Secondary Immune Deficiencies.

Learning Objectives:

- •The causes of acquired immune deficiency.
- •A relative immune compromise occurring with normal aging.
- •Molecular Biology of HIV and AIDS
- •Cellular immune dysfunction due to AIDS.
- •Immune response to HIV infection.
- •Therapeutic and vaccine targets in HIV infection, and the draw backs.

Introduction.

- Acquired immune deficiencies may be caused by infection with a virus.
- Also, a relative immune compromise occurs with normal aging.
- Cancer, chronic disease, severe protein loss, liver disease- all cause a general diminution of the immune response.

- Some are due to decreases in systemic immune globulins (protein wasting diseases, malnutrition);
- Others are probably due to systemic effects of cytokines (some viral diseases, cancer);
- Still others are due to unknown cause (liver disease).
- Perhaps the most frequently overlooked is the role of the physician in producing immune compromise.
- Immunological suppressants such as corticosteroids, chemotherapy, some potent antimicrobials, and transplant medications can produce profound immune deficiencies that may lead to the death of the individual.

- The lecture will concentrate on a disease that produces profound immune deficiency through a relatively selective depletion of CD4+ lymphocytes.
- AIDS, first described in 1981 and, has been the subject of countless research publications and articles.

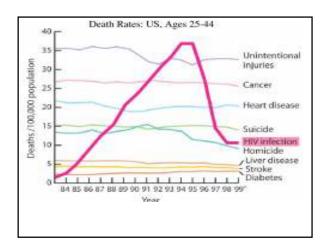
Human Immunodeficiency Virus.

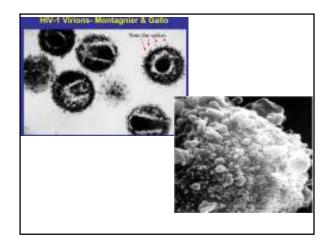
- The human immunodeficiency virus (HIV) is the causative agent in the acquired immune deficiency syndrome (AIDS).
- Need to be conversant with molecular biology of HIV as a virus.

Acquired Immune Deficiency Syndrome: (AIDS). Original descriptions of AIDS, 1981 ORIGINAL ARTHELE. PAREMENTITE CARROT FAIL MOVED AND SUCTIMAL CANDIDANIES BY PRINTED AND PRINTED AND SUCTIMAL SUCTIMAL SUCTIMAL SUCTIMAL ARTHCLE AN OUTEREAK OF COMMUNITY ACQUIRED PAREMENT DESCRIPTION AND BRANCH SUCTIMAL SU

1981: A new disease

- Demographic groups-- homosexuals, IV drug abusers, hemophiliacs
- · Infections with opportunistic organisms
- Unusual cancers— CNS lymphoma, Kaposi's sarcoma
- · Decreased CD4+ T cells





HIV: Acute and Chronic Disease

- Acute infection-- flu-like illness with fever, weakness, lymphadenopathy
- Latency—period of years during which infection is active but symptoms are few
- Chronic disease— diminished CD4 T cell count contributes to immunodeficiency and secondary infection with opportunistic organisms

Opportunistic Infections

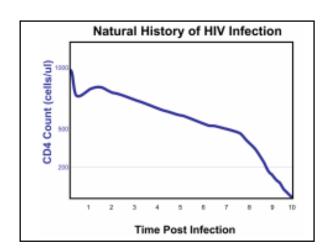
- Pneuomocystis carinii pneumonia (PCP)
- · HIV-associated wasting syndrome
- TB (tuberculosis)
- MAI (an atypical mycobacterium)
- HSV
- · Bacterial pneumonias
- Toxoplasmosis
- CMV
- · Other things-- dementia, Kaposi sarcoma

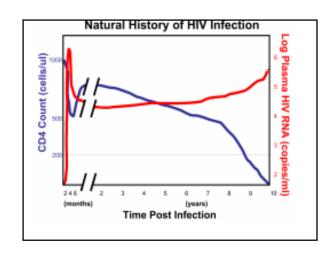
Diagnosis

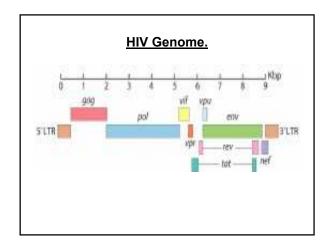
- · ELISA for anti-HIV antibodies
- Western blot using patient serum against viral proteins
- · PCR for viral RNA in serum

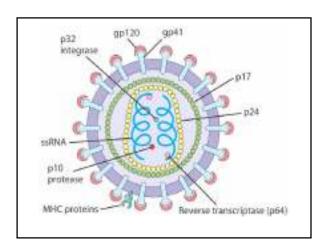
Modes of Transmission

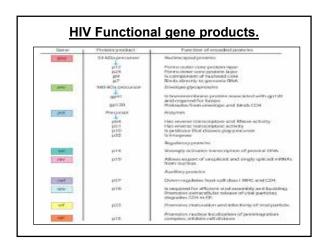
- · Blood and body fluids
- Sexual transmission: male:male >> male:female
- · IVDA
- · During birth or nursing

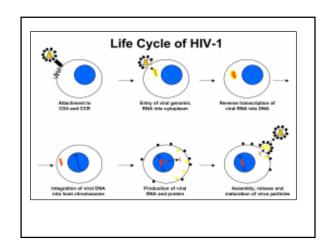


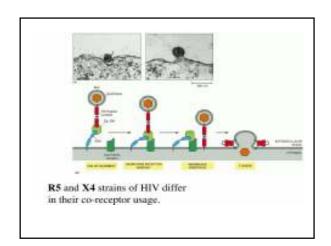


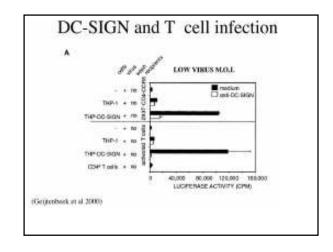


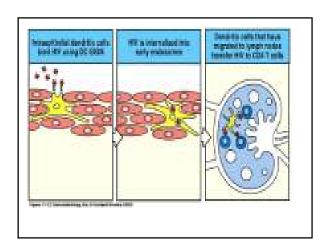


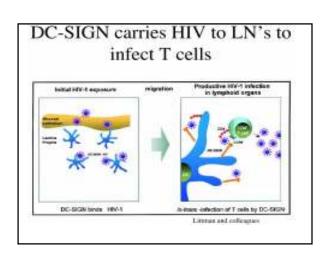












The immune response to HIV

- · Antibodies (some neutralize)
- · Cytotoxic T Cells
- · Complement
- NK Cells

The antibody response to HIV

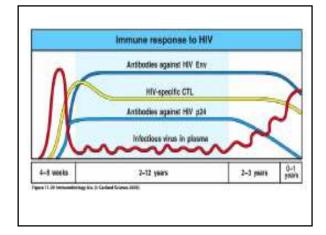
In HIV infection, antibodies to all major structural proteins of virion (gag, pol, env) are made, but only antibodies to env protein have the potential to be neutralizing. In fact, only a subset of anti-env antibodies are neutralizing.



Antiviral activities of antibodies Antiviral activities of antibodies

Neutralizing Antibodies

- *Definition of neutralization loss of infectivity following binding of antibody to virus particle.
- One of few effector functions mediated by antibodies alone.
- Only effector mechanism that can prevent infection
- Target antigen must be in virus but does not have to be virally encoded
- Target antigen must be exposed on surface of virion, although exposure can be transient

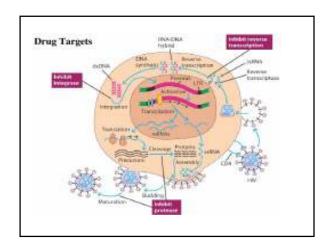


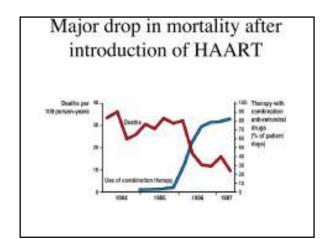
CD4+ T cell loss

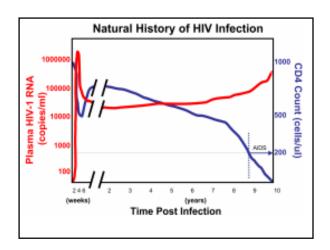
- · Destruction by HIV cytopathic effect
- · Destruction by CD8+ cytotoxic T cells
- · Dendritic cells carry HIV to lymph nodes
- Bystander effects
- · Diminished production

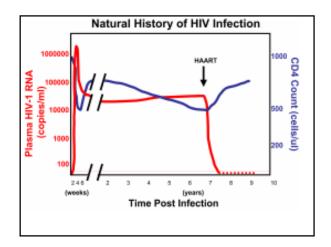
Immune Evasion by HIV

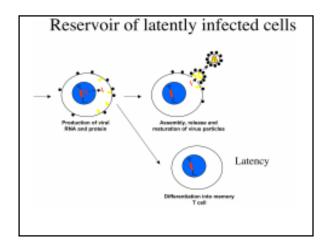
- · Rapid mutation rate
- · Nef protein suppresses class I MHC
- · Switch from R5 to X4 strain co-receptor
- Depletion of T_H cells; ? Inhibition of T_c cells
- · Latency











Vaccine Strategies

- Subunit vaccine-- recombinant protein plus adjuvant
- Attenuated virus vaccine-- like vaccinia for small pox
- · Recombinant Virus vaccine
- · DNA vaccine

Problems

- · No ideal animal model
- · No correlates of immune state
- · Diversity of strains; mutation
- · Ethics of live virus vaccine trials