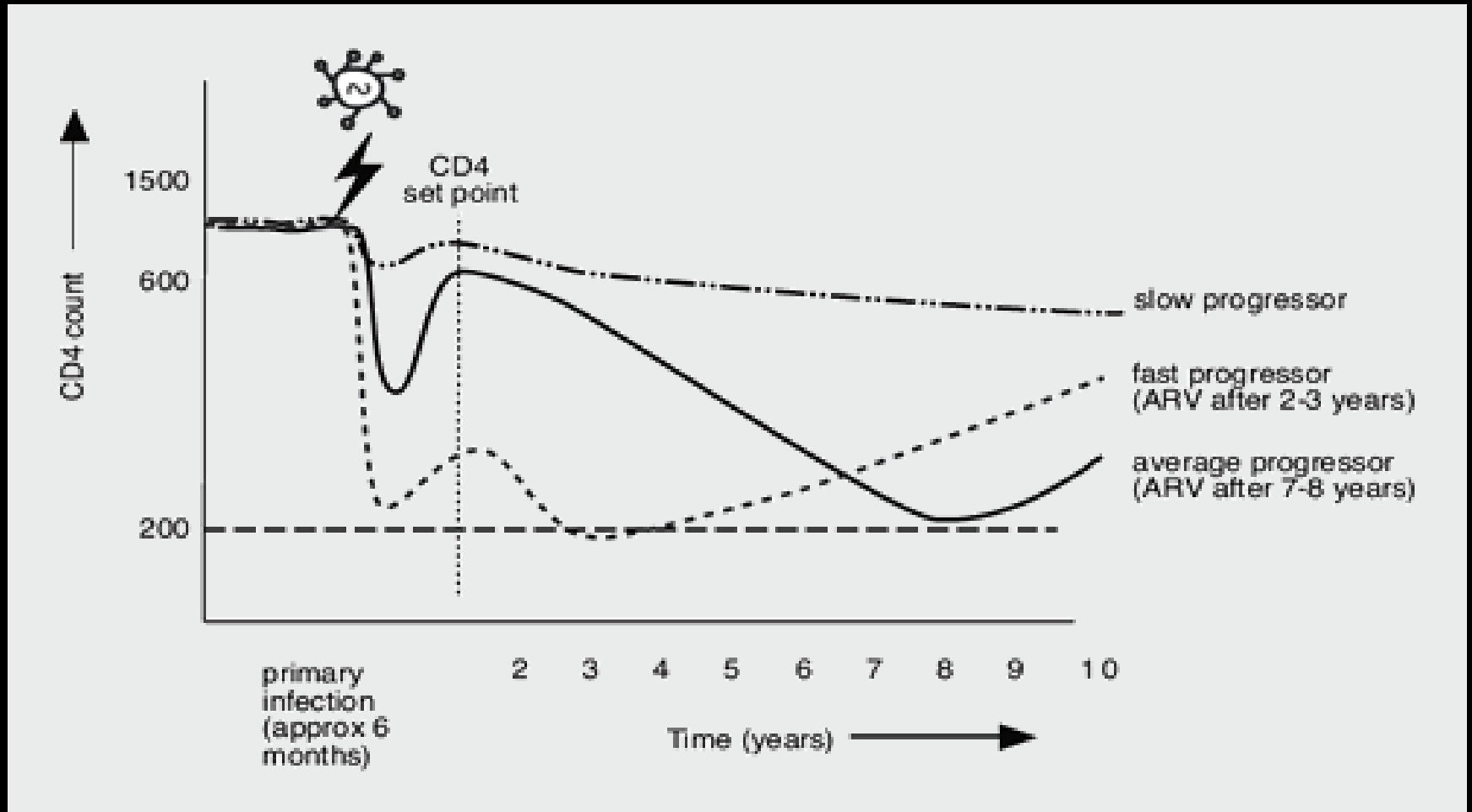


HIV

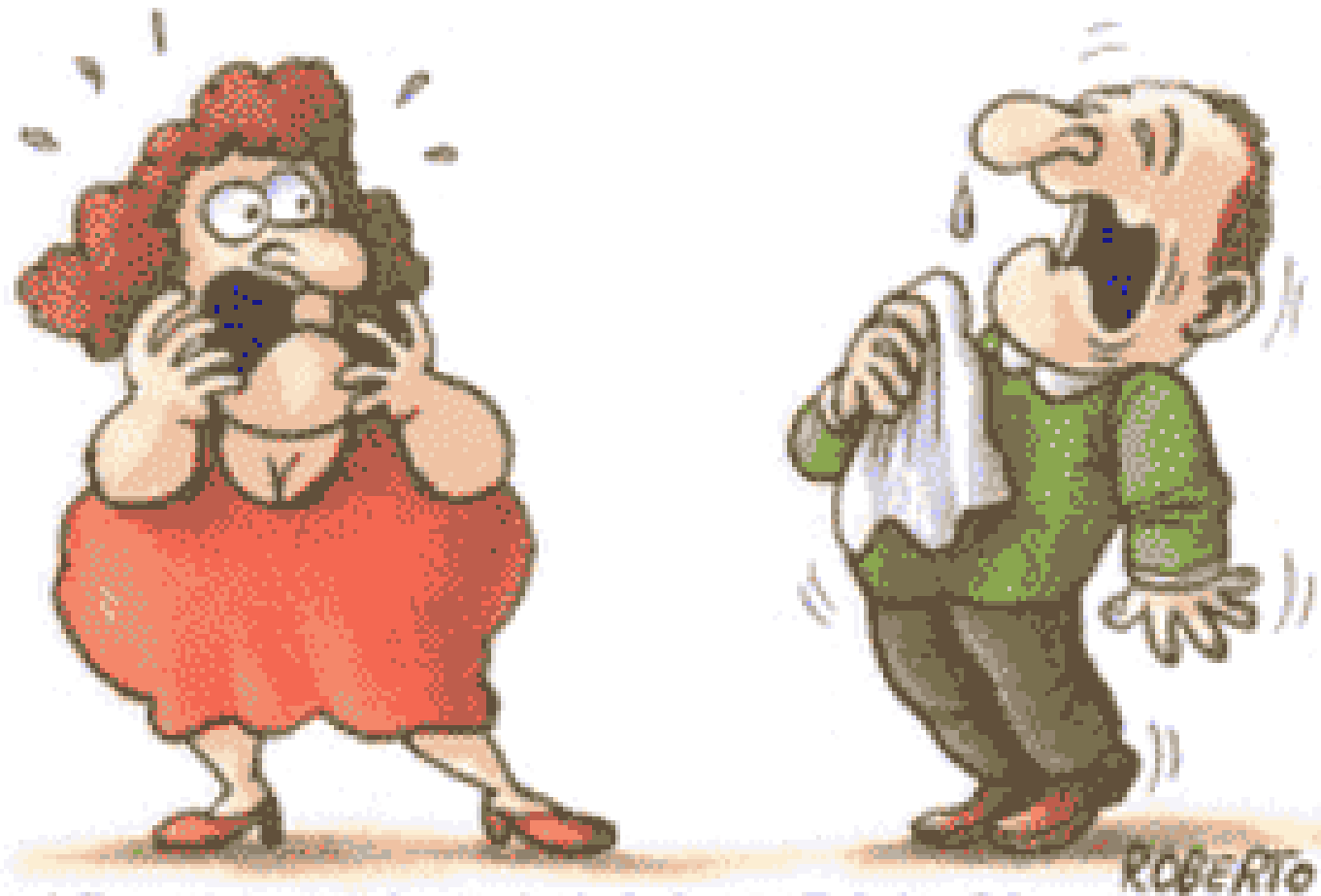
An infection of T Helper or CD4 Cells



CD4 CELLS with HIV



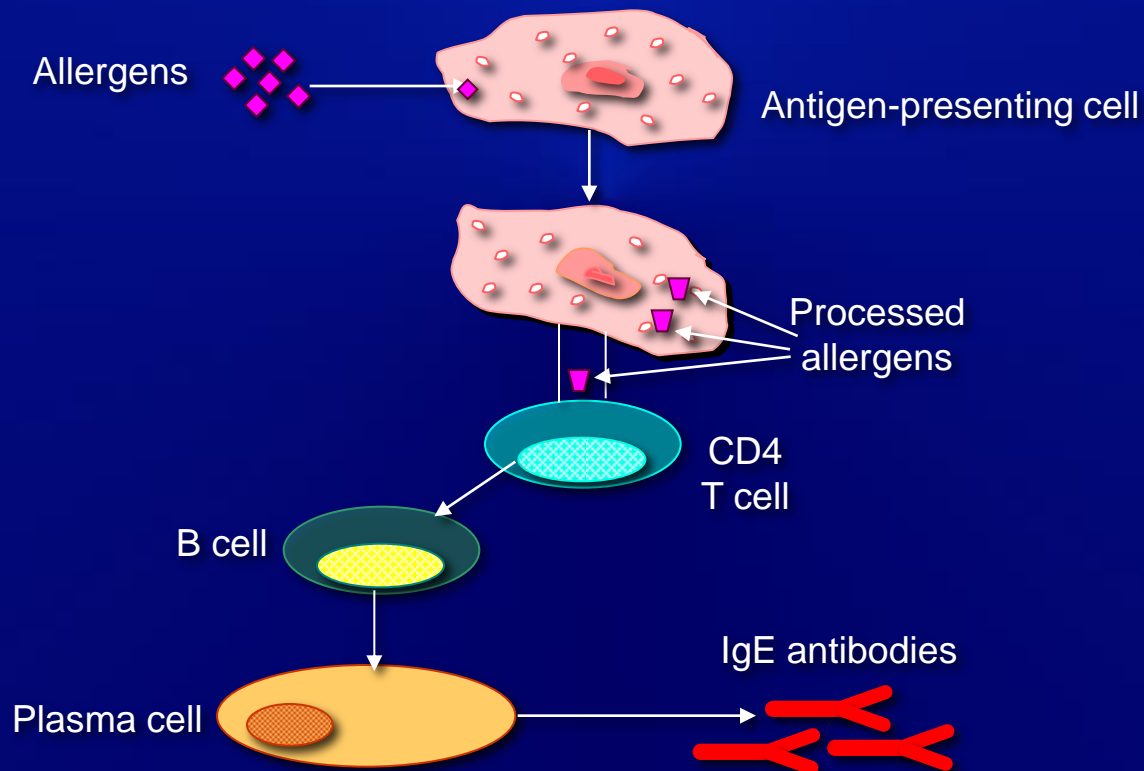
ALLERGIES?



(C) WWW.OHMYGOODNESS.COM

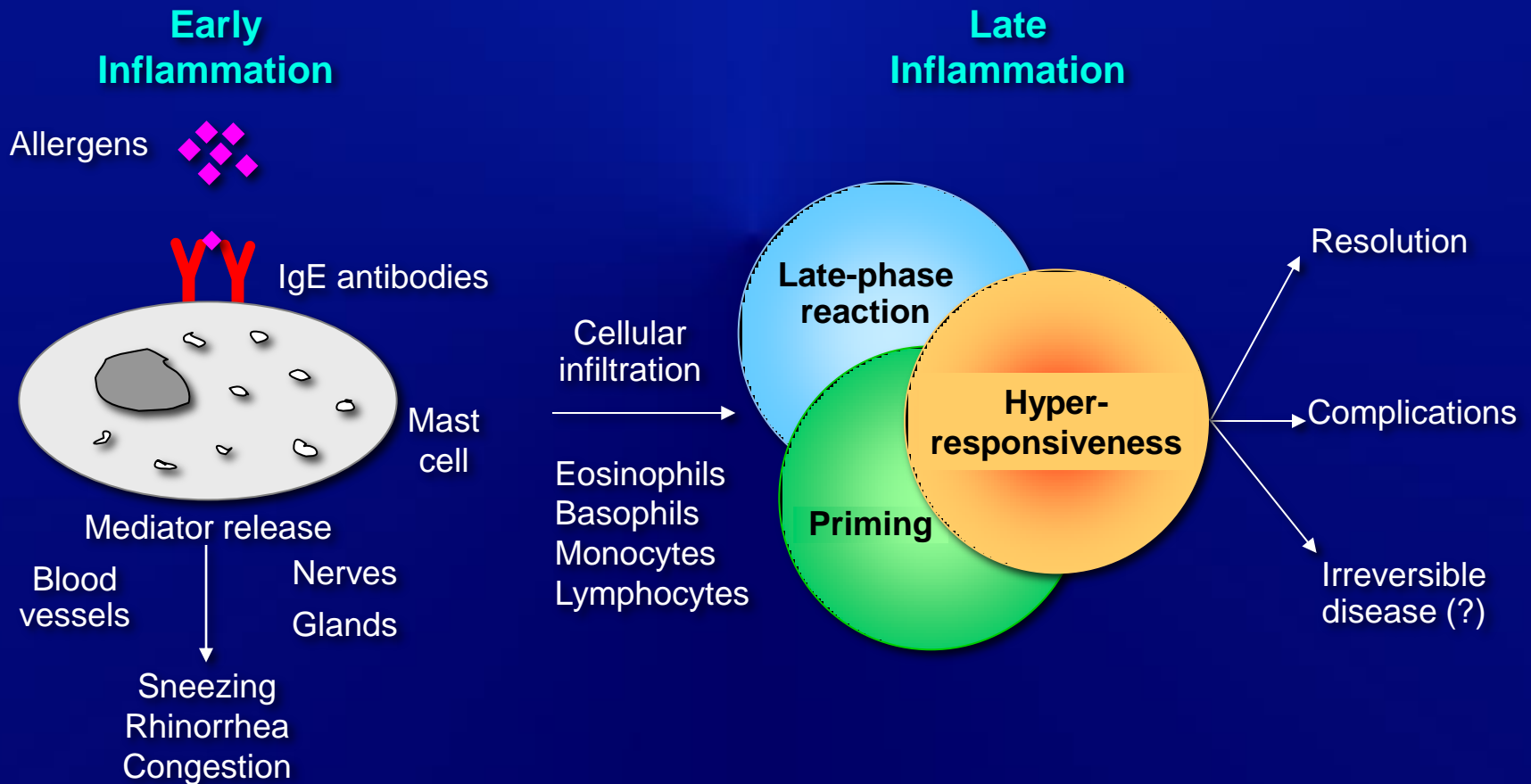
Pathophysiology of Allergic Inflammation: Sensitization

Phase 1: Sensitization



Pathophysiology of Allergic Inflammation: Clinical Disease

Phase 2: Clinical Disease

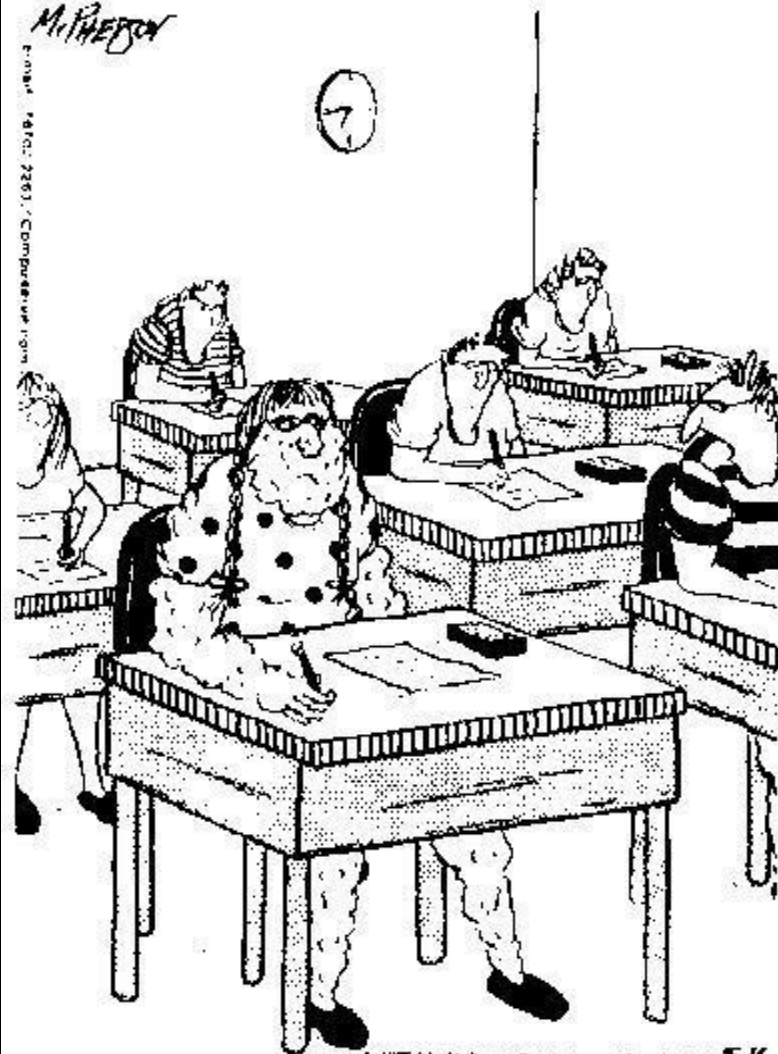






CLOSE TO HOME By John McPherson

McPHERSON



© 1996 John McPherson/Orion by Universal Press Syndicate 546

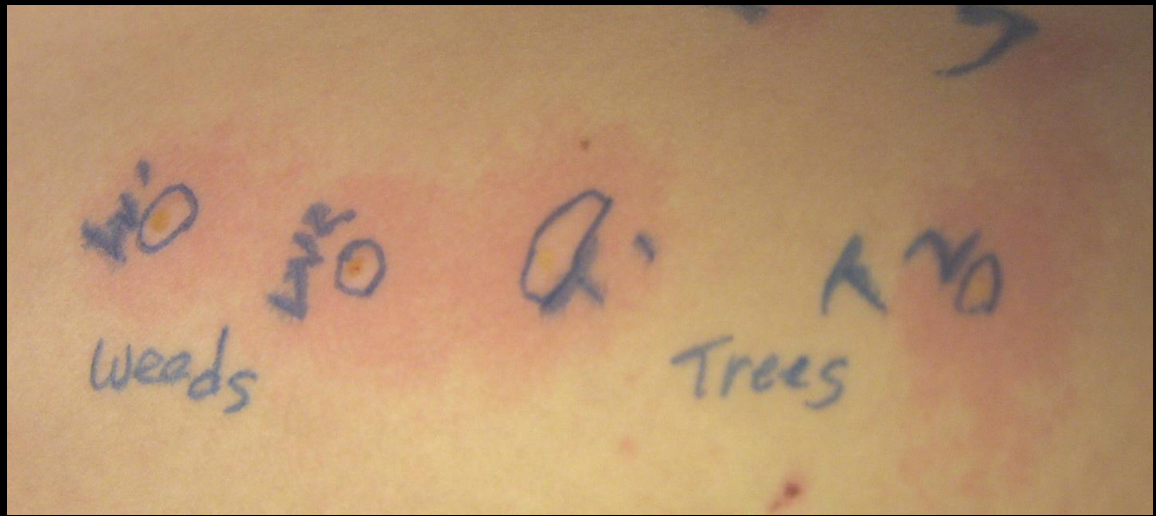
In the midst of final exams, Noreen developed an allergic reaction to algebra.



N Drive, Research, Patient Photos, Skin tests



ST DOB: 04-09-1995
Skin Tests 12-28-2001 Weeds, Trees, Mixed Grass, Cat Pelt





Three Legged Stool of Allergy Treatment

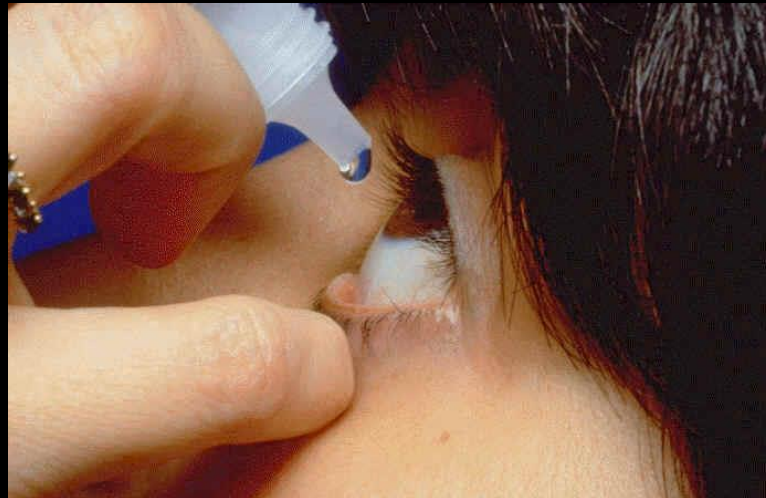
1. Avoidance
2. Medications
3. Immunotherapy



Avoidance



Medications





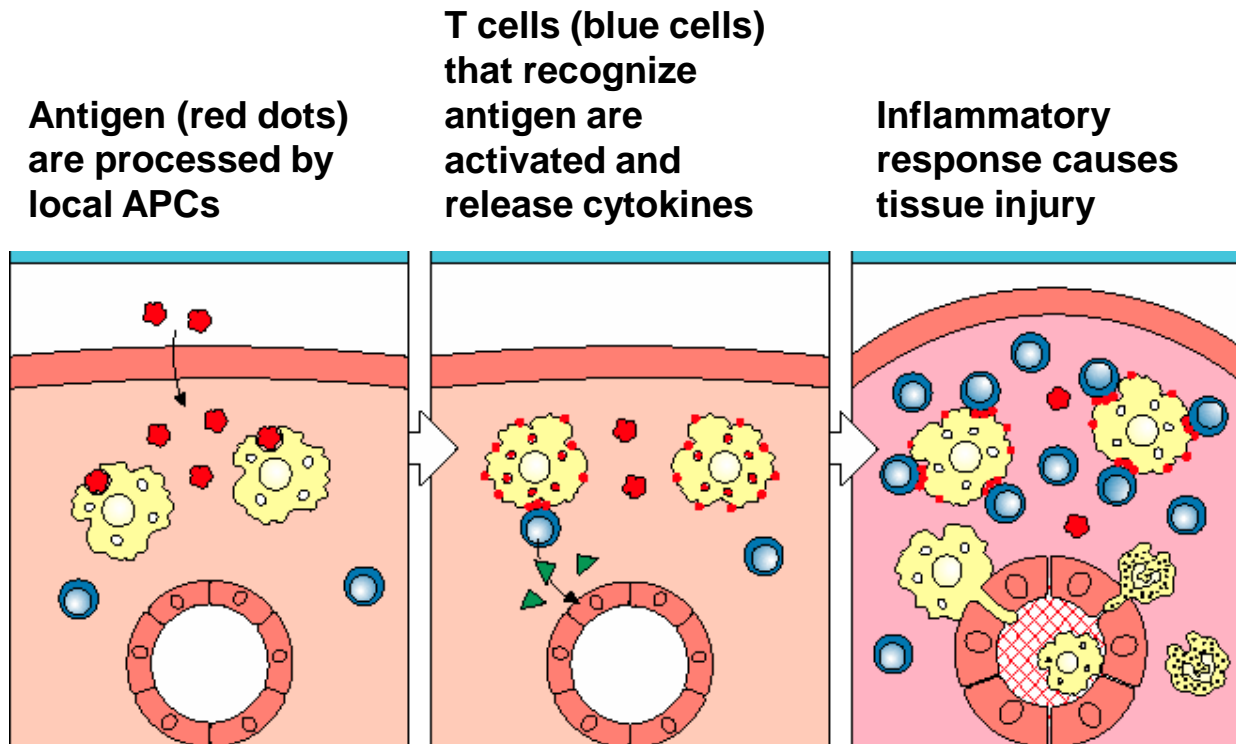
Immunotherapy



Type IV Hypersensitivity - A Delayed Reaction

CONTACT DERMATITIS

66



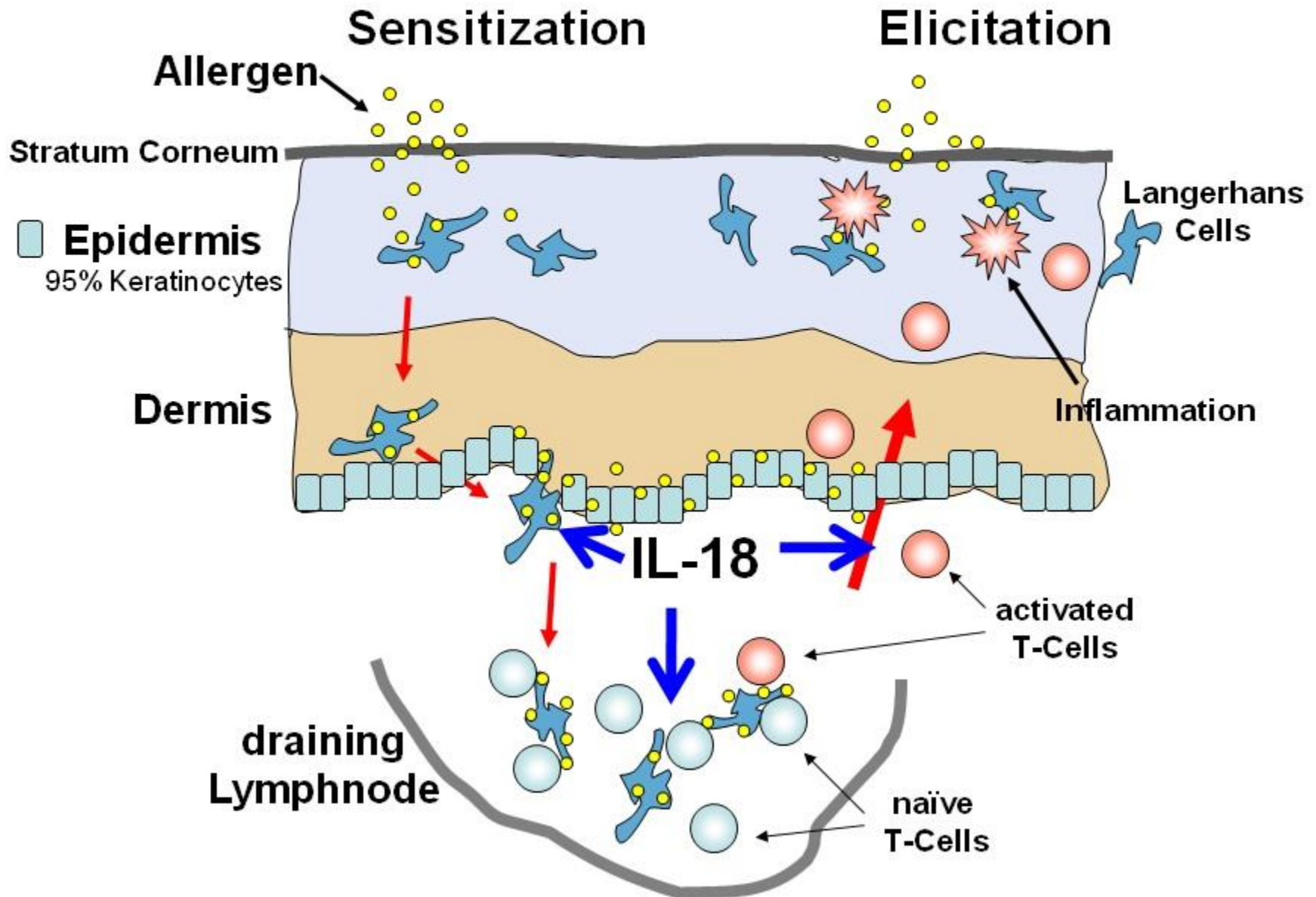
© 2000 Garland Publishing/Elsevier Science

Antigen is presented by APC's to antigen-specific memory T cells.

They become activated and produce chemicals that cause inflammatory cells to move into the area, leading to tissue injury.

Inflammation by 2 - 6 hours with peak in 24 - 48 hours.

ALLERGIC CONTACT DERMATITIS










COBALT

A hand-drawn circle in black ink surrounds a red, raised skin lesion. A thick black arrow points from the word "COBALT" to the center of the circle.

NICKEL

A hand-drawn circle in black ink surrounds a red, raised skin lesion. A thick black arrow points from the word "NICKEL" to the center of the circle.

STEVENS-JOHNSON SYNDROME



TOXIC EPIDERMAL NECROLSIS (TEN)



What Makes us Sick?

- “Enemies” in the environment like microbes and chemicals are constantly attacking our bodies, disrupting homeostasis.
- Sometimes immune system homeostasis is disrupted on its own.

it may **over-react** to antigens such as with allergies

it may **under-react** as with human immunodeficiency virus infection (HIV)

it may **react to self** proteins as with autoimmune disease



Auto-Immune Diseases

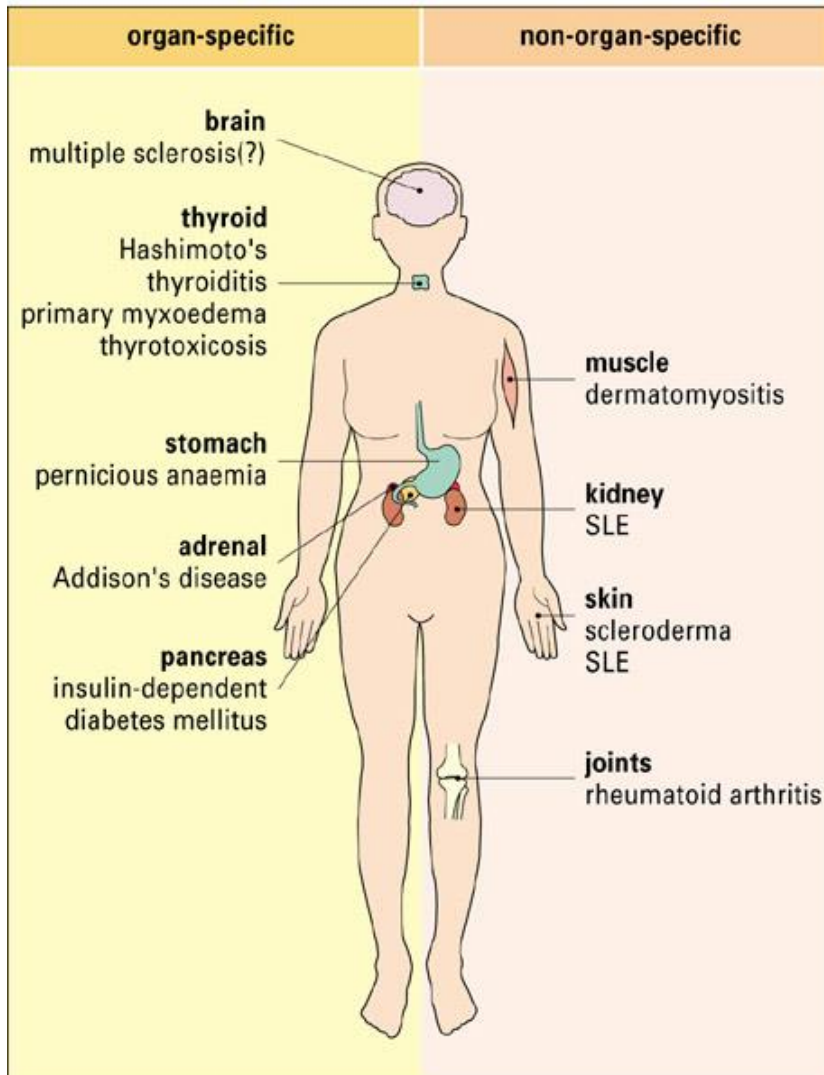
The immune system sees “self” antigens as “non-self”.

- **The autoimmune response results in tissue damage;**
 - **Some damage occurs in only one or a few organs;**
 - **In other cases it may be body-wide (systemic).**
- **~ 3.5 % of people have autoimmune diseases;**
On average, women are 2.7 times more likely to develop these diseases than men.
- **The cause may be due to genetic factors, infectious agents, gender, and age.**
Most auto-immune diseases have no known cause or cure - treatment is aimed at controlling symptoms.

Why Does the Immune System Attack What it's Supposed to Protect?

- **Failure to recognize some cells as “self”**
 - In rheumatic fever, the streptococcus antigen is very similar to a protein in heart tissue, so the body mistakenly identifies heart tissues as foreign.
- **Cells seen as foreign are attacked and destroyed**
 - May be organ-specific, targeting a few select cells or organs;
 - May be systemic.

Auto-Immune Diseases



- Organ-Specific

- Multiple Sclerosis
- Juvenile Diabetes

- Systemic

- Systemic Lupus Erythematosus
- Rheumatoid Arthritis

Rheumatoid Arthritis (RA)

- **A chronic systemic autoimmune disease.**
 - **Anti-self antibodies that react with the constant regions of other antibodies (rheumatoid factor).**
- **Disease onset occurs most often between the ages of 25 – 55.**
 - **Women are 3 times more likely to develop this than men.**
- **Symptoms include weakness, fatigue, and joint pain.**
- **Infections, hormones and genetic factors may be involved.**



X-ray shows severe arthritis affecting the joints and limiting mobility

Multiple Sclerosis (MS)

- A chronic organ-specific disease - may be mild or severe.
 - MS involves the destruction of the myelin sheath that covers cells of the spinal cord and brain.
- Affects ~ 1 in 1,600 people.
 - 60% of the cases occur in women.
- Symptoms include weakness, tremors or paralysis of one or more extremities, numbness, decreased memory and attention span and may disappear and recur over time.
- Infections, hormones and genetic factors may be involved.

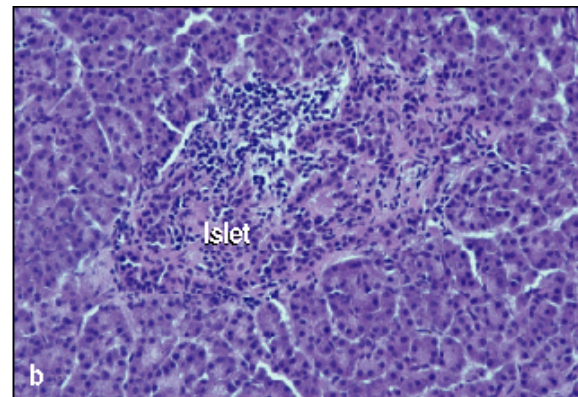
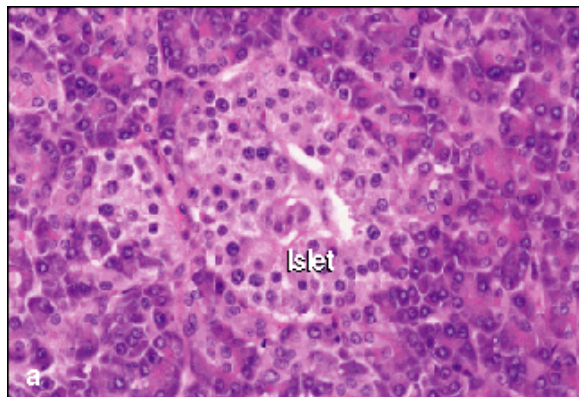


Magnetic resonance image of brain of patient with chronic form of multiple sclerosis, showing characteristic lesions of MS (white spots)

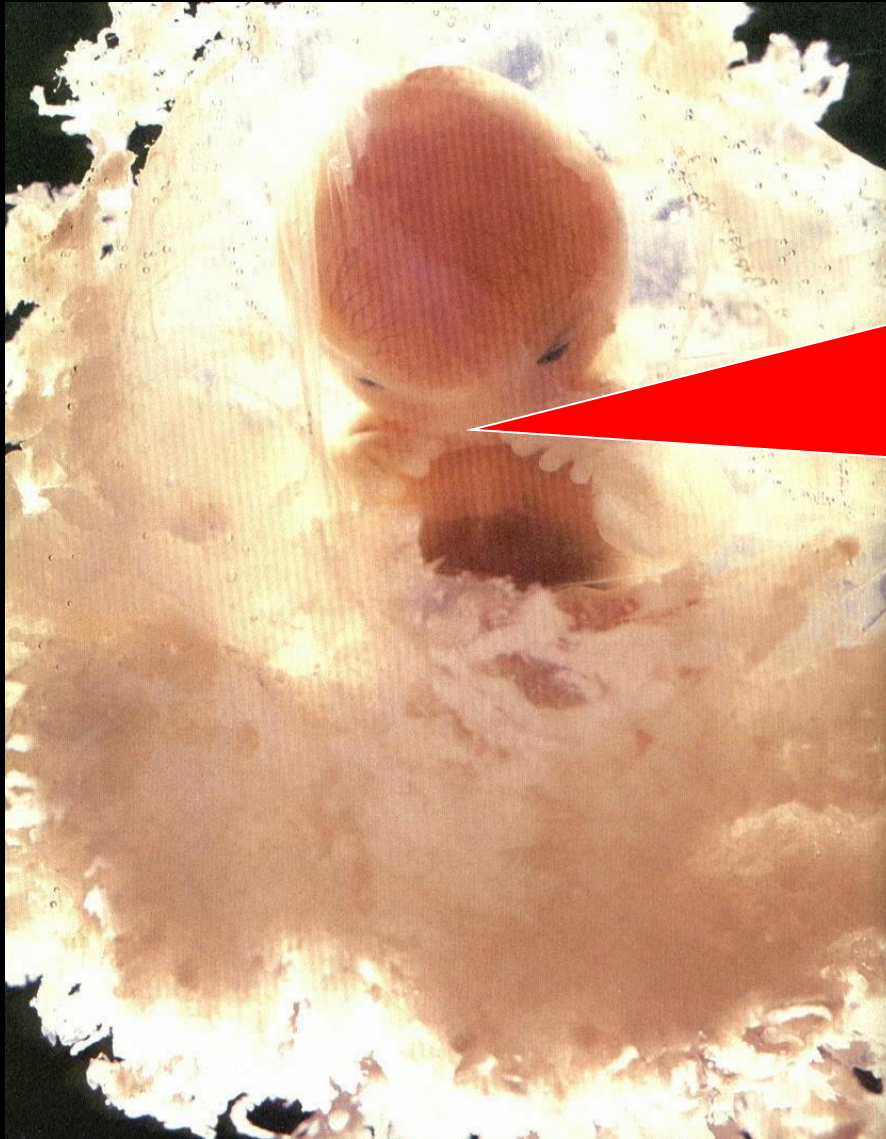
Juvenile Diabetes

- Also known as Type - I diabetes or insulin-dependent.
 - Beta-cells in the pancreas produce little or no insulin.
- Usually occurs before the age of 30.
 - Occurs in 1 in 7,000 children each year.
 - The incidence decreases after the age of 20.
- Symptoms include increased thirst and urination, weight loss, nausea, and fatigue.
- Cause is linked to genetic, viral, and autoimmune factors.

**Normal
pancreas**

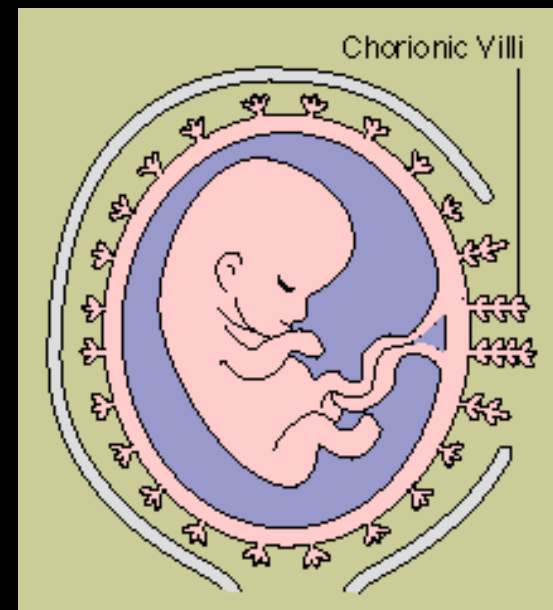


**Diabetic
pancreas**

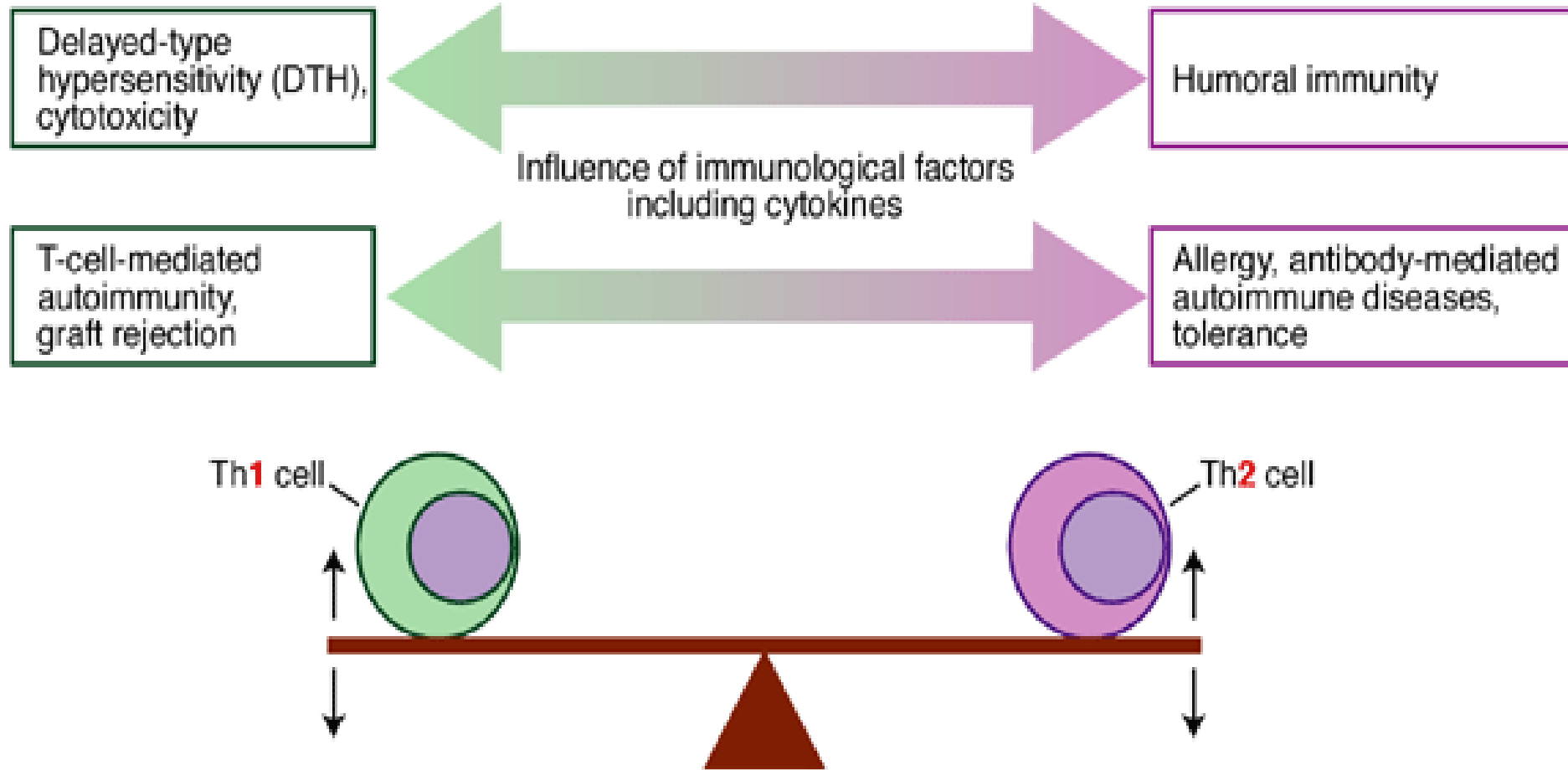


**I am only
half my mom!**

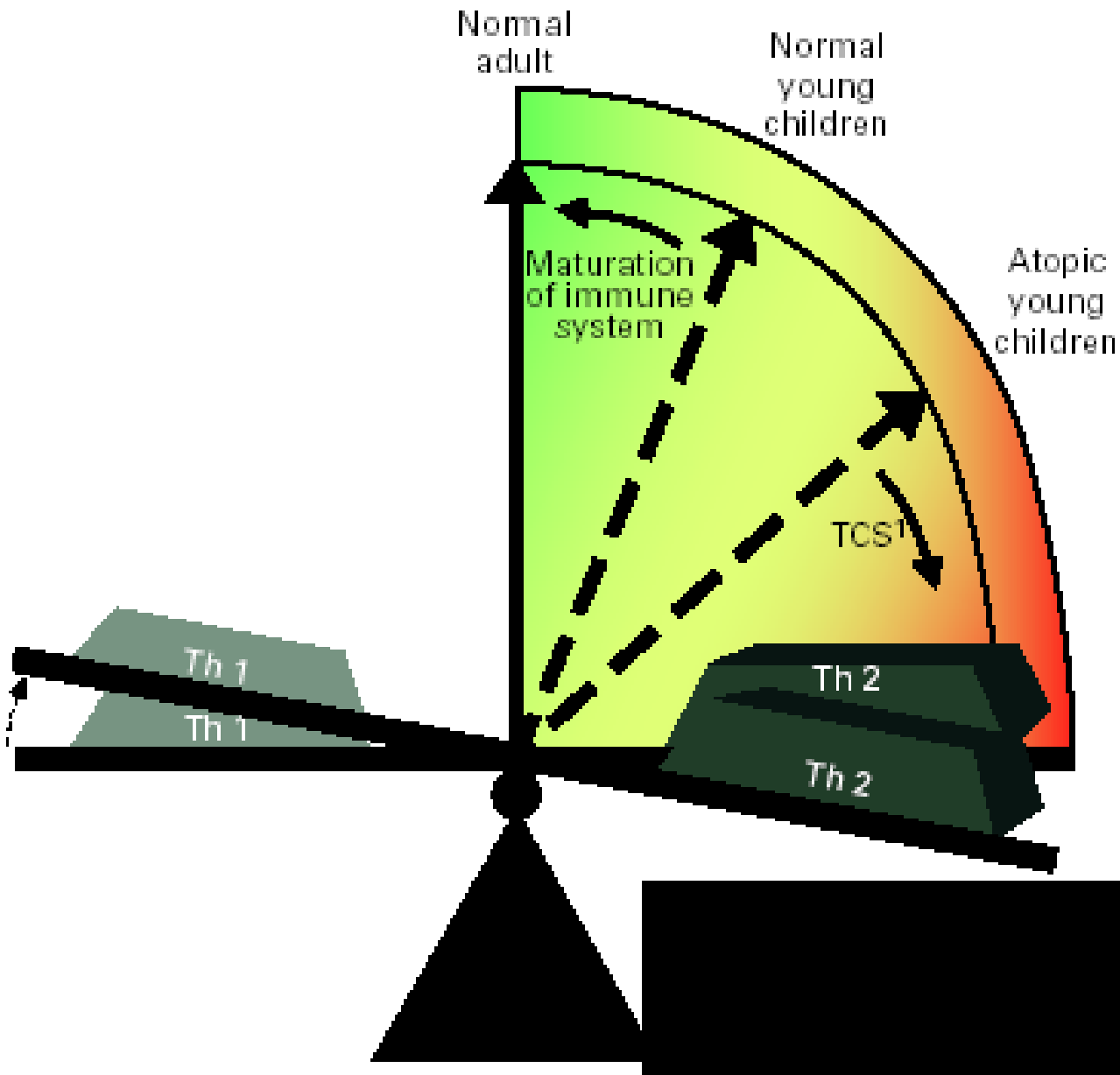
**How does
mom's
immune
system
tolerate me?**



TH1 and TH2 Balance



A model to illustrate the complex balance between T helper 1 (Th1) and Th2 cells





WHERE IS THE WORST?

This map shows the four cities with the highest measured one-day readings for seasonal allergens (plus Louisville's highest readings) in the year 2000, as reported by the National Allergy Board.

For comparative readings from other cities, see the chart on Page 2. (Note: Readings are not taken in all cities, and monitoring methods vary.)

Source: National Allergy Board of the American Academy of Allergy, Asthma and Immunology (aaaai.org). Used by permission.

BY JOANNE MESHAW AND KIM KOLARIK, THE C-J

WHAT POLLEN COUNTS MEAN

Numbers are grains of pollen or mold spores per cubic meter

	Weeds	Grasses	Trees	Molds
Low	0-10	0-5	0-15	0-6,500
Moderate	10-50	5-20	15-90	6,500-13,000
High	50-500	20-200	90-1,500	13,000-50,000
Very high	500+	200+	1,500+	50,000+

- Symptoms**
- Low** Only individuals extremely sensitive to these pollens and molds will experience symptoms.
 - Moderate** Many individuals sensitive to these pollens and molds will experience symptoms.
 - High** Most individuals with any sensitivity to these pollens and molds will experience symptoms.
 - Very high** Almost all individuals with any sensitivity to these pollens and molds will experience symptoms.

What is in the Air Now?

Tree Pollen

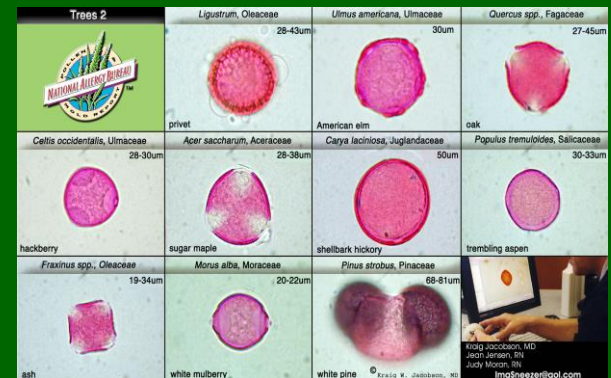




Pollen Forecast



Kraig W. Jacobson, M.D. and Robert F. Jones, M.D.,
Allergy & Asthma Research Group



Corylus=Hazelnut



Alnus = Alder



Betula = Birch



The image shows several Ambrosia pollen grains under a microscope. The grains are roughly spherical and have a distinct, textured surface. The central part of each grain is a lighter, yellowish-brown color, while the outer layer is a darker, reddish-brown. The grains are scattered across a light blue background. In the center, the text "Ambrosia=Ragweed" is written in a bold, blue font.

Ambrosia=Ragweed



Gramineae / Poaceae = Grass

***Ulmus americana* (Ulmaceae) 30um**
American Elm



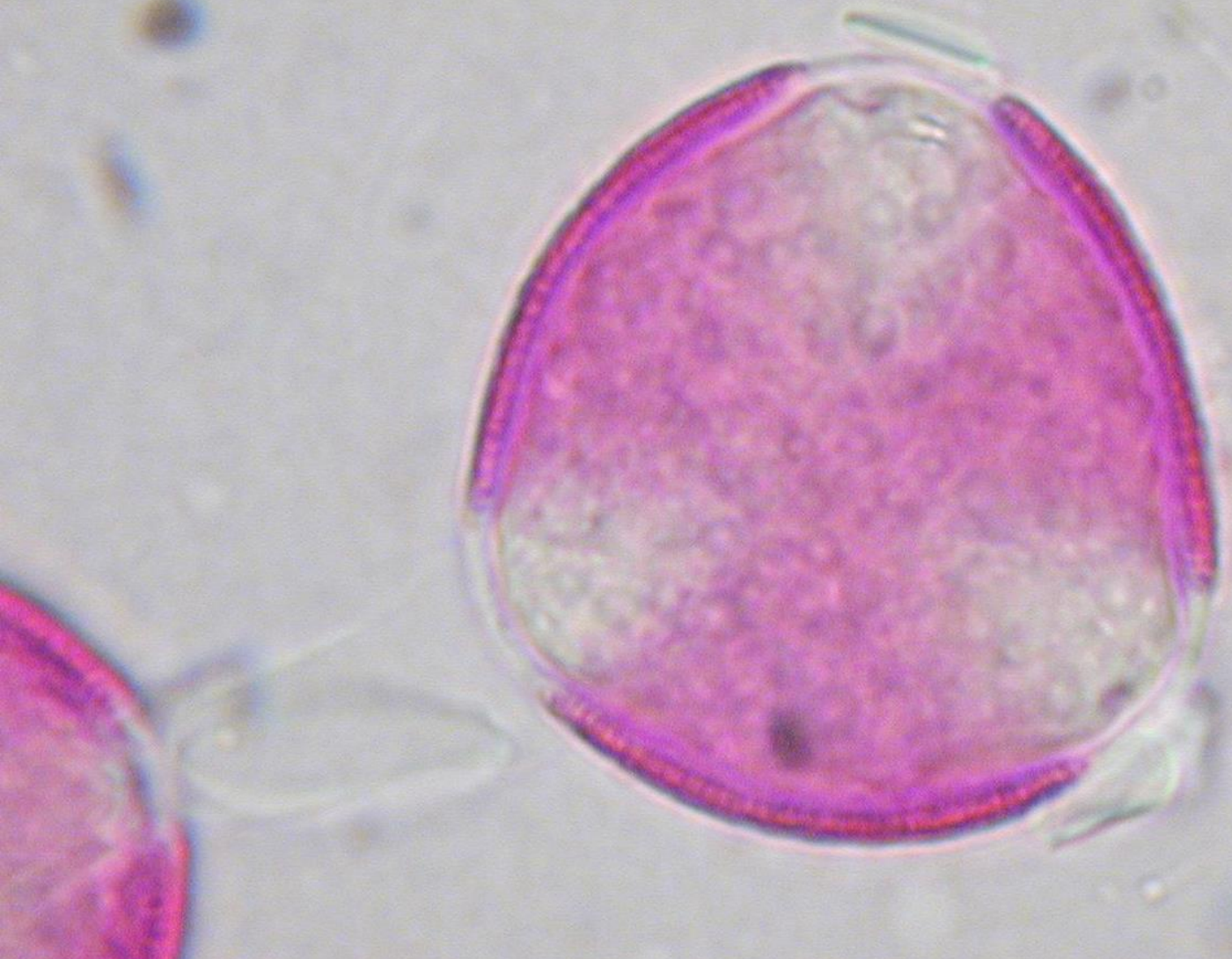
***Quercus* spp. (Fagaceae) 27-45um**
Oak



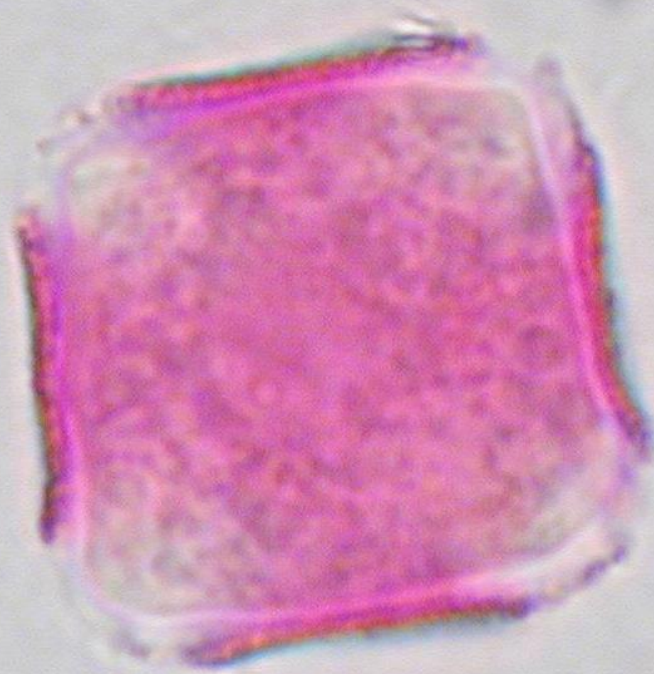
***Celtis occidentalis* (Ulmaceae) 28-30um
Hackberry**



***Acer saccharum* (Aceraceae) 28-38um**
Sugar Maple



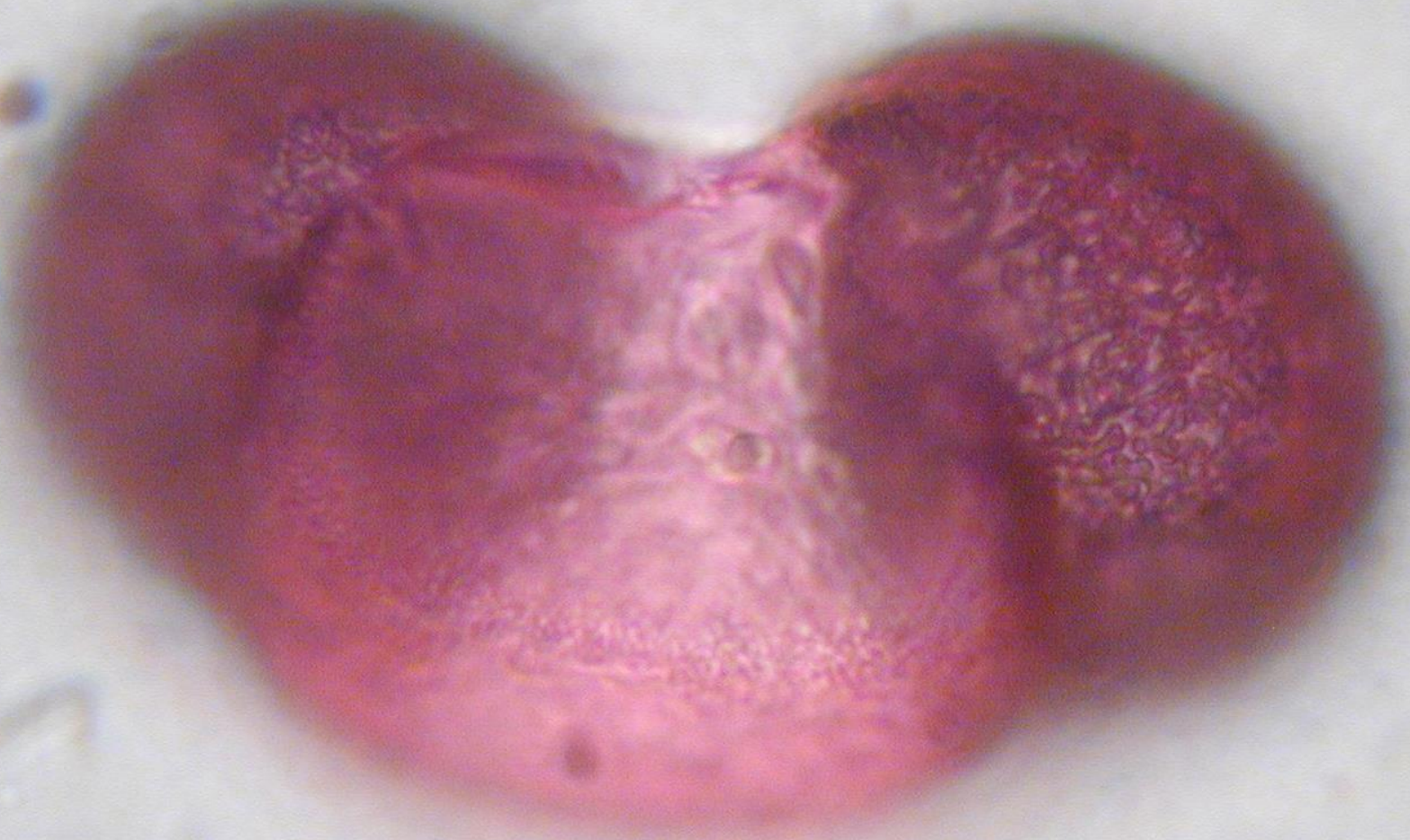
***Fraxinus* spp. (Oleaceae) 19-34um**
Ash



***Morus alba* (Moraceae) 20-22ug**
White Mulberry

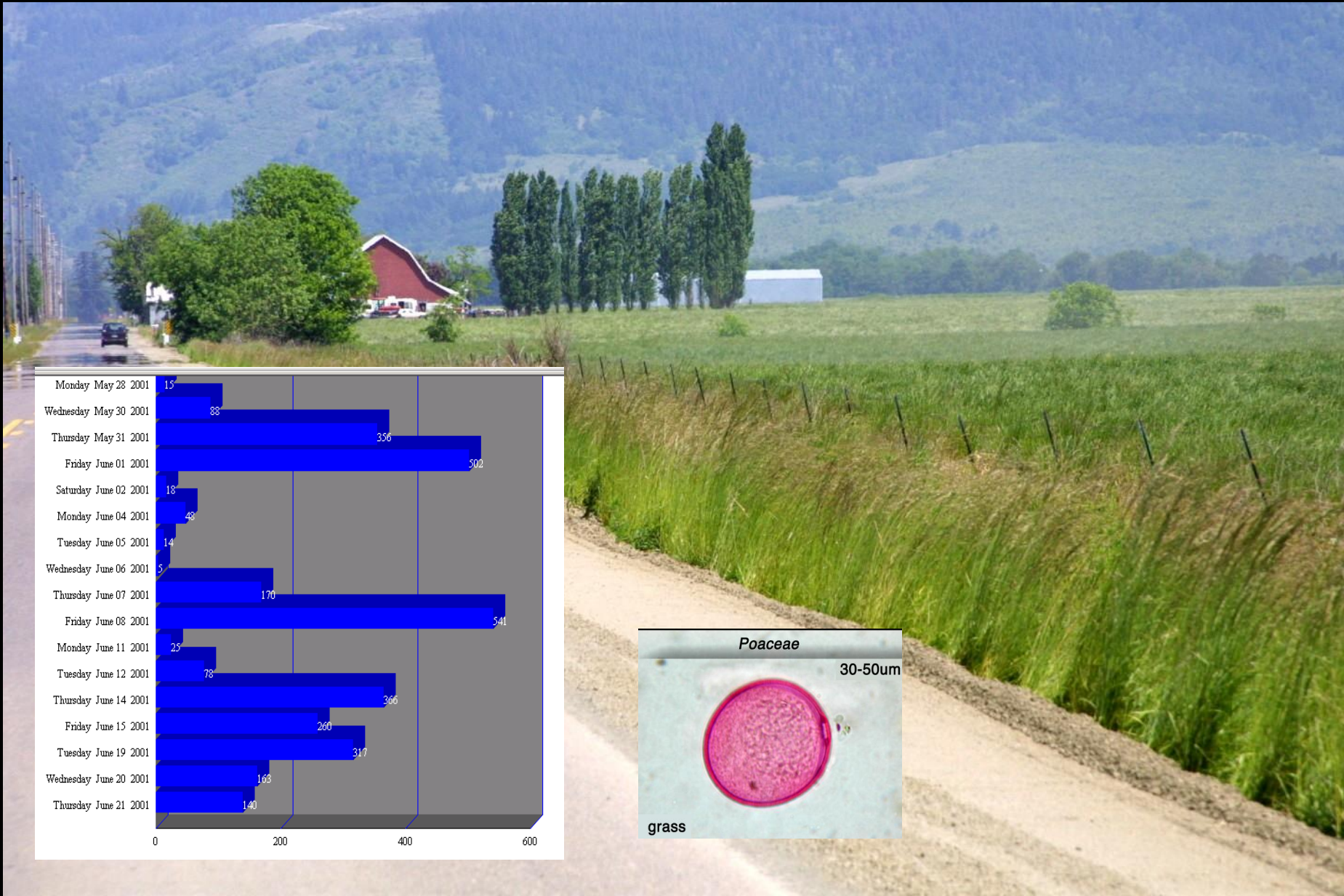
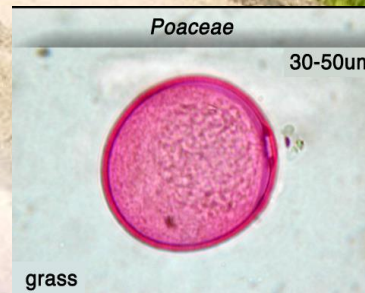
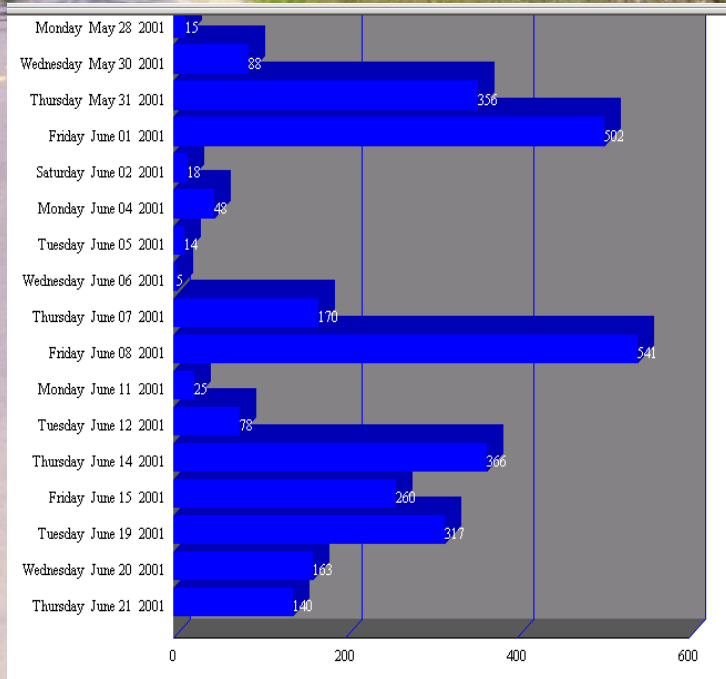


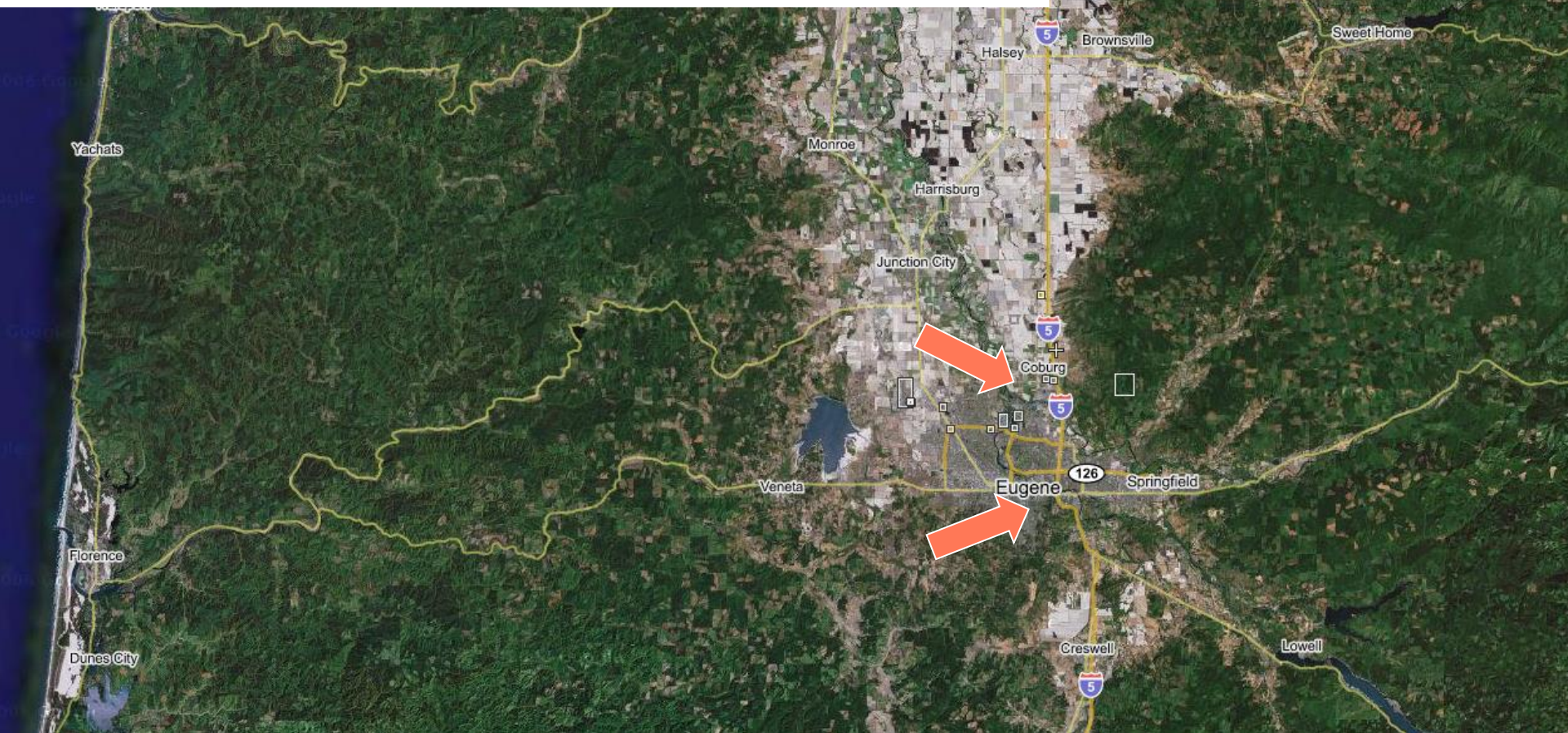
***Pinus strobus* (Pinaceae) 68-81um**
White Pine





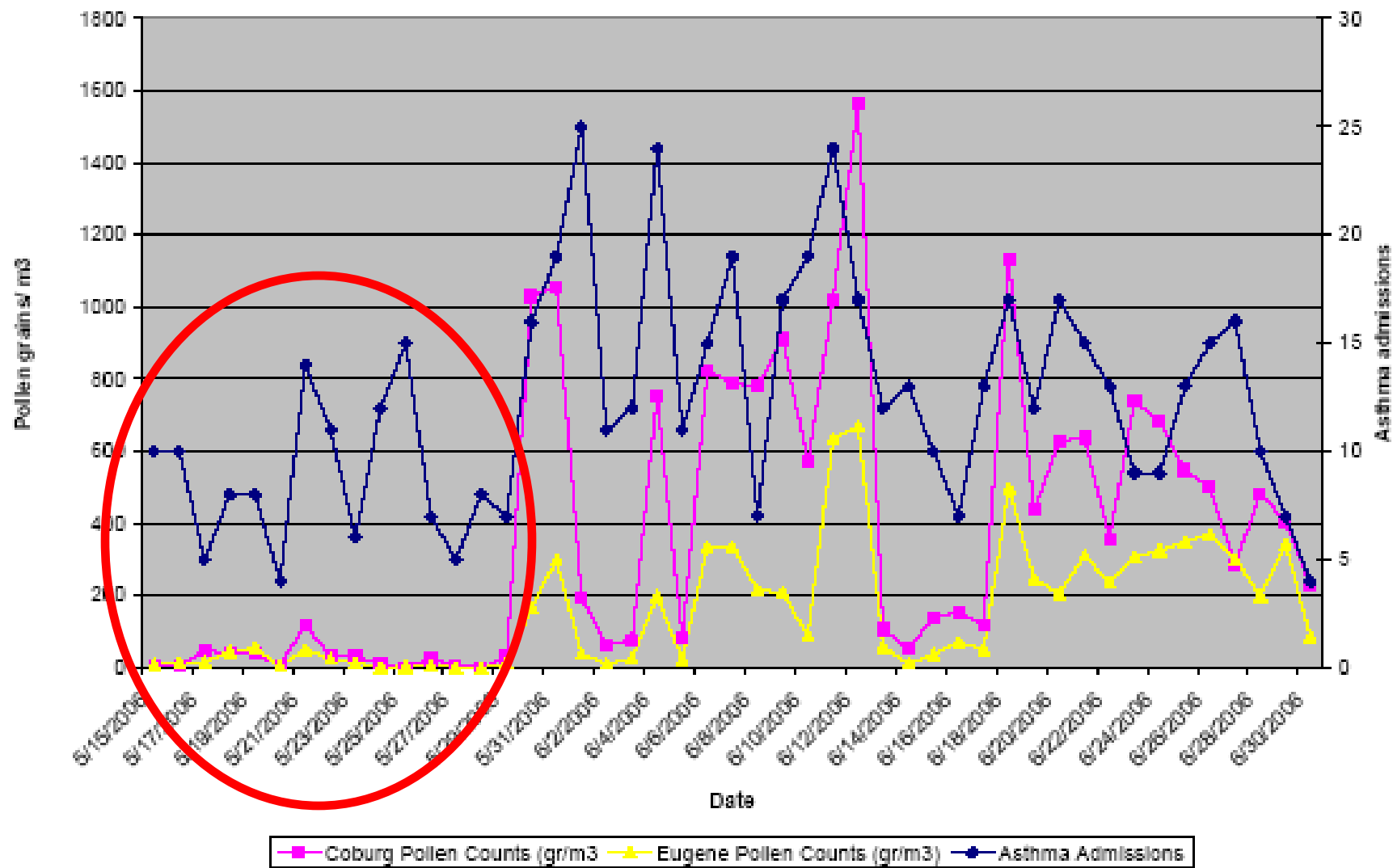
What Makes The Willamette Valley Unique?



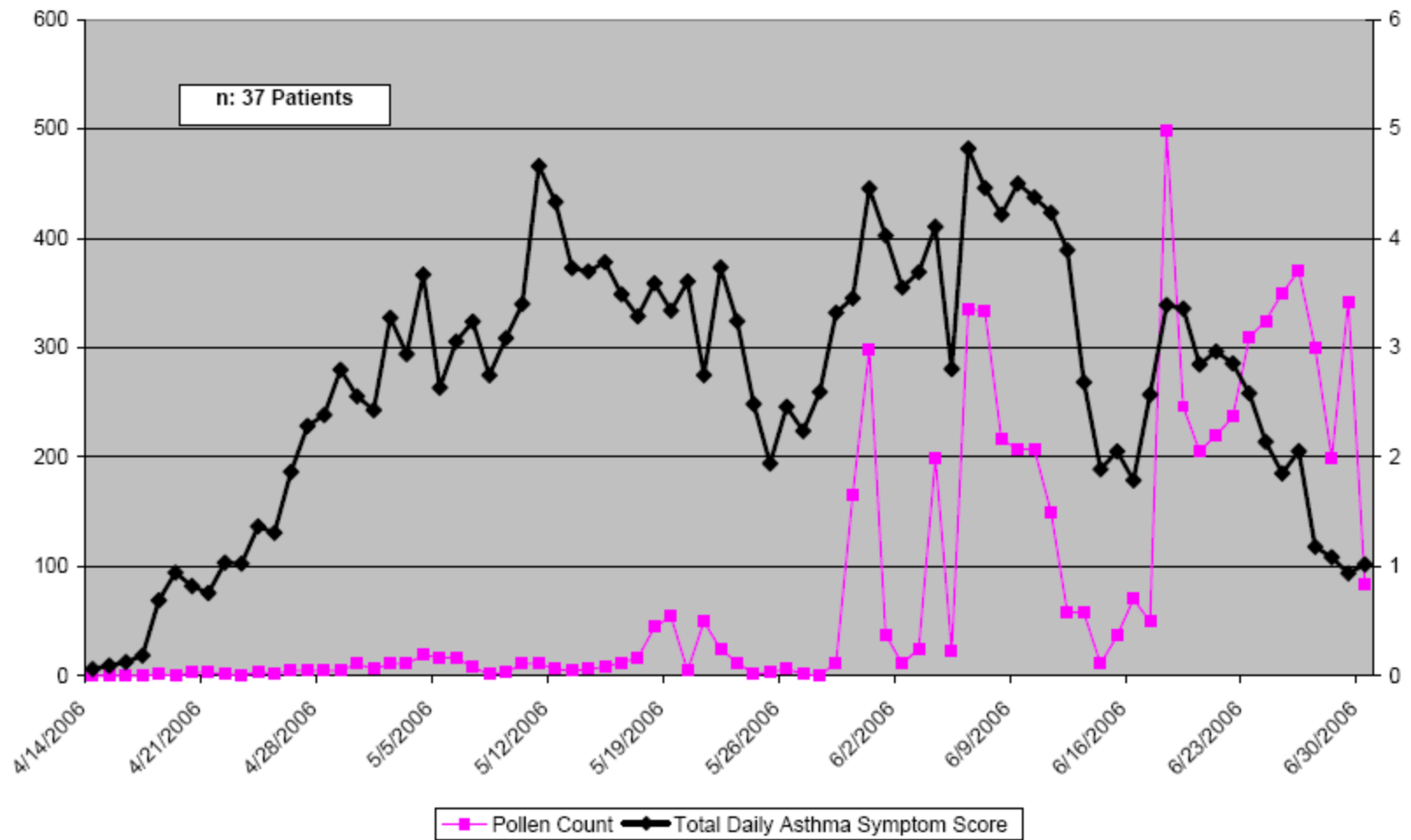


Acute Asthma Due to Grass Pollen in Oregon

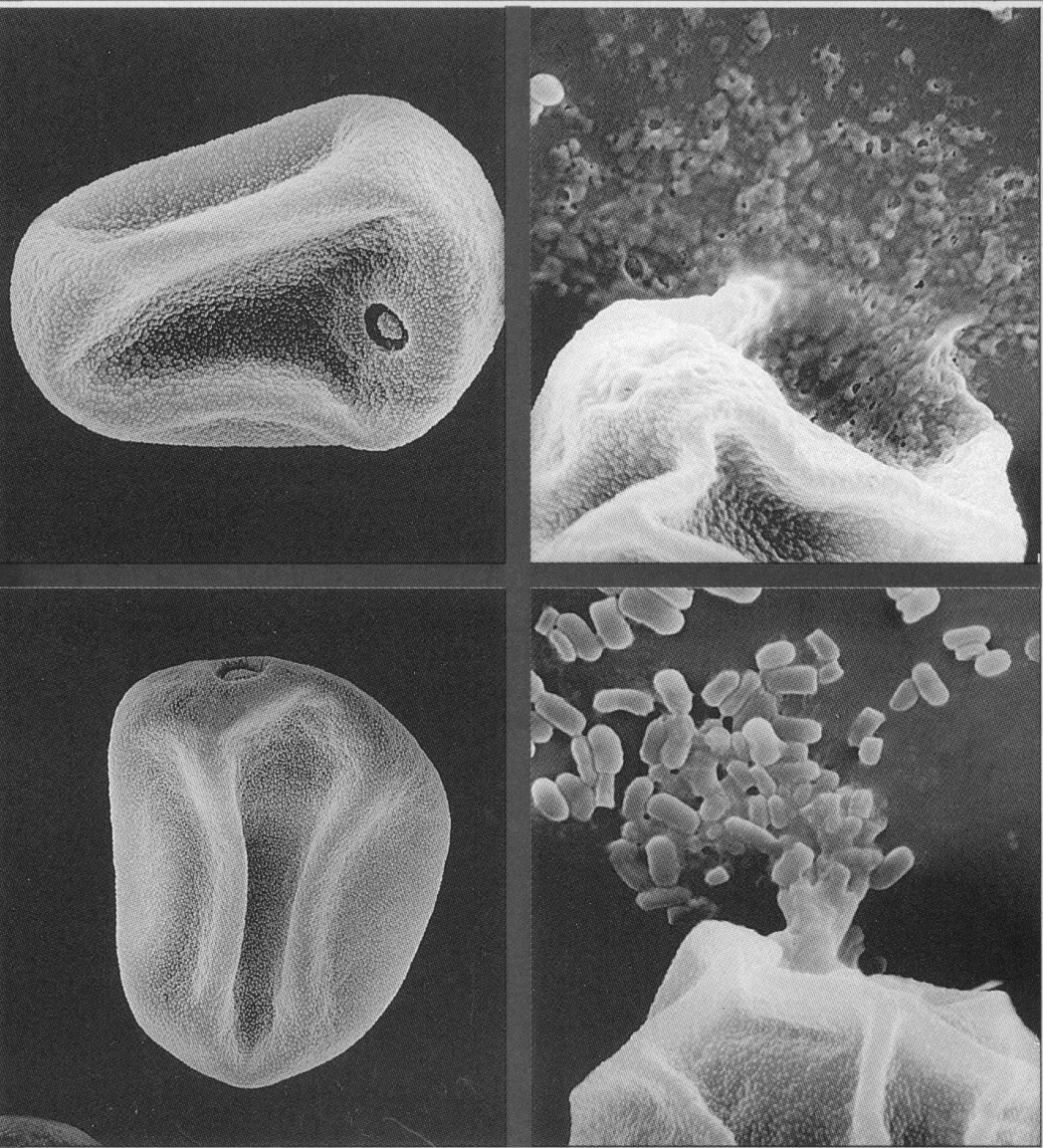
2006



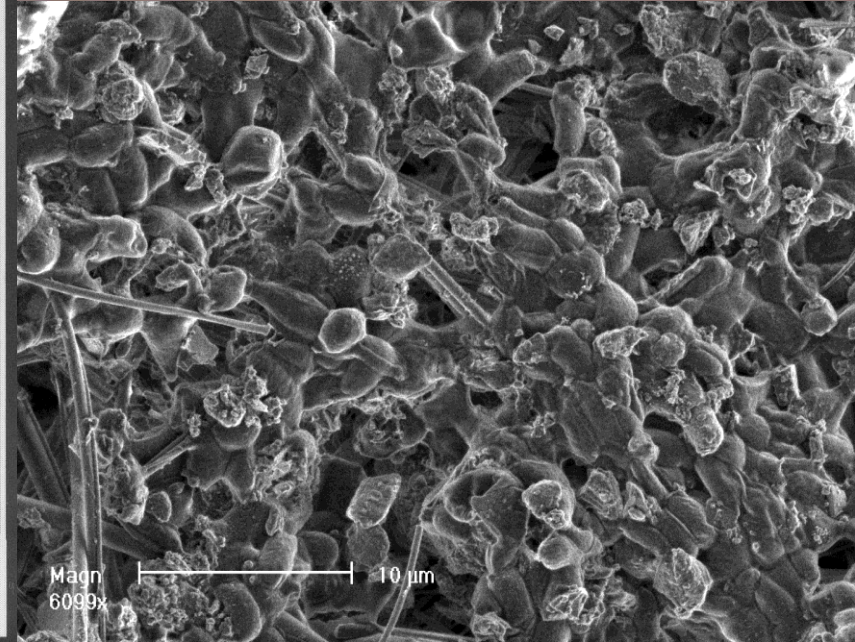
Grass Allergic Asthma Patients with Asthma Symptoms to Grass Pollen Peaks Eugene, OR 2006




Pollen Particles



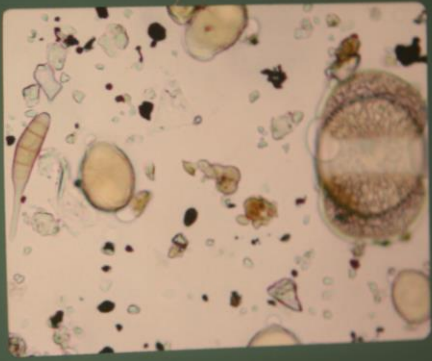
Release of small particles from hydrated grass pollen
(a detailed explanation of the figure appears on page 5A)



EUDORA HULL SPALDING LABORATORY OF ENGINEERING

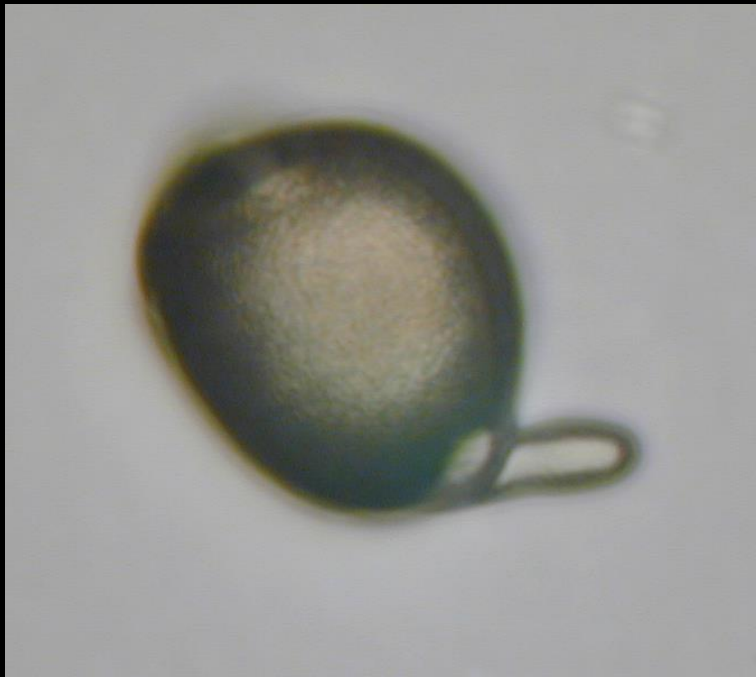
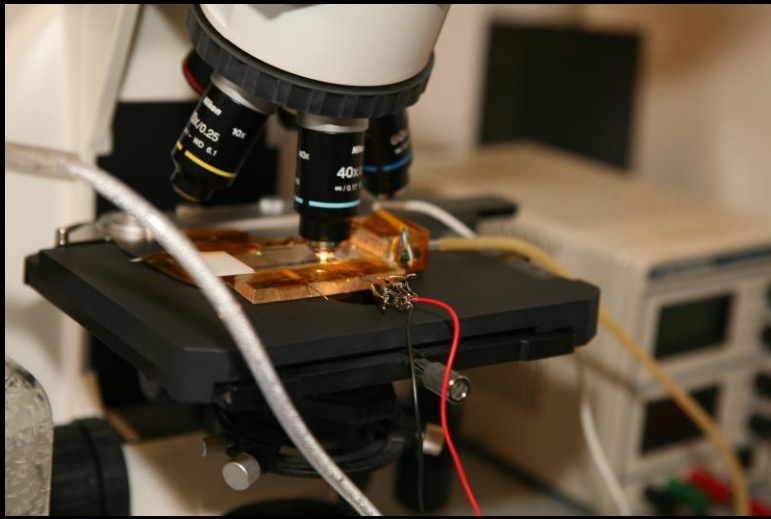


ENVIRONMENTAL
ENGINEERING
SCIENCE



At the Coburg Fire Station







Questions?

