

# Host Defense Mechanisms (non-specific)

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# Host Defenses

- **Resistance**
  - Ability to ward off disease
  - Varies among organisms and individuals within the same species
- **Immunity** - mechanisms used by the body as protection against microbes and other foreign agents; self vs. non-self
- **Nonspecific** immunity (innate, natural)
  - Defenses against any pathogen
- **Specific** immunity
  - Resistance to a specific pathogen



# Host Defenses

## Nonspecific Resistance

## Specific Resistance (Responses of the Immune System,

### First line of defense

### Second line of defense

### Third line of defense

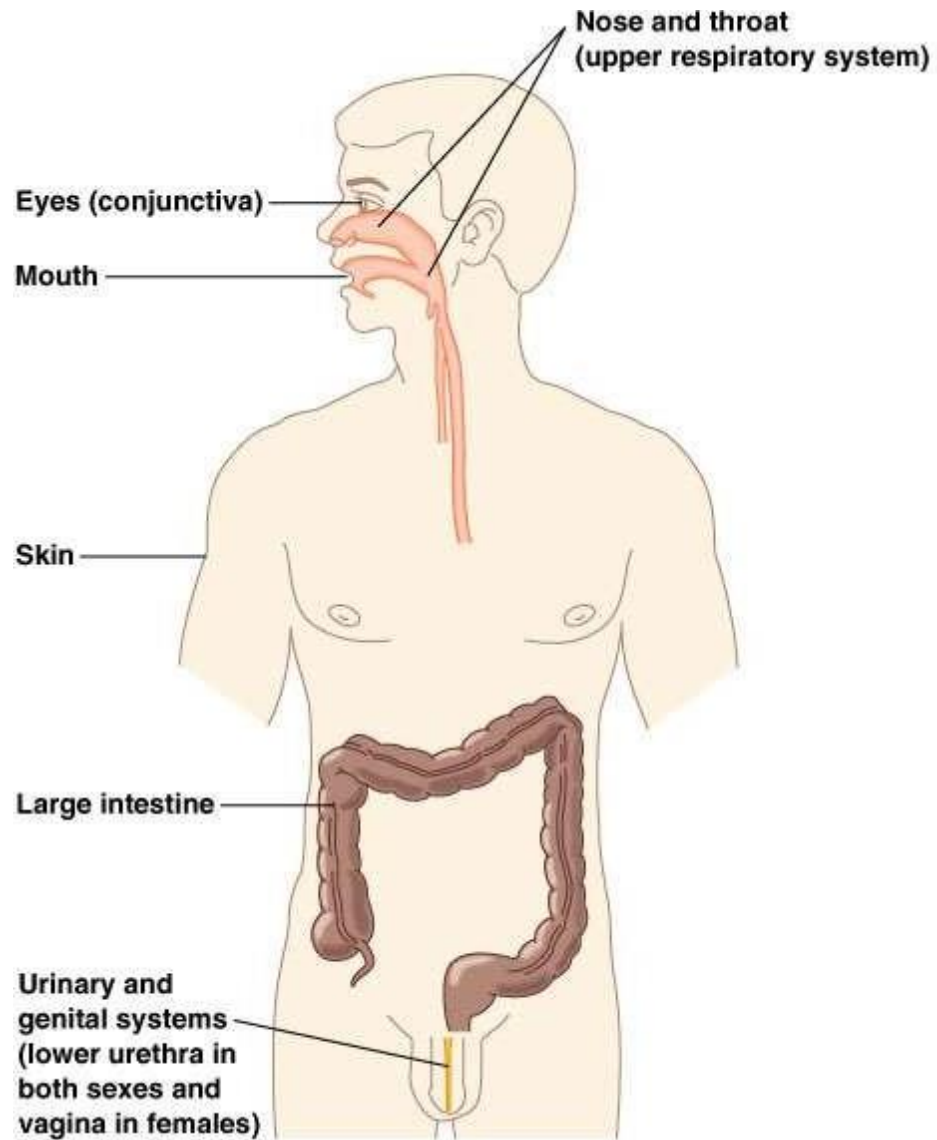
- Intact skin
- Mucous membranes and their secretions
- Normal microbiota

- Phagocytic white blood cells
- Inflammation
- Fever
- Antimicrobial substances

- Specialized lymphocytes: B cells and T cells
- Antibodies



# First line of defense – physical & chemical barriers



# First line of defense – physical & chemical barriers

- **Intact, unbroken skin** (Broken skin = port of entry)
  - Almost all bacteria are incapable to penetrate a few helminths (hookworm & schistosoma) may
  - skin predominantly inhabited by *Staphylococcus epidermidis*
  - How?
    - Dryness
    - temperature
    - Low pH (acidic) of skin:
    - bacteriocidal secretion by the sebaceous glands
    - Desquamation – sloughing of epithelium
    - Perspiration (sweat contain lysozymes – attack bacterial cell wall)
  - Exception: *Staphylococcus aureus* in moist area



# First line of defense – physical & chemical barriers

- Eyes
  - Blinking of eyelids
  - Tears containing lysozymes
- Outer ear canal
  - Wax contains antibacterial components



# First line of defense – physical & chemical barriers

- **Mucus membranes** – layers of mucosal cells that line body cavities that open to the outside (digestive, genitourinary and respiratory tracts)
  - Mucus is produced by the mucosal cells
    - Contains antimicrobial substance such as lysozymes, lactoferrin (sequester iron)
    - Mucosal cells are rapidly dividing → flush out of body along with attached bacteria



# First line of defense – physical & chemical barriers

- Digestive tract

- Mouth and lower digestive tract – lots of bacteria (mostly anaerobes e.g. *Bacteroides*, anaerobic streptococci [*Streptococcus mutans* in mouth] and *Clostridium* in colon)
- How?
  - Mucus
  - Saliva (contains lysozyme)
  - Bile (alkaline) in small intestine
  - Stomach acids
  - Defecation (feces contains up to 50% bacteria!)
  - Mucus contain antibacterial agents, antibodies and immune cells called phagocytes

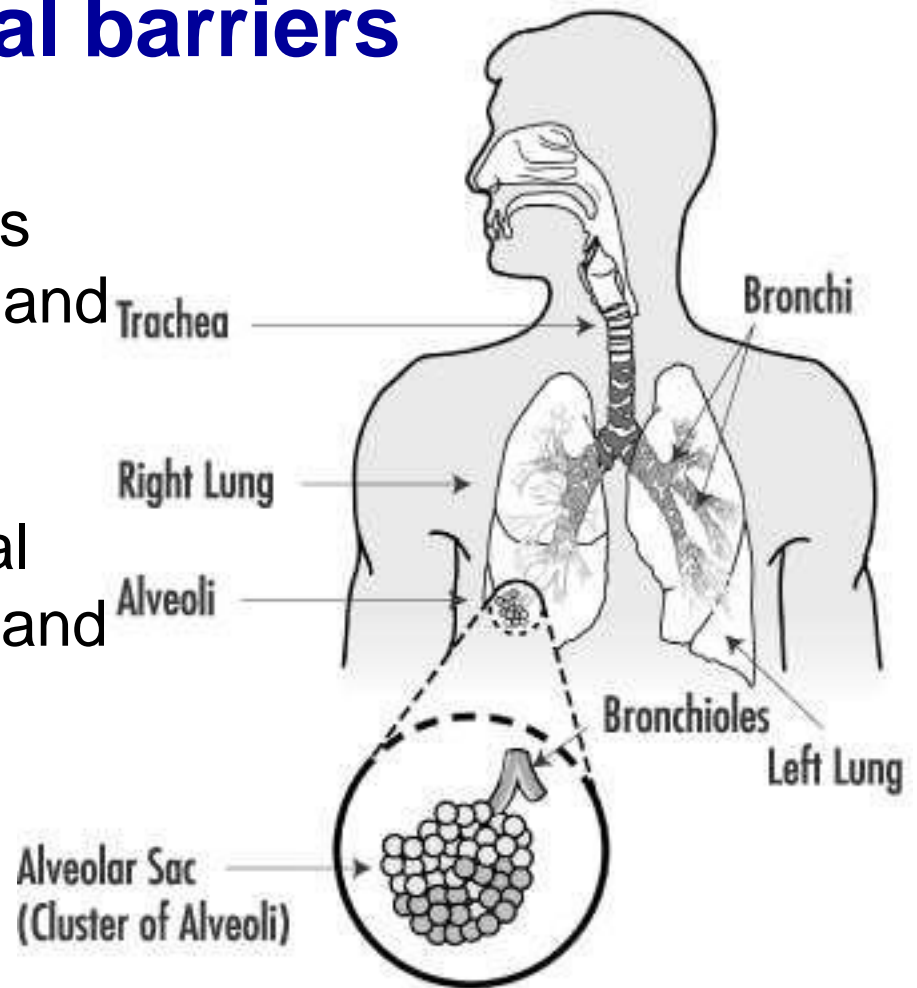




# First line of defense – physical & chemical barriers

- Respiratory tract

- Nose - nasal hair, mucus secretions (phagocytes and antibacterial enzymes), irregular chambers
- ciliated epithelium (nasal cavity, sinuses, bronchi and trachea)
- Cough reflexes
- Alveolar macrophages



# First line of defense – physical & chemical barriers

- Microbial antagonism

- Normal flora vs. invaders

- Compete for colonization sites
- Compete for nutrients
- Produce bacteriocins

- Administration of broad spectrum antibiotics may kill only certain members of the normal flora, leaving the others to overgrow → superinfection



# Second line of defense

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- Once beyond the protective outer barrier of the body, the invading microbes will encounter a series of nonspecific cellular and chemical defense mechanisms
- Mechanisms:
  - **Inflammation** – a series of events that removes or contain the offending agent and repair the damage
  - **Chemotaxis** – movement of cells toward a chemical influence )**chemokines** or **chemotatic agents**(
  - **Phagocytosis** – process in which cell ingest foreign particulate matter e.g. microbes
- Many are carried out by the white blood cells in blood



# Blood Components

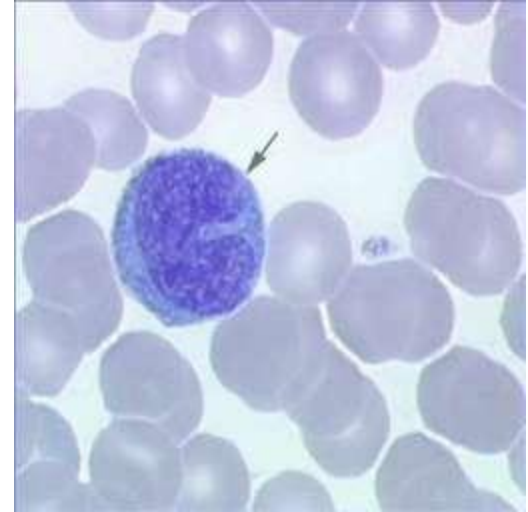
- Fluid portion
  - Serum: liquid portion of clotted blood
  - Plasma: liquid portion with clotting factors
  - “Plasma can clot; Serum cannot”
  - Contains antibodies & other proteins
- Clotting factors (proteins)
  - Fibrinogen
  - Prothrombin
- Formed elements
  - Erythrocytes – red blood cells (RBC) – carry oxygen and carbon dioxide; no nucleus
  - Leukocytes – white blood cells (WBC) - defense
  - Platelets – thrombocyte particles – clotting; no nucleus



# Monocyte (Macrophage)

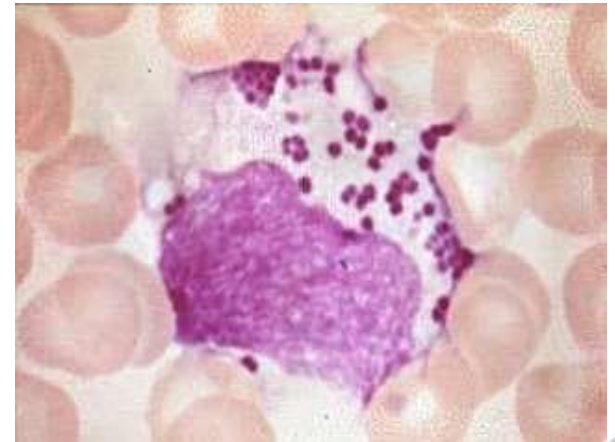
## Monocytes (the blood form)

- the largest WBC's normally found in blood
- horseshoe or "U" shape nucleus, or it may be folded
- travel to different tissue to mature into specific macrophage



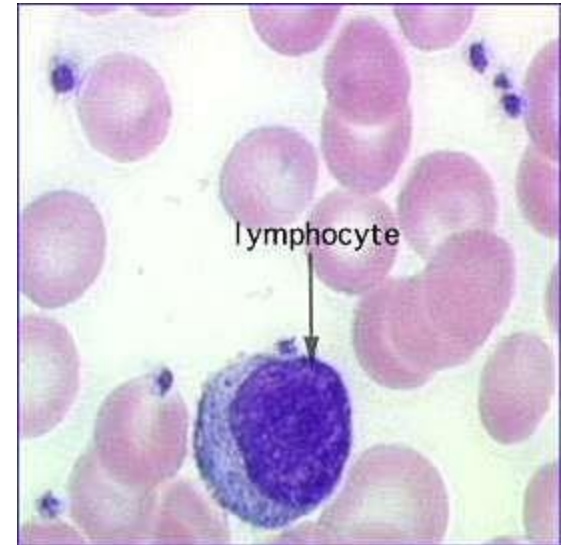
## Macrophage

- As it developed from monocytes, its size can increase 2-3 times
- **Wandering** – motile and travel in bloodstream; found throughout body
- **Fixed (histiocytes)** – attached and remain in the tissue
- Removal and engulfment of foreign particles and useless body cells/material



## Lymphocytes

- The lymphocyte nucleus is usually round to slightly indented with a sharply defined edge, and deep, dense purple. Cytoplasm may be scant or form a narrow rim around the nucleus.
- Cornerstone of the immune system: antibodies production & cell-mediated immunity



# Second line of defense

- **Acute phase proteins**
  - set of plasma proteins whose level increases during infection to enhance host defense mechanisms
  - e.g. complement proteins, coagulating factors, transferrins
- **Cytokines**
  - small secreted proteins produced by cells
  - Communication between different defense systems
  - Examples: interleukins, interferons



# Second line of defense

- Fever

- Pyrogens are substances that stimulate fever
  - External, e.g. bacterial endotoxin
  - Internal (endogenous), e.g. interleukins (IL-1)
- Body temperature increases in response to pyrogens to:
  - Stimulate WBC to deploy & destroy microbes
  - increase in immunological response (e.g. proliferation and activation of lymphocytes)
  - Slow down growth of or kill pathogens

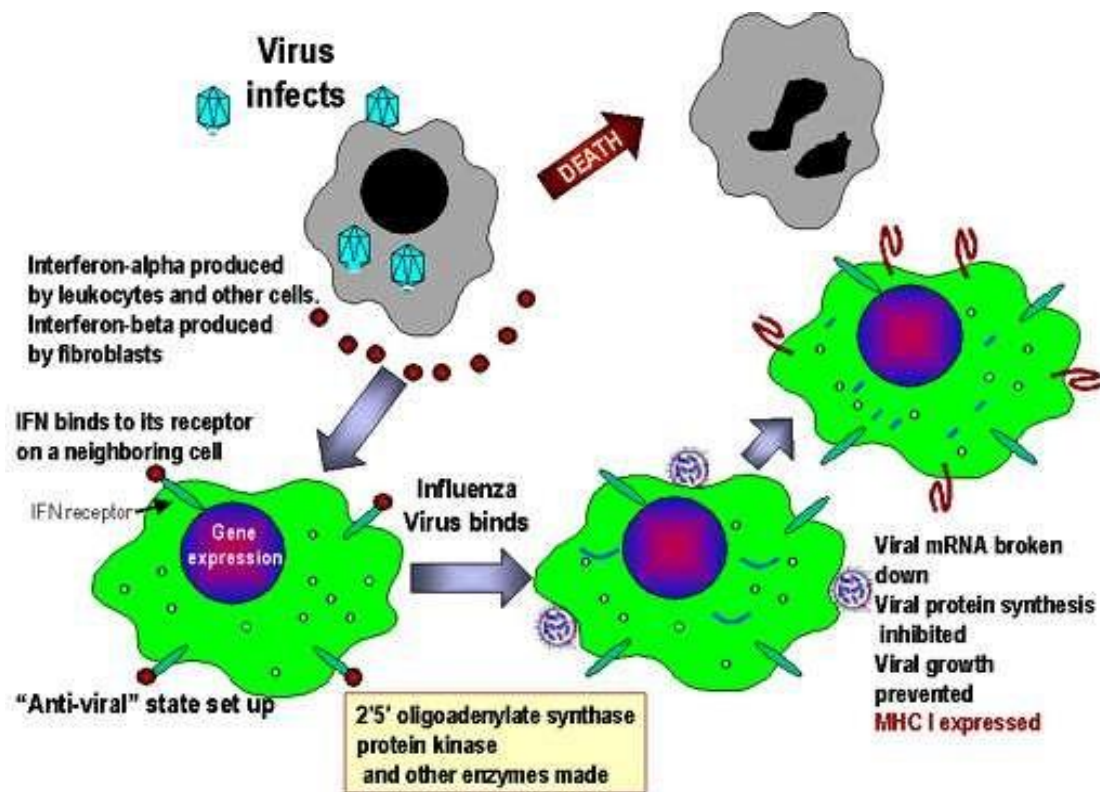




# Second line of defense

- Interferons

- Anti-viral proteins produced by virus-infected cells (eventually died)
- Alert system to prevent virus from infecting other cells and to stimulate certain lymphocytes



-Has been used as an experimental therapy (nowadays, many are genetically engineered) for viral infections and cancers

- Species-specific for host cells



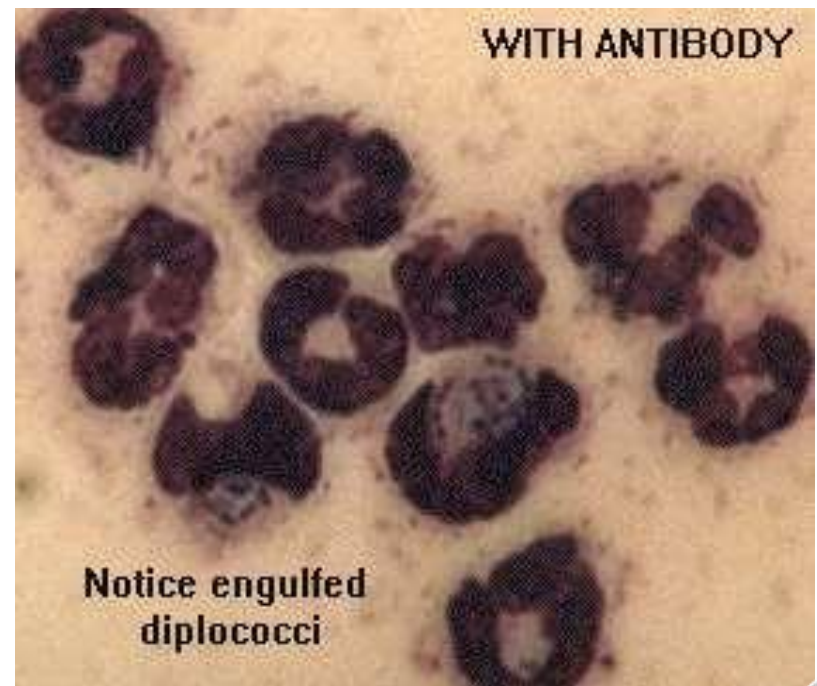
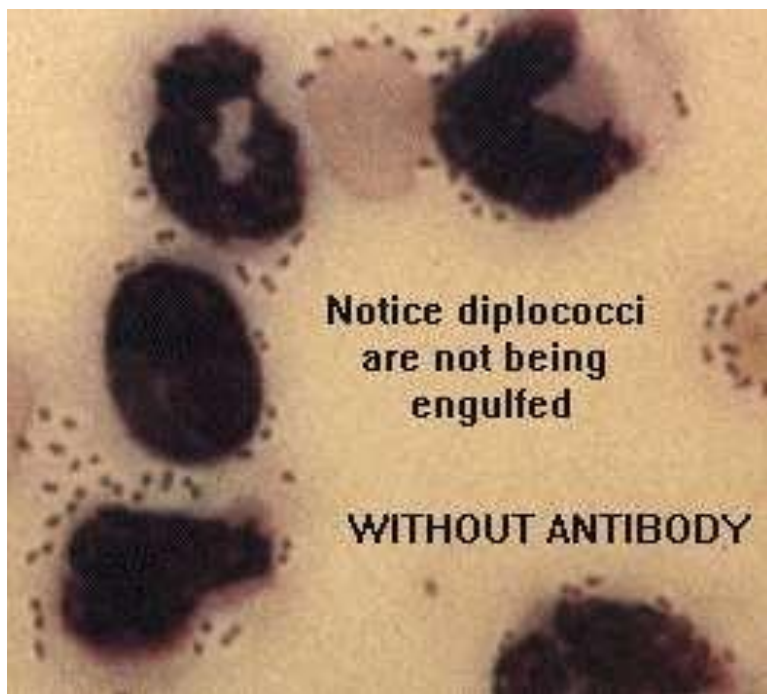
# Second line of defense

- The complement systems
  - Consists of ~30 proteins that complement the action of the immune system
  - Functions:
    - Inflammation
    - Stimulate leukocytes
    - Lyse bacteria
    - Increase phagocytosis by opsonization



# Opsonization

- Process by which phagocytosis is facilitated by deposition of **opsonins**
- Opsonins can be complement proteins, or antibodies
- e.g. encapsulated bacteria
- Deficiency in complement system may lead to increase susceptibility to certain infections.



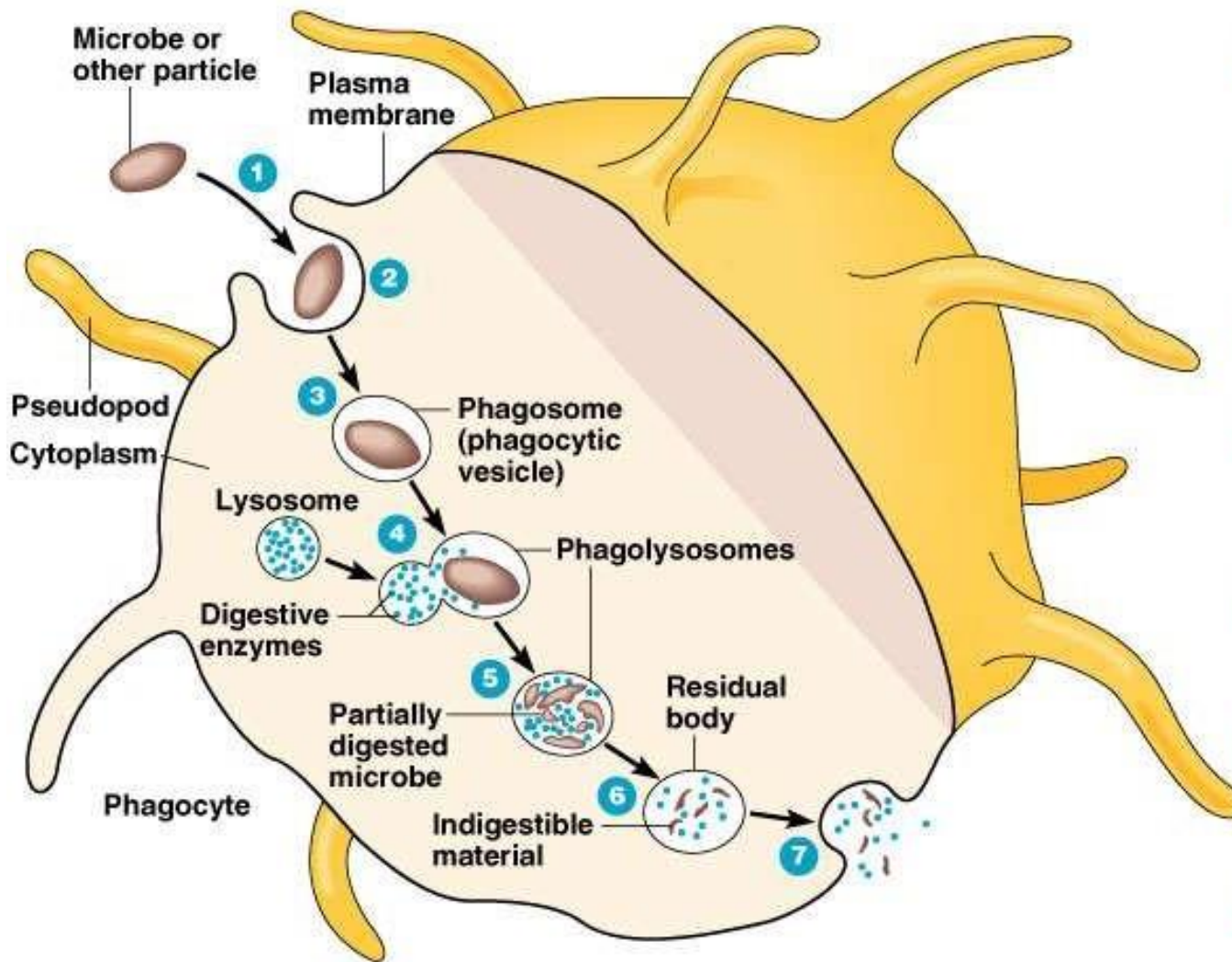
**Phagocytosis** is the ingestion of microorganisms or other matter by a cell. Many white blood cells engulf invasive microorganisms by the process of phagocytosis. The steps in phagocytosis are:

- .1 **Chemotaxis** is the process by which phagocytes are attracted to microorganisms.
- .2 **Attachment**. The phagocyte then adheres to the microbial cell. This adherence may be facilitated by *opsonization* – coating the microbe with plasma proteins.
- .3 **Ingestion**: Pseudopods of phagocytes engulf the microorganism and enclose it in a phagosome to complete ingestion.
- .4 **Digestion**: Lysosomes fuse with the phagosome to form a digestive vacuole. The microbe is killed and digested.



# Second Line of Defense

## Phagocytosis



- 1 Chemotaxis and adherence of microbe to phagocyte.
- 2 Ingestion of microbe by phagocyte.
- 3 Formation of a phagosome.
- 4 Fusion of the phagosome with a lysosome to form a phagolysosome.
- 5 Digestion of ingested microbe by enzymes.
- 6 Formation of residual body containing indigestible material.
- 7 Discharge of waste materials.

(a) Phases of phagocytosis

