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Unit-I Introduction to immunology

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Introduction to the History of Immunology Title: The Origins and Evolution of Immunology •Early Beginnings:

- Immunology as a scientific field has its roots in the study of disease, infections, and the body's ability to defend itself.
- Early observations of immune responses date back to ancient times, when people noticed that surviving an infectious disease often led to immunity against re-infection.

•Key Milestone: Edward Jenner (1796)

• Developed the first successful vaccine for smallpox, demonstrating that exposure to cowpox protected against the deadly smallpox virus. This marked the birth of **vaccination** as a scientific concept.

•Immunology's Foundations:

• The history of immunology is intertwined with the discoveries of **microbiology** and **germ theory**. The development of vaccines and the study of immune responses laid the groundwork for the field of immunology.

•Timeline Snapshot:

- **1796**: Edward Jenner develops the first vaccine (smallpox).
- **1857–1861**: Louis Pasteur's experiments support the germ theory of disease.
- **1880s**: Pasteur develops vaccines for rabies and anthrax.
- **1900s**: The discovery of **phagocytosis** and advances in understanding immune cells.

Key Historical Figures in Immunology Pioneers Who Shaped Immunology

1. Edward Jenner (1749–1823)

Contribution: The First Smallpox Vaccine

•Key Discovery: Edward Jenner is often regarded as the father of immunology for his pioneering work in developing the first successful vaccine. In 1796, he demonstrated that exposure to cowpox (a less severe virus) could protect against smallpox, a deadly disease caused by the variola virus.

•Experiment: Jenner observed that milkmaids who had contracted cowpox did not get smallpox. He tested this hypothesis by injecting a young boy with cowpox material and later exposing him to smallpox. The boy did not develop the disease, showing that cowpox conferred protection.

•Impact: Jenner's work led to the development of the smallpox vaccine, which eventually led to the global eradication of smallpox in 1980. Jenner's concept of "vaccination" laid the groundwork for modern immunology.

2. Louis Pasteur (1822–1895)

Contributions: Germ Theory of Disease and Vaccination

•Germ Theory: Pasteur is known for developing the germ theory of disease, which postulated that microorganisms (germs) are the cause of many diseases. This theory revolutionized medicine by linking infections to specific microorganisms rather than miasma (bad air).

- •**Pasteurization**: He also developed a process called pasteurization, a method of heating liquids to kill harmful microorganisms, which was crucial for preserving food and drink (like milk and wine).
- •Vaccination Work: Pasteur expanded Jenner's work on vaccines. He developed vaccines for **rabies** (1885) and **anthrax** (1881). In the case of rabies, he used a weakened form of the virus to safely immunize individuals, including a young boy who had been bitten by a rabid dog.
- •Impact: Pasteur's work in microbiology and immunology saved millions of lives. His creation of the rabies vaccine led to the development of modern vaccines and immunization practices.

3. Ilya Metchnikoff (1845–1916)

Contribution: The Discovery of Phagocytosis and Immunity

•**Key Discovery**: Metchnikoff, a Russian immunologist, is best known for his discovery of **phagocytosis**, the process by which certain cells (phagocytes) engulf and digest pathogens, such as bacteria.

•Phagocytes: In 1882, Metchnikoff observed white blood cells, specifically macrophages, engulfing bacteria in starfish larvae. He theorized that these cells were part of the body's immune defense mechanism.

•Impact on Immunology: Metchnikoff's work laid the foundation for understanding the role of innate immunity in fighting infections. His research earned him the Nobel Prize in Physiology or Medicine in 1908, shared with Paul Ehrlich.

•Legacy: His discovery was crucial in the study of the immune system's response to infections, contributing to the broader field of cellular immunity.

4. Wu and Kabat (1930s-1940s)

Contribution: The Discovery of Antibodies and Immunoglobulins

•Key Discovery: In the early 20th century, Michael W. Wu and Elvin Kabat made groundbreaking contributions to the understanding of antibodies and their role in immunity.

- Elvin Kabat: In the 1930s, Kabat focused on the study of immunoglobulins, the proteins produced by B-cells that are critical for the immune response. He is credited with elucidating the structure of antibodies and the distinction between different classes (IgA, IgM, IgG, etc.).
- **Wu's Contributions**: Wu worked alongside Kabat to identify and characterize the specific role of antibodies in the body's defense against infections.
- •Impact: The discovery of antibodies as a key part of the immune response marked the beginning of a new era in immunology, emphasizing humoral immunity and antibody-mediated protection against pathogens.
- •Legacy: Their work laid the foundation for the modern understanding of immunoglobulins and their clinical use in diagnosing and treating diseases. The development of monoclonal antibodies, a major medical breakthrough, was directly influenced by their research.

Overview of Immunity Introduction to Immunity

•Immunity: The body's ability to resist or eliminate harmful invaders like pathogens (bacteria, viruses, fungi) and harmful substances (toxins, cancer cells).

•Types of Immunity:

- Innate Immunity: Present at birth, non-specific defense mechanism.
- Acquired Immunity: Develops after exposure to pathogens, specific to each pathogen, with memory for faster response on subsequent exposure.

•Key Characteristics:

- Innate: Immediate, nonspecific, no memory.
- Acquired: Slower initial response, specific to pathogens, with memory (long-term protection).

Innate Immunity (Non-Specific Immunity) The First Line of Defense

•**Overview**: Innate immunity is the body's immediate defense mechanism against infections. It provides a broad, nonspecific response.

•Key Features:

- **Physical Barriers**: Skin, mucous membranes, and cilia that prevent pathogen entry.
- Cellular Defenses:
 - **Phagocytes**: Neutrophils and macrophages that engulf and digest pathogens.
 - Natural Killer (NK) Cells: Destroy infected or abnormal cells.
- Chemical Defenses:
 - **Cytokines and Interferons**: Proteins that help regulate immune responses and prevent viral replication.
 - **Complement System**: Proteins that help destroy pathogens by promoting inflammation and cell lysis.
- **No Memory**: Innate immunity does not have a memory component, so the response is the same each time a pathogen is encountered.

•**Example**: The immediate inflammatory response to a wound or infection, where neutrophils and macrophages respond quickly.

Acquired Immunity (Adaptive Immunity) Specific and Adaptive

•Overview: Acquired immunity develops after exposure to specific pathogens. It involves a targeted immune response and has memory, enabling faster and stronger responses upon re-exposure.

•Key Features:

- **Specific**: Targets specific pathogens based on their unique antigens.
- **Memory**: Once the immune system has encountered a pathogen, it "remembers" it and mounts a faster, more effective response if the pathogen is encountered again.
- Types:
 - Active Immunity: Developed through natural infection or vaccination (e.g., vaccines for polio, influenza).
 - **Passive Immunity**: Acquired through transfer of antibodies (e.g., from mother to infant through breast milk).

•Components:

• **Lymphocytes**: B-cells (for humoral immunity) and T-cells (for cell-mediated immunity).

Humoral Immunity: Antibody Production by B-Cells

•**Overview**: Humoral immunity involves B-cells that produce antibodies (immunoglobulins) to neutralize pathogens in body fluids (blood, lymph).

•Key Features:

- **B-cells**: These are lymphocytes that mature in the bone marrow and are responsible for producing antibodies.
- Antibodies:
 - **Structure**: Y-shaped proteins with a variable region that binds to specific antigens.
 - **Function**: Neutralize pathogens, prevent infection, and mark pathogens for destruction by phagocytes (opsonization).
- Activation of B-cells: B-cells recognize antigens via B-cell receptors, and upon activation, they differentiate into plasma cells, which secrete large quantities of antibodies.
- **Memory B-cells**: After the infection is cleared, some B-cells become memory cells that "remember" the pathogen for a faster response if re-exposed.

•Example: The production of antibodies after vaccination or infection, such as the antibodies produced after exposure to the flu virus.

Cell-Mediated Immunity: T-Cells Target Infected Cells

•**Overview**: Cell-mediated immunity involves T-cells that do not produce antibodies but instead directly target and kill infected cells or activate other immune cells.

- •Key Features:
 - **T-cells**: A type of lymphocyte that matures in the thymus and plays a central role in cellmediated immunity.
 - Types of T-cells:
 - Helper T-cells (CD4+): Activate B-cells, cytotoxic T-cells, and other immune cells by releasing cytokines.
 - Cytotoxic T-cells (CD8+): Directly kill infected cells, cancer cells, or cells with abnormal antigens.
 - **Regulatory T-cells**: Help prevent autoimmune responses by suppressing excessive immune activity.
 - **No Antibodies**: Instead of antibodies, cytotoxic T-cells kill infected cells by recognizing pathogen-specific antigens presented on the surface of infected cells.
 - **Memory T-cells**: Like memory B-cells, memory T-cells provide long-lasting protection by remembering specific pathogens.

•**Example**: Cytotoxic T-cells destroying virus-infected cells or the role of helper T-cells in coordinating the immune response.

Introduction to Lymphoid Organs

•Lymphoid Organs Overview: Lymphoid organs are specialized tissues where immune cells (like lymphocytes) are generated, matured, and activated. These organs can be categorized into primary (central) and secondary (peripheral) lymphoid organs.

- Primary Lymphoid Organs: Sites where immune cells (T-cells and B-cells) mature and differentiate.
 - **Bone Marrow**: Where hematopoiesis occurs (production of blood cells including immune cells).
 - **Thymus**: Where T-cells mature.
- Secondary Lymphoid Organs: Where immune cells encounter pathogens and initiate immune responses.
 - **Spleen**: Filters blood and activates immune responses.
 - Lymph Nodes: Act as filters for lymph fluid, trapping pathogens and activating immune cells.
 - **Peripheral Tissues**: MALT (Mucosa-associated lymphoid tissue), GALT (Gutassociated lymphoid tissue), and CALT (Conjunctiva-associated lymphoid tissue).

The Thymus

•**Overview:** The thymus is a primary lymphoid organ that plays a critical role in the development and maturation of **T-cells**.

- Location: Situated in the chest cavity, just above the heart.
- Structure:
 - Divided into two lobes.
 - Cortex: Contains immature T-cells (thymocytes).
 - Medulla: Site of maturing T-cells and the development of central tolerance.
- Function:
 - **T-cell Maturation**: T-cells originate in the bone marrow but mature in the thymus, where they undergo selection processes to become immunocompetent.
 - **Positive and Negative Selection**: Ensures that T-cells can distinguish between self and non-self antigens, preventing autoimmunity.
- •Importance: Without a functional thymus, individuals cannot mount effective immune responses to pathogens or recognize self-antigens, leading to severe immunodeficiency.

Bone Marrow

•**Overview**: Bone marrow is the primary site of **hematopoiesis**, where all blood cells (including immune cells) are produced.

- Location: Found in the hollow interior of bones such as the femur, sternum, and pelvis.
- Structure:
 - **Red Bone Marrow**: Active site of hematopoiesis.
 - Yellow Bone Marrow: Fatty tissue that can convert into red marrow in times of need.
- Function:
 - **Production of Immune Cells**: Stem cells in the bone marrow differentiate into **T-cells**, **B-cells**, **natural killer (NK) cells**, and other blood cells.
 - **B-cell Maturation**: B-cells mature in the bone marrow and then migrate to peripheral lymphoid tissues.

•Key Points: Bone marrow is crucial not just for immune cell production but also for maintaining a healthy immune system overall.

The Spleen

•Overview: The spleen is a secondary lymphoid organ that filters blood and plays a key role in immune responses.

- Location: Located in the upper left quadrant of the abdomen, near the stomach.
- Structure:
 - White Pulp: Contains immune cells like B-cells and T-cells and is involved in immune responses.
 - **Red Pulp**: Contains macrophages and red blood cells and is involved in the removal of old or damaged red blood cells.
- Function:
 - **Blood Filtration**: The spleen filters blood, removing pathogens and old red blood cells.
 - Immune Activation: It activates immune responses by recognizing pathogens in the blood.
- Storage of Platelets: Acts as a reservoir for platelets, which are involved in clotting.
 Importance: The spleen is essential for fighting infections and maintaining blood quality. Its absence (splenectomy) increases susceptibility to certain bacterial infections.

Lymph Nodes

•**Overview**: Lymph nodes are secondary lymphoid organs that filter **lymph fluid** and are important sites for immune cell activation.

- Location: Found throughout the body, particularly in the neck, armpits, groin, and abdomen.
- Structure:
 - Cortex: Contains B-cells, dendritic cells, and macrophages.
 - Medulla: Contains T-cells and plasma cells.
- Function:
 - Immune Surveillance: Lymph nodes filter lymph, trapping pathogens and antigens.
 - Activation of Immune Cells: Dendritic cells present antigens to T-cells, activating immune responses.
 - **Production of Antibodies**: B-cells in the follicles of lymph nodes produce antibodies once activated.

•Importance: Lymph nodes act as the meeting point for immune cells and pathogens, playing a vital role in initiating immune responses.

Peripheral Lymphoid Tissues (MALT, GALT, CALT)

•Mucosa-Associated Lymphoid Tissues (MALT):

- **Location**: Found in mucosal tissues lining the respiratory, gastrointestinal, and urogenital tracts.
- Structure: Includes structures such as tonsils, adenoids, Peyer's patches (in the intestines), and appendix.
- **Function**: MALT acts as a first-line defense by detecting pathogens entering through mucosal surfaces and initiating localized immune responses.

•Gut-Associated Lymphoid Tissue (GALT):

- Location: Found in the intestines (e.g., Peyer's patches).
- **Function**: GALT is specialized in protecting the body from ingested pathogens while maintaining tolerance to harmless antigens like food.

•Conjunctiva-Associated Lymphoid Tissue (CALT):

- **Location**: Found in the eyes, especially the conjunctiva.
- **Function**: CALT protects against pathogens entering through the eyes, playing an important role in ocular immunity.

•Importance: These peripheral lymphoid tissues provide localized immune surveillance, preventing infections at entry points while maintaining overall immune homeostasis.

Introduction to Immune Cells

•Overview: The immune system is composed of several specialized cells that work together to detect, attack, and eliminate pathogens, foreign substances, and abnormal cells. These cells are classified as lymphocytes, mononuclear phagocytes, granulocytes, NK cells, mast cells, and more.

- Key Groups of Immune Cells:
 - Lymphocytes: B-cells, T-cells, and NK cells.
 - Mononuclear Phagocytes: Macrophages, monocytes, and dendritic cells.
 - Granulocytes: Neutrophils, eosinophils, and basophils.
 - Mast Cells: Involved in allergic reactions and defense against pathogens.

•General Function: Immune cells are involved in detecting pathogens, producing antibodies, phagocytosis, and orchestrating immune responses.

Lymphocytes

•Overview: Lymphocytes are a type of white blood cell and a critical part of the adaptive immune system. There are three main types:

- B-cells:
 - Function: Produce antibodies in response to pathogens (humoral immunity).
 - Activation: Become plasma cells that secrete antibodies or memory B-cells for faster future responses.
- T-cells:
 - Types:
 - Helper T-cells (CD4+): Activate B-cells, cytotoxic T-cells, and other immune cells.
 - Cytotoxic T-cells (CD8+): Kill infected or cancerous cells.
 - Function: Play a crucial role in **cell-mediated immunity** by recognizing antigens on the surface of infected cells and assisting in immune regulation.
- Natural Killer (NK) Cells:
 - **Function**: Kill infected cells or tumor cells without needing antigen-specific recognition (innate immunity).
 - Activity: Recognize stressed or infected cells by detecting changes in surface markers.

Mononuclear Phagocytes

•Mononuclear Phagocytes are a group of immune cells responsible for phagocytosis (engulfing pathogens) and antigen presentation. This group includes monocytes, macrophages, and dendritic cells.

- Monocytes:
 - Location: Circulate in the blood.
 - **Function**: Differentiate into macrophages or dendritic cells when they migrate to tissues in response to infection or inflammation.
- Macrophages:
 - Function: Engulf and digest pathogens, dead cells, and debris; activate T-cells by presenting antigens.
 - **Role in Inflammation**: Produce cytokines and chemokines that recruit other immune cells to the site of infection.
- Dendritic Cells:
 - Function: Act as antigen-presenting cells (APCs). Capture pathogens and present antigens to T-cells, initiating adaptive immune responses.
 - **Location**: Found in tissues that are in contact with the external environment, like skin and mucous membranes.

Granulocytes

•Granulocytes are a group of white blood cells that contain granules with enzymes and other molecules that are released during immune responses. They are important in fighting bacterial infections and are key players in inflammation.

- Neutrophils:
 - **Function**: The most abundant white blood cells, neutrophils are the first responders to infection. They engulf pathogens (phagocytosis) and release enzymes to kill bacteria.
 - Lifespan: Short-lived; die after fighting infection, forming pus.
- Eosinophils:
 - Function: Combat parasitic infections and are involved in allergic reactions.
 - Activity: Release toxins to kill parasites but can also contribute to inflammation in allergic diseases like asthma.
- Basophils:
 - Function: Release histamine and other mediators in allergic responses and parasitic infections.
 - Activity: Basophils play a key role in Type I hypersensitivity reactions (e.g., hay fever, anaphylaxis).

Natural Killer (NK) Cells

•Overview: NK cells are part of the innate immune system and play a key role in recognizing and destroying infected cells, tumor cells, and cells that are stressed or damaged.

- Function:
 - Recognize and kill cells that have been infected by viruses or transformed into cancerous cells.
 - They do not require prior exposure to the pathogen, making them part of the innate immune system.
- Mechanism of Action:
 - NK cells release cytotoxic granules that contain perforin (forms holes in target cell membranes) and granzymes (enzymes that induce cell death).
- **Regulation**: NK cells are controlled by activating and inhibitory receptors that allow them to distinguish between normal and abnormal cells.

Mast Cells

•Overview: Mast cells are immune cells involved in allergic reactions and play a key role in defense against parasitic infections.

- Location: Found in tissues close to blood vessels, such as the skin, lungs, and digestive tract.
- Function:
 - Release histamine, heparin, and other mediators in response to allergens, leading to inflammation.
 - Involved in **Type I hypersensitivity** reactions, such as allergic rhinitis, asthma, and anaphylaxis.
- Activation: Upon encountering an allergen, mast cells release their granules containing inflammatory substances. This leads to symptoms such as swelling, redness, and itching.
- **Role in Immune Defense**: Besides allergy, mast cells help defend against parasitic infections and aid in wound healing.

Introduction to Immunoglobulins (Antibodies)

•Definition: Immunoglobulins (Ig), also known as antibodies, are glycoproteins produced by B-cells in response to antigens. They play a crucial role in the humoral immune response, recognizing and neutralizing foreign invaders like bacteria, viruses, and toxins.

•Key Function: Immunoglobulins bind to antigens with high specificity, marking them for destruction or neutralization.

•Structure Overview:

- Immunoglobulins consist of **two heavy chains** (H) and **two light chains** (L).
- The structure includes **variable regions** for antigen binding and **constant regions** that define the class of the antibody.

Structure of Immunoglobulins

•Basic Structure:

- Heavy Chains (H): Each antibody has two heavy chains, which are identical and determine the class (IgA, IgD, IgE, IgG, IgM).
- Light Chains (L): Each antibody has two light chains, which can either be kappa (κ) or lambda (λ).
- •Fab and Fc Regions:
 - Fab (Fragment antigen-binding): The arms of the Y-shaped antibody that bind to the antigen. These regions are variable and provide specificity.
 - Fc (Fragment crystallizable): The stem of the Y-shaped antibody, responsible for mediating interactions with other immune cells (e.g., macrophages, neutrophils) and activating complement.
- •**Disulfide Bonds**: Connect the heavy and light chains and also stabilize the antibody structure.

Classification of Immunoglobulins

- •There are five main classes of immunoglobulins based on the differences in their heavy chain structure:
 - IgG:
 - **Structure**: Monomeric, consists of one Y-shaped unit.
 - **Function**: Most abundant antibody in serum. Provides long-term immunity following infection or vaccination. Can cross the placenta to provide immunity to the fetus.
 - IgA:
 - **Structure**: Primarily found as a dimer (two Y-shaped units), particularly in mucosal areas.
 - **Function**: Found in mucosal areas (e.g., respiratory and gastrointestinal tracts), breast milk, saliva, and tears. Protects mucosal surfaces from pathogens.
 - IgM:
 - Structure: Pentameric (five Y-shaped units).
 - **Function**: The first antibody produced during an initial immune response. Very effective at activating complement.
 - IgE:
 - Structure: Monomeric.
 - **Function**: Involved in allergic reactions and defense against parasitic infections. Binds to mast cells and basophils, triggering the release of histamine.
 - IgD:
 - **Structure**: Monomeric, present in small amounts.
 - **Function**: Functions primarily as a receptor on B-cells for antigen binding and initiating the B-cell activation process.

Functions of Immunoglobulins

- •Antigen Neutralization: Antibodies bind to pathogens or toxins, neutralizing them and preventing them from entering cells or tissues.
- •**Opsonization**: Antibodies coat pathogens, making them more recognizable and easier to phagocytose by immune cells such as macrophages and neutrophils.
- •Complement Activation: Immunoglobulins, especially IgM and IgG, can activate the complement system, leading to the destruction of pathogens through mechanisms like lysis or inflammation.
- •Antibody-Dependent Cellular Cytotoxicity (ADCC): Antibodies bind to infected cells or tumors and attract natural killer (NK) cells or macrophages, which then kill the target cells.
- •Immune Memory: Antibodies produced during an immune response can persist as **memory antibodies**, providing quicker and stronger responses during future encounters with the same pathogen.

Immunoglobulin Diversity and Antibody Response •Diversity:

- The diversity of antibodies is generated by **somatic recombination** of gene segments encoding for the variable regions of the heavy and light chains.
- **Class Switching**: Initially, B-cells produce **IgM** antibodies. Upon activation, B-cells can switch to other antibody classes (e.g., IgG, IgA, IgE) depending on the type of immune response required.

•Primary and Secondary Responses:

- **Primary Response**: The first encounter with an antigen results in the production of **IgM**, followed by **IgG** after several days to weeks.
- Secondary Response: A subsequent encounter with the same antigen results in a faster and stronger response, mainly involving IgG, as a result of memory Bcells.

Clinical Relevance of Immunoglobulins •Diagnostic Use:

- IgM: Indicates recent infection or acute response.
- IgG: Indicates past exposure or immunity (e.g., from vaccination or infection).
- IgE: Elevated in allergic reactions or parasitic infections.
- •Therapeutic Use:
 - Monoclonal Antibodies (mAbs): Laboratory-made antibodies used in therapies for cancer, autoimmune diseases, and infections (e.g., rituximab for lymphoma, trastuzumab for breast cancer).
 - **Immunoglobulin Therapy**: Intravenous immunoglobulin (IVIG) therapy is used for patients with immune deficiencies or autoimmune diseases.

Introduction to the Idiotype Network Hypothesis

•Definition: The Idiotype Network Hypothesis was proposed by Niels Jerne in 1974. It suggests that the immune system regulates itself through interactions between the idiotypes of antibodies. An idiotype is the unique set of antigen-binding sites on an antibody that define its specificity.

•Concept:

- **Idiotypes**: The variable regions of antibodies, specifically the antigen-binding sites, which can be recognized as foreign or self by the immune system.
- **Network**: Antibodies can interact with one another through their idiotypic determinants. Each antibody (with a specific idiotype) can stimulate or inhibit the production of other antibodies with corresponding **anti-idiotypic antibodies** (antibodies against the idiotype of other antibodies).
- •Core Idea: The immune system is not just a passive responder to antigens but has a dynamic network where antibodies can regulate each other through idiotypic interactions.

Mechanisms and Implications of the Idiotype Network •Mechanisms:

- Idiotypic Regulation: Each antibody can bind to other antibodies' idiotypes (antiidiotypic antibodies), leading to feedback regulation of the immune response. This regulation can enhance or suppress antibody production, contributing to immune homeostasis.
- **Network Interactions**: A complex system where different antibodies, through their idiotypes and anti-idiotypes, create a network of regulatory signals.

•Implications:

- **Self-Tolerance**: The idiotype network helps maintain **self-tolerance** by preventing the immune system from attacking the body's own antibodies or cells. Anti-idiotypic antibodies act as regulators, ensuring that the immune response is controlled, and that autoimmunity is avoided.
- Immunological Memory and Diversity: This network may also be involved in immunological memory and maintaining a diverse antibody repertoire in response to infections or vaccinations.
- Therapeutic Applications: The idiotype network hypothesis has implications for autoimmune disease treatments and cancer immunotherapy where idiotype-based vaccines (targeting specific idiotypes) could be used.

Introduction to Antigens

•**Definition**: An **antigen** is any substance that can be recognized by the immune system, particularly by **antibodies** or **T-cell receptors**, and can trigger an immune response.

Source of Antigens:

- Pathogens (viruses, bacteria, fungi)
- Environmental molecules (pollen, dust)
- Foreign substances (transplanted tissues)
- •Types of Antigen Recognition:
 - **Epitope (Antigenic Determinant)**: The specific part of the antigen that is recognized by the immune system.

Types of Antigens

1.Exogenous Antigens:

- **1. Source**: Originates from outside the body.
- **2. Example**: Bacterial cells, viruses, pollen.
- **3. Immune Response**: Typically processed by **dendritic cells** and presented to T-cells.

2. Endogenous Antigens:

- **1. Source**: Originate from within the body (e.g., infected cells, cancerous cells).
- **2. Example**: Viral peptides from infected cells, tumor antigens.
- 3. Immune Response: Present on MHC I molecules and recognized by cytotoxic T-cells.

3.Autoantigens:

- **1. Source**: Self-antigens recognized as foreign due to **autoimmune diseases**.
- **2. Example**: DNA, myelin proteins in multiple sclerosis.
- **3. Immune Response**: Causes **autoimmune responses** when the immune system mistakenly targets the body's own tissues.

Antigen vs Immunogen •Antigen:

- Any molecule that binds to **antibodies** or **T-cell receptors**.
- Not all antigens are capable of inducing an immune response.

•Immunogen:

- An **antigen** that is capable of inducing a **specific immune response** (activation of T-cells, production of antibodies).
- Key Feature: Immunogens must have the ability to be processed and presented by antigen-presenting cells (APCs) to activate the immune system.

•Difference: All immunogens are antigens, but not all antigens are immunogens. For an antigen to become an immunogen, it must have sufficient size, complexity, and foreignness to trigger an immune response.

Haptens

•**Definition**: A **hapten** is a small molecule that is not immunogenic by itself but can trigger an immune response when attached to a larger carrier molecule (often a protein).

•Characteristics:

- Inability to Induce Immunity Alone: Haptens are too small to be recognized by the immune system unless they are bound to a carrier.
- **Example: Penicillin** (a hapten) can induce allergic reactions when it binds to proteins in the body, forming a complex recognized as foreign by the immune system.

•Important Concept: Once a hapten binds to a protein, the hapten-carrier complex acts as an immunogen, eliciting an immune response.

Factors Influencing Immunogenicity

1.Foreignness:

- 1. The more **foreign** a substance is (i.e., different from self), the more likely it is to provoke an immune response.
- **2. Example**: Proteins from a different species (e.g., bacterial proteins) are more immunogenic than self-proteins.

2.Size:

- 1. Larger molecules are generally more immunogenic.
- **2. Example**: Proteins (10,000–100,000 Daltons) are highly immunogenic, whereas small molecules like haptens are poor immunogens.

3.Complexity:

- **1. Complex** molecules (e.g., proteins and polysaccharides) are more likely to induce a strong immune response due to their structural diversity.
- **2. Example**: Proteins with multiple epitopes are more immunogenic than simple molecules.

Factors Influencing Immunogenicity (Continued)

4.Accessibility:

- 4. The ability of immune system components (e.g., **antibodies**, **T-cell receptors**) to access the antigenic sites (epitopes) is crucial.
- 5. Antigens on the surface of pathogens are more accessible than those inside cells.

5.Dose:

- **4. Optimal dose**: Both low and excessively high doses of antigens may be ineffective, as they may not stimulate the immune system adequately or could lead to tolerance.
- **5. Example**: A moderate dose stimulates the immune system optimally.

6.Route of Administration:

- 4. The way an antigen is introduced into the body (e.g., oral, intravenous, subcutaneous) affects its immunogenicity.
- **5. Example**: Oral tolerance can lead to immune unresponsiveness, while intramuscular injection often leads to a stronger immune response.

7.Adjuvants:

- 4. Substances that enhance the immune response to an antigen.
- **5. Example: Alum** is commonly used as an adjuvant in vaccines to enhance the immunogenicity of the antigen.

Immunogenicity and Clinical Relevance •Vaccination:

- Immunogenicity is key in designing effective vaccines. Antigens need to be both immunogenic and safe.
- **Example**: The **tetanus vaccine** uses a protein toxoid (inactivated toxin) as an immunogen to stimulate immunity.
- •Allergy:
 - Haptens can play a role in allergic responses. **Penicillin allergy** is a classic example of how a hapten can cause an immune reaction when it binds to proteins in the body.
- •Autoimmunity:
 - Failure of tolerance mechanisms can result in the immune system attacking selfantigens (e.g., in **rheumatoid arthritis**).

Introduction to Isotypes, Allotypes, and Idiotypes •Definition:

- Isotypes, allotypes, and idiotypes refer to different aspects of the antibody (immunoglobulin) structure and variability that are key to immune system function.
- •Overview:
 - Isotypes: Variations in the constant region of the antibody that define its class (IgA, IgD, IgE, IgG, IgM).
 - **Allotypes**: Genetic variations in the constant region of antibodies between individuals of the same species.
 - **Idiotypes**: Variations in the variable region of antibodies, which determine their specificity for particular antigens.

Isotypes of Immunoglobulins

•lsotypes:

- Defined by differences in the **constant region** of the antibody's heavy chain.
- There are **five major isotypes** of immunoglobulins, each with a distinct function:
 - **IgG**: Most abundant in the bloodstream, provides long-term immunity.
 - **IgA**: Found in mucosal areas (e.g., respiratory, digestive tracts), protects mucosal surfaces.
 - **IgM**: First antibody produced in response to infection, effective in activating complement.
 - IgE: Involved in allergic reactions and defense against parasitic infections.
 - IgD: Functions primarily as a B-cell receptor, playing a role in B-cell activation.
- **Function**: The isotype of an antibody determines its role in the immune response (e.g., neutralization, opsonization, complement activation).

•Distinguishing Features:

• Heavy chain structure: Each isotype has a unique heavy chain constant region that determines its class and function.

Allotypes and Idiotypes

•Allotypes:

- **Definition**: Variations in the **constant region** of antibodies that occur within individuals of the same species, due to genetic differences.
- **Example**: An individual may have a specific allotype of the **IgG** heavy chain, which differs slightly from another individual's IgG.
- **Significance**: Allotypic differences can sometimes be used in **genetic studies** or in distinguishing **individual antibody variants**.

•ldiotypes:

- **Definition**: Variations in the **variable region** of antibodies, which are responsible for antigen specificity.
- Function: Each antibody's idiotype determines which antigen it can bind to, creating a vast diversity of antibody responses.
- Idiotypic Network: The idiotype network hypothesis suggests that the immune system regulates itself by feedback loops involving interactions between antibodies' idiotypes and anti-idiotypic antibodies.

Text Book: 1. Janis Kuby - (1997), immunology, 3rd edition, W.H. Freedom & co (Sd). Reference books:

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- 3. Peter Delves, Seamus Martin, Dennis Burton, Ivan Roitt (2006), Roitt's Essential Immunology, 11th edition, Wiley-Blackwell.
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