

MICR 5051
Introduction to Immunology
FALL 2017

Tuesday-Thursday 1:00-3:00 PM Classroom 5.063V

COURSE FACULTY: **Keith Krolick, Ph.D.**
 Course Director

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READ THIS DOCUMENT CAREFULLY - YOU ARE RESPONSIBLE FOR ITS CONTENTS.

MASTER OF SCIENCE IN IMMUNOLOGY & INFECTION PROGRAM MISSION

The mission of the MSI&I program is to provide classroom and laboratory experiences designed to prepare graduates for professional careers in which they contribute laboratory expertise and problem-solving skills to the biomedical research, educational and healthcare communities.

COURSE DESCRIPTION AND OBJECTIVES

This course presents principles of innate and acquired (adaptive) immunity, including descriptions of the development and functions of cells that participate in immune responses, as well as the role of important soluble mediators. In addition, disorders of impaired or inappropriate immune function are described including autoimmunity, hypersensitivity, immunodeficiency, and transplant rejection. Some laboratory testing for these disorders is described.

The following lists some of the broad objectives of this course. Specific objectives for each individual lesson can be found at the end of this syllabus.

By the end of this course, each student should be able to define and discuss:

- how host defenses to infection are said to be composed of layers of protection.
- physical and physiological barriers provided to the host that interfere with initial phases of microbial infection.
- cells and soluble mediators produced by the host that are involved in non-adaptive (innate) immunity, and how they interfere with early phases of microbial infection.
- why the antigenic complexity of a potential microbial pathogen and its products often requires multiple adaptive immune mechanisms to insure effective protection of the host.
- the principle hallmarks of the adaptive immune system (diversity, specificity, memory), and how these hallmarks differ from those of non-adaptive (innate) immunity.
- the cells and soluble mediators produced by the host that are involved in adaptive immunity, why this line of defense is considered “adaptive”, and how humoral and cell-mediated adaptive immunity interferes with later phases of microbial infection.
- how host immune defenses have “co-evolved” with disease-causing characteristics of pathogenic microorganisms.
- how inappropriate immune responses can lead to pathologies associated with allergy, autoimmunity, immunodeficiency, and graft rejection.

COURSE ORGANIZATION

Three main teaching formats are used to cover the material in this course: **1) Conventional didactic lectures** in which information is delivered to the class; **2) Conference Discussions** which are highly interactive case-based activities, encouraging two-way communication between the instructor and the class, and requiring student active participation in the learning process; and **3) Online review and self-study activities**.

Computer Access – Various materials and assignments will require access to a computer with internet capabilities.

Reading Assignments – Required reading assignments are posted in the schedule of class meetings (shown below) and are never considered optional. Unless specifically noted by the instructor, anything in the required readings, whether emphasized in class or not, is considered testable on exams. Mandatory readings are primarily found in the required text book (see below). However, occasionally a reading assignment will be given that is posted online or sent to you via email attachment.

- **Lectures** – Many of the presentations are given in the common lecture format and are accompanied by Pdf-converted PowerPoint slide files. The Pdf files are provided to you with active fields that will allow you to type notes on your laptop. You are responsible for all information included in the lecture materials. However, you should not assume that all testable lecture material is found only in the posted materials. That is, lectures may be expanded and enhanced during in-class presentations. So, **take good notes because any information discussed in class during lecture is considered testable**.

Animations – You are provided with a collection of online animated reviews of certain key concepts. These animations will enhance and clarify lecture presentations and give you a sense of the dynamics of immune activities that is sometimes overlooked in static slide presentations. Note that some animations are more detailed than the information derived from the reading assignments or in-class sessions. You will not be held responsible for those additional details. To toggle between play and pause, right-click on the animation as it's running and click on the "play" link.

- **Online Review Activities** – Certain lecture sessions are accompanied by online reviews found on the **MICR 5051 CANVAS website**. Explicit instructions for completing these activities are provided online (see "Syllabus and Other Instructions" in the Course Content folder). The online reviews are intended to test your breadth and depth of understanding of the various topics covered in the course. However, they are not intended to represent a thorough coverage of the material, but only as examples of what you might find on examinations and to gauge your level of preparedness. Each online review, when completed, is **worth 0.1 bonus point that will be added to your final exam average at the end of the course** (see grading information below).
- **Conference Discussions (CD)** – These sessions will extend your understanding of basic principles of immunology by discussing patient case histories that describe instances when disease occurs due to inadequate or undesirable immune responsiveness. An explicit list of strategies and expectations for these sessions is provided online (see "Syllabus and Other Instructions"). Patient histories to be discussed are found on the MICR 5051 CANVAS website and will involve immunopathologies associated with allergy, autoimmunity, immunodeficiency, and transplant rejection.

To adequately prepare for CD sessions, each student **must become familiar with all cases of the day** (including any test results and images) and relevant background information. Information needed to prepare for these discussions is available in text book reading assignments, introductory online comments that accompany each session, and from lecture presentations. While collecting information from readings and presentations, **students should fill in the templates** that accompany each case; filled templates should be studied prior to class. Each set of CD templates, when completed and submitted, is **worth 0.2 bonus point that will be added to your final exam average at the end of the course** (see grading information below). Although each case history is accompanied by a series of questions that will be the starting point of in-class discussion, students should not assume that simply looking up answers to these few questions is sufficient to fully participate in the discussion.

CD sessions are intended to be highly interactive. In order to promote widespread participation, **the instructor will make use of a picture roster for engaging the students**. That is, participation is not voluntary and students will be called on in class to answer questions. Initially, this may be a bit intimidating for some students, but the CD sessions offer excellent opportunities to practice skills of interpretation and communication under

circumstances that are meant to foster teamwork and cooperation. Moreover, it is well understood that you are at your initial stages of training, and in-depth expert discussion cannot be expected. However, it is also important to realize that, in your future, considering case presentations such as these may be, in part, the basis for making certain decisions in your research activities.

ATTENDANCE

In order to achieve the expected level of competency, students must be fully engaged. Therefore, attendance for every class session is expected.

It is recognized that a student may occasionally arrive late to class due to unexpected traffic problems or inclement weather. However, chronic lateness is considered an unprofessional behavior that disrupts the learning environment for everyone else in the classroom.

TEXTBOOKS

Mandatory and recommended reading assignments are found primarily in the following two text books. Note that occasional online reading assignments will be given; links to those sites are also found in the schedule of class meetings.

Required text book (assignments posted in the schedule of class meetings shown below):

Parham, P. (2014). *The Immune System, 4th edition*. New York: Garland Science. Note that many of the slides used in class are derived from this book.

Recommended additional text book:

Sompayrac, L. (2015) *How the Immune System Works, 5th edition*. Blackwell Publishing. An excellent overview of the “big picture” and **very highly** recommended for students who have never had a formal course in immunology. Reasonably priced and worth considering.

GRADING POLICIES AND EXAMINATION PROCEDURES

Testable material comes from 3 main sources: Lecture presentations, conferences, and reading assignments.

Grading System – Final letter grades are primarily based on your performance on 3 module exams. The first two exams are each worth 25% of your grade; the third exam is **comprehensive** and is worth 50% of your grade. Grading is based on the following scale:

A = 90-100% B = 75-89% C = 65-74% F = < 65%

Note: Fractions of grades are rounded to the nearest whole number for your final course grade. For example, 89.45 is an A, but 89.44 is a B, or 74.45 is a B, but 74.44 is a C.

Bonus Points – Bonus points may be received in two ways. 1) For each **Online Review** completed and submitted, **0.1 point** will be awarded. 2) For each set of **Conference Discussion templates** completed and submitted, **0.2 point** will be awarded. Bonus points will be added to your 3-exam average at the end of the course.

Examination Protocol – Exams may be composed of multiple choice, short answer, and essay questions. The proportion represented by each question type will vary among the 3 exams. Certain questions will be accompanied by images, so it is **imperative that you study images** (particularly those presented in class).

No electronic devices, extra paper, books, backpacks, etc. are permitted in the testing area. Hats must be removed. You will **not be allowed to ask questions of the proctor** once the examination has started (except to point out potential typographical errors in the exam).

Late Arrival to Exams - Exams will be timed. **If you arrive late** to an exam, and are given permission to take the exam, you will not be given additional time to complete your test. If you arrive after another student has finished the exam and has departed the exam room, you will not be allowed to take the exam. If you miss an exam, you may be eligible for taking a make-up exam (see below).

Grading Procedures – Exam results will be provided to students as quickly as possible. No “challenges” are allowed. However, a time will be scheduled outside of class so that students may review concepts of concern to them.

Make-up Examinations – A student who must miss a scheduled exam for a serious reason must request an excused absence from the Course Director. Acceptable “serious reasons” usually involve serious illness or injury to the student (doctor’s excuse may be required) or the student’s family member. Examples of unacceptable reasons include: Not prepared or incomplete studying, over-sleeping, hangover, heavy traffic or any travel delays, other appointments or scheduled professional or personal commitments.

If it is determined that missing an exam is justified, a make-up examination will be scheduled. The make-up exam will be given as soon as possible at a time designated by the Course Director. Any student who misses an exam and does not receive an excused absence **will receive a grade of zero for that exam.**

REQUESTS FOR ACCOMODATIONS FOR DISABILITIES

In accordance with policy 4.2.3, **Request for Accommodation Under the ADA and the ADA Amendments Act of 2008 (ADAAA)**, any student requesting accommodation must submit the appropriate request for accommodation under the American with Disabilities Act (ADA, form 100) to the appropriate Associate Dean. In addition, the Course Director should be notified once the paperwork is filed. Additional information may be obtained at <http://uthscsa.edu/eo/request.asp>.

ACADEMIC INTEGRITY AND PROFESSIONALISM

Any student who commits an act of academic dishonesty is subject to discipline as prescribed by the UT System Rules and Regulations of the Board of Regents. Academic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an exam for another person, signing attendance sheets for another student, and any act designed to give unfair advantage to a student or the attempt to commit such an act. Additional information may be obtained at <http://catalog.uthscsa.edu/generalinformation/generalacademicpolicies/academicdishonestypolicy/>

TITLE IX AT UTHSCSA

Title IX Defined:

Title of the Education Amendments of 1972 is a federal law that prohibits sex discrimination in education. It reads “no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

University of Texas Health Science Center San Antonio’s Commitment:

University of Texas Health Science Center San Antonio (UTHSCSA) is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. As required by Title IX, UTHSCSA does not discriminate on the basis of sex in its education programs and activities, and it encourages any student, faculty, or staff member who thinks that he or she has been subjected to sex discrimination, sexual harassment (including sexual violence) or sexual misconduct to immediately report the incident to the Title IX Director.

In an emergency, victims of sexual abuse should call 911. For non-emergencies, they may contact UPD at 210-567-2800. Additional information may be obtained at <http://students.uthscsa.edu/titleix/>

EMAIL POLICY

Every student is issued a University e-mail address and account at the time of enrollment. As a matter of University Policy, communications between students and faculty that occur using the student’s University e-mail address is considered official business. Therefore, **students are expected to check their university email inboxes on a regular basis** so that any announcements, instructions, or information regarding this course will be received in a timely way. Missed communications due to inadequate monitoring of incoming emails on the University’s email server will never be a valid excuse for unsatisfactory academic progress.

USE OF RECORDING DEVICES

Recording of lectures and other learning activities in this course by any means (*e.g.*, video, audio, etc.) is only permitted if approved by the instructor or required for compliance with Americans with Disabilities Act (ADA).

ELECTRONIC DEVICES

Cell phones must be turned off during all class meetings and exams. Computers and electronic tablets are allowed only for participating in classroom activities (*e.g.*, viewing slides presented in lecture or conference materials). No texting, tweeting, emailing, web-surfing, gaming, or any use of electronic devices that is not directly connected with classroom activities is permitted.

MICR 5051
INTRODUCTION TO IMMUNOLOGY
2017 CLASS SCHEDULE
Tuesday-Thursday 1:00-3:00 PM

| MODULE 1 | | | | |
|-----------------|-------------|---|---|----------------------------------|
| WEEK | DATE | TOPIC | Reading Assignment* and relevant CANVAS Reviews | Instructor and Format |
| Week 1 | Aug 22 | Overview of Host Defenses Against Infection 1 and 2 | PAR: Ch1-3 HIW: Ch1, Ch2 | Krolick (Lecture) |
| | Aug 24 | Overview of Host Defenses Against Infection 3 and 4 | [ONLINE REVIEWS 1-4] | Krolick (Lecture) |
| Week 2 | Aug 29 | Lymphocyte Receptors for Antigen 1 and 2 | PAR: Ch4.1-4.12; Ch5.1-5.5 Generation of Antibody Diversity | Krolick (Lecture) |
| | Aug 31 | Lymphocyte Receptors for Antigen 3 *** T Cell Development, Antigen Recognition, and Effector Functions 1 | PAR: Ch.5.6-5.22; Ch8; 12.1-12.5 HIW: Ch.4, Ch.5, Ch,6 [ONLINE REVIEWS 5-8] | Krolick (Lecture) |
| Week 3 | Sept 5 | T Cell Development, Antigen Recognition, and Effector Functions 2 and 3 | PAR: Ch7.1-7.2; Ch7.8-7.14 | Krolick (Lecture) |
| | Sept 7 | T Cell Development, Antigen Recognition, and Effector Functions 4 and 5 | PAR: Ch13.6 HIW: Ch.8, Ch.9 | Krolick (Lecture) |
| Week 4 | Sept 12 | NO CLASS | | |
| | Sept 14 | Exam #1 | | |

| MODULE 2 | | | | |
|-----------------|-------------|---|--|----------------------------------|
| WEEK | DATE | TOPIC | Reading Assignment* and relevant CANVAS Reviews | Instructor and Format |
| Week 5 | Sept 19 | Humoral Immunity 1 and 2 | PAR: Ch4.13-4.17; Ch6.1-6.8; Ch6.11-6.15 HIW: Ch.3, Ch.7 | Krolick (Lecture) |
| | Sept 21 | Humoral Immunity 3 and 4 | PAR: Ch9 HIW: Ch.10 | Krolick (Lecture) |
| Week 6 | Sept 26 | Humoral Immunity 5 *** Mucosal Immunity 1 | [ONLINE REVIEWS 9-12] PAR: Ch10 HIW: Ch.11 | Krolick (Lecture) |
| | Sept 28 | Mucosal Immunity 2 and 3 | MUCOSAL IMMUNITY [ONLINE REVIEWS 13-14] | Krolick (Lecture) |
| Week 7 | Oct 3 | Flow Cytometry 1 and 2 | Flow Cytometry Overview | Gorena (Lecture) |
| | Oct 5 | Serologic Diagnosis 1 and 2 | CANVAS HANDOUT | Krolick (Conference) |
| Week 8 | Oct 10 | NO CLASS | | |
| | Oct 12 | Exam #2 | | |

| MODULE 3 | | | | |
|----------|--------|--|---|--------------------------|
| WEEK | DATE | TOPIC | Reading Assignment* and relevant CANVAS Reviews | Instructor and Format |
| Week 9 | Oct 17 | NO CLASS | | |
| | Oct 19 | Hypersensitivity Diseases 1 and 2 | Intro Comments in CANVAS PAR: Ch14 HIW: Ch.13 | Krolick (Conference) |
| Week 10 | Oct 24 | NO CLASS | | |
| | Oct 26 | Autoimmune Diseases 1 and 2 | Intro Comments in CANVAS PAR: Ch16 HIW: Ch.13 | Krolick (Conference) |
| Week 11 | Oct 31 | NO CLASS | | |
| | Nov 2 | Immunodeficiency Diseases 1 and 2 | Intro Comments in CANVAS PAR: Ch13.8-13.16; 13.17-13.20; 13.24 HIW: Ch.14 | Krolick (Conference) |
| Week 12 | Nov 7 | NO CLASS | | |
| | Nov 9 | Transplant Rejection and Graft-versus-Host Disease 1 and 2 | Intro Comments in CANVAS PAR: Ch5.23; Ch15.1-15.12; | Krolick (Conference) |
| Week 13 | Nov 14 | Vaccine Development/Strategies 1 and 2 | PAR: Ch.11 HIW: Ch.12 [ONLINE REVIEW 15] | Krolick (Lecture) |
| | Nov 16 | ONLINE SELF-STUDY – Immune Evasion (No in-class meeting) <i>Vaccine Conference</i> | PAR: Ch13.1-13.7 | |
| Week 14 | Nov 21 | Thanksgiving Break | | |
| | Nov 23 | Thanksgiving Break | | |
| Week 15 | Nov 28 | Immunopathology Review 1 and 2 | Intro Comments in CANVAS | Krolick (Conference) |
| | Nov 30 | NO CLASS | | |
| Week 16 | Dec 5 | Comprehensive Final Exam | | |

* **PAR** = Required readings: Parham, P. (2014). *The Immune System, 4th edition*. New York: Garland Science.

HIW = Recommended readings: Sompayrac, L. (2015) *How the Immune System Works, 5th edition*. Blackwell Publishing.
Certain online readings and review activities are listed.

INTRODUCTION TO IMMUNOLOGY

Lesson Objectives for Individual Sessions

The Lesson Objectives listed below are to be used as a guide to the most essential questions that you should consider in your studies. However, do not view these lists as the “end-all” as you devise your study strategies. Anything covered in reading assignments, online activities, or discussed in class is to be considered “testable”.

| WEEK | TOPIC | Lesson Objectives |
|---------------|--|--|
| Week 1 | Overview of Host Defenses Against Infection | <p>Microbial pathogens have many specialized strategies to survive in the host, some that result in highly detrimental and pathological outcomes. This overview briefly describes the diverse repertoire of immunological weapons that we have to neutralize those many specialized microbial strategies. Then, throughout this course, and throughout your career, you will come to appreciate how big this challenge is, and that sometimes, we fail to meet the challenge.</p> <p>Your primary objectives for this overview lecture should be:</p> <ol style="list-style-type: none">1. To familiarize yourself with the various physical and physiological barriers/mechanisms by which the host defends itself from infection.2. To familiarize yourself with the cells (and their basic functions) that compose the non-adaptive innate and adaptive systems of host defense.3. To consider <u>relationships</u> between specialized strategies associated with particular types of infections and the immune strategies required to confer resistance to those infections. |
| Week 2 | Lymphocyte Receptors for Antigen | <p>Receptors on the surface of lymphocytes are responsible for highly specific recognition of antigens. There is a huge diversity in the receptor specificity repertoire that is the basis for clonal lymphocyte selection and activation. In order to master your understanding of this crucial characteristic of lymphocytes, it is necessary for you to:</p> <ol style="list-style-type: none">1. Know and understand the domain structure of antibodies and what is meant by variable and constant domains.2. Know and understand the structure and function of the complementarity determining regions (CDRs).3. Know when functional heavy and light chain genes are generated during B cell development.4. List the classes and subclasses of antibody present in humans and describe differences in their effector functions.5. Describe the Fab, Fc, and hinge regions of the antibody molecule and how they relate to antibody function.6. Know the general structures of the immunoglobulin heavy and light chain genetic loci.7. Know and understand how VDJ and VJ recombination occurs.8. Explain how mechanisms resulting in antibody gene rearrangements that dictate antigen binding specificity are “antigen-independent”.9. Explain how a small number of antibody genes can encode for hundreds of millions of antigen-binding specificities.10. Explain the importance of allelic exclusion in lymphocyte receptor expression. |

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| | | <p>11. Explain why B cells are “monospecific” for antigen.</p> <p>12. Describe how inexact joining during VDJ rearrangements contributes to antigen-binding diversity and why there is greater diversity in CDR3 than in the rest of the variable region.</p> <p>13. Describe how B cells co-express IgM and IgD.</p> <p>14. Describe how the membrane form of antibody differs from the secreted form and how a B cell can make both forms.</p> <p>15. Describe T cell receptor structure and how it functions together with the CD3 complex.</p> <p>16. Explain how the BCR and TCR are similar. Are different.</p> <p>17. Explain how T cell receptor antigen-binding diversity is generated and how it resembles the generation of antibody diversity.</p> |
| <p>Weeks 2-3</p> | <p>T Cell Development, Antigen Recognition, and Effector Functions</p> | <p>There are 3 main types of infection, <u>intracellular (cytoplasmic)</u>, <u>intracellular (intravesicular)</u>, and <u>extracellular</u>. T lymphocytes must specialize in order to effectively contribute to host defenses by guaranteeing the activation of immune responses with effector functions that can reach and destroy the pathogen. Your primary objectives should be to:</p> <ol style="list-style-type: none"> 1. Understand why appropriate interaction of T cells with antigen presenting cells (APC) is key to effective immune responsiveness. 2. Understand why the nature of particular infections (<i>e.g.</i>, intracellular vs. extracellular) dictates which antigen processing pathway is activated in APCs (endogenous vs. exogenous). 3. Understand why the particular antigen processing pathway that is activated dictates which antigen presenting molecules, encoded by the major histocompatibility complex, are engaged. 4. Know the characteristics and genetic origins of major histocompatibility molecules. 5. Explain how, in addition to the T cell receptor, CD3, CD4, CD8, and co-stimulatory molecules are required for T cell activation. 6. Understand why the particular antigen processing/presentation pathway activated dictates which subsets of T cells are activated. 7. Understand why multiple kinds of effector T cells are necessary in order to guarantee complete host defense against infection. 8. Learn to distinguish the multiple types of T cells based on: a) Which membrane molecules that they carry; b) How they recognize antigen; c) Which cytokines that they produce; and d) How they destroy antigen (<i>i.e.</i>, effector functions). |
| <p>Weeks 5-6</p> | <p>Humoral Immunity</p> | <p>This series of lectures is intended to provide an understanding of 1) the interactions between B cells and T cell that result in antibody production, and 2) the diversity of antibody structure and function. Again, we can see that the humoral response has evolved in ways intended to guarantee that effector functions are produced that can reach and destroy various biological threats. Important B cell activities that you must master can be divided and studied as 3 topics:</p> |

Development:

1. Correlate B cell developmental stages with the rearrangement and expression of immunoglobulin genes.
2. Describe how antibody expression is dependent on DNA recombination; and when antibody expression is dependent on alternative RNA processing.
3. Be able to explain how a B cell simultaneously expresses IgM and IgD.
4. Understand the roles of the membrane and secreted forms of antibody and the mechanisms by which they are expressed by the B cell.
5. Understand the difference between antigen-independent B cell development in the bone marrow and antigen-dependent differentiation after B cells leave the bone marrow.
6. Understand the process of negative selection of the B cell repertoire during B cell development.

Activation:

7. Know that B cell activation requires two independent signals and be able to describe them.
8. Describe the different fates of B cells following activation by antigen.
9. Understand why B cell activation in response to T-dependent antigens (most antigens) requires interaction with helper T cells, while activation in response to T-independent antigens does not.
10. Understand that the immune system is a circulatory one and that antigen-specific B cells and T cells find each other in the secondary lymphoid organs where antigen is concentrated.
11. Be able to describe the germinal center and the events that take place there with regard to B cell-T cell interactions, and B cell activation and function.

Effector functions:

12. Describe molecular mechanisms that result in isotype switching in B cells, including: *i)* the role played by helper T cells and how major cytokines regulate this process, *ii)* the effect on antibody binding specificity for antigen, and *iii)* the ultimate importance of being able to switch isotypes.
13. Describe how somatic hypermutation contributes to affinity maturation, a selective phenomenon that increases the ability to neutralize pathogens.

Distinguish between affinity and avidity of antigen-antibody interactions and understand how structures of the molecules are related to this distinction.
14. Know the human antibody classes and their major properties and functions relative to immune responses.
15. Know the function of the J chain and with which classes of antibody it associates.
17. Understand the role of Fc receptors in antibody-mediated responses and their association with follicular dendritic cells.
18. Understand the role of the classical pathway of complement activation in host protection.

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| <p>Weeks 6</p> | <p>Mucosal Immunity</p> | <p>The mucosal immune system is often our first line of defense against microbial pathogens. It is of such great importance that it is sometimes considered the third arm of host defense, together with the humoral and cell-mediated arms. Mastery of the information regarding mucosal immunity will require that you:</p> <ol style="list-style-type: none"> 1. Know the basic organization of the mucosal immune system. 2. Be able to define and distinguish O-MALT and D-MALT. 3. Be able to describe inductive sites of the mucosal immune system including components, anatomical distribution and function. 4. Be able to describe effector sites of the mucosal immune system including components, anatomical distribution and function. 5. Be able to describe how antigen traverses mucosal barriers. 6. Be able to describe Peyer’s patches and the activation of IgA secreting B cells. 7. Be able to describe how lymphocytes activated locally in mucosal tissues can mediate immune responses at distant sites. 8. Be able to describe the characteristics of IgA and its major functions. 9. Know and understand how and where mucosal IgA antibodies are produced and how and where they are transported to mucosal surfaces. |
| <p>Week 7</p> | <p>Flow Cytometry</p> | <p>Flow cytometry is an extremely powerful method for evaluating numerous characteristics and activities of individual cells within large populations of cells. Examples of such characteristics include surface membrane molecular architecture, cytoplasmic signaling, proliferation and cell cycle, differentiation and effector functions, production of soluble mediators, and various stages of cell death. In order to master your understanding of flow cytometry, it is necessary for you to:</p> <ol style="list-style-type: none"> 1. Understand the fundamentals of light scatter (forward scatter and side scatter) and the chemistry of fluorescence. 2. Be familiar with the various probes and fluorochromes used in flow cytometry. 3. Be familiar with the hardware and fundamental methods used in flow cytometry. 4. Understand the basics of data analysis; histograms, dot plots 5. Be familiar with research and clinical applications of flow cytometry presented in class. <p>For example: Cell cycle analysis, surface marker phenotyping, apoptosis, fluxes and pumps, cytoplasmic signaling, cell proliferation, etc.</p> |
| <p>Week 7</p> | <p>Serological Diagnosis</p> | <p>In completing the exercises provided, you are expected to be familiar with the following so as to participate in in-class discussion:</p> <ol style="list-style-type: none"> 1. Difference between <u>primary</u> vs. <u>secondary</u> antigen-antibody interactions 2. Difference between the acute vs. convalescent phases of infection 3. Relationship between endpoint and titer 4. Utility of “paired” serum samples 5. What an antibody titer can (or cannot) indicate about an active infection 6. Advantages/disadvantages of using monoclonal vs. polyclonal antibodies. |

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| | | <p>7. Difference between sensitivity vs. specificity in serological testing.</p> <p>8. How false positive or false negative test results can be obtained.</p> <p>9. Describe the principles and interpret the results of selected tests:</p> <ul style="list-style-type: none"> - Enzyme-Linked Immunosorbent Assay (ELISA or EIA) - Western Blot (immunoblot) - direct and indirect immunofluorescence - RPR Card Test - slide agglutination test - tube agglutination test (what is the Prozone Effect?) - complement fixation (CF) test - neutralization (virus plaque inhibition) assay <p>Before class, in preparation for Conference Discussion, you must:</p> <ol style="list-style-type: none"> 1) perform the assigned readings; 2) study and evaluate the patient case histories provided; and 3) prepare to discuss the cases in class. <p>Questions provided with the cases are intended to be used as a guide to the most important elements of the cases, but it should not be assumed that these will be the only questions asked during the class discussion. Familiarize yourself with the principles and methods of serologic testing described.</p> |
| <p>Week 9</p> | <p>Hypersensitivity Diseases</p> | <p>Hypersensitivity (allergy) is an exaggerated manifestation of normal immune responsiveness and reactivity; reactions exceed healthy limits of intensity and/or are directed at tissues that are particularly sensitive to products of such responsiveness/reactivity. Primary objectives for this lecture include being able to:</p> <ol style="list-style-type: none"> 1. Distinguish the four main classes of hypersensitivity; be familiar with specific scenarios of clinical interest and mechanisms leading to hypersensitivity diseases. 2. Describe signs and symptoms of hypersensitivity disease occurring in a patient. 3. Distinguish between an allergy-associated immune <u>response</u> and subsequent immune <u>reactions</u>. What is the clinical significance of making this distinction? 4. List characteristics that distinguish Types I-IV hypersensitivity diseases. Name examples of specific pathologic states or diseases that represent each. 5. Be familiar with the specific mechanisms that lead to the hypersensitivity diseases presented in class. That would require that you identify the progression of sensitizing and eliciting events for each, name the target tissue and describe the effector mechanism(s) that leads to tissue damage and the onset of symptoms. 6. Describe the main steps leading to degranulation in mast cells during Type I hypersensitivity and name some of the pharmacologically active factors released during this process and therapeutic strategies for interfering with the process. 7. Explain to what late-phase response in IgE-mediated hypersensitivity refers. 8. With regard to Type II and IV allergies, distinguish between the involvement of extrinsic antigens vs. intrinsic antigens. 9. Explain how staining a tissue for the presence of antibody or complement allow you to determine whether a Type II or III hypersensitivity scenario is in progress. |

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| | | <ol style="list-style-type: none"> 10. Explain why is it unlikely that complications involving Hemolytic Disease of the Newborn (HDN) would exist during a first-time pregnancy. Why is ABO incompatibility during pregnancy not a more frequent problem? 11. Explain why both kidney and lung involvement may frequently be present in an individual patient with Goodpasture's Syndrome. 12. Explain why is it unattractive (but sometimes necessary) to treat a snake-bite victim with large doses of anti-toxin. 13. Distinguish the 3 variants of delayed-type hypersensitivity. 14. Identify connections between the hypersensitivities described in this session and particular autoimmune diseases. Or blood transfusion reactions? Or organ transplant rejection reactions? |
| <p>Week 10</p> | <p>Autoimmune Diseases</p> | <p>Autoimmune diseases reflect the loss of regulation designed to prevent immune reactivity against the host's own antigens. Your primary objectives for this lecture include being able to:</p> <ol style="list-style-type: none"> 1. Explain why clonal deletion mechanisms alone, are not sufficient to explain the maintenance of immunologic tolerance to self. 2. Explain the absence of disease in the presence of circulating autoreactive lymphocytes. 3. Explain how mechanisms that result in immune self-tolerance must include both physical deletion of autoreactive lymphocyte clones (central tolerance), together with peripheral tolerance designed to control autoreactive lymphocyte clones that escape central tolerance. 4. Describe mechanisms that can result in a breakdown of self-tolerance that allows autoimmunity. 5. Describe the particular pathologic mechanisms that lead to the autoimmune diseases described. 6. Explain what is meant by an individual having a "genetic predisposition" to a particular autoimmune disease. What factors may be responsible for such a predisposition? 7. Describe how an autoimmune disease may be caused by "antigenic mimicry"; Can you cite clinical examples? 8. Explain what is meant by immunologically privileged sites. Cite clinical examples of how such sites can become targets of autoimmune attack. 9. Describe how chronic infection could lead to autoimmune activities. 10. How could long-term high-dose drug administration lead to autoimmune activities. Can you cite clinical examples? 11. Explain how dysregulated cytokines can influence autoimmune activities. 12. List pathologic effector mechanisms that can be involved in autoimmune diseases. Site examples of diseases that involve <u>multiple</u> mechanisms? 13. Describe the specific immune mechanisms that lead to the autoimmune diseases presented in class, and the general characteristics of the diseases presented in the chart included in the introductory materials. |

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| <p>Week 11</p> | <p>Immunodeficiency Diseases</p> | <p>Immunodeficiency diseases are the result of missing or impaired components of the immune system. Your primary objectives for this lecture include being able to:</p> <ol style="list-style-type: none"> 1. Explain how defects in various components of the immune system, or steps in immune developmental pathways, can lead to immunodeficiency diseases. 2. Explain how some immunodeficiency diseases are inherited, while others are transmitted as an infectious disease. 3. Explain how an immunodeficiency disease may be secondary (a sequela) to some other disease. 4. Describe the specific defects that lead to the specific immunodeficiency diseases presented in class. With regard to each disease, describe the expected functional/immunological consequence, predict what forms of infectious disease a patient carrying that defect would become most susceptible, and the phenotypic lymphocyte markers that would allow diagnosis. That is what lymphocyte markers could be used to test for deficient numbers of circulating B and T lymphocytes? How could you test for their ability to function? |
| <p>Week 12</p> | <p>Transplant Rejection and Graft-versus-Host Disease</p> | <p>Your objectives are to become familiar with mechanisms that lead to transplant rejection so as to be able to:</p> <ol style="list-style-type: none"> 1. Describe the stages and various immune effectors that are associated with the rejection of tissue/organ transplants. 2. Describe the roles played by the MHC molecules acting as antigenic targets of donor transplant rejection, as well as antigen presenting molecules of the transplant recipient. 3. Describe histological signs of allograft rejection. 4. List factors that can influence the rate and intensity of graft rejection. 5. Explain why it is useful to perform <u>both</u> tissue typing and MLC testing prior to transplantation. How is each test performed? 6. Consider potentially detrimental side-effects accompanying immunosuppressive treatments designed to prevent graft rejection. 7. Describe clinical scenarios in which bone marrow/stem cell transplantation would be a useful therapeutic strategy. 8. Describe the process of hematopoiesis. 9. Define circumstances and general pathology are associated with graft-versus-host disease. |
| <p>Week 13</p> | <p>Vaccine Development and Strategies</p> | <p>Microbial pathogens have many specialized strategies to survive in the host, some that out-perform host defenses. In order to survive, the host may need outside help that enhances immune function. Thus, you are expected to demonstrate a mastery of issues regarding vaccination strategies by demonstrating your ability to:</p> <ol style="list-style-type: none"> 1. Describe the desired results of vaccination. 2. Explain what is meant by herd immunity. 3. Distinguish between passive vs. active immunization 4. Understand that there are both advantages and disadvantages in choosing live attenuated microbes vs. killed microbes in designing vaccines. |

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| | | <ol style="list-style-type: none"> 5. Explain what a subunit vaccine is, and what advantages it offers. 6. Explain why toxoids are better suited for vaccination than their corresponding toxins. 7. Understand why immune memory is essential for successful vaccination. 8. Explain how clonal selection is the basis for immune specificity. 9. Define the term “adjuvant”, and describe mechanisms that allow an adjuvant to enhance immunization. 10. Explain why T cell-independent antigens create a special challenge, especially in young children. 11. Describe how antigenic variation is an important challenge in designing vaccine, and distinguish between antigenic drift vs. antigenic shift using influenza virus as an example. 12. Understand the global vaccine challenges of the future. |
| <p>Week 15</p> | <p>Immunopathology Review</p> | <p>Immunopathology refers to diseases caused by impaired immune responses that inappropriately cause or allow damage to host tissues. Patient case histories are described that include examples of exaggerated inflammatory responses, autoimmune and immunodeficiency diseases and hypersensitivity reactions. In addition, one case involves a patient demonstrating malignant lymphoproliferative disease, multiple myeloma.</p> <p>Some of the cases discussed involve disease states already described in previous lectures. You will need to review these lectures for necessary information. Some data are derived from techniques that have been described in the previous conference on “Serologic Diagnosis”. Review those procedures. New methods of laboratory testing are also presented in the current session including: immunonephelometry (for quantification of serum immunoglobulins), serum protein electrophoresis (for separation and semi-quantification of major protein fractions of serum), and immunofixation electrophoresis (to analyze abnormal patterns of specific immunoglobulins).</p> <p>In completing the exercises provided, you are expected to become familiar with the following so as to participate in in-class discussion:</p> <ul style="list-style-type: none"> ● Basic immunobiological mechanisms leading to the immunopathologies described in this session ● Basic principles of key serologic and diagnostic tests described in this session. |