



The Adaptive Immune System: Function, Vaccination, and Disease

Zane H. Boyer

MacMillan Research Group

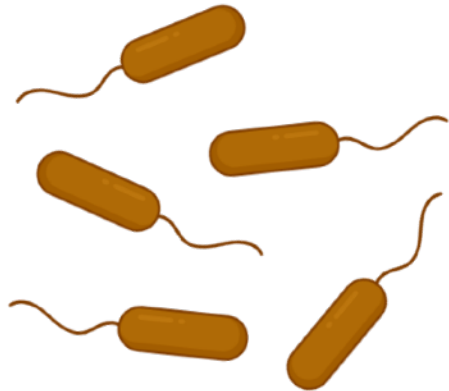
Group Meeting

February 20, 2024

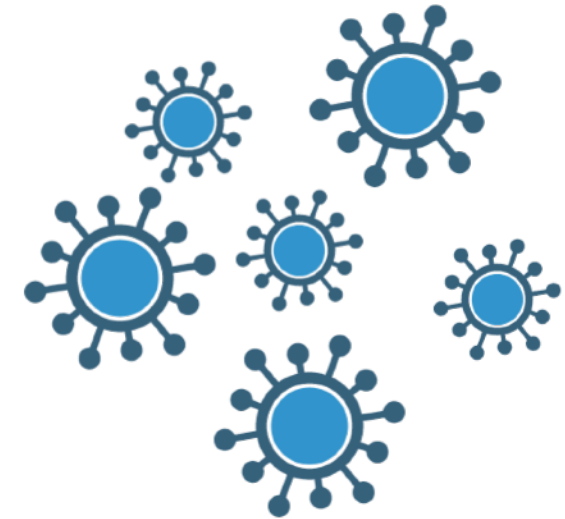
Our Bodies' Constant Fight Against Disease

Destruction of pathogens and mutated cells

Bacteria



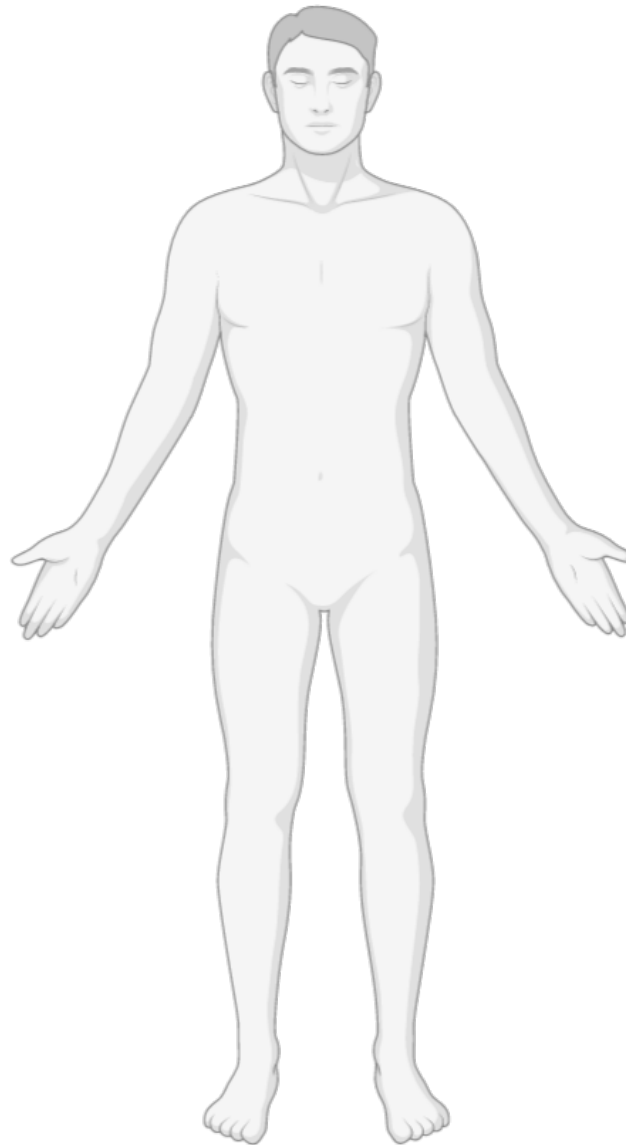
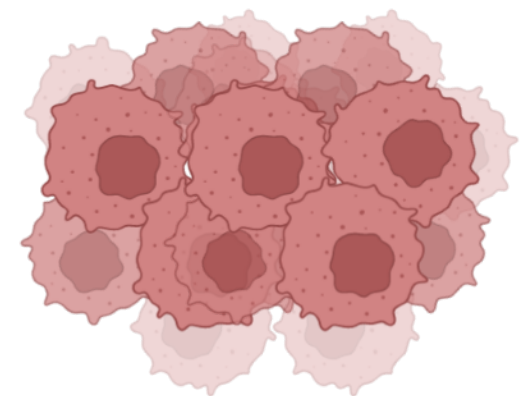
Viruses



Parasites



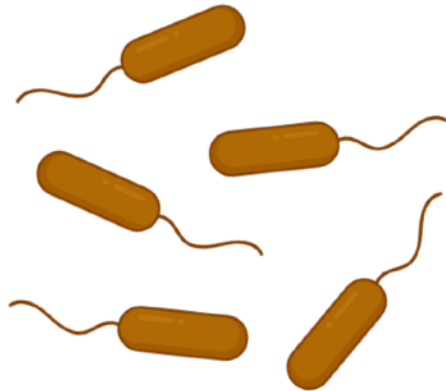
Cancerous cells



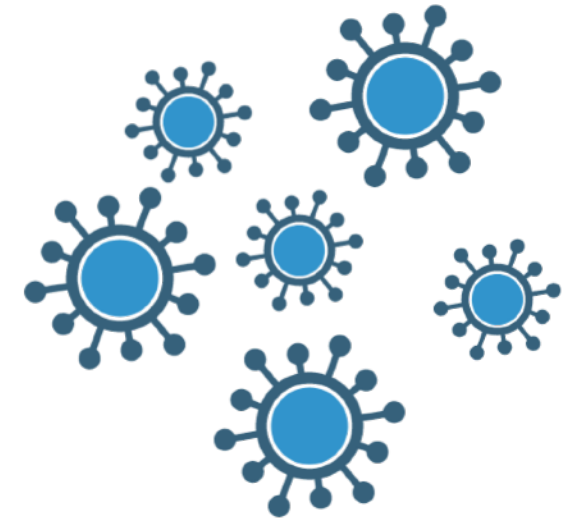
Our Bodies' Constant Fight Against Disease

Destruction of pathogens and mutated cells

Bacteria



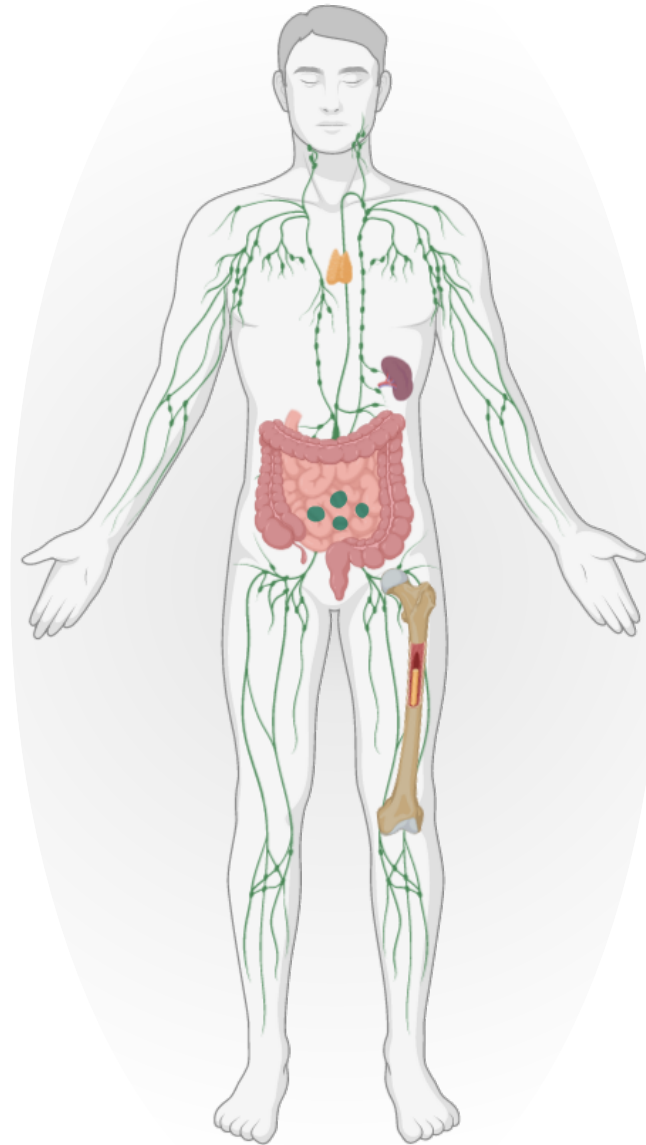
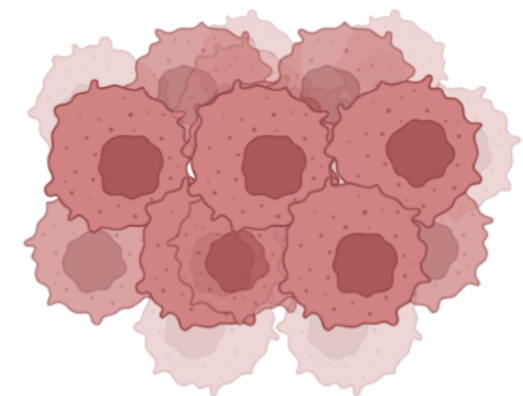
Viruses



Parasites



Cancerous cells

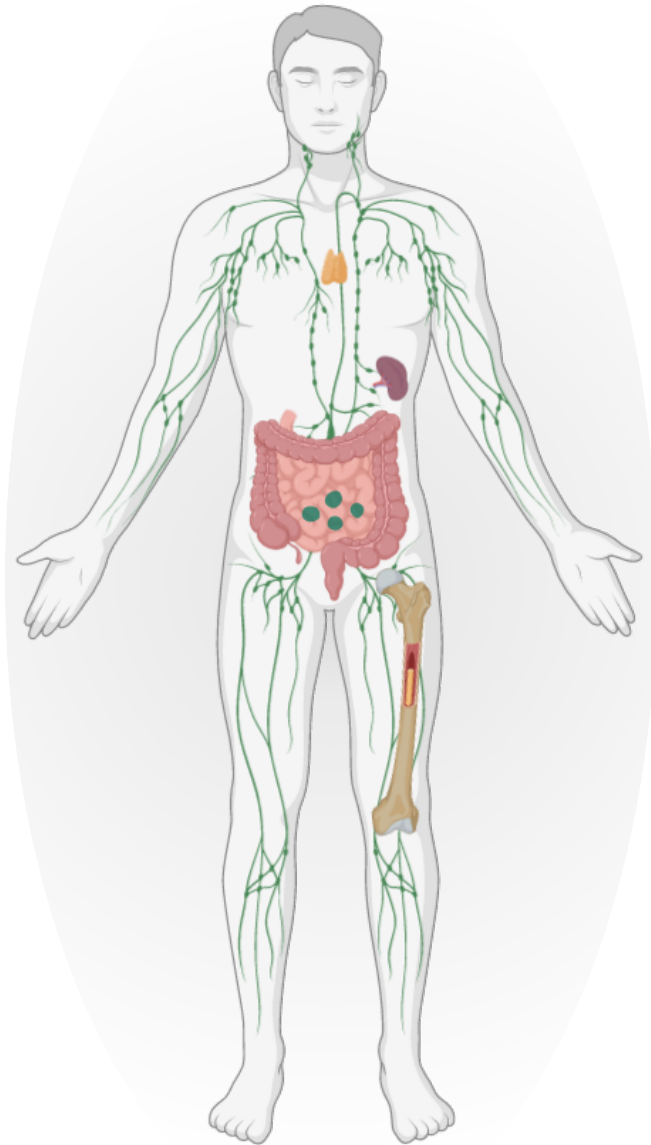


The immune system works to maintain homeostasis and destroy pathogens

Our Bodies' Constant Fight Against Disease

Destruction of pathogens and mutated cells

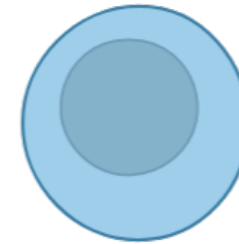
Cells of the Immune System



T cell



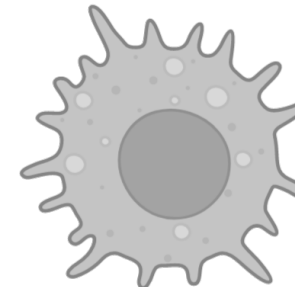
B cell



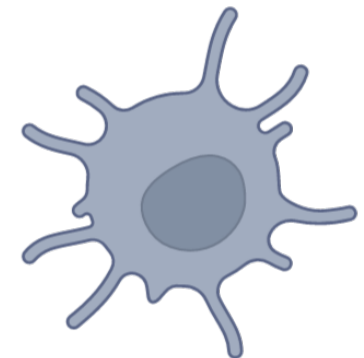
NK cell



Macrophage



Dendritic cell



Eosinophil



Neutrophil



Basophil



Our Bodies' Constant Fight Against Disease

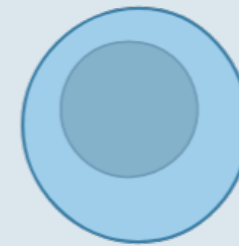
Adaptive and innate immune cells

Adaptive Immune Cells

T cell



B cell

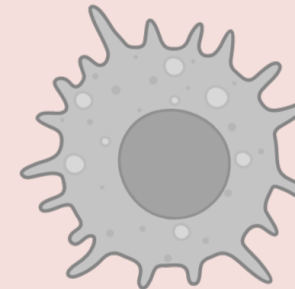


Innate Immune Cells

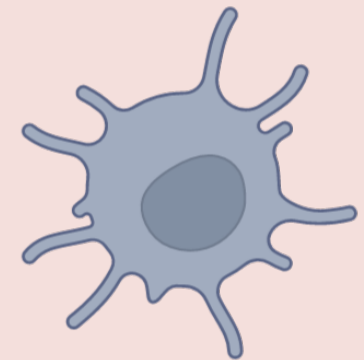
NK cell



Macrophage



Dendritic cell



Eosinophil



Neutrophil



Basophil



Our Bodies' Constant Fight Against Disease

Adaptive and innate immune cells

Adaptive Immune Cells

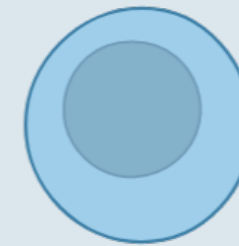
Specific immunity

Recognizes unique peptide or antigen motifs unique to a pathogen

T cell



B cell



Innate Immune Cells

Non-specific immunity

Not specific to any pathogen

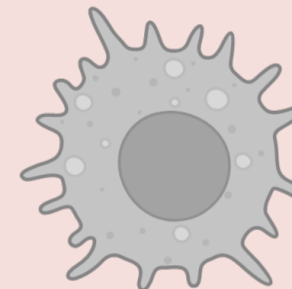
Responds to variety of pathogen motifs, can be activated by peptides, nucleotides

First line of defense against infections and mutations

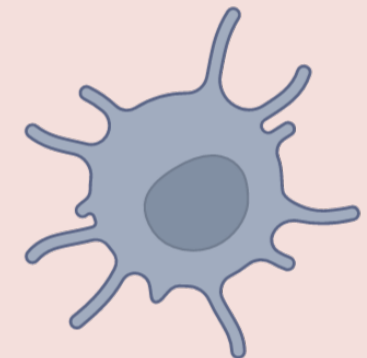
NK cell



Macrophage



Dendritic cell



Eosinophil



Neutrophil

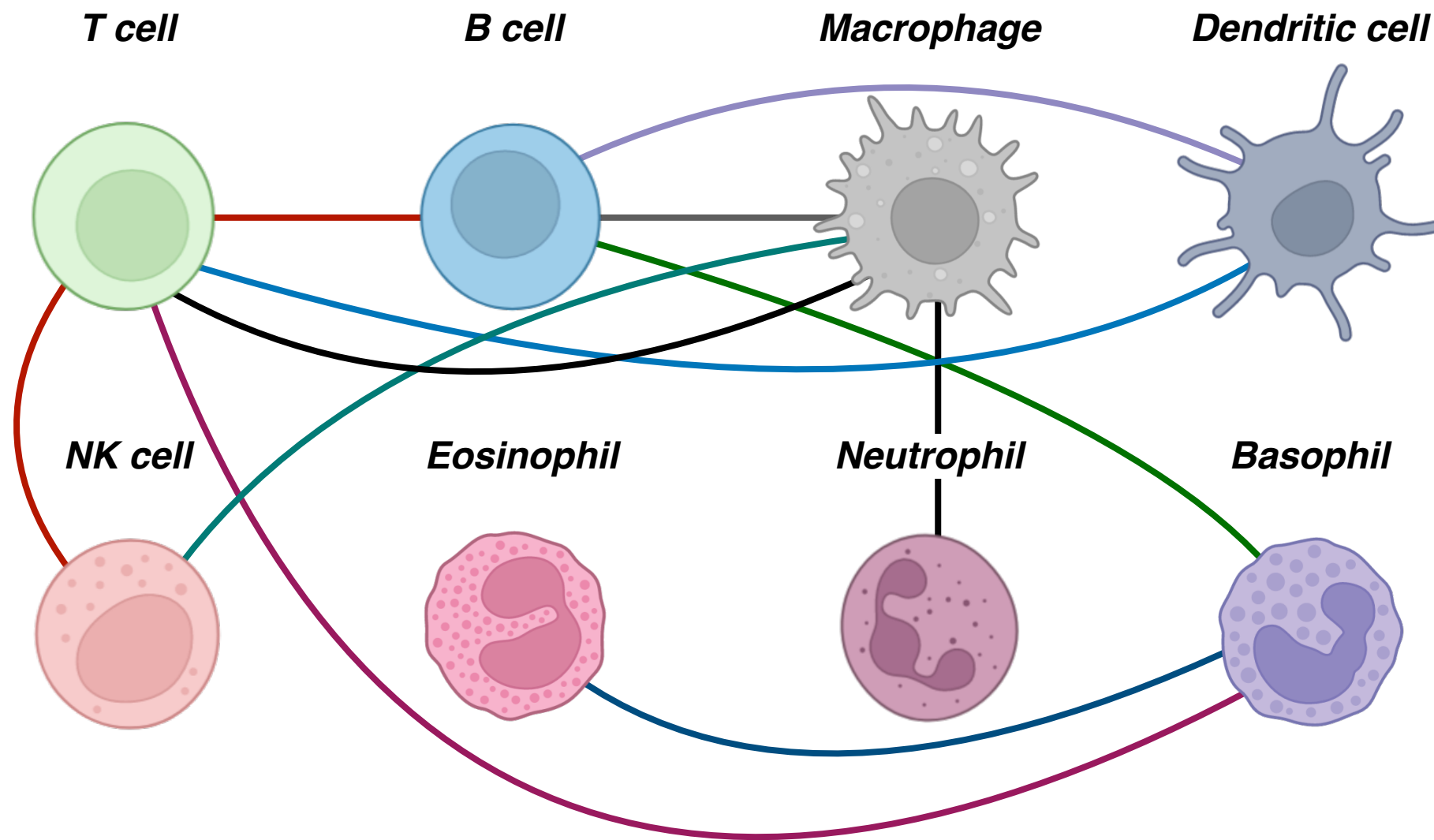


Basophil



Our Bodies' Constant Fight Against Disease

Adaptive and innate immune cells

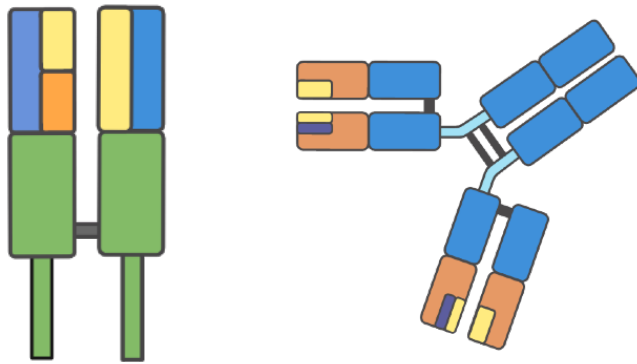


Immune cells work in tandem to generate tailored immune response

Adaptive Immune System

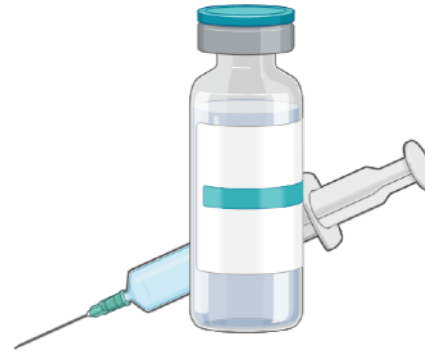
Enabling aspects and failures of adaptive immunity

Ultra-specific targeting



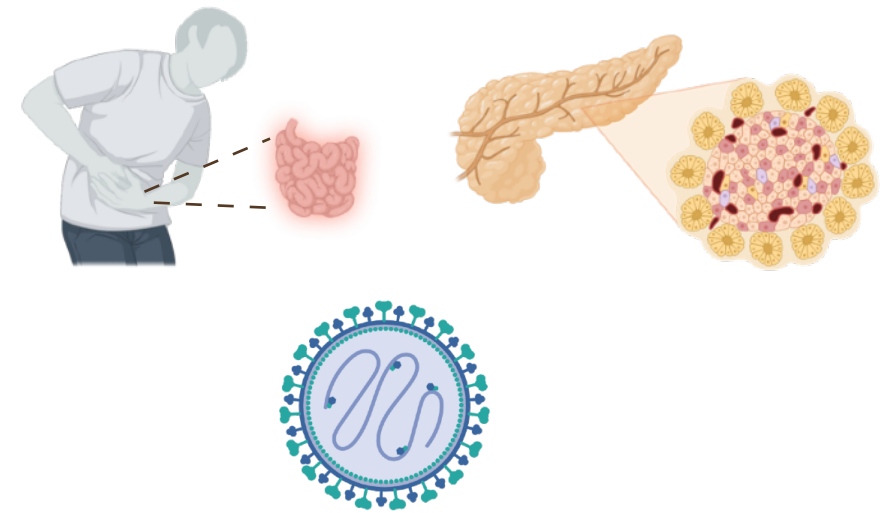
*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases



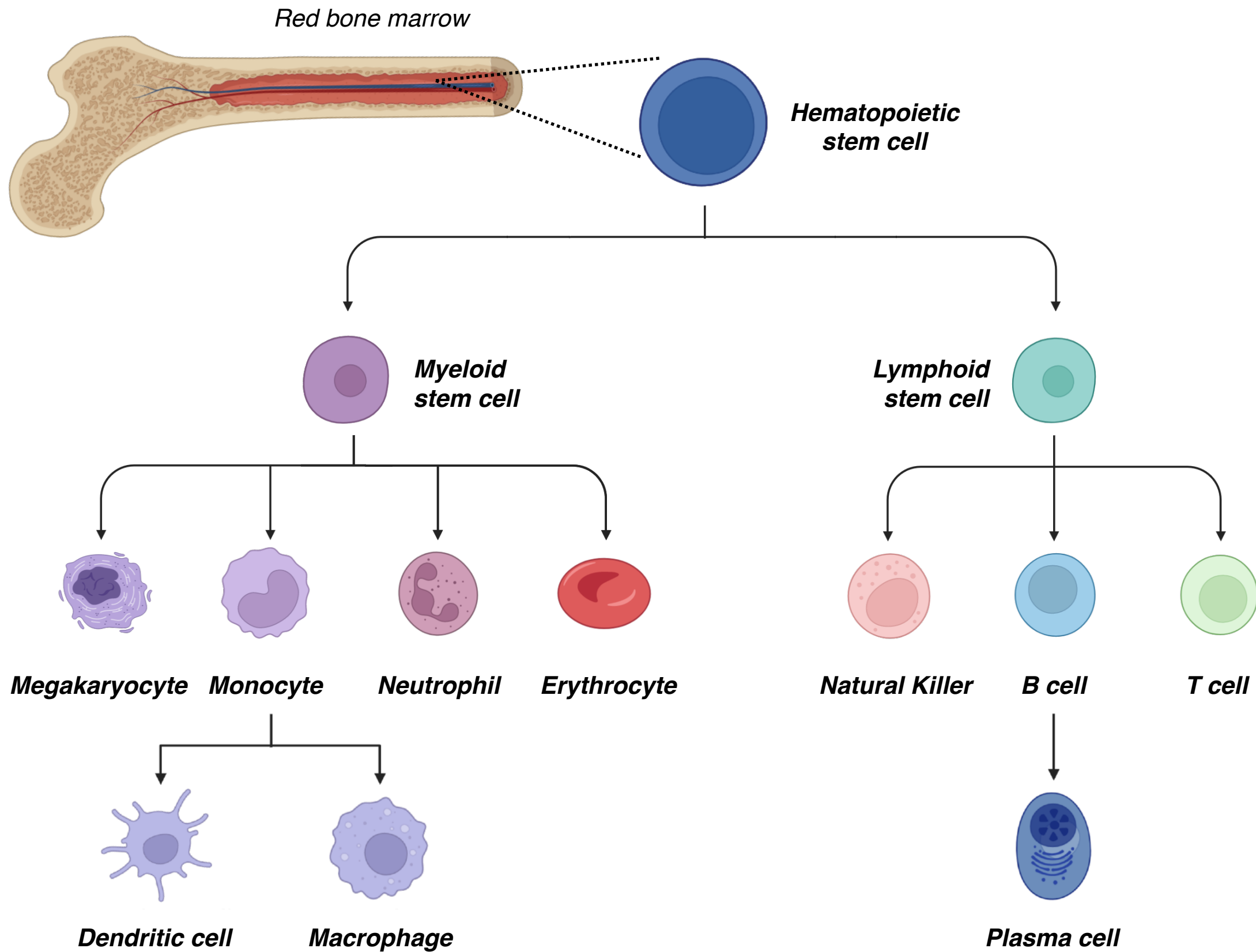
*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

Adaptive Immune System

Outline

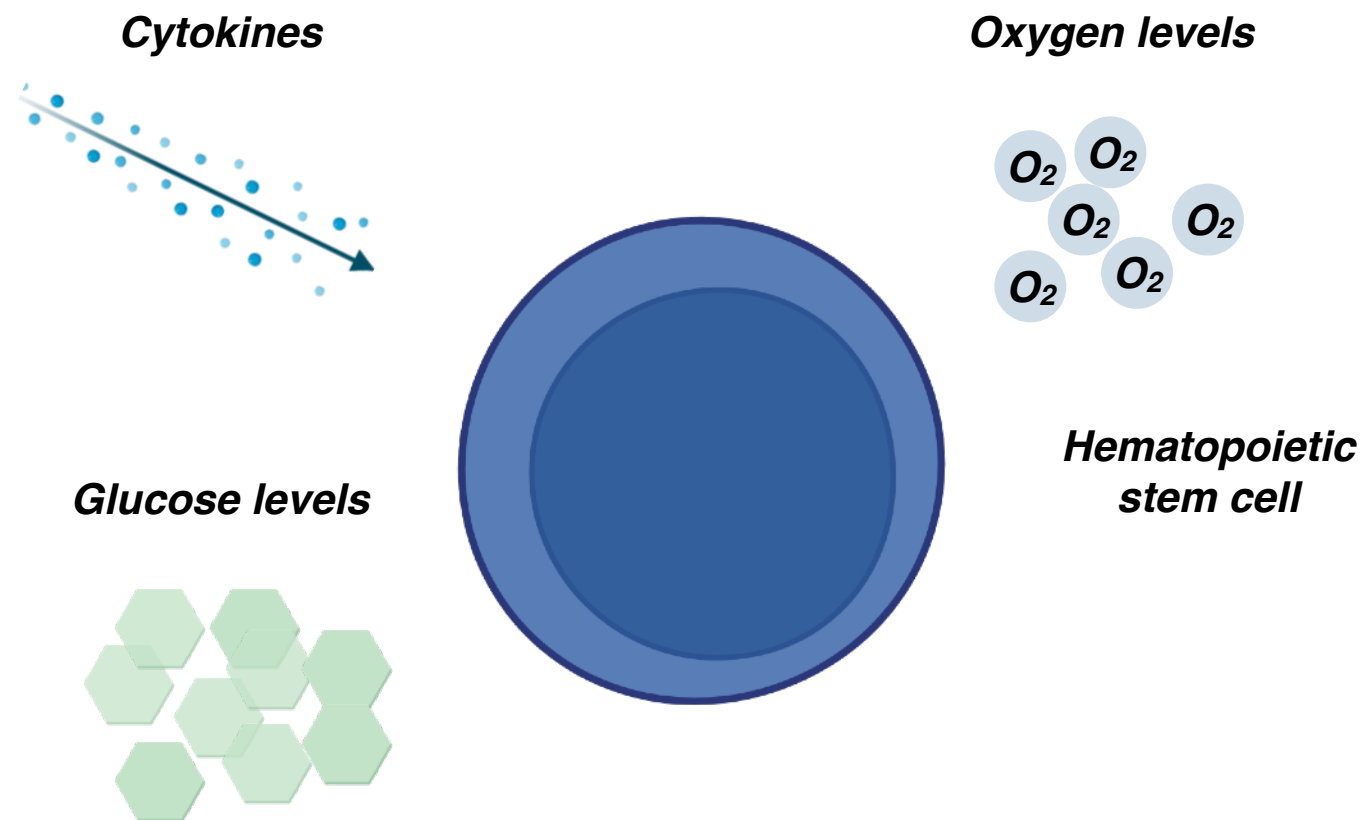
- *Biological development of T and B cells and their receptors*
- *A timeline of vaccine discoveries and developments*
- *How vaccination primes our immune system*
- *Contrasts between vaccine types targeting poliovirus*
- *Autoimmunity and pathogens of adaptive immune cells*

Biological Development of T and B Cells



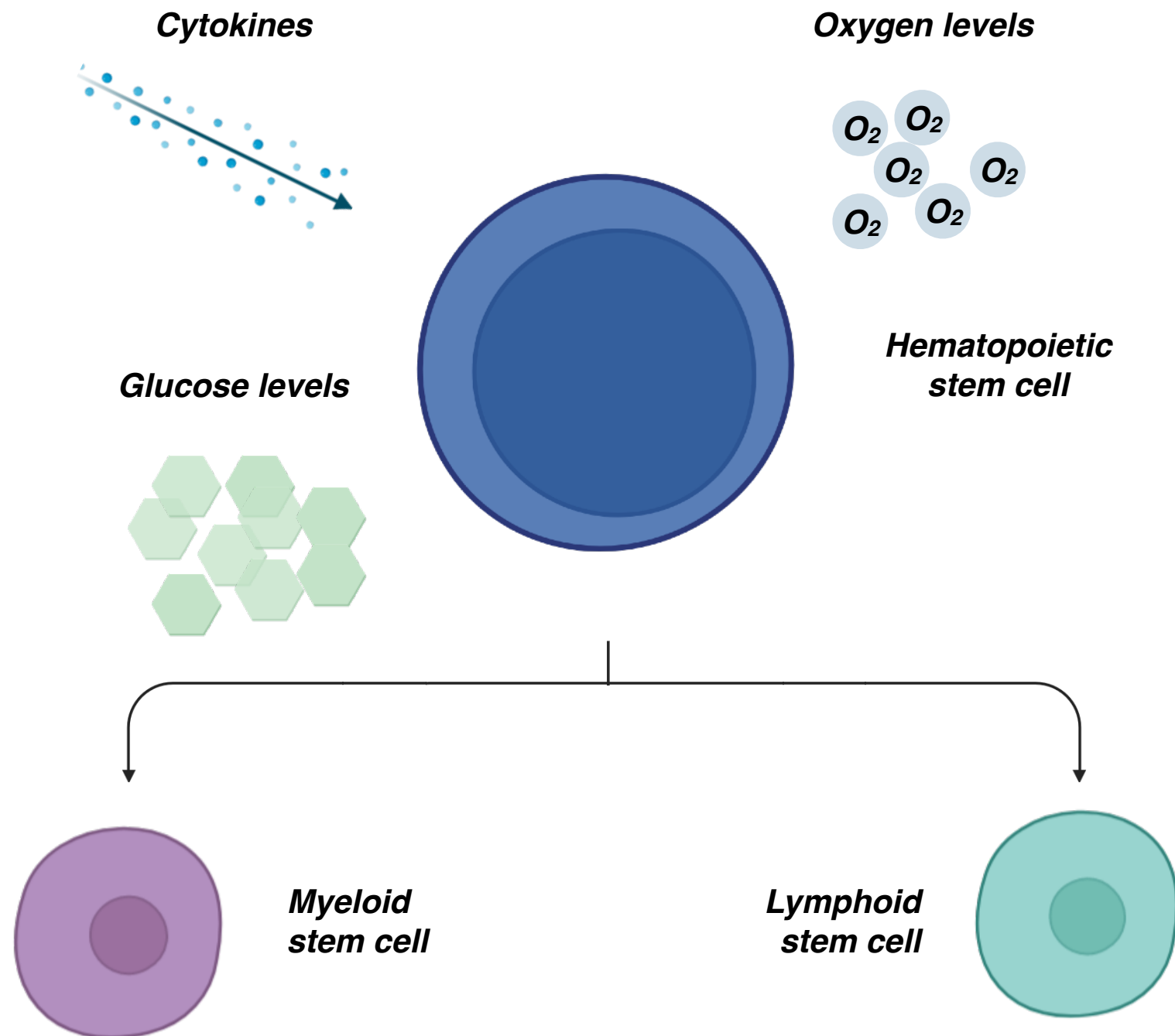
Biological Development of T and B Cells

HPSC differentiation



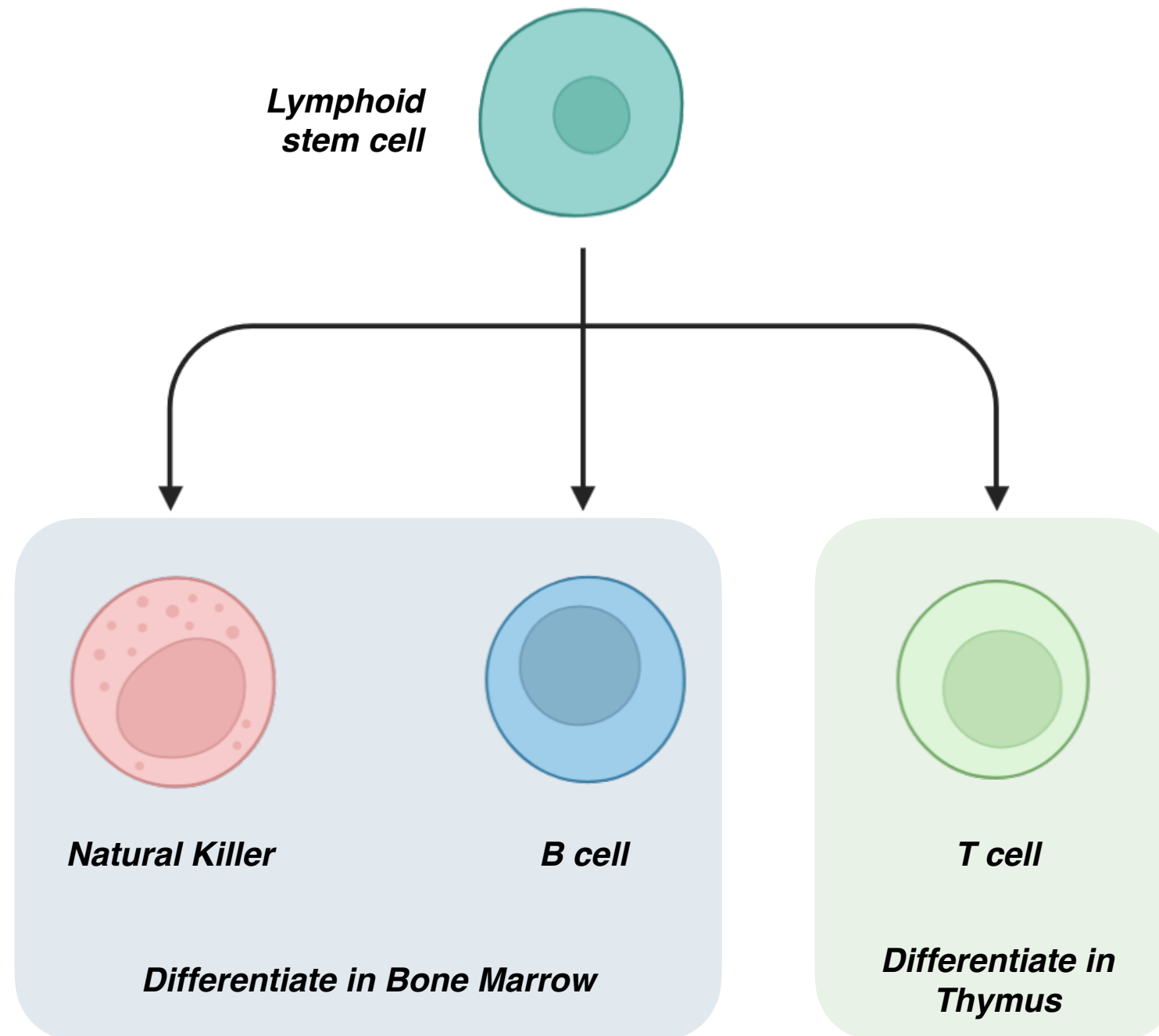
Biological Development of T and B Cells

HPSC differentiation



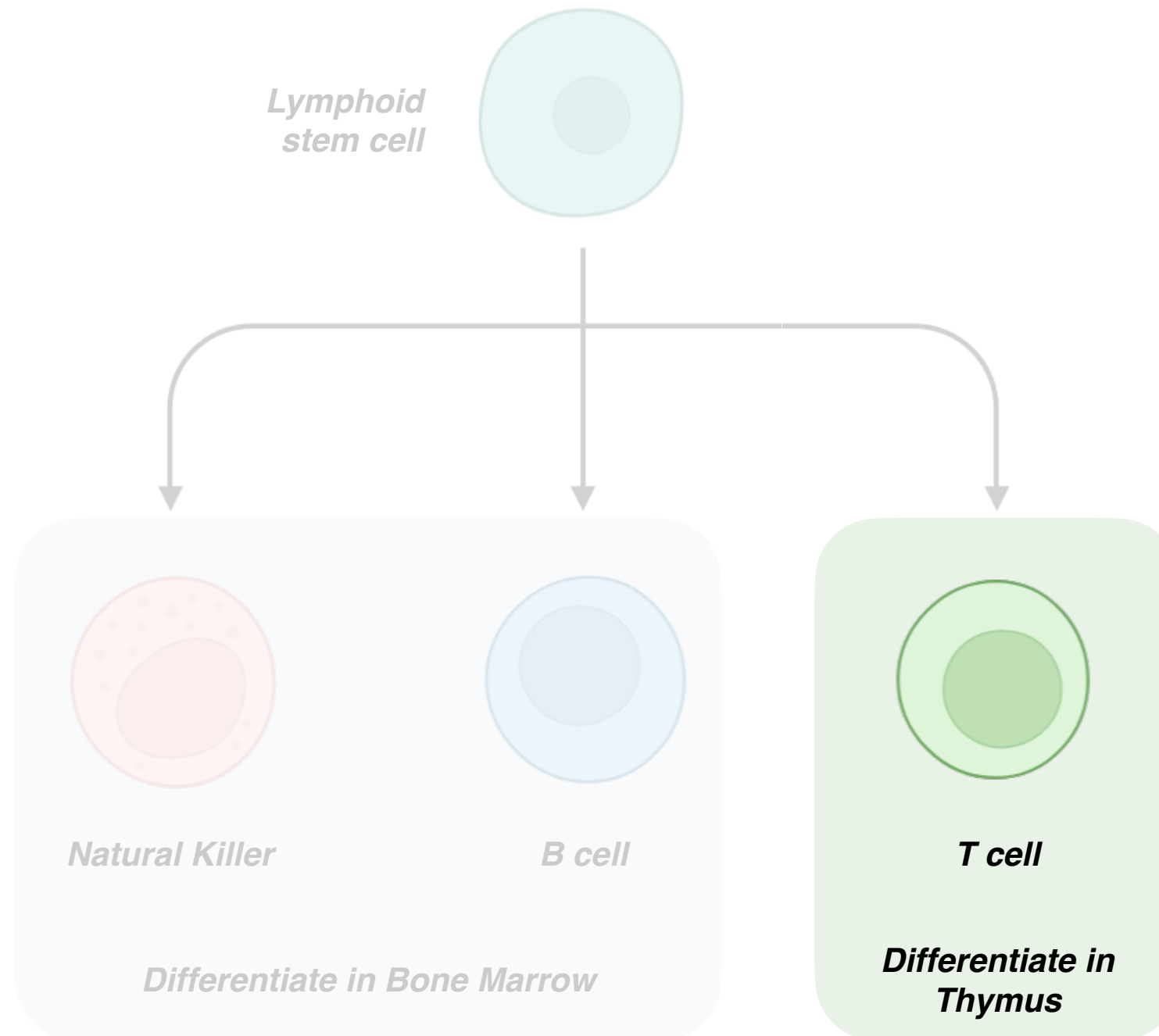
Various chemical signals induce initial differentiation of HPSCs

Biological Development of T and B Cells



Differentiation is determined by organ location of lymphoid precursors

Biological Development of T and B Cells

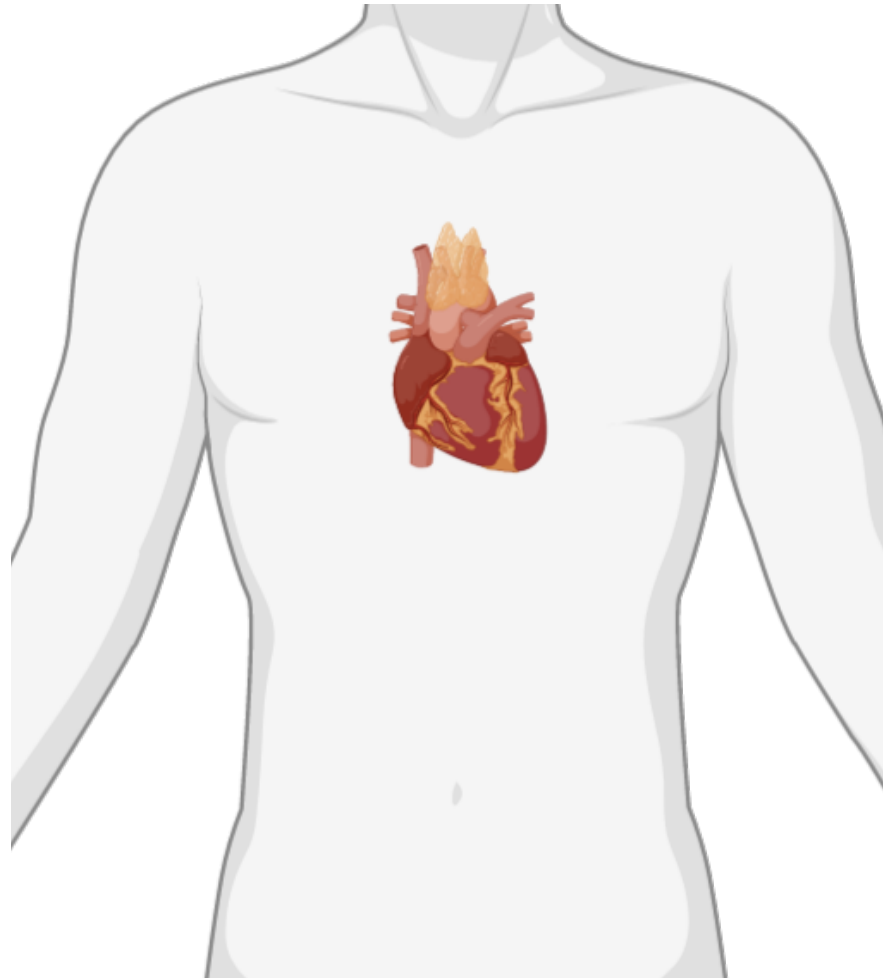


Differentiation is determined by organ location of lymphoid precursors

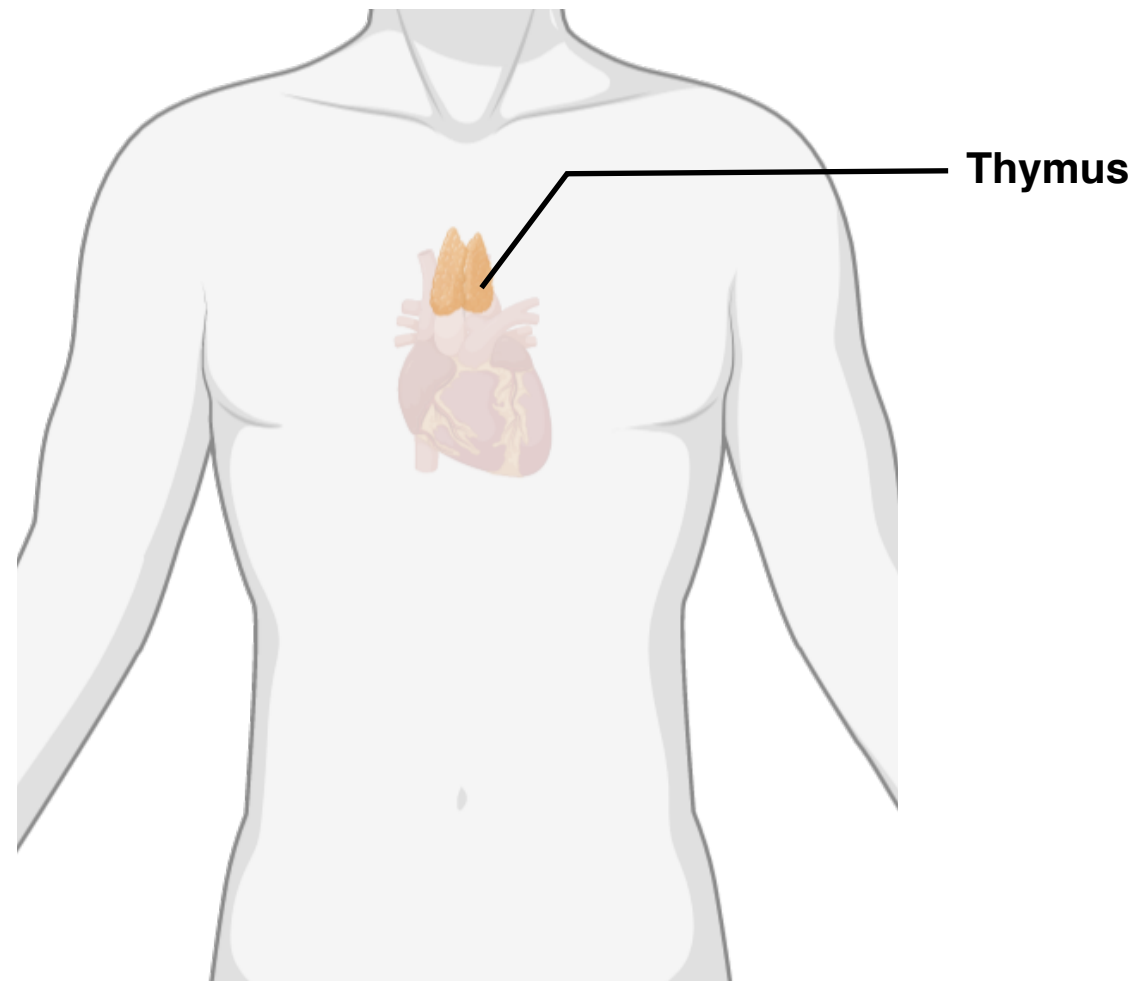
Lai, A. Y., Kondo, M. *Semin. Immunol.* **2008**, 20(4), 207-212.

Rizzani, R., et al. *Int. J. Mol. Sci.* **2020**, 21(22), 8806

T Cell Development in the Thymus

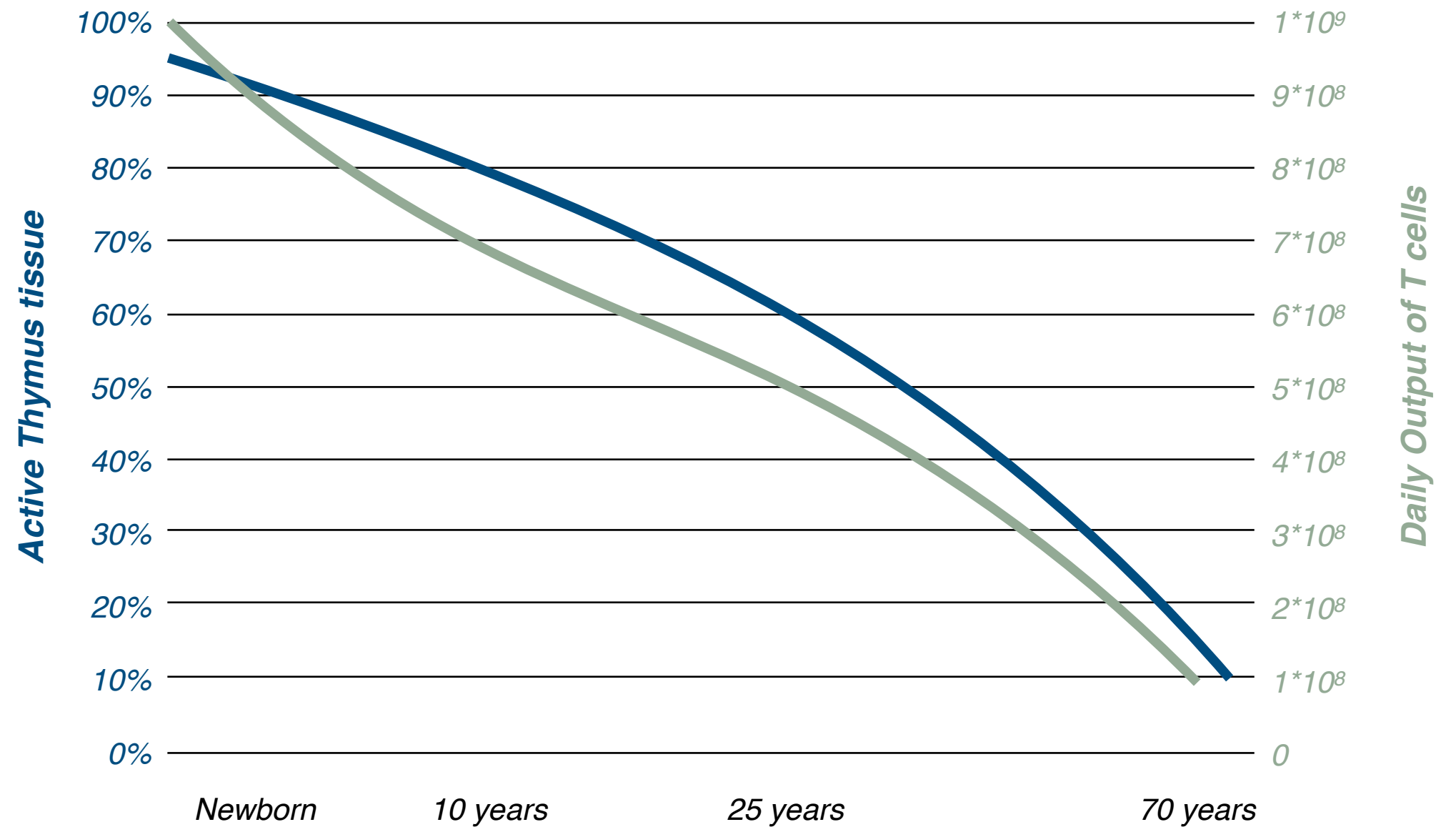
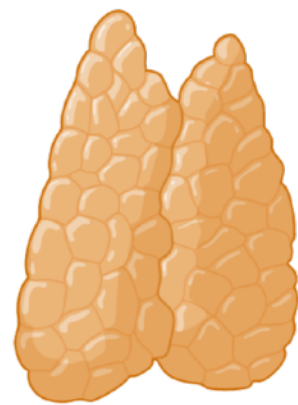


T Cell Development in the Thymus



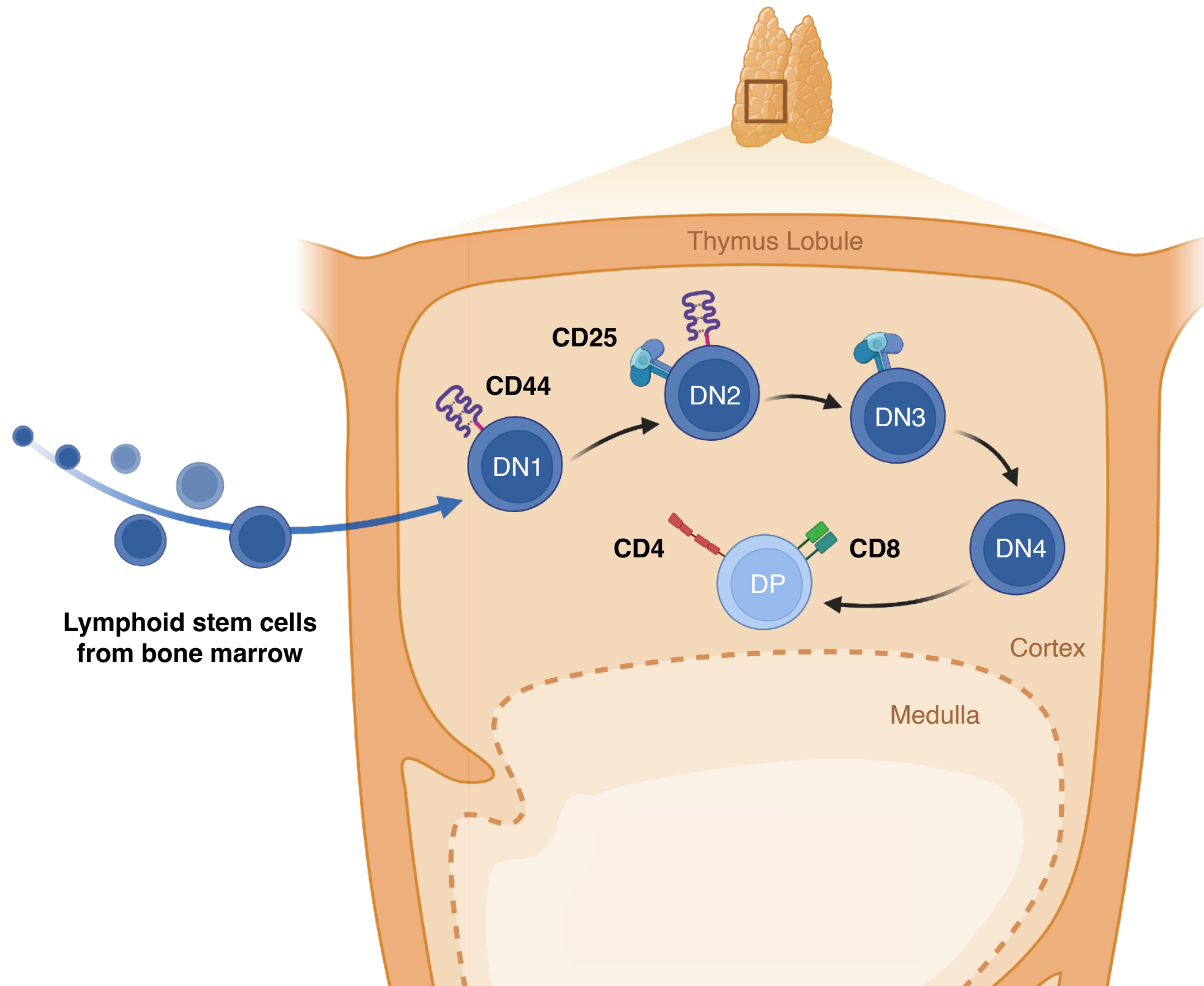
The thymus is a small gland that resides upon the heart

T Cell Development in the Thymus



Most thymus activity occurs in early years of life

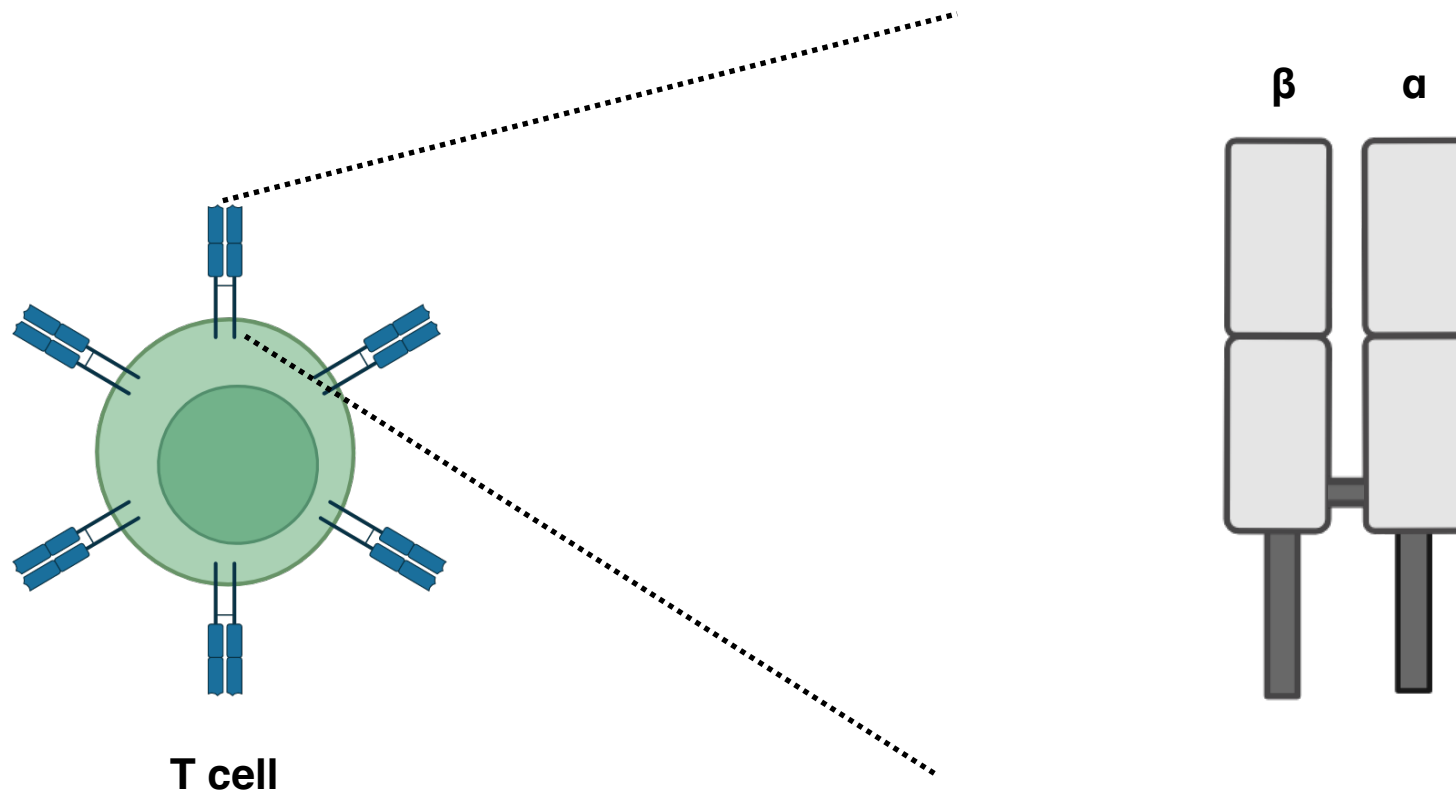
T Cell Development in the Thymus



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

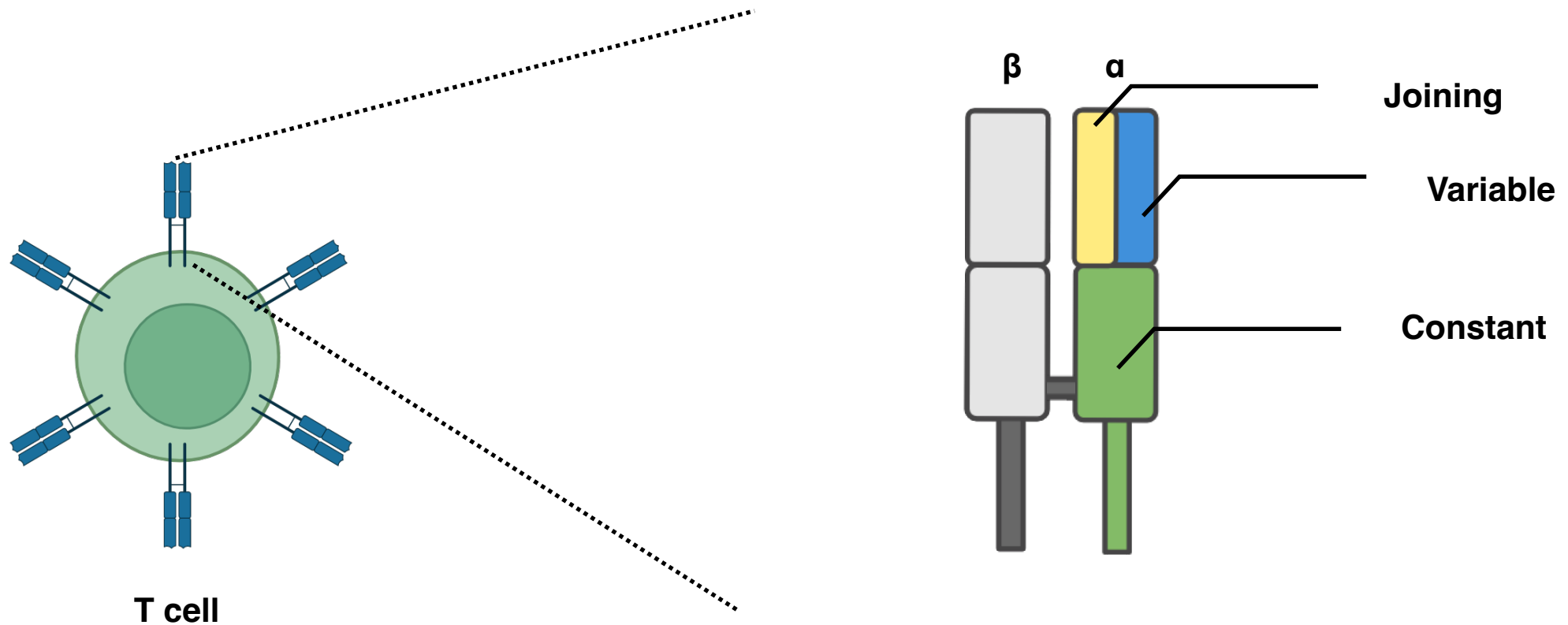
By Double Positive stage, T cells have complete TCRs



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

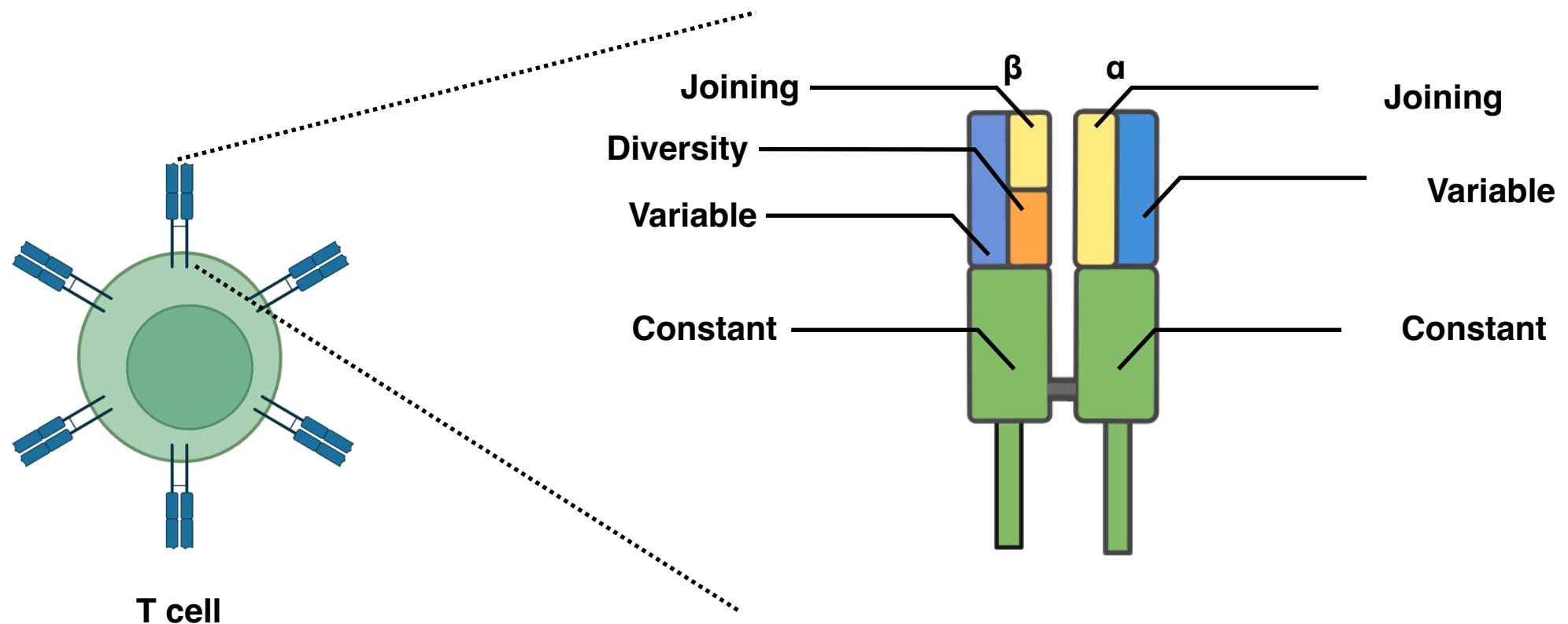
By Double Positive stage, T cells have complete TCRs



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

By Double Positive stage, T cells have complete TCRs

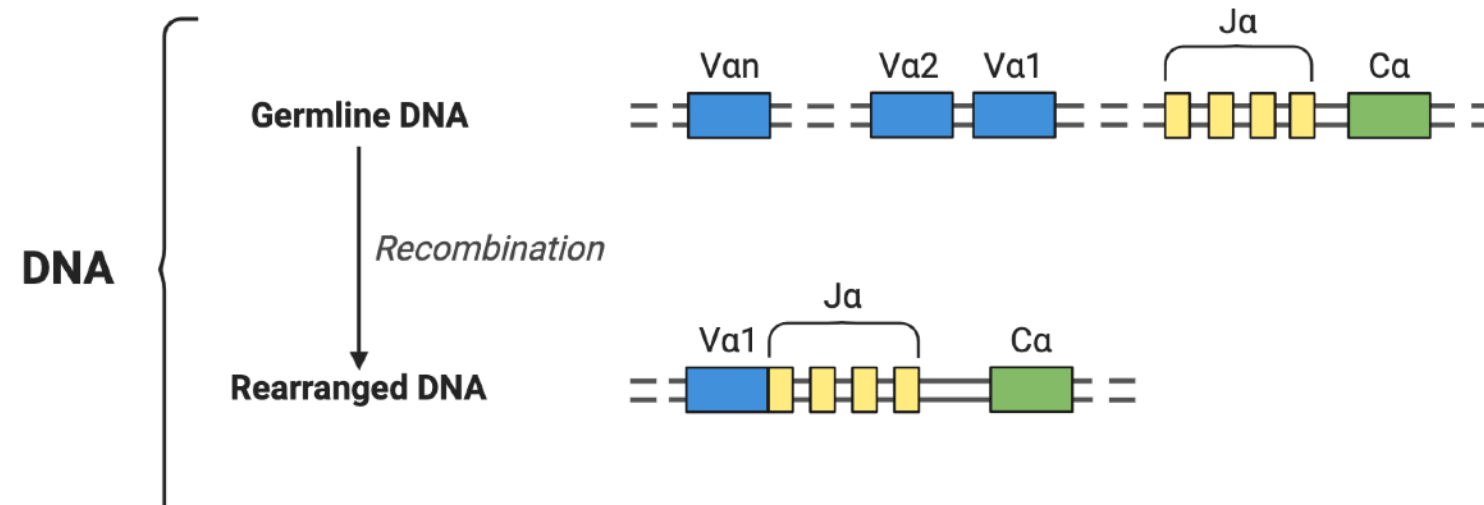


Variable components of both chains enable TCR specificity, diversity

How Do T Cells Become so Specific?

V(D)J recombination and positive selection

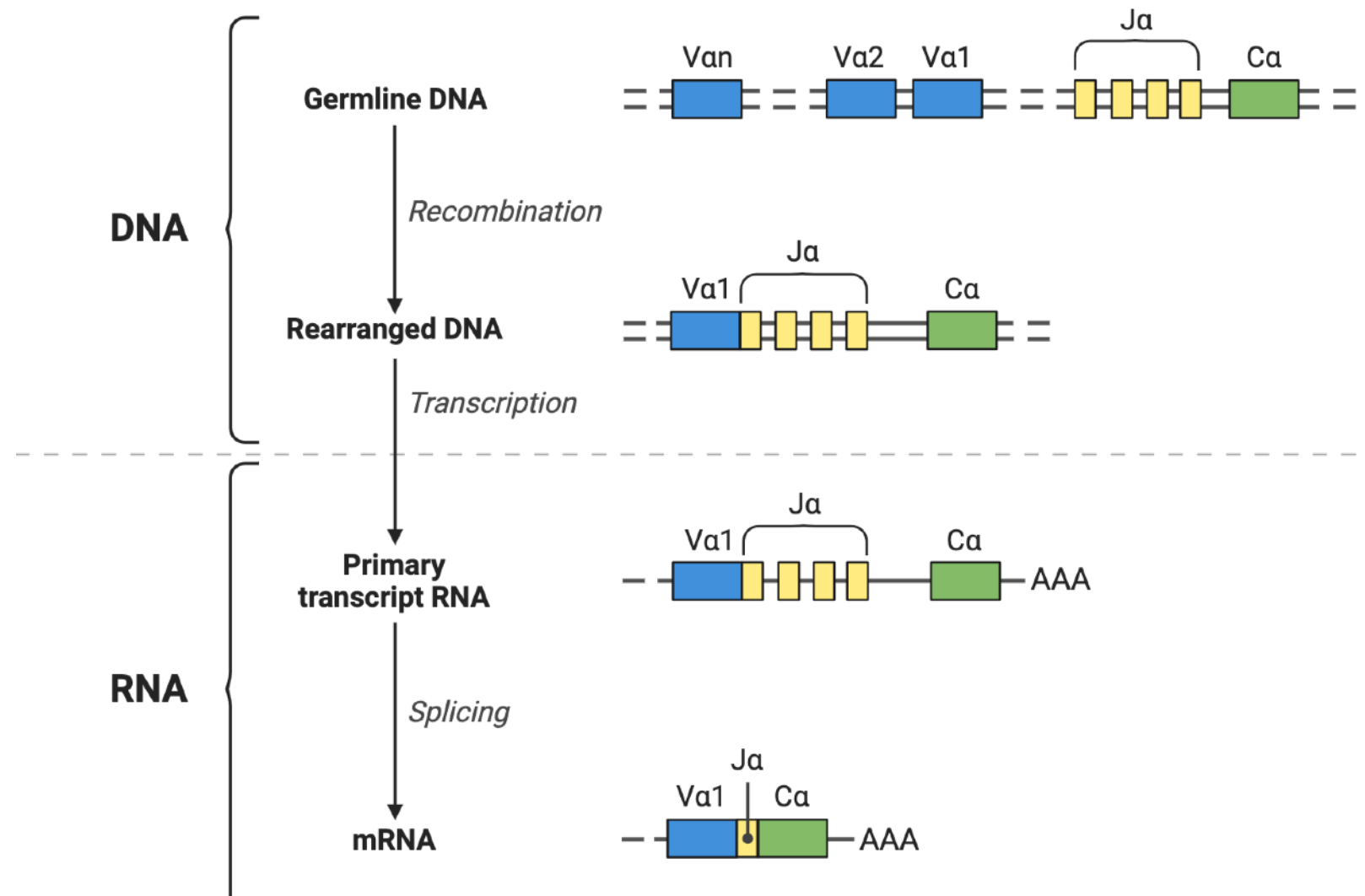
α Chain



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

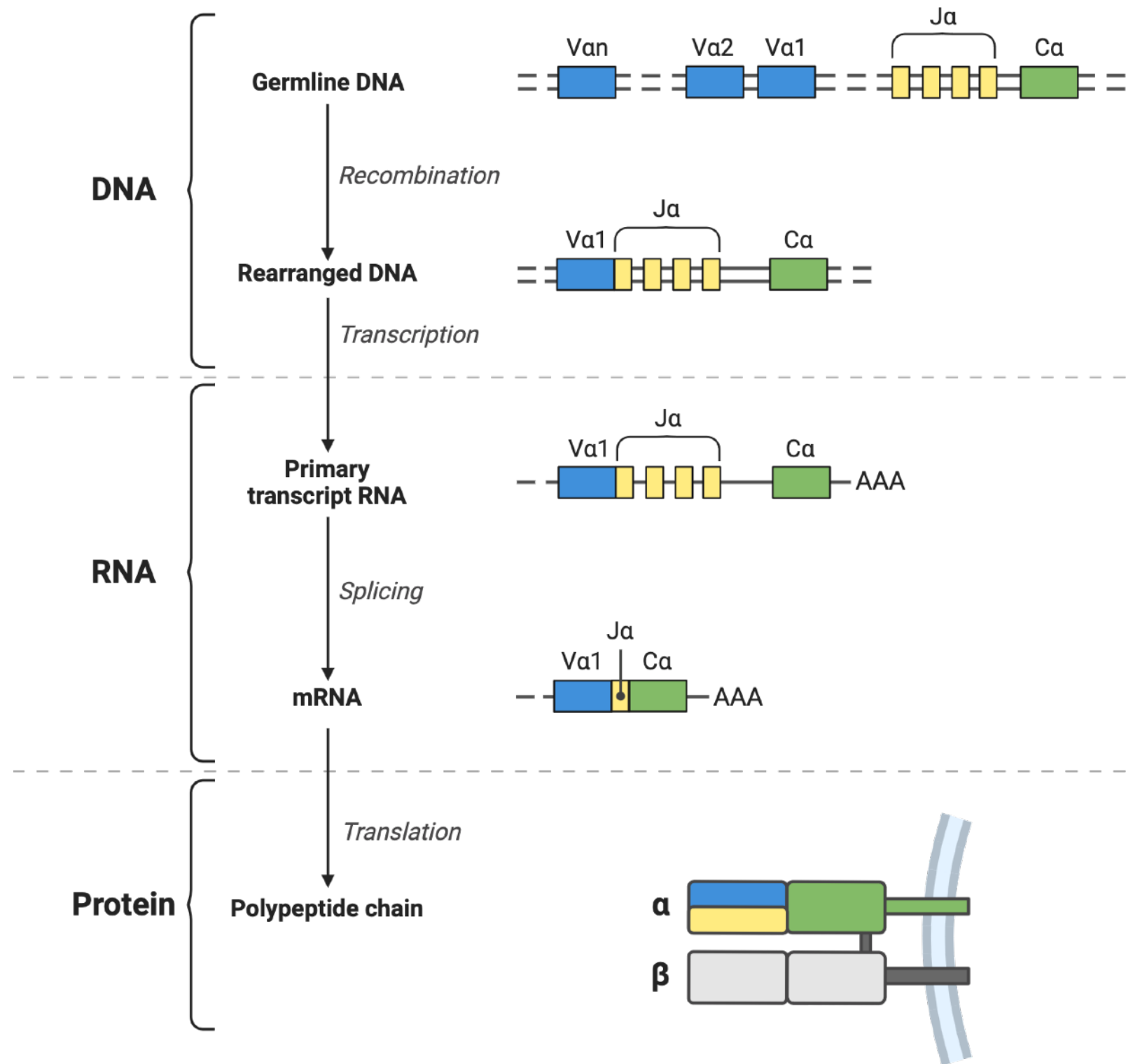
α Chain



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

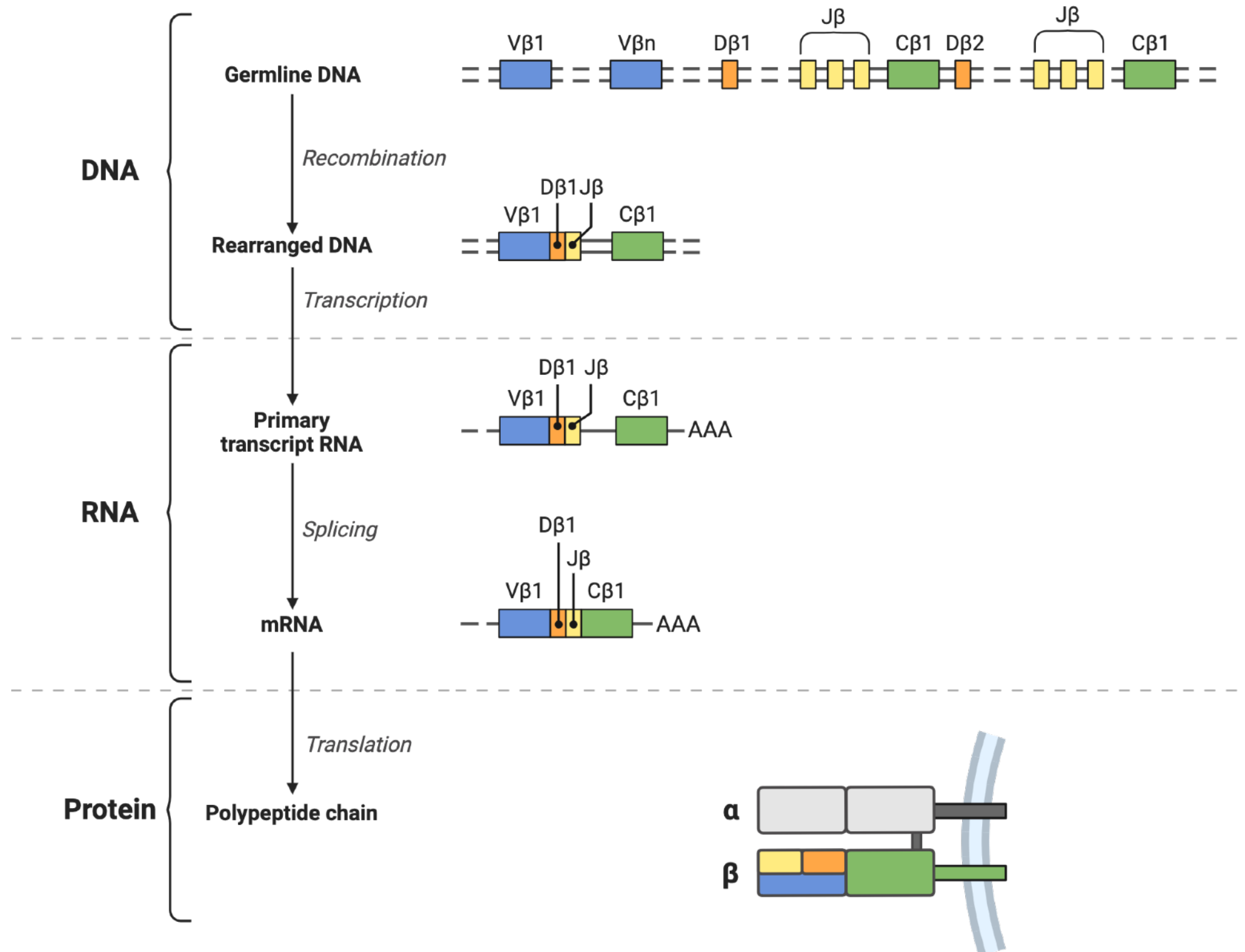
α Chain



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

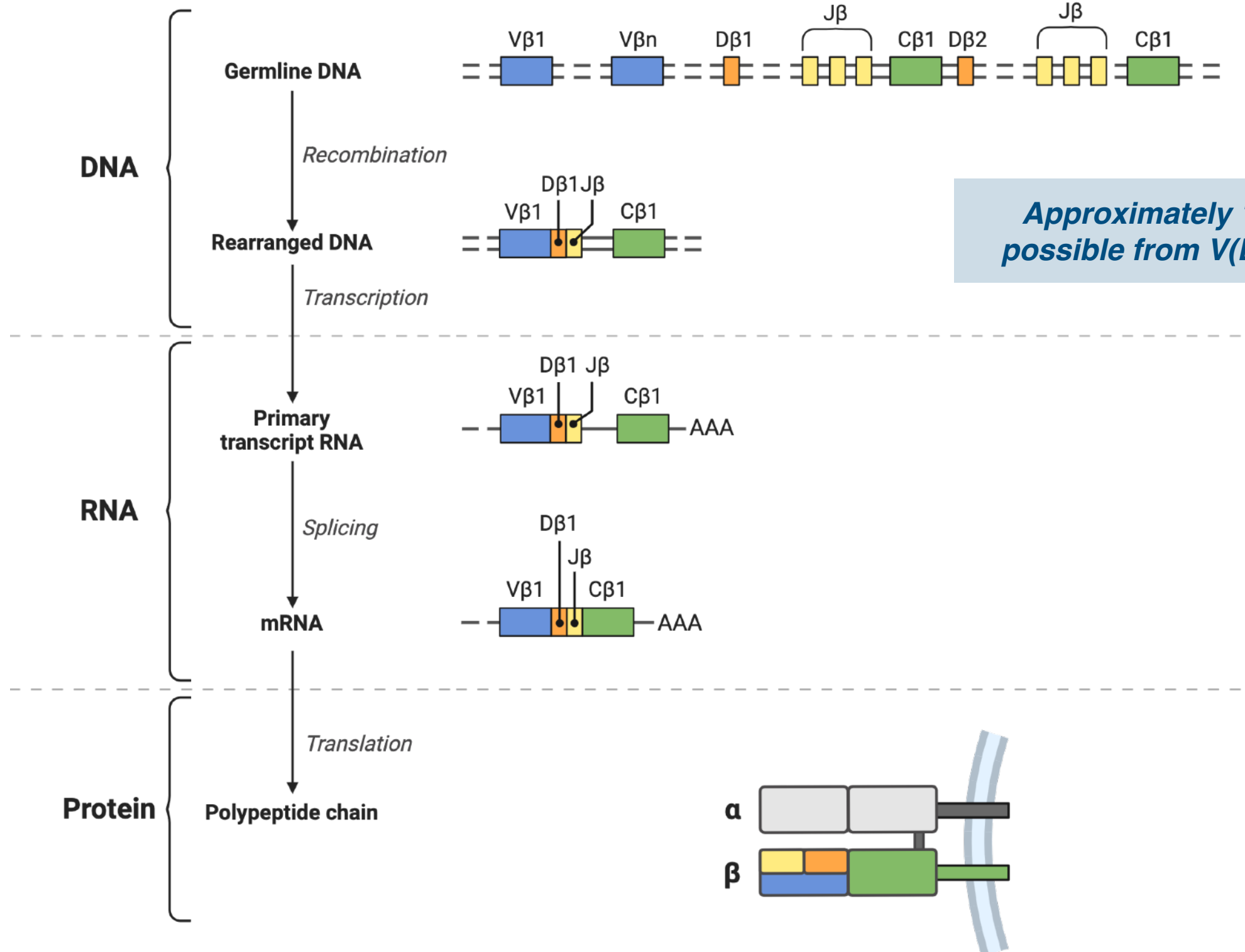
β Chain



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

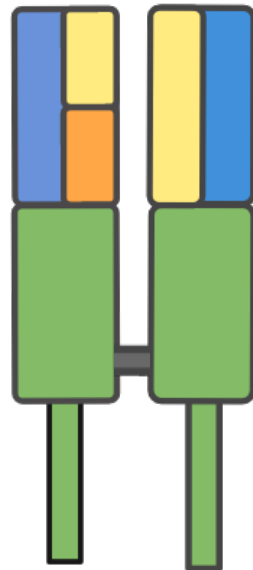
β Chain



How Do T Cells Become so Specific?

V(D)J recombination and positive selection

TCR

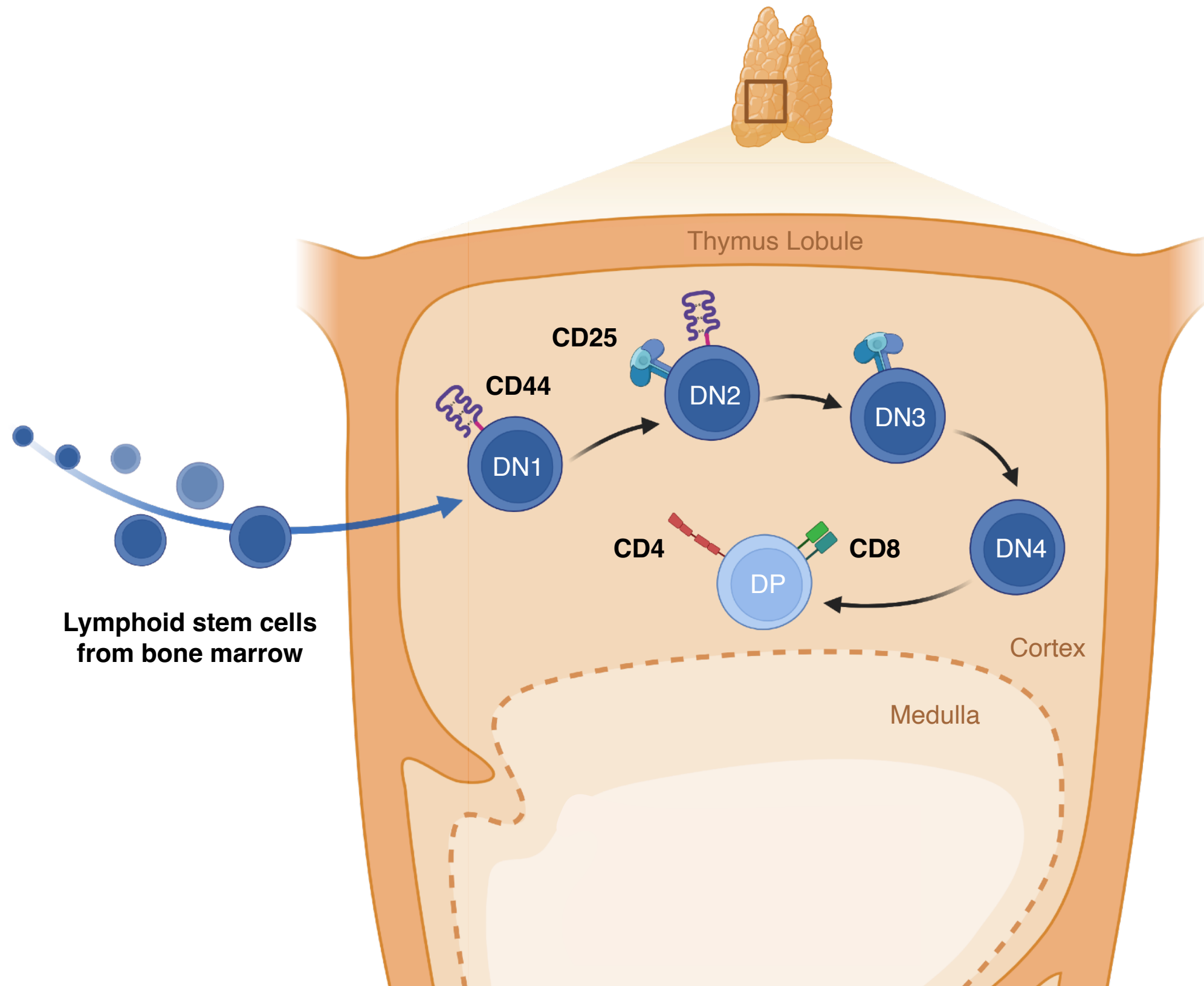


Approximately 10^{15} $\alpha\beta$ TCRs are possible from V(D)J recombination

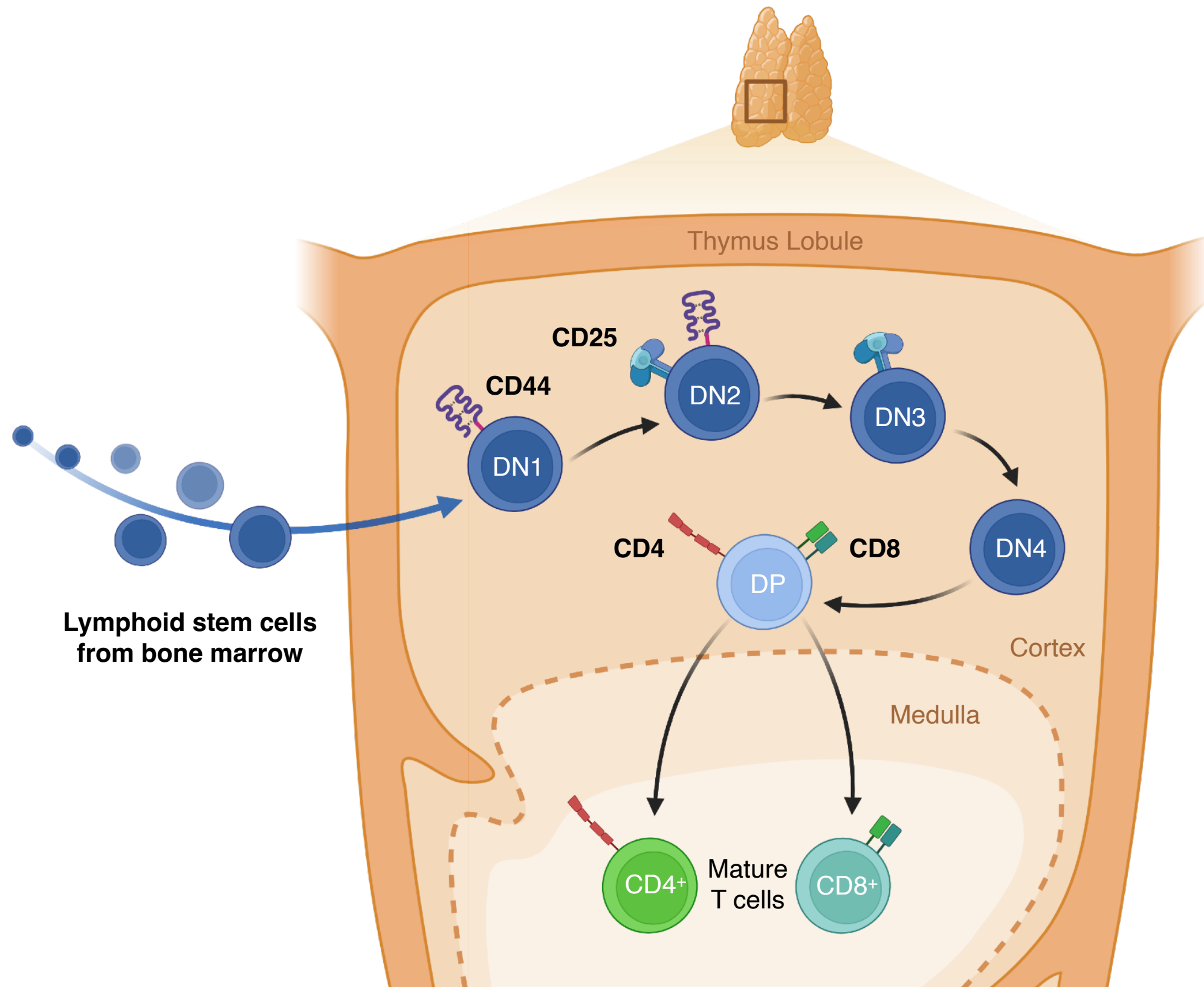
T cells expressing various recombined TCRs are tested by thymus cells

T cells expressing TCRs that bind MHC proteins are stimulated and enabled to progress

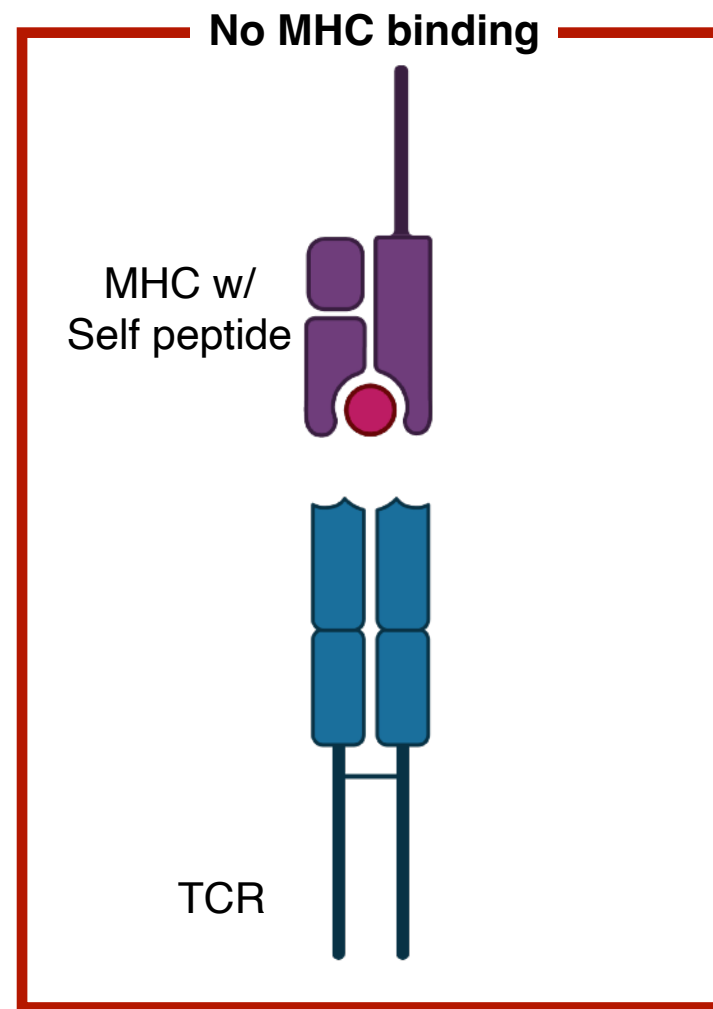
T Cell Development in the Thymus



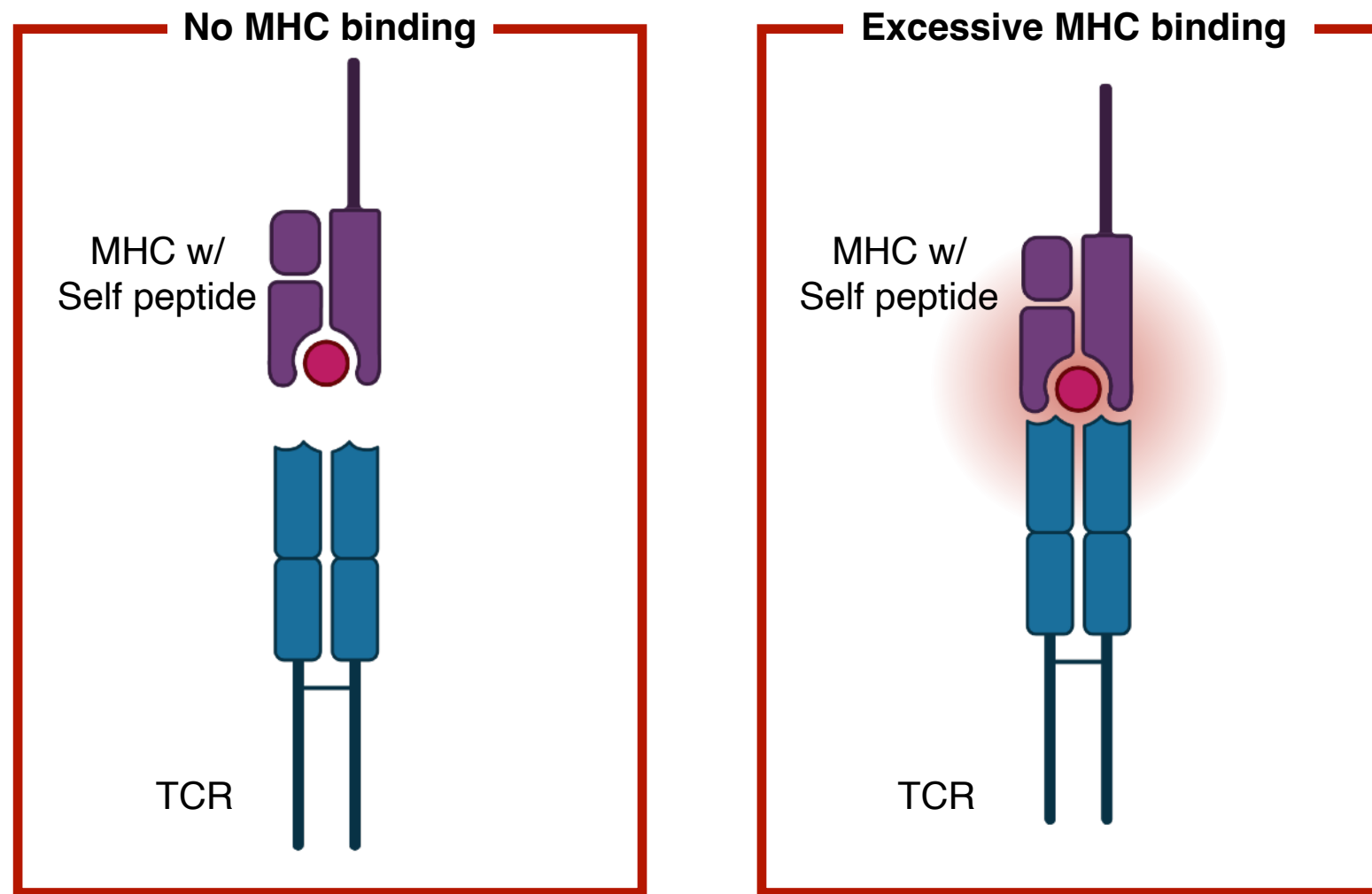
T Cell Development in the Thymus



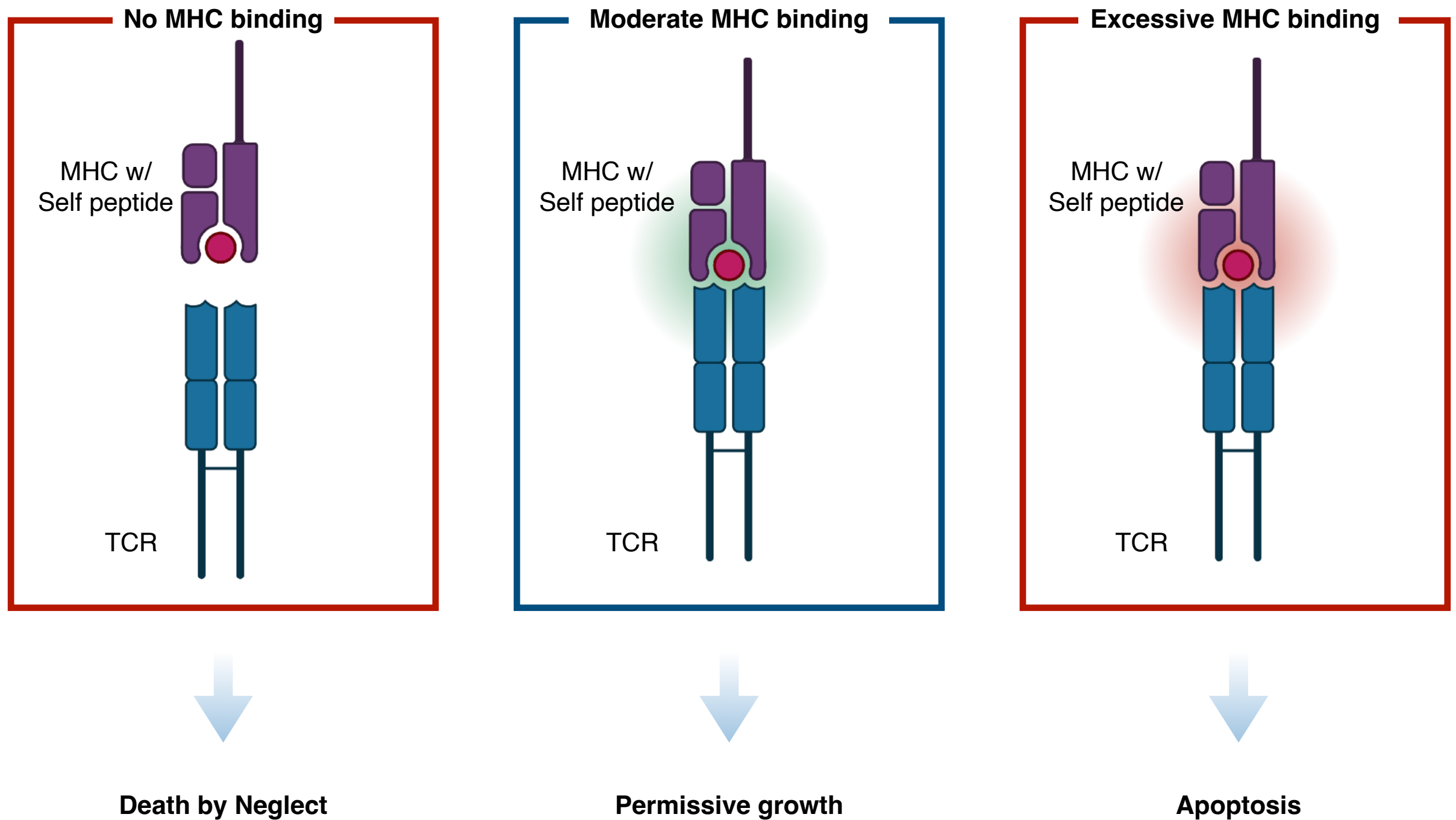
Negative Selection of TCRs



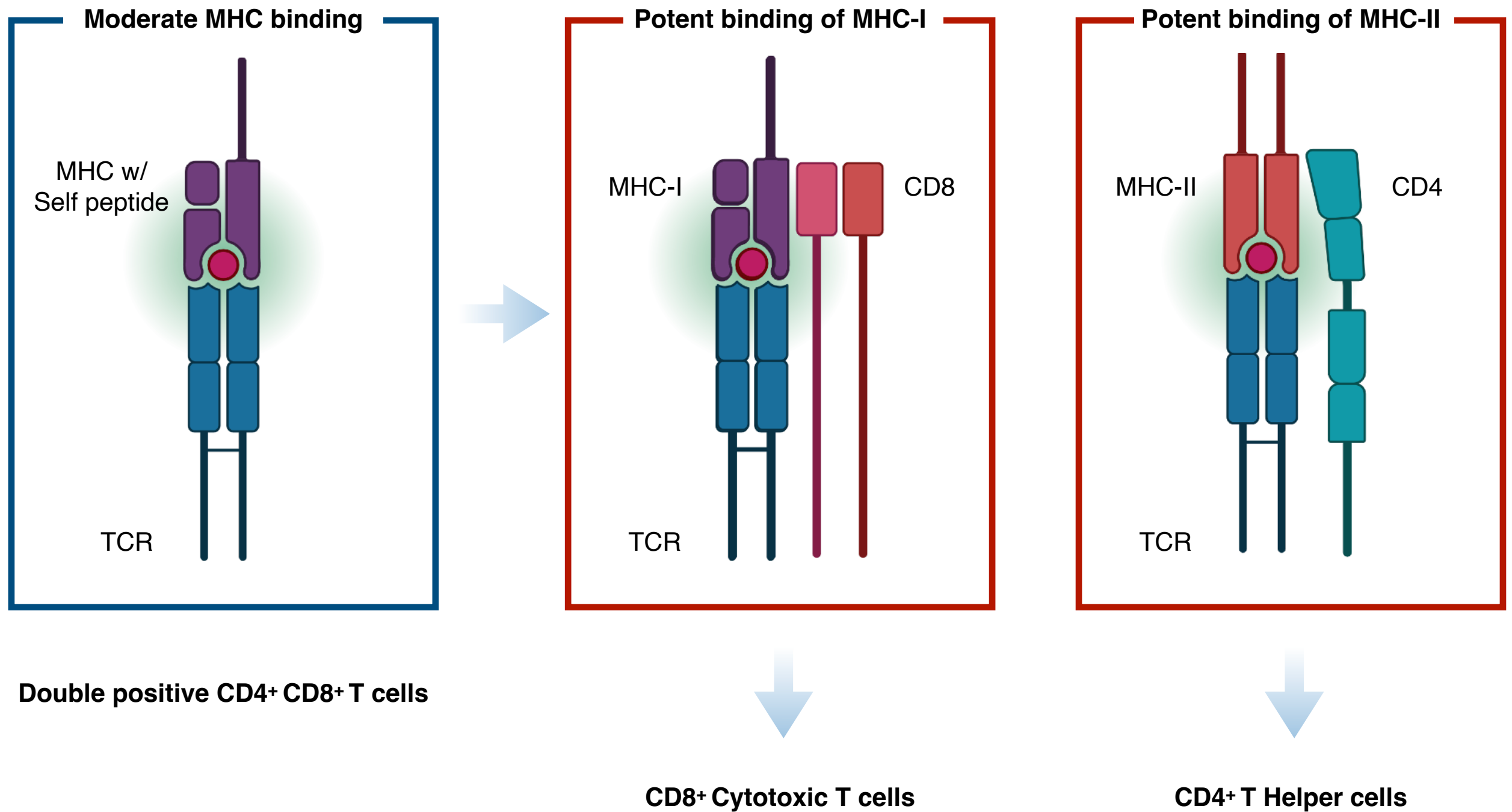
Negative Selection of TCRs



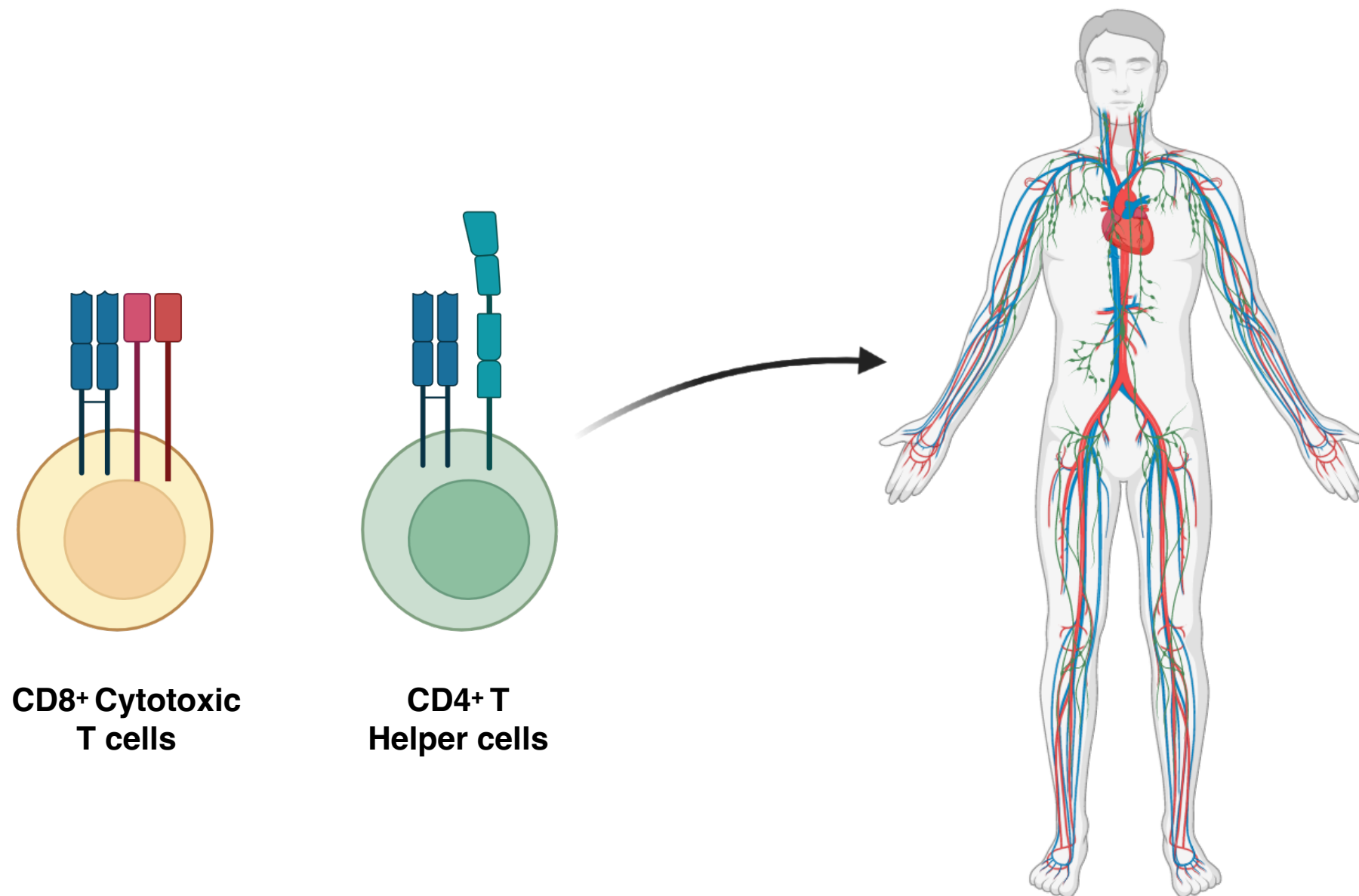
Negative Selection of TCRs



Positive Selection of TCRs

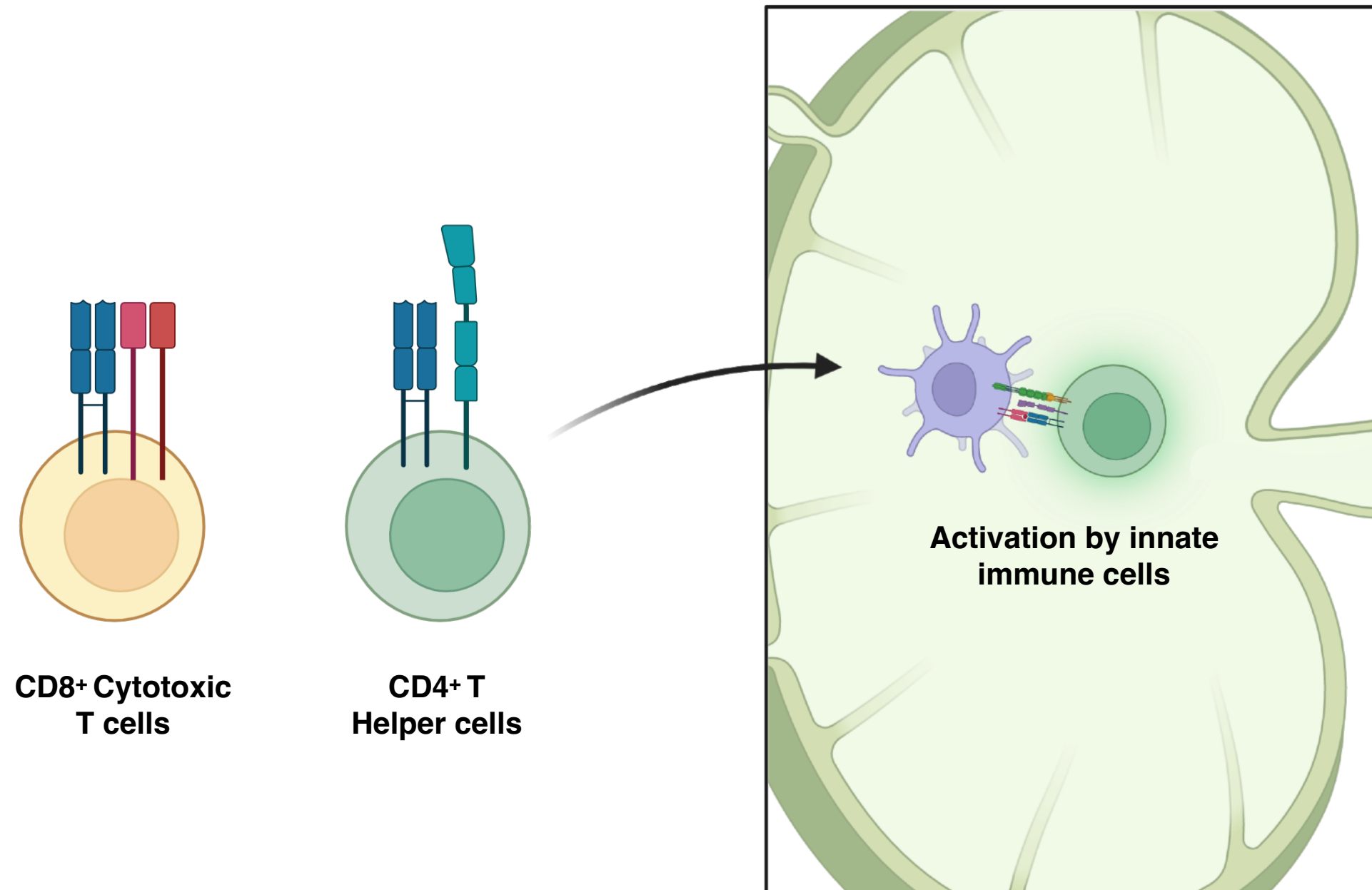


Mature T Cells Exit the Thymus



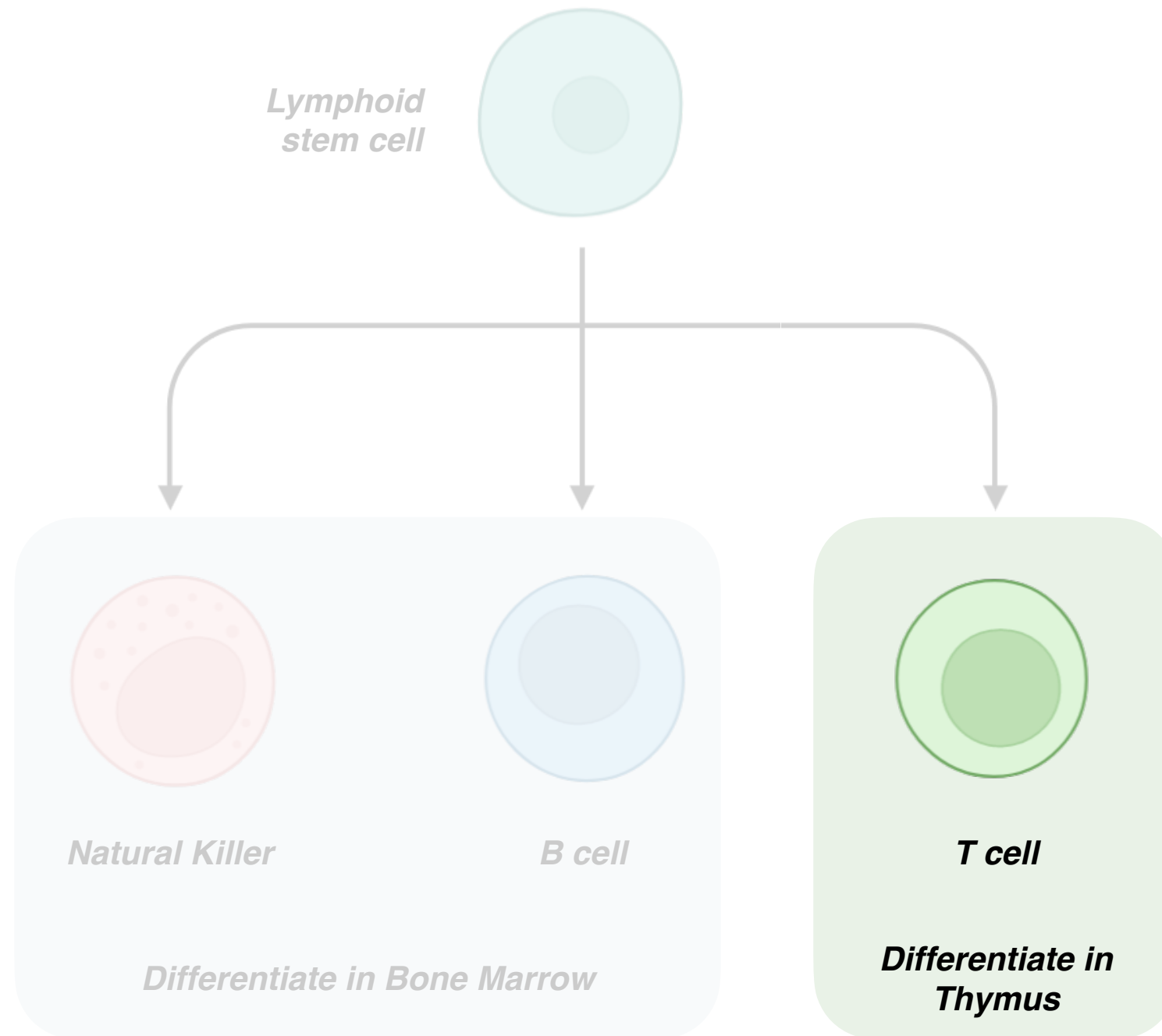
Mature, naive T cells enter circulatory and lymphatic systems

Mature T Cells Exit the Thymus



Mature, naive T cells enter circulatory and lymphatic systems

Biological Development of T and B Cells

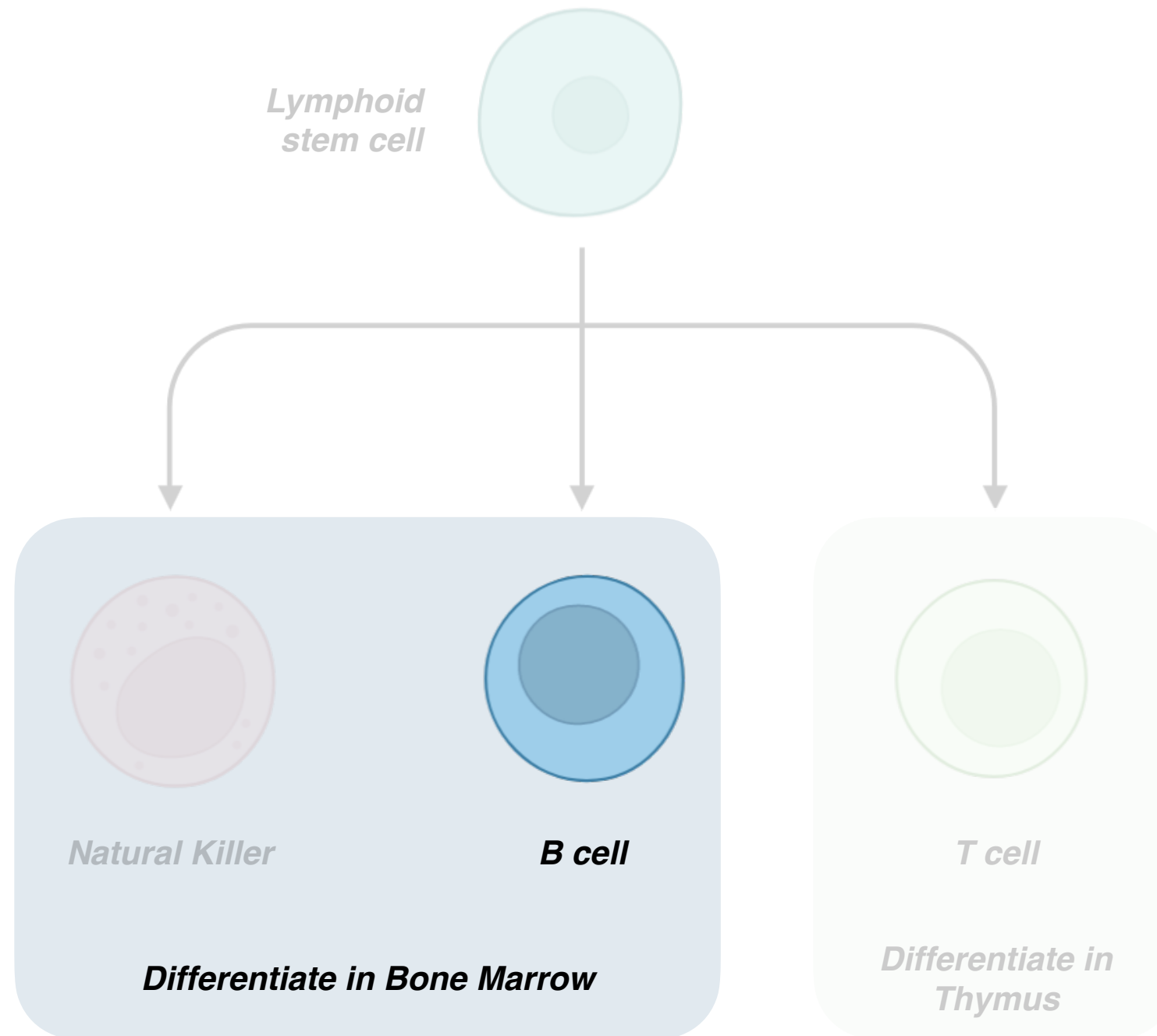


Differentiation is determined by organ location of lymphoid precursors

Lai, A. Y., Kondo, M. *Semin. Immunol.* **2008**, 20(4), 207-212.

Rizzani, R., et al. *Int. J. Mol. Sci.* **2020**, 21(22), 8806

Biological Development of T and B Cells

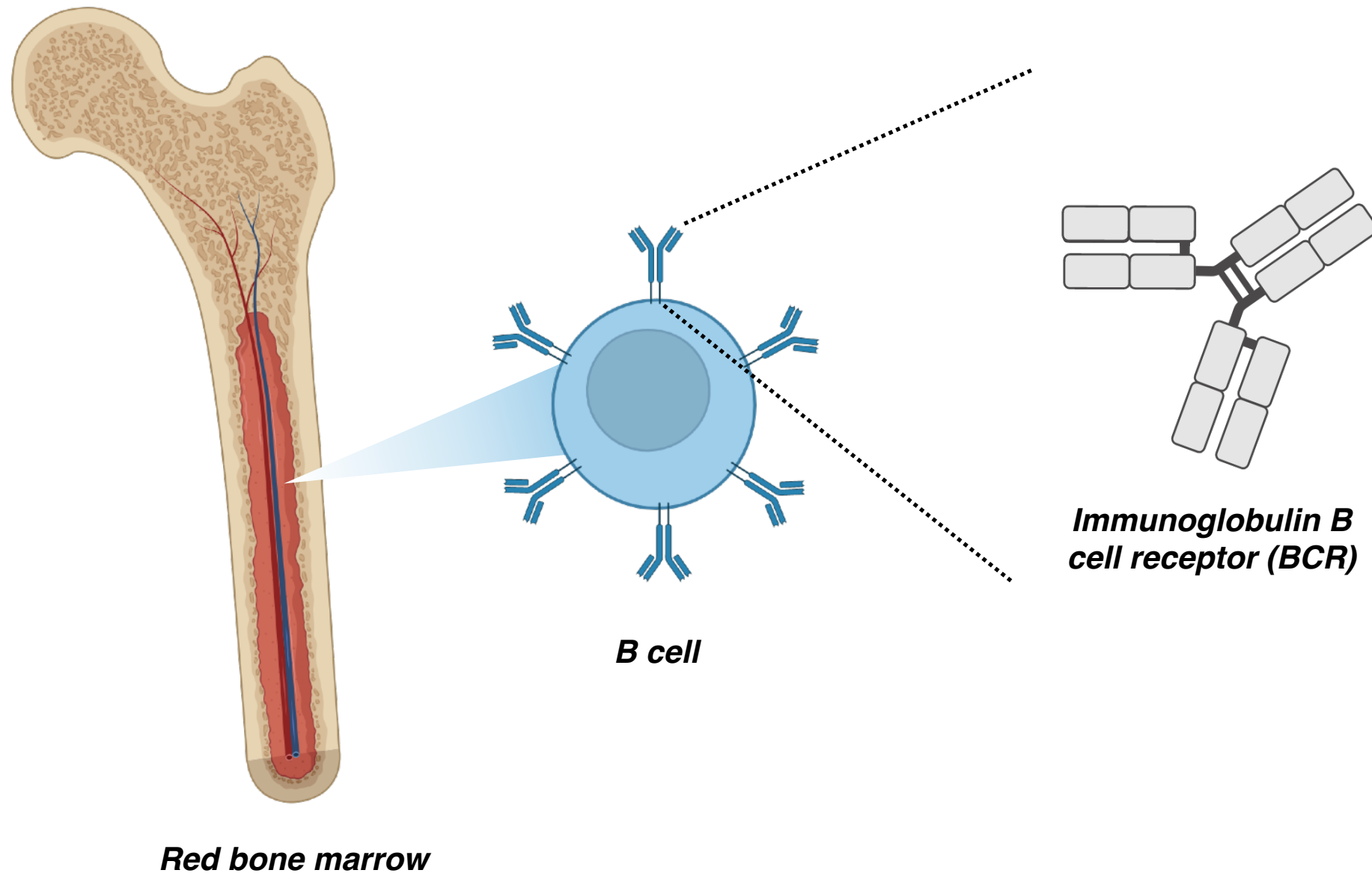


Differentiation is determined by organ location of lymphoid precursors

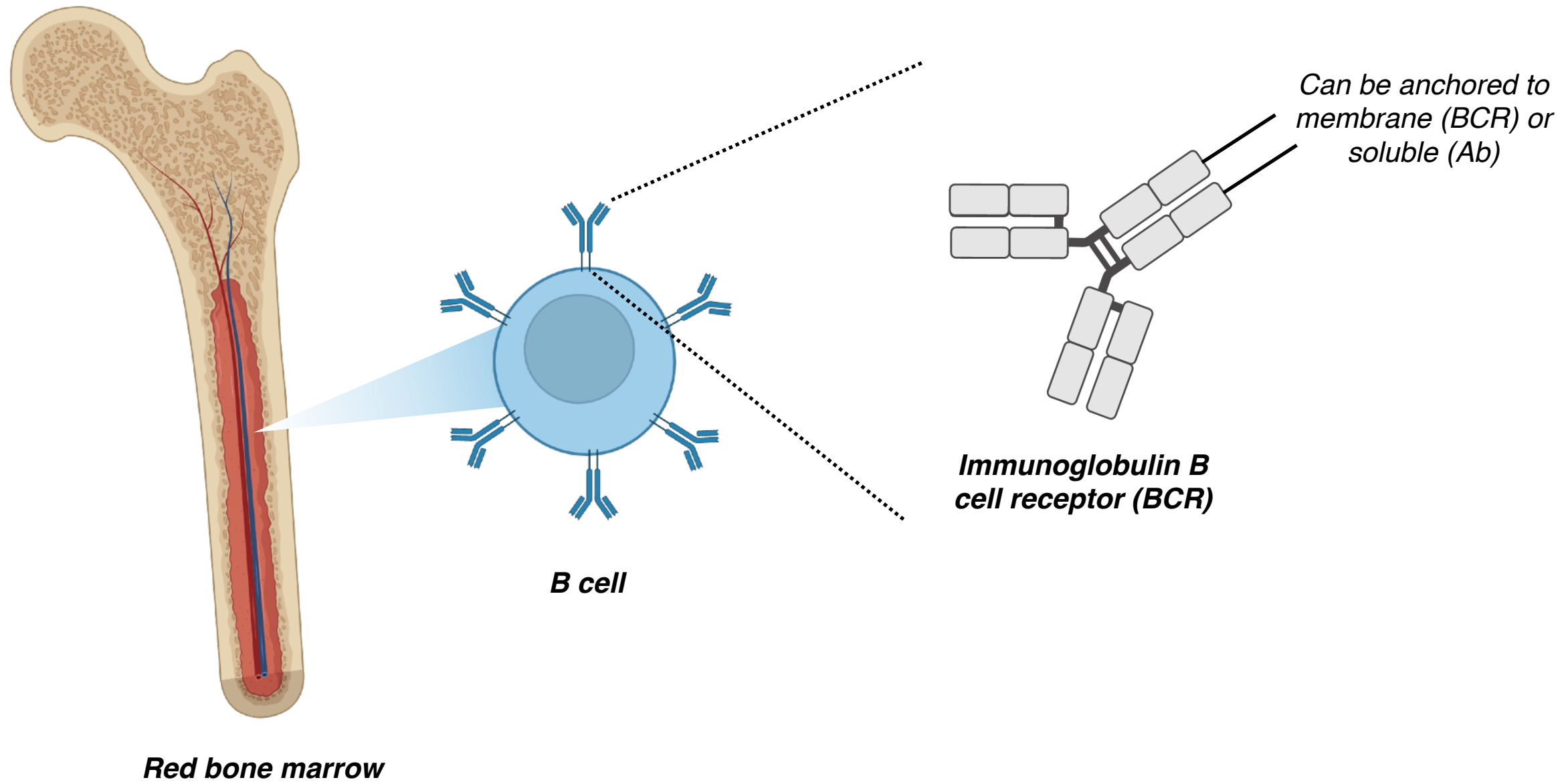
Lai, A. Y., Kondo, M. *Semin. Immunol.* **2008**, 20(4), 207-212.

Rizzani, R., et al. *Int. J. Mol. Sci.* **2020**, 21(22), 8806

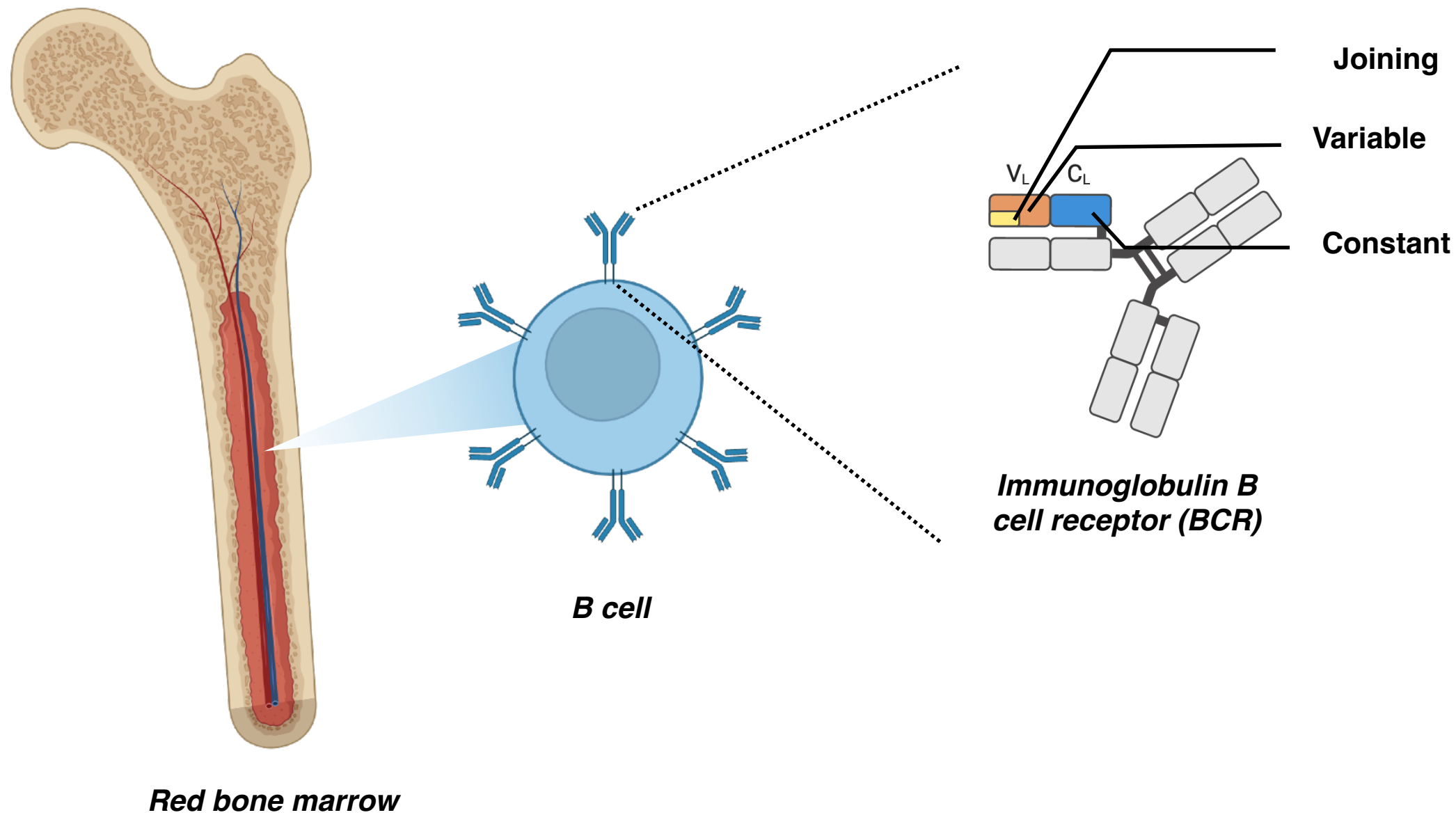
B Cell Development



B Cell Development

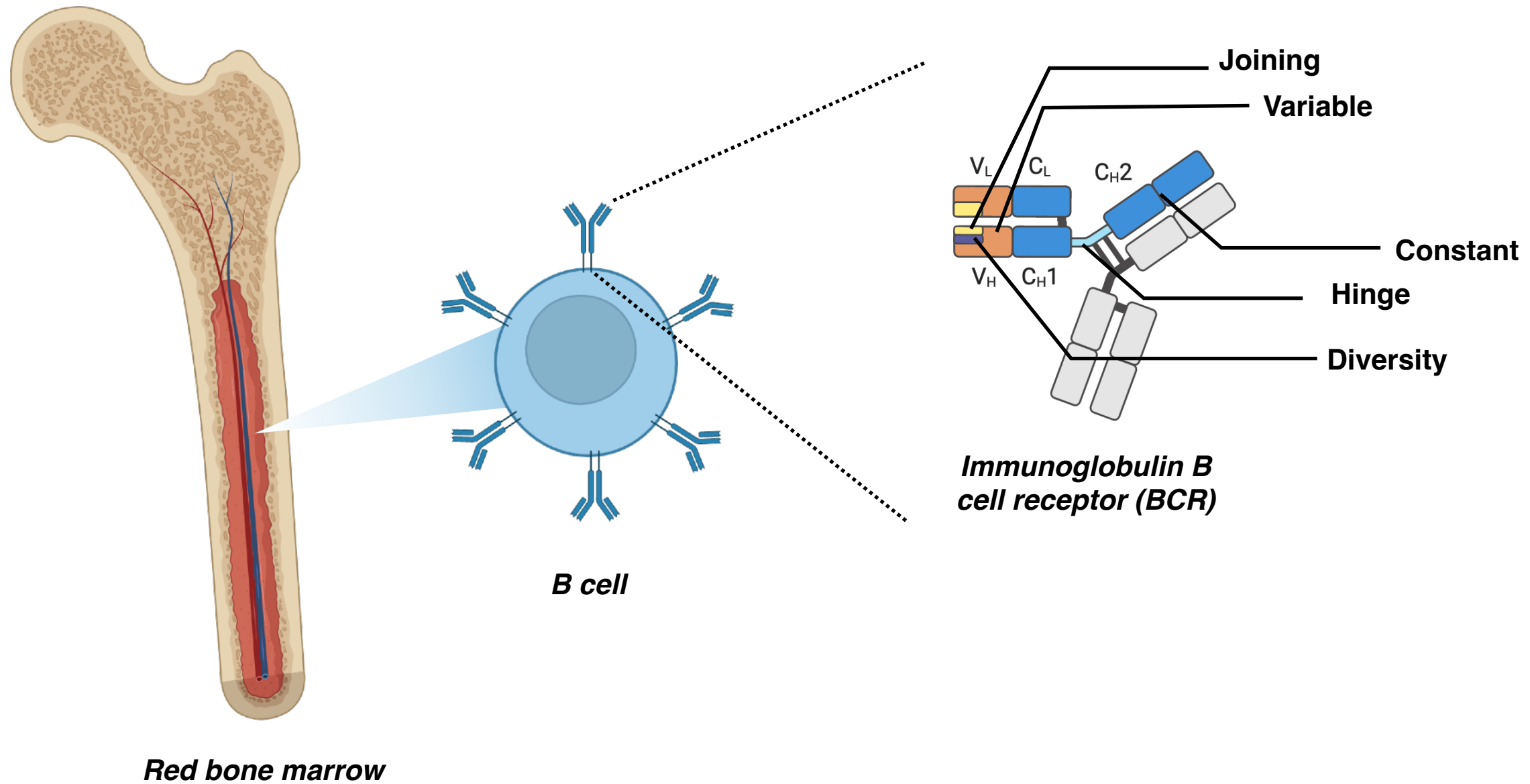


B Cell Development



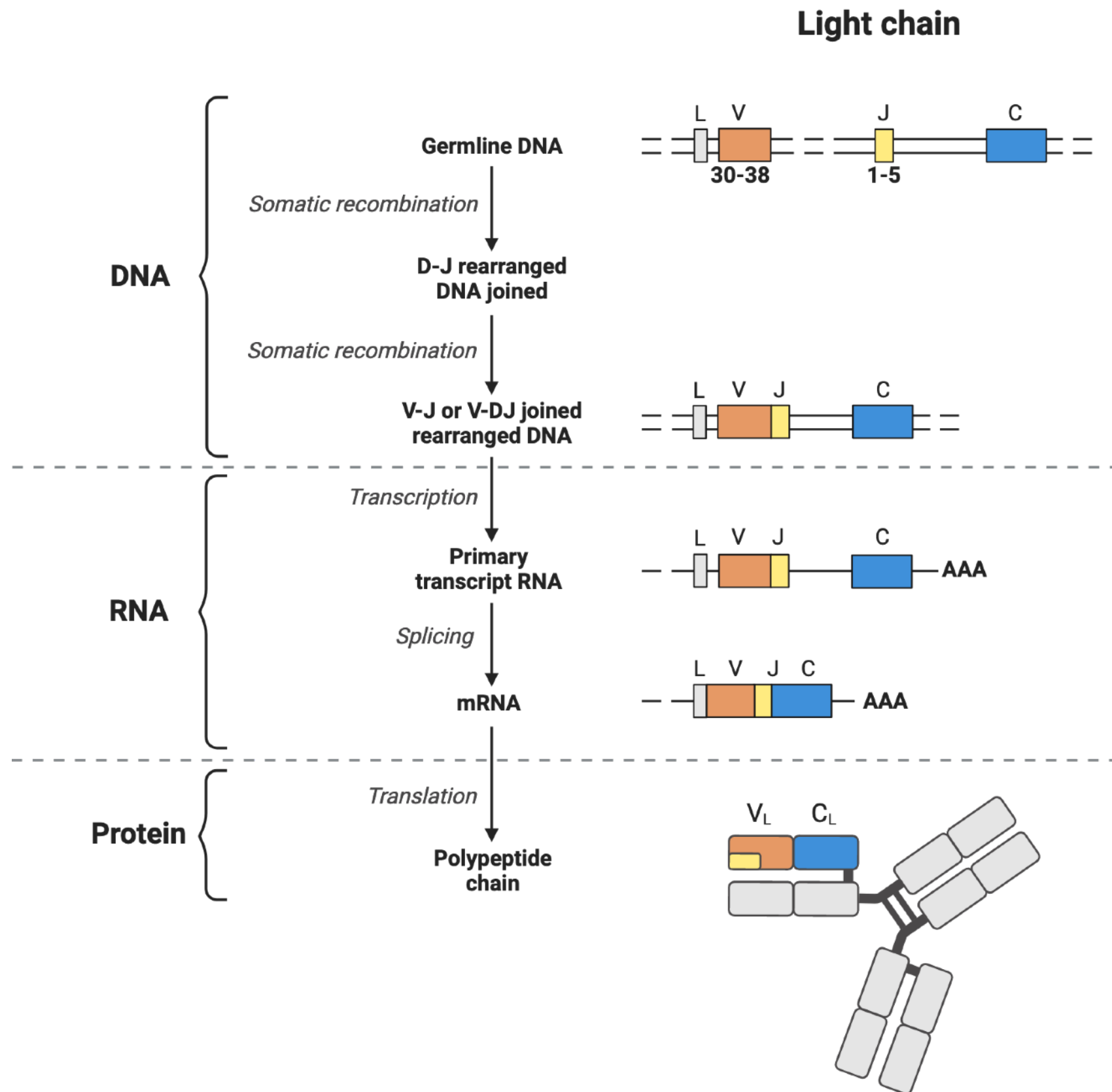
Ig light chain is analogous to TCR α

B Cell Development

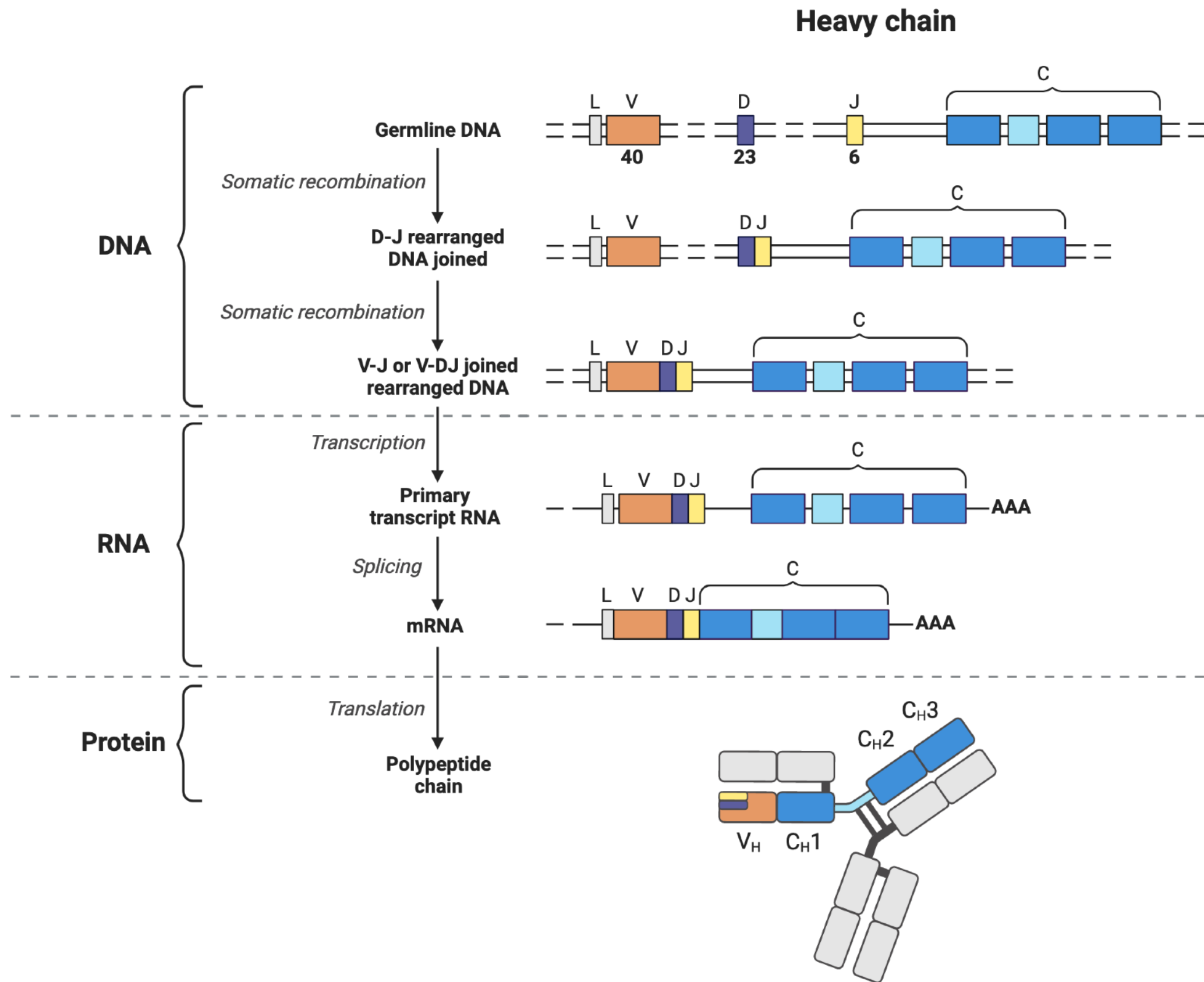


Ig heavy chain is analogous to TCR β

How Do B Cells and Antibodies Become so Specific?

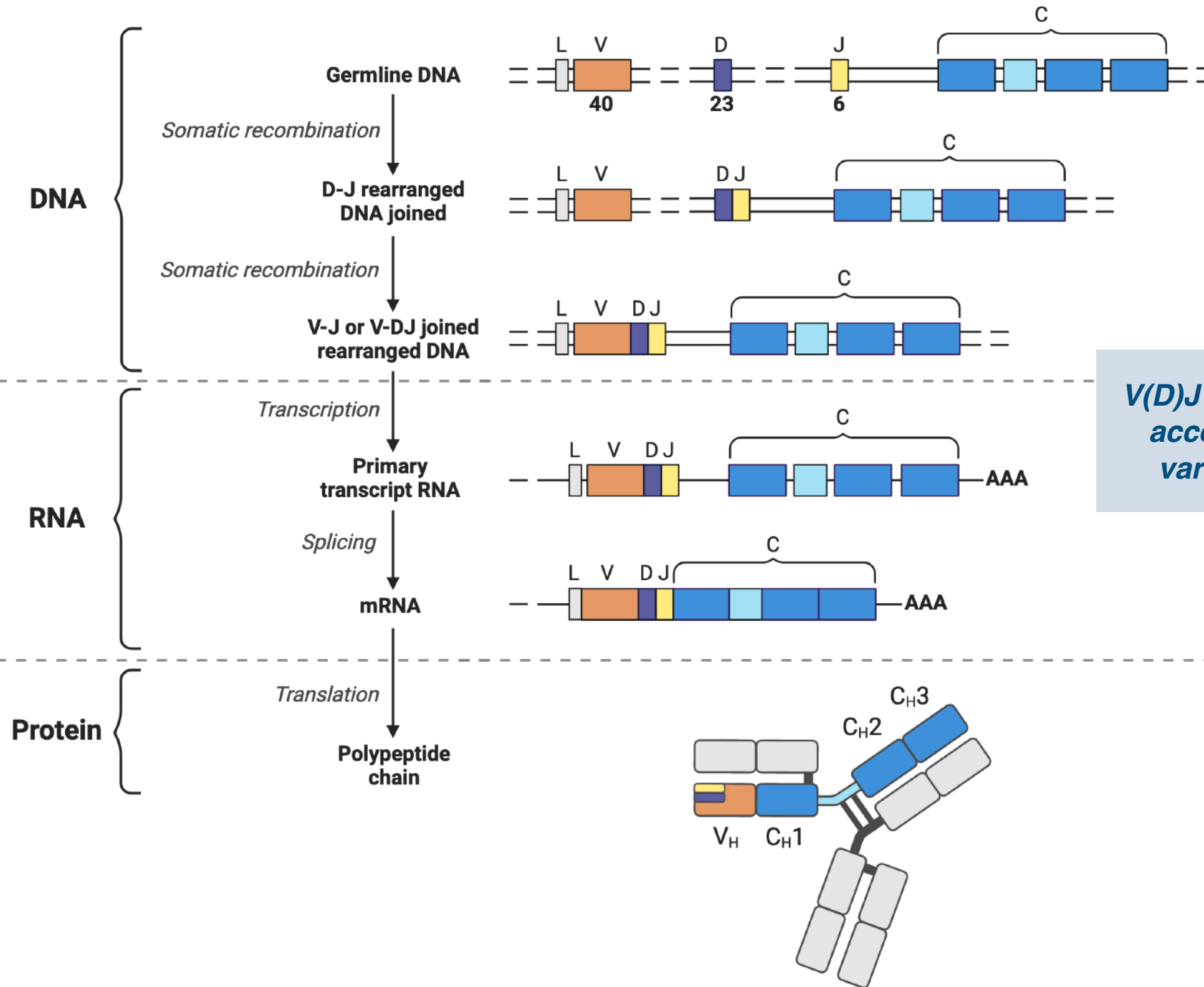


How Do B Cells and Antibodies Become so Specific?

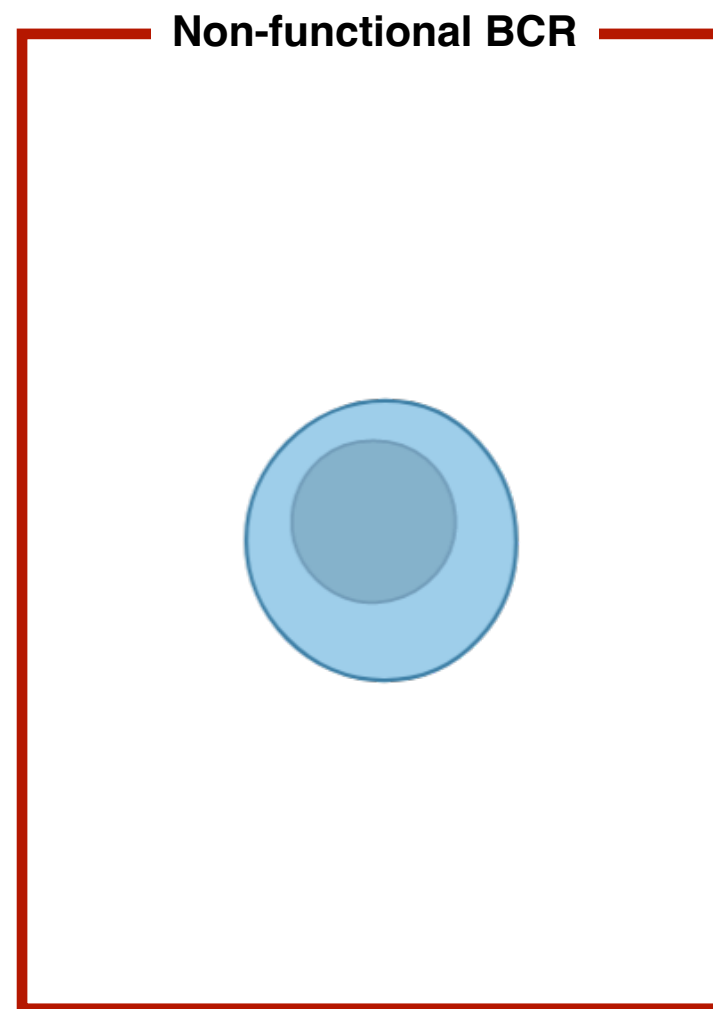


How Do B Cells and Antibodies Become so Specific?

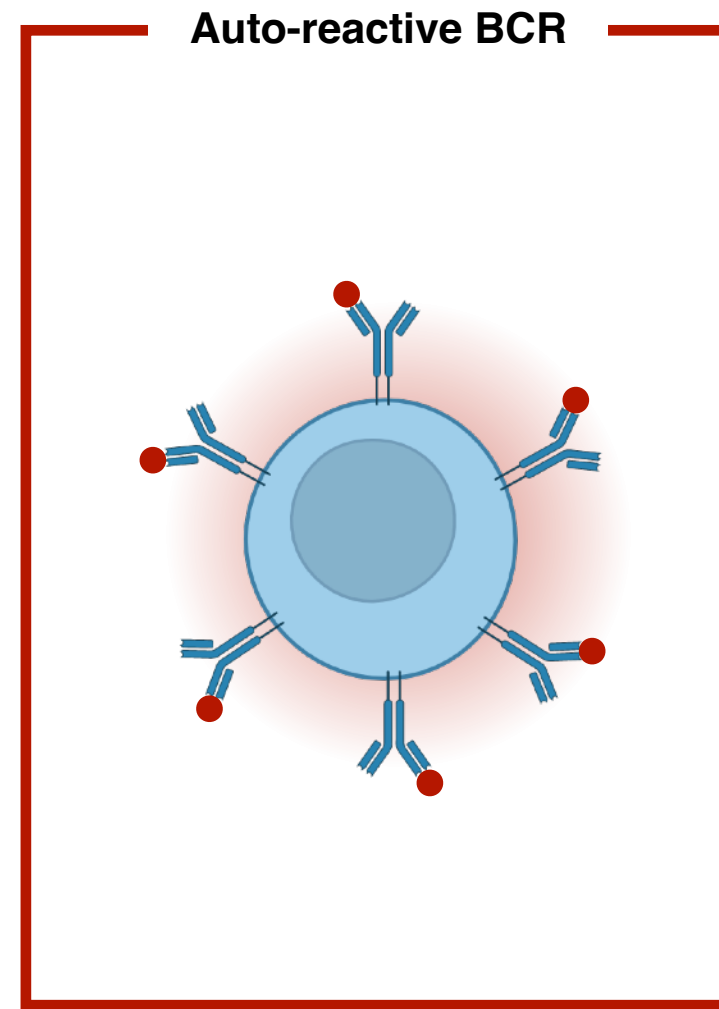
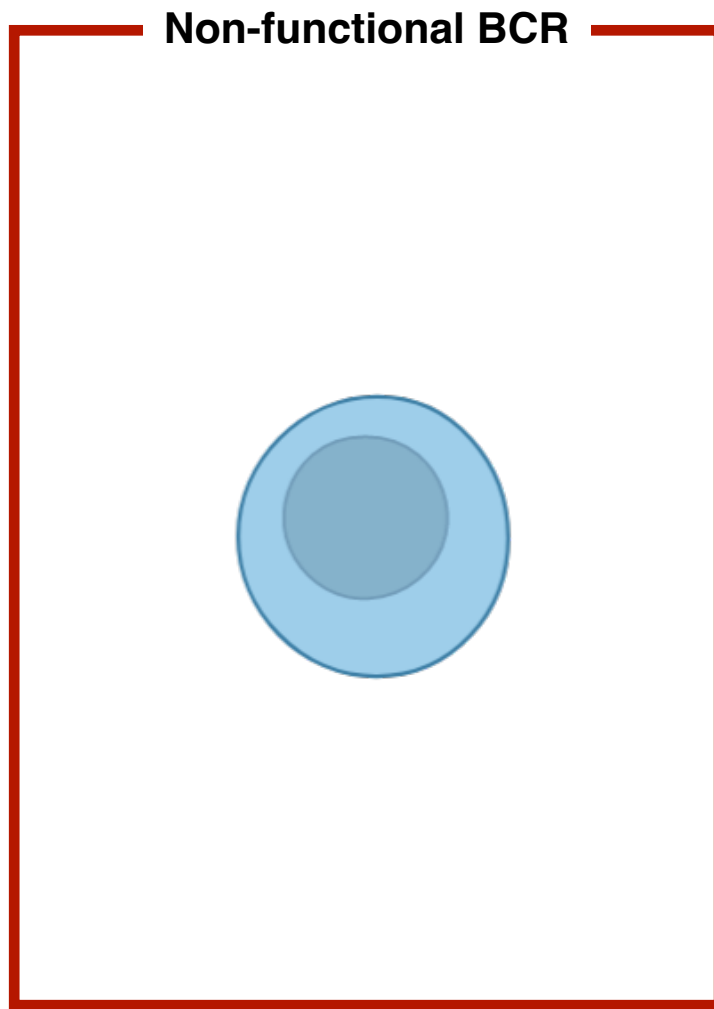
Heavy chain



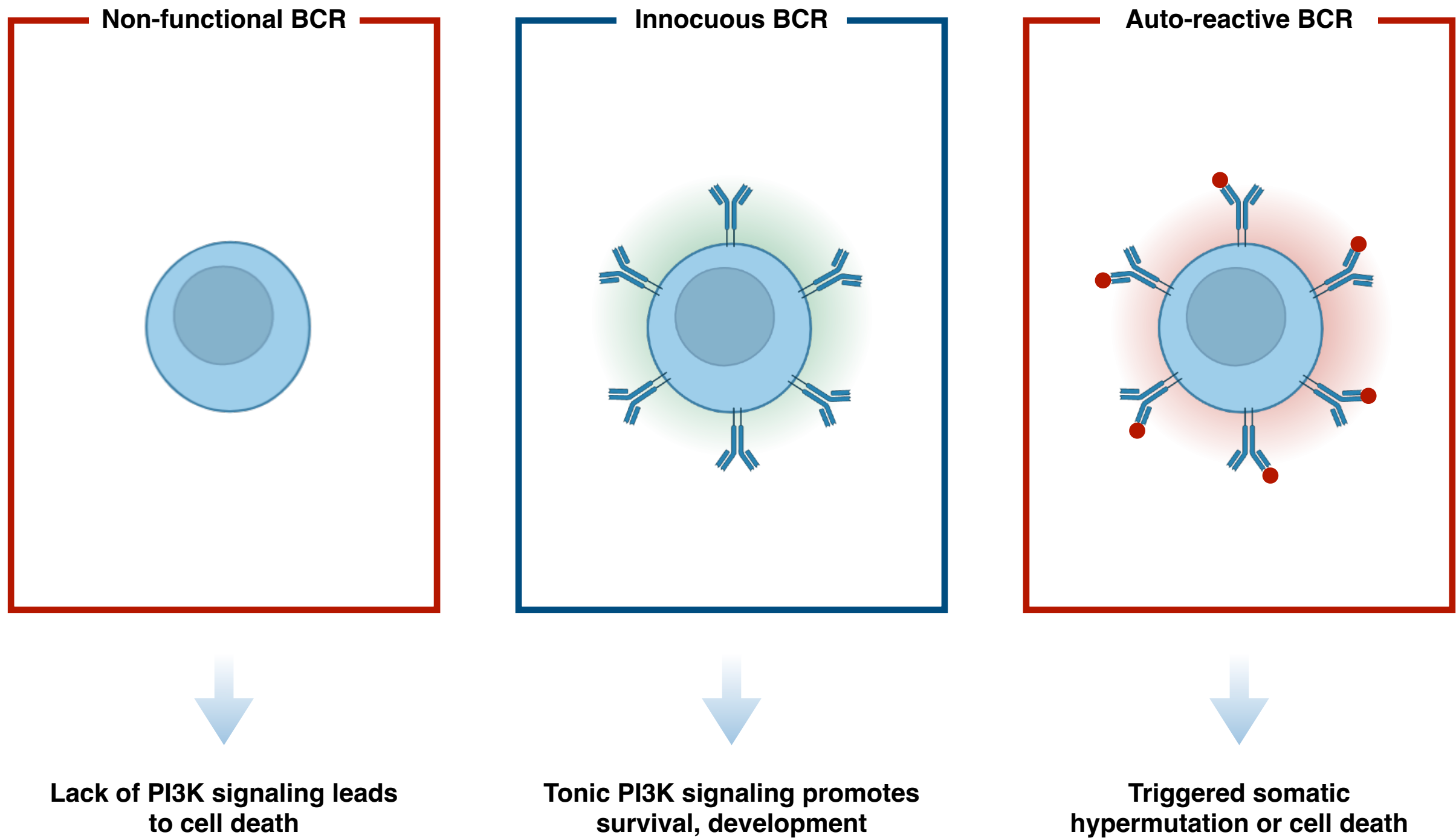
Positive and Negative Selection of BCRs



Positive and Negative Selection of BCRs

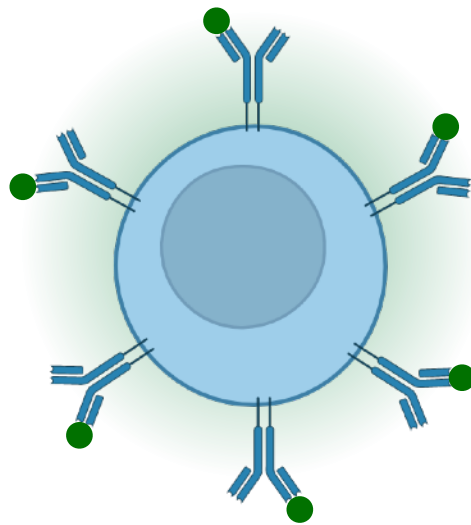


Positive and Negative Selection of BCRs



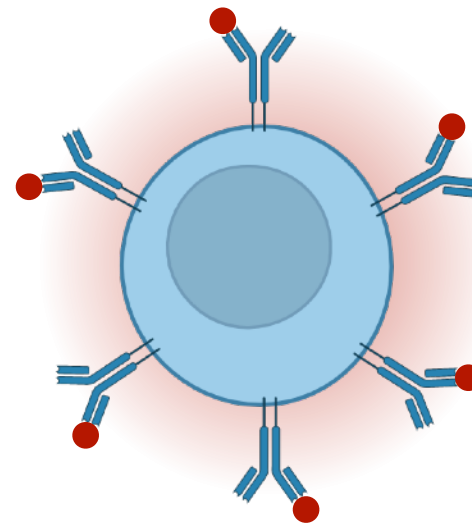
Somatic Hypermutation: Further Diversification of Immunoglobulins

In blood or lymph



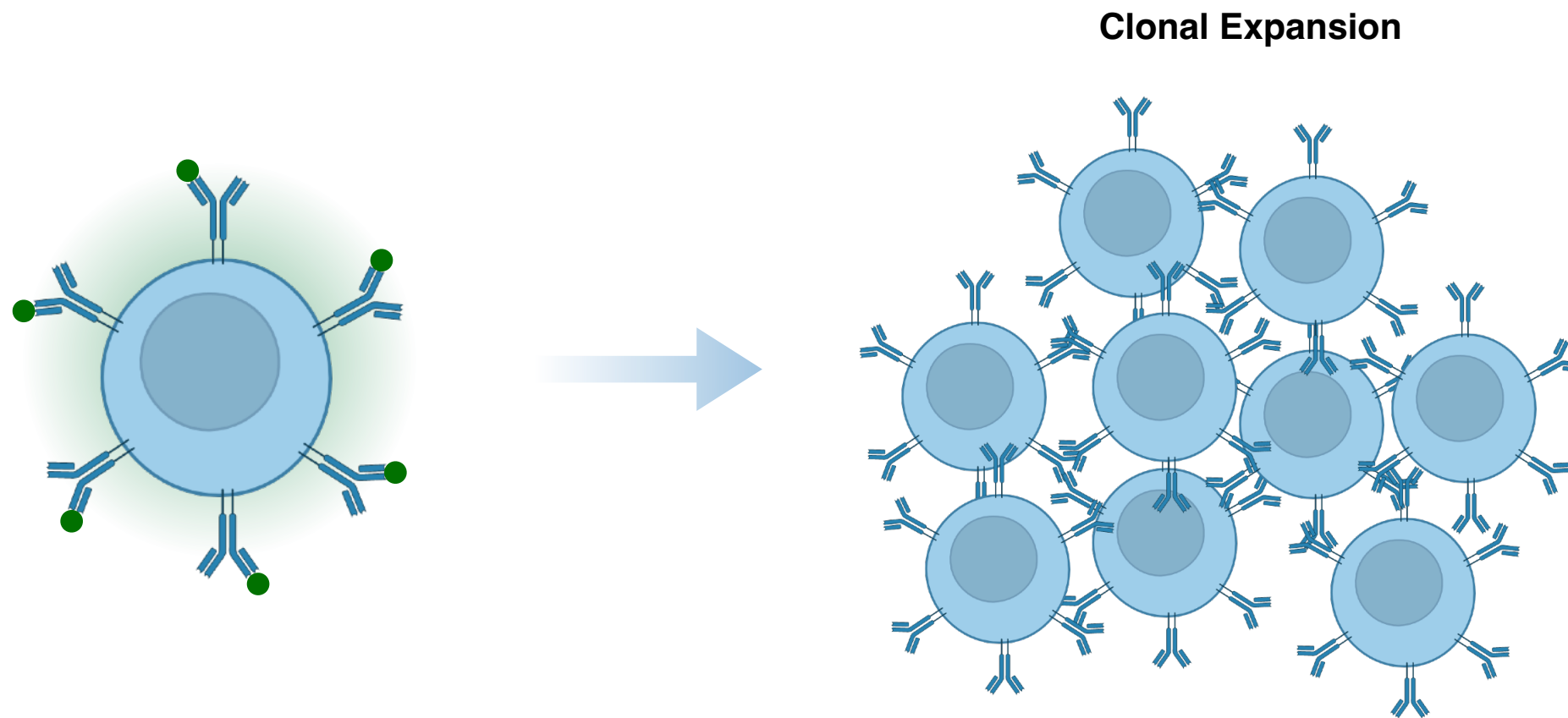
Binding of foreign antigens
triggers hypermutation

In bone marrow

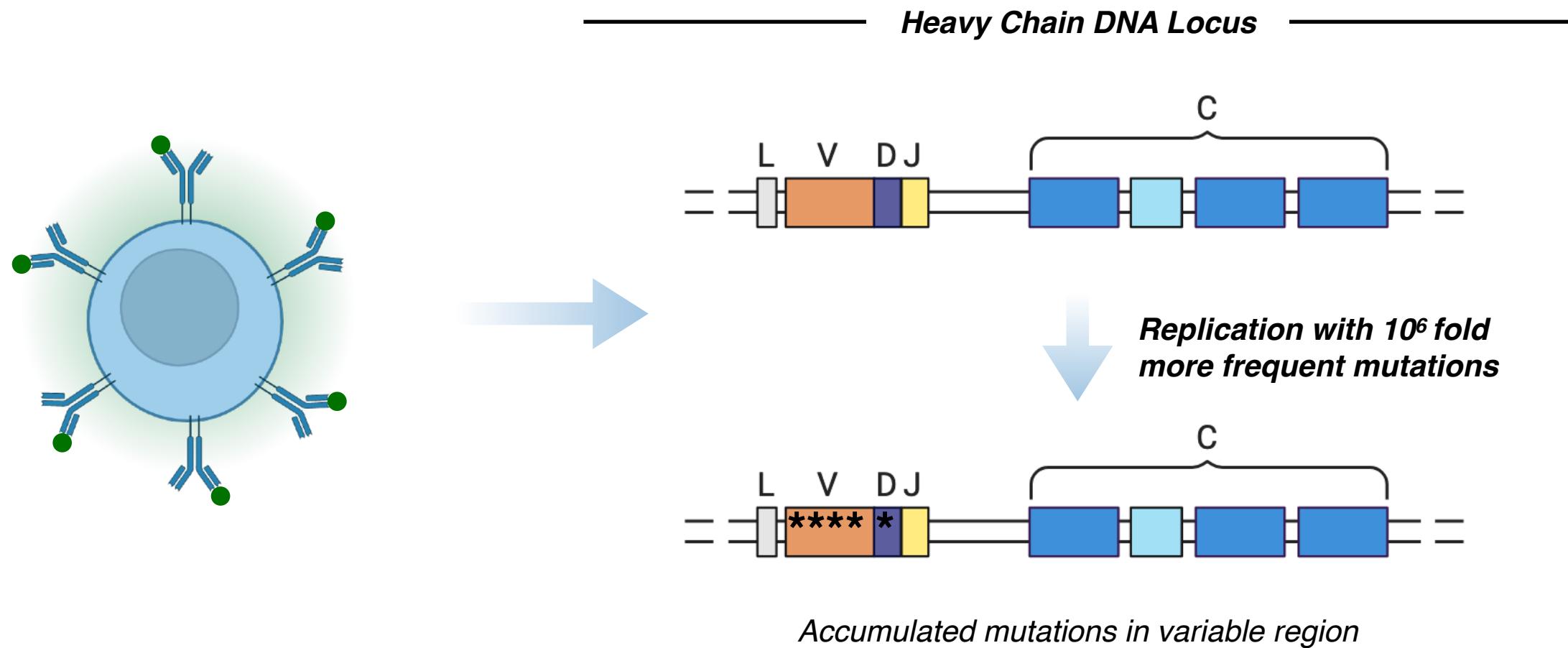


Binding of self antigens can
trigger hypermutation

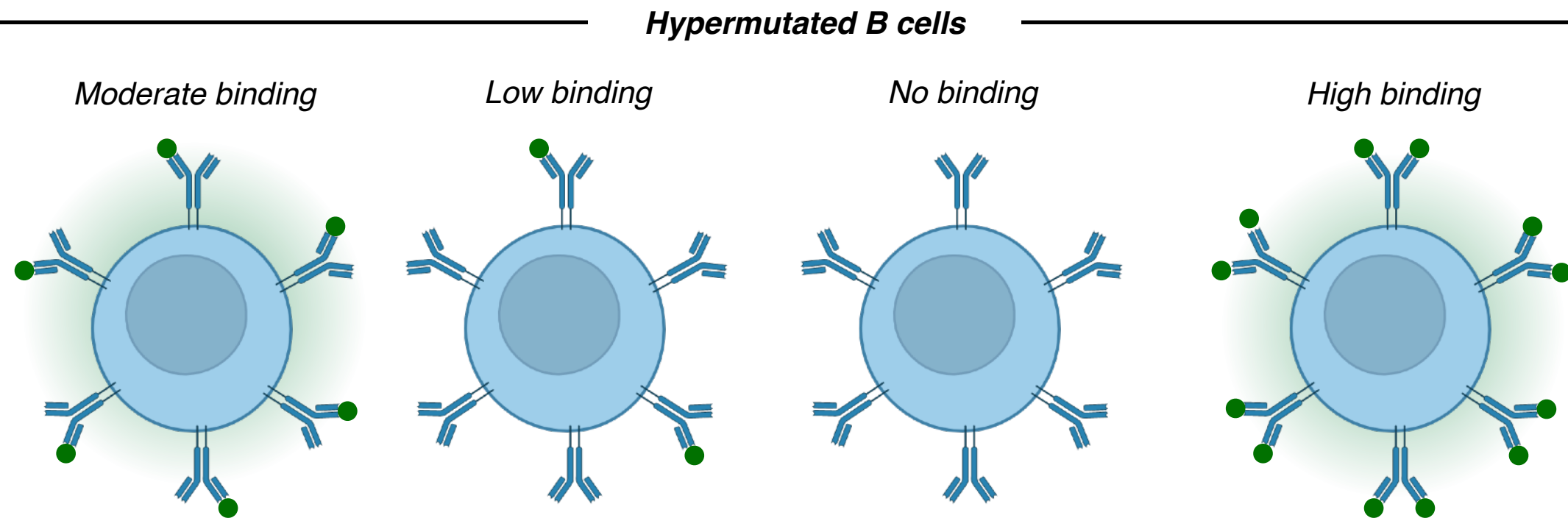
Somatic Hypermutation: Further Diversification of Immunoglobulins



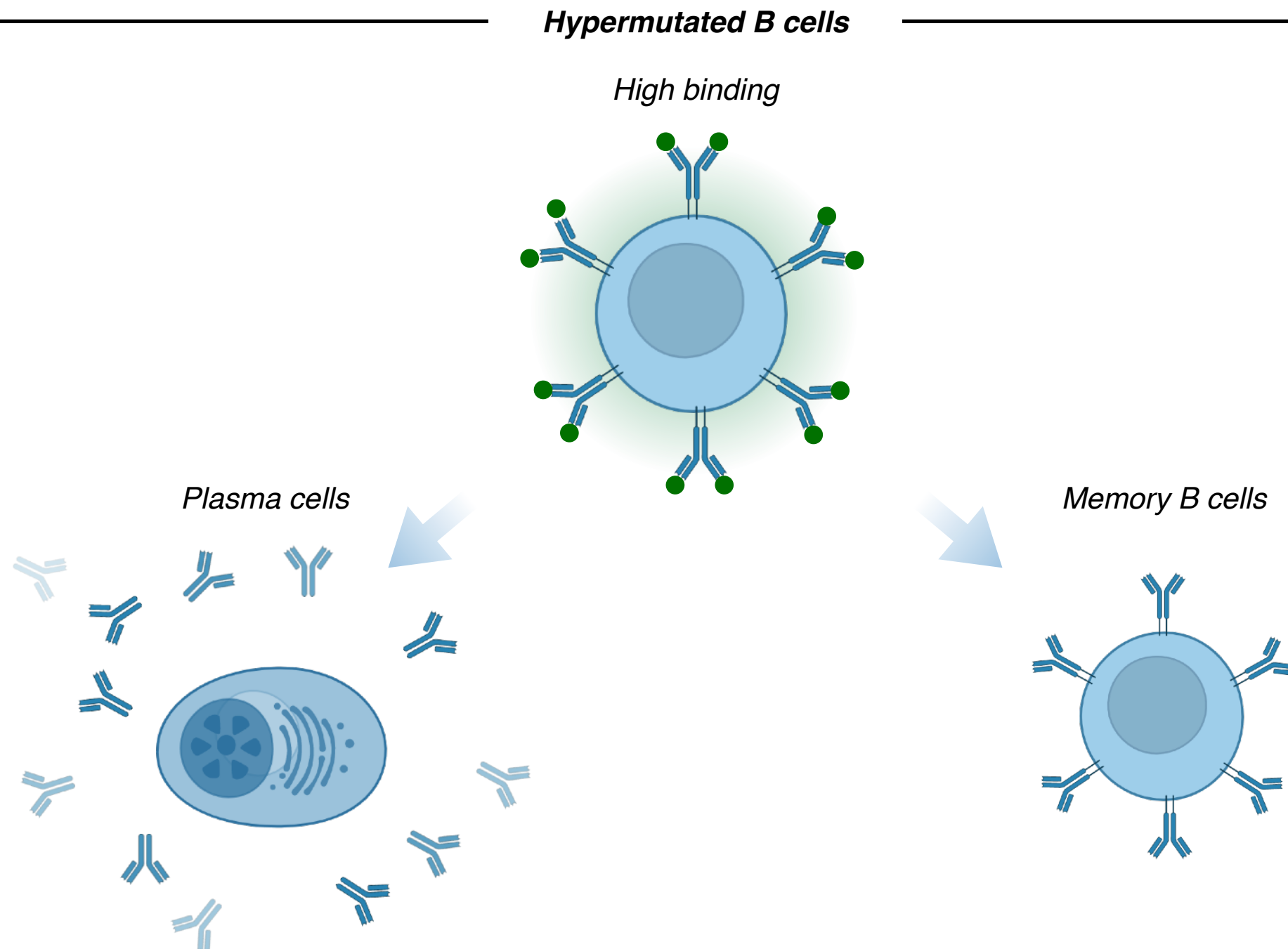
Somatic Hypermutation: Further Diversification of Immunoglobulins



Somatic Hypermutation: Further Diversification of Immunoglobulins

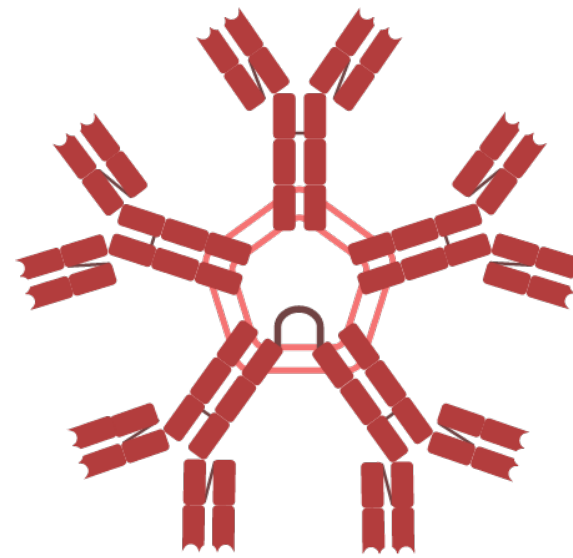


Somatic Hypermutation: Further Diversification of Immunoglobulins

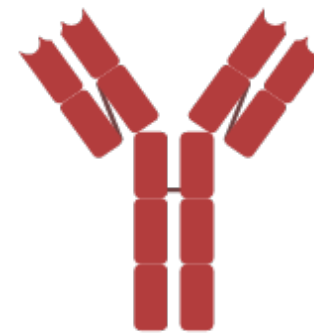


Affinity Maturation

———— IgM as Dominant Isotype ————



IgM Pentamer
(humoral)



IgM Monomer
(membrane bound)

Affinity Maturation

———— IgM as Dominant Isotype ————

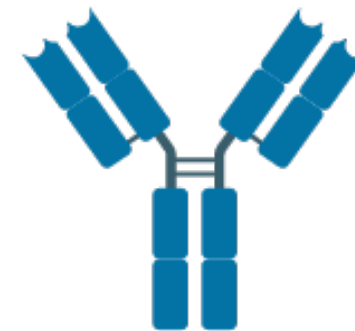
———— IgG as Dominant Isotype ————



IgM Pentamer
(humoral)



IgM Monomer
(membrane bound)



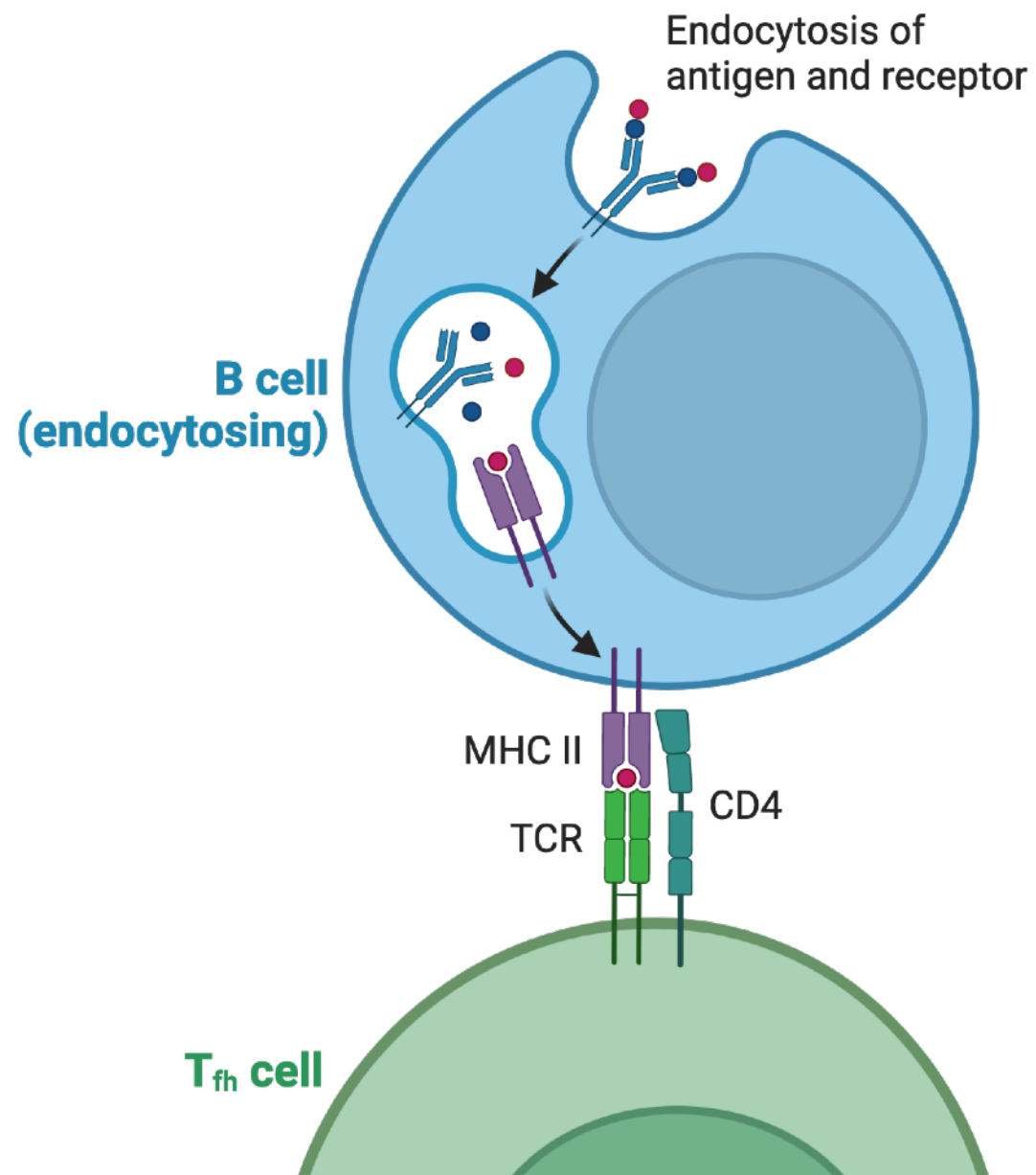
IgG Monomer (humoral
and membrane bound)

***Naturally lower affinity, less potent
at promoting innate immunity***

***Naturally higher affinity, more potent at
promoting innate immunity***

Affinity Maturation

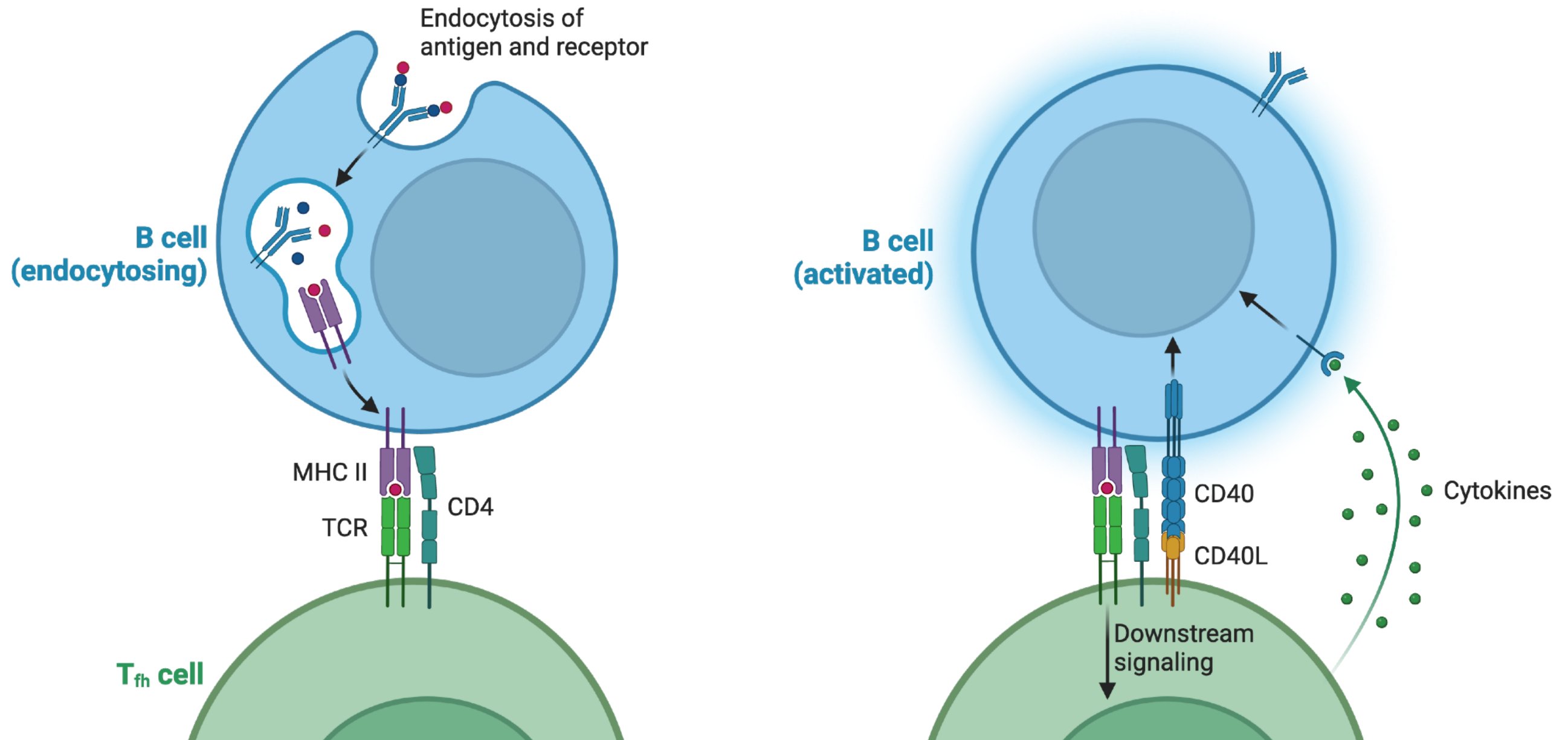
T_{fh} cell recognizes a peptide generated from antigen recognized by BCR



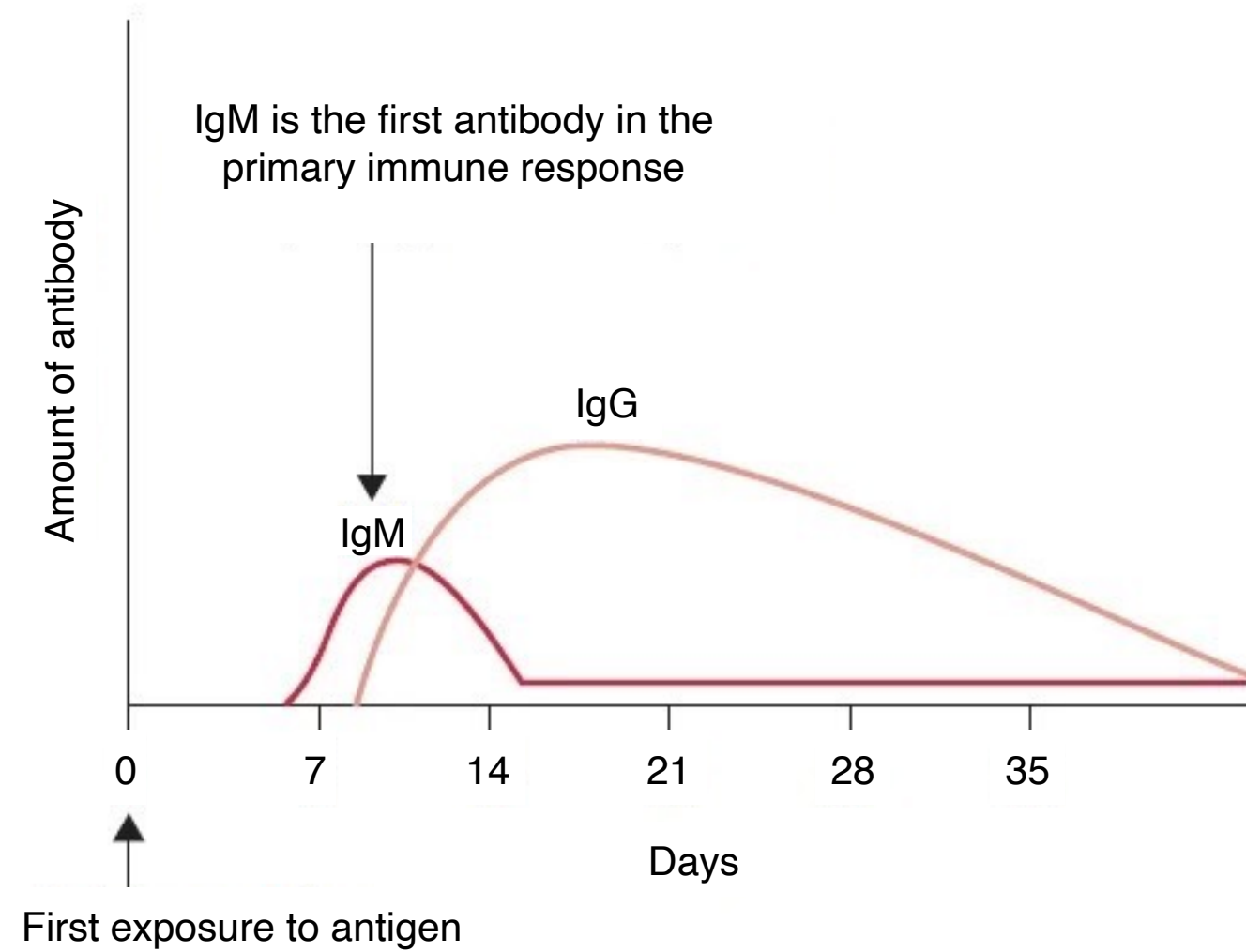
Affinity Maturation

T_{fh} cell recognizes a peptide generated from antigen recognized by BCR

Naive B cell and T_{fh} cell interact, initiate B cell activation, affinity maturation



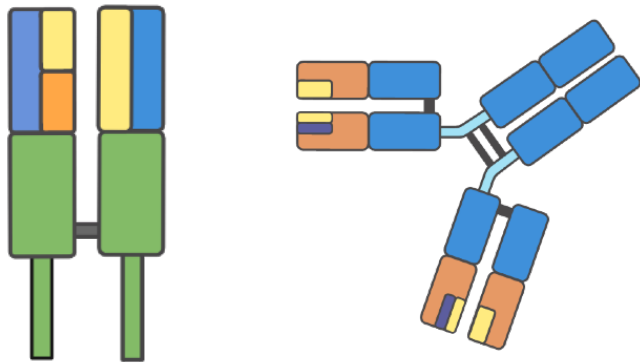
Affinity Maturation



Adaptive Immune System

Enabling aspects and failures of adaptive immunity

Ultra-specific targeting



*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases

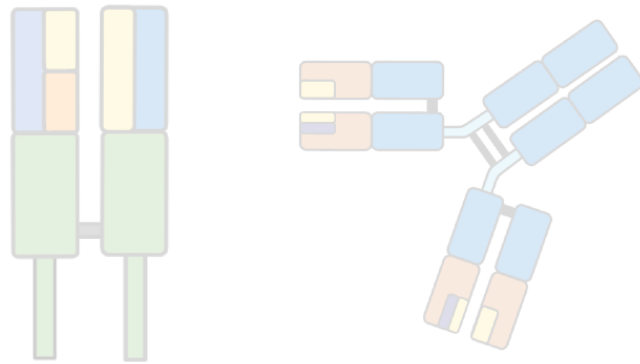


*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

Adaptive Immune System

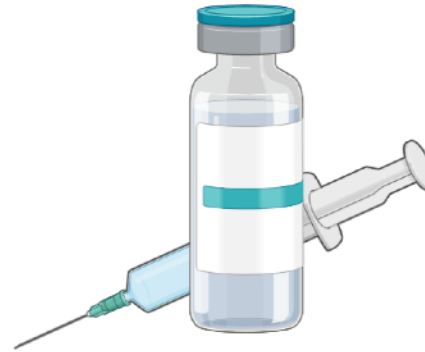
Enabling aspects and failures of adaptive immunity

Ultra-specific targeting



*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases

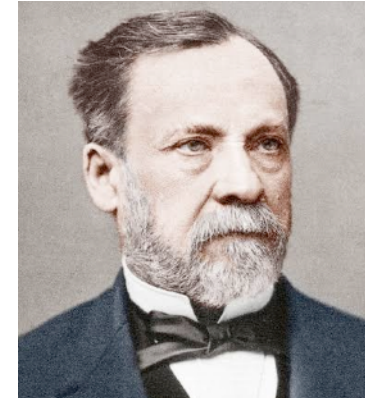


*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

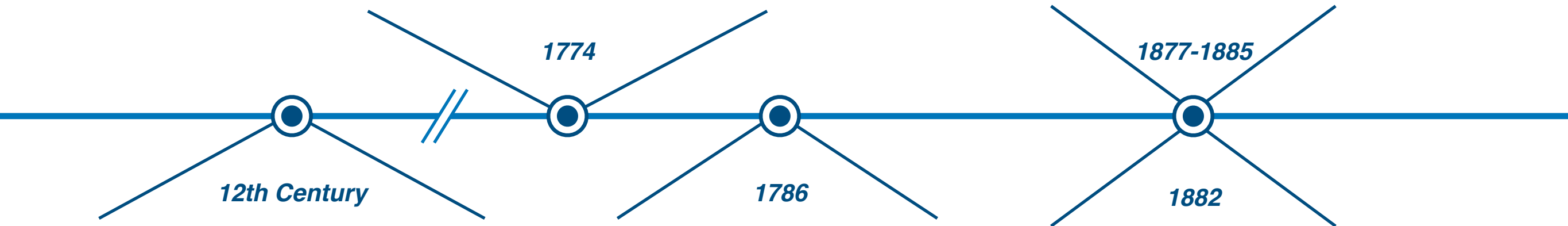
A Timeline of Vaccine Development



Benjamin Jesty infects sons and wife with cowpox pus during smallpox epidemic



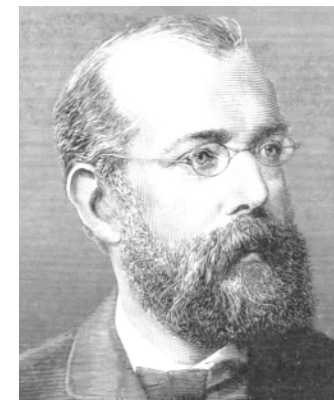
Louis Pasteur proposes germ theory, generates first attenuated vaccines



Variolation was developed in Turkey Africa, China, Europe



Edward Jenner inoculates child with cowpox, demonstrates immunity to smallpox



Robert Koch identifies M. tuberculosis as cause of tuberculosis

immunize.org

A Brief History of Vaccines. The World Health Organization.

Peard, P. J. Lancet. 2006, 368(9554), 2202.

A Timeline of Vaccine Development



Cholera and typhoid vaccines invented

1896

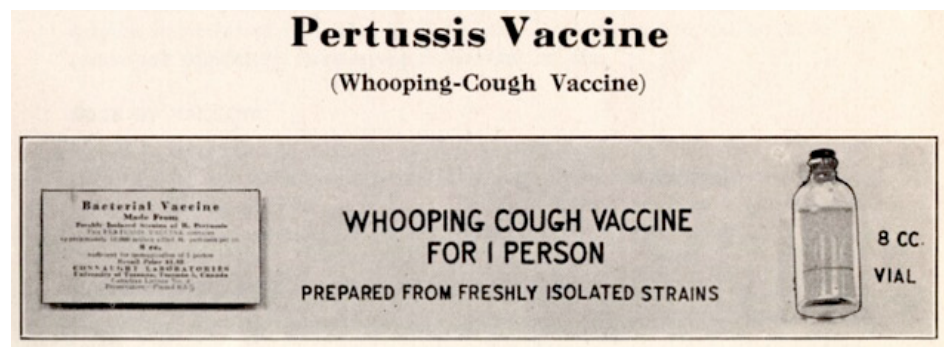
INFLUENZA SWEEPING NATION; PITTSBURGH UNDER QUARANTINE

Influenza pandemic kills 50 million people, promotes flu vaccine research

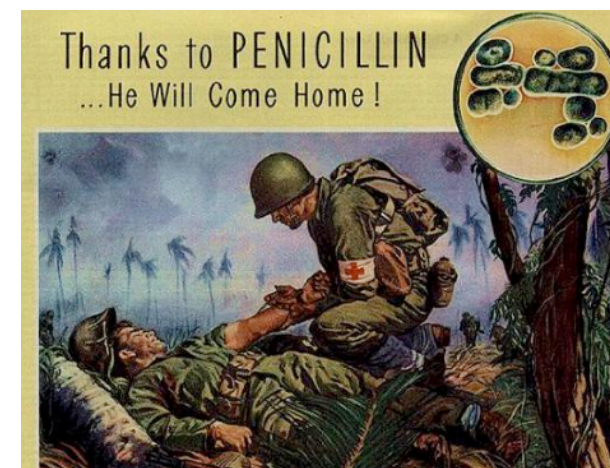
1918

1915

First inactivated vaccine



1940s



Flu and DTap vaccines created, penicillin became mass produced, smallpox was eradicated in the US

immunize.org

A Brief History of Vaccines. The World Health Organization.

Peard, P. J. *Lancet*. 2006, 368(9554), 2202.

A Timeline of Vaccine Development



Cholera and typhoid vaccines invented

1896

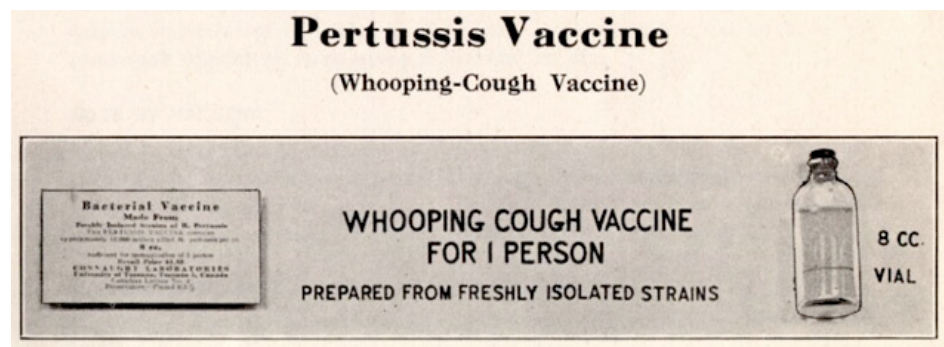
INFLUENZA SWEEPING NATION; PITTSBURGH UNDER QUARANTINE

Influenza pandemic kills 50 million people, promotes flu vaccine research

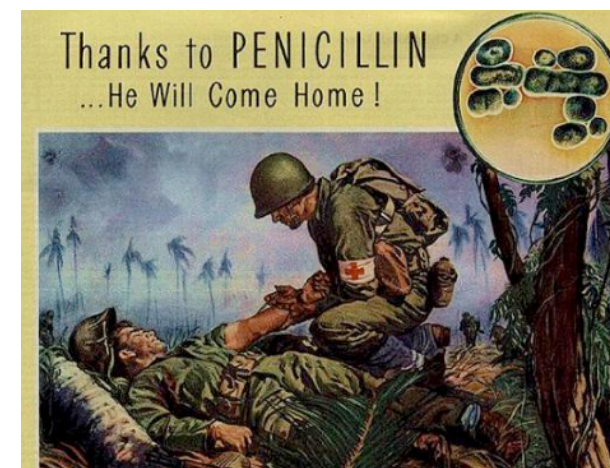
1918

1915

First inactivated vaccine



1940s



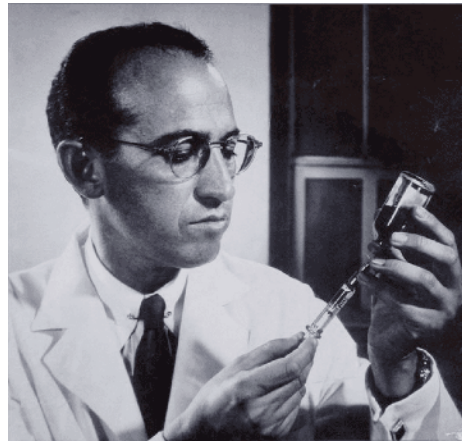
Flu and DTap vaccines created, penicillin became mass produced, smallpox was eradicated in the US

immunize.org

A Brief History of Vaccines. The World Health Organization.

Peard, P. J. *Lancet*. 2006, 368(9554), 2202.

A Timeline of Vaccine Development



First polio vaccine licensed



Global and US smallpox and measles eradication programs launched



Last case of wild polio in western hemisphere

1955

1966-1967

1991

1961-1963

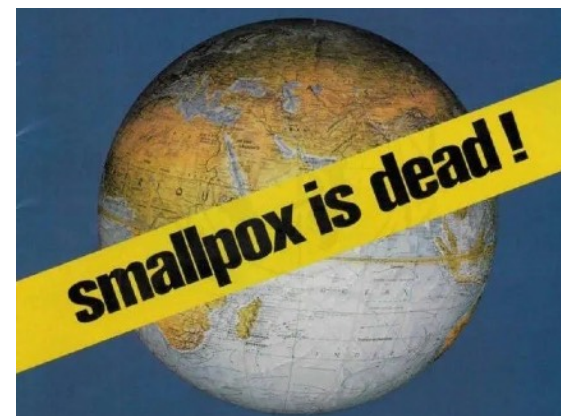
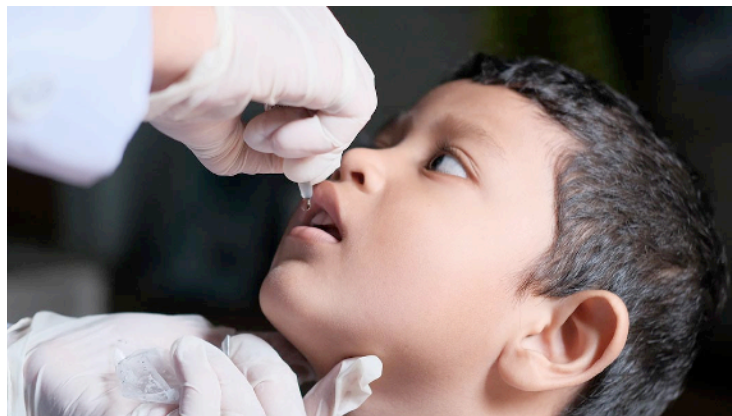
1980

2006

Trivalent live oral polio vaccine, numerous measles vaccines developed

Smallpox is eradicated

First “cancer” vaccine approved by FDA




GARDASIL® 9

immunize.org

A Brief History of Vaccines. The World Health Organization.

Peard, P. J. Lancet. 2006, 368(9554), 2202.

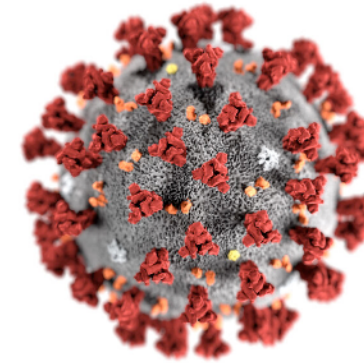
A Timeline of Vaccine Development



Global and US smallpox and measles eradication programs launched



Last case of wild polio in western hemisphere



Covid-19 Pandemic Declared

1966-1967

1991

March 11,
2020

1980

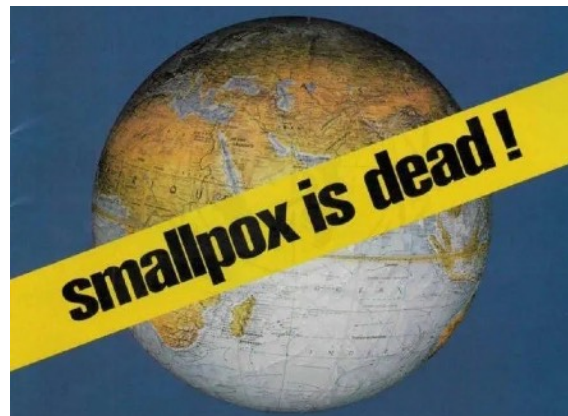
2006

August 23,
2021

Smallpox is eradicated

First "cancer" vaccine
approved by FDA

First mRNA vaccine, targeting
SARS-CoV-2, approved




GARDASIL® 9

 **COMIRNATY®**
(COVID-19 Vaccine, mRNA)

immunize.org

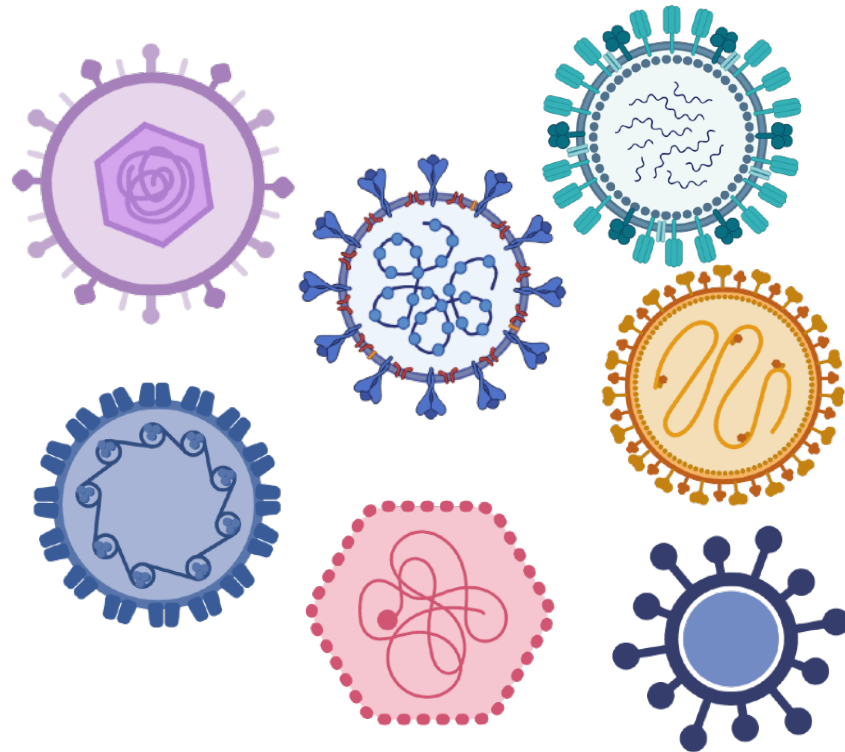
A Brief History of Vaccines. The World Health Organization.

Peard, P. J. *Lancet*. 2006, 368(9554), 2202.

Vaccines: Frontline Protection from Viral and other Diseases

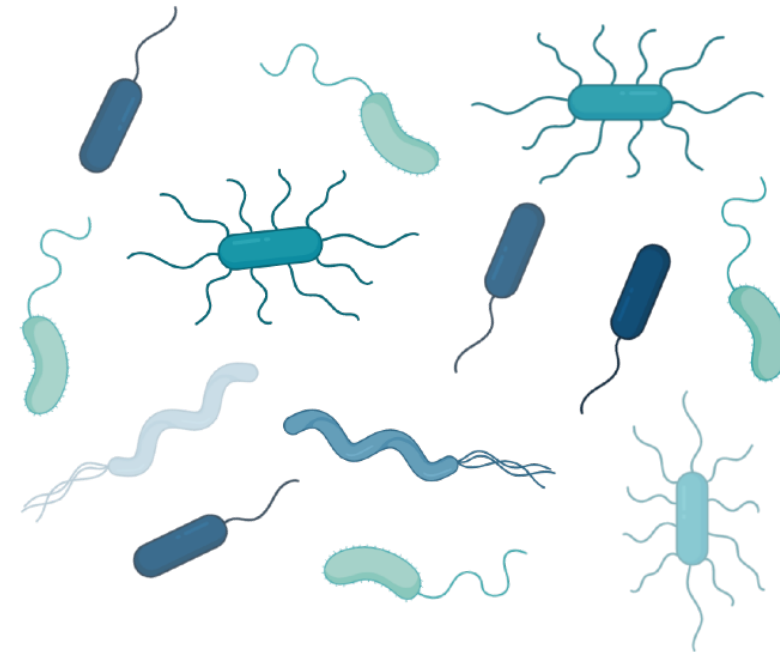
Vaccine preventable pathogens

Viruses



*Varicella, Influenza, Hepatitis A/B, HPV, Measles,
Mumps, Rubella, Poliovirus, Rotavirus, RSV,
Rabies, Smallpox, Yellow Fever, Dengue, Shingles*

Bacteria



*Diphtheria, HiB, Meningococcal,
Clostridium tetani, Bordetella pertussis,
Mycobaterium tuberculosis*

>20 Vaccine preventable viruses and bacteria

Vaccines: Frontline Protection from Viral and other Diseases

Vaccine preventable pathogens

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19–23 MONTHS	2–3 YEARS	4–6 YEARS
HepB Hepatitis B	HepB	HepB			HepB						
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
Hib* <i>Haemophilus influenzae</i> type b			Hib	Hib	Hib*	Hib					
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV	PCV					
IPV Polio			IPV	IPV	IPV						IPV
COVID-19** Coronavirus disease 2019					COVID-19**						
Flu† Influenza					Flu (One or Two Doses Yearly)†						
MMR Measles, Mumps, & Rubella						MMR					MMR
Varicella Chickenpox						Varicella					Varicella
HepA* Hepatitis A						HepA*		HepA*			

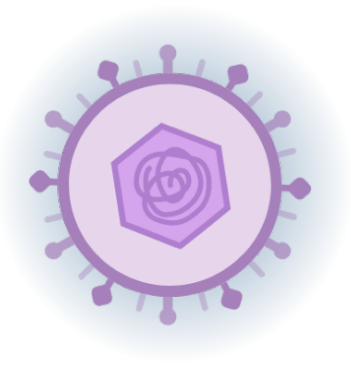
Vaccines: Frontline Protection from Viral and other Diseases

Classes of vaccine

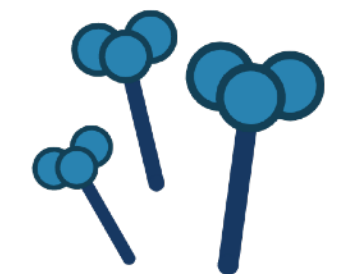
Traditional Vaccines



Inactivated (killed)
e.g. HepA, Flu, Polio

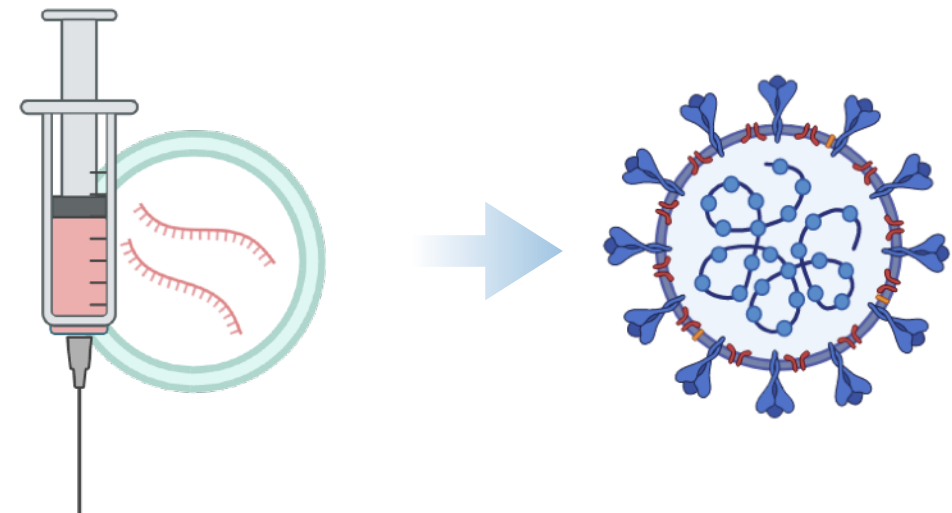


Live attenuated
e.g. MMR, Rotavirus,
Smallpox, Chickenpox



Subunit/Toxoid
HepB, HPV, Diphtheria,
Tetanus, Meningococcal

RNA Vaccines



mRNA vaccine against SARS-CoV-2

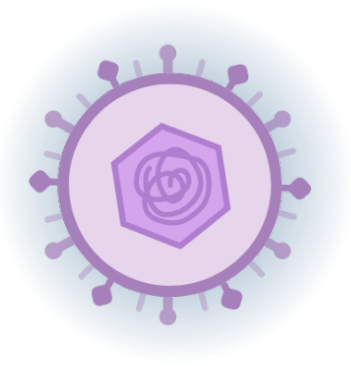
Vaccines: Frontline Protection from Viral and other Diseases

Classes of vaccine

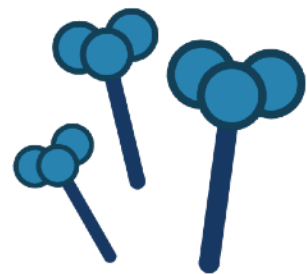
Traditional Vaccines



Inactivated (killed)
e.g. HepA, Flu, Polio

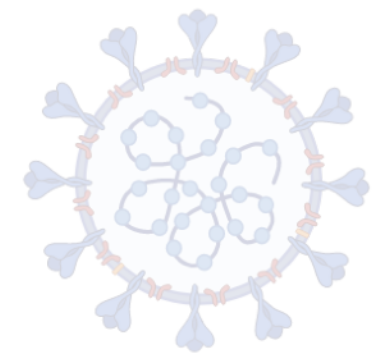


Live attenuated
e.g. MMR, Rotavirus,
Smallpox, Chickenpox



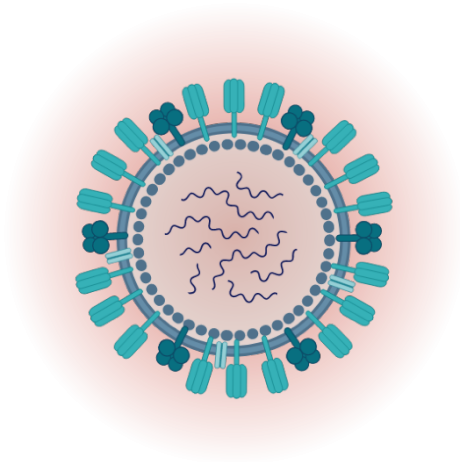
Subunit/Toxoid
HepB, HPV, Diphtheria,
Tetanus, Meningococcal

RNA Vaccines



mRNA vaccine against SARS-CoV-2

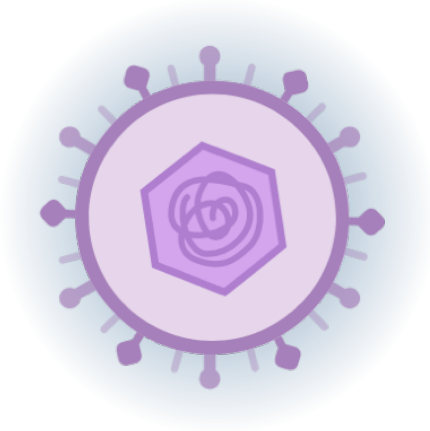
Vaccines: Frontline Protection from Viral and other Diseases



Inactivated Vaccines

- *Inactivated with heat or chemicals (ethylenimine, formaldehyde)*
- *Incredibly safe, cannot cause infection*
- *Stable, easily mass produced*
- *Primarily function through initial BCR activation*
- *Weaker immune activation*
- *Requires numerous doses*

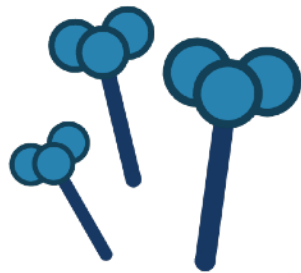
Vaccines: Frontline Protection from Viral and other Diseases



Live Attenuated Vaccines

- *In vitro viral passaging results in mutations depleting viral dangers*
- *Target macrophages and dendritic cells*
- *Potent, provide long lasting immunity*
- *Require refrigeration to remain stable*
- *Attenuated virus can regain pathogenicity, can rarely cause disease outbreaks*

Vaccines: Frontline Protection from Viral and other Diseases

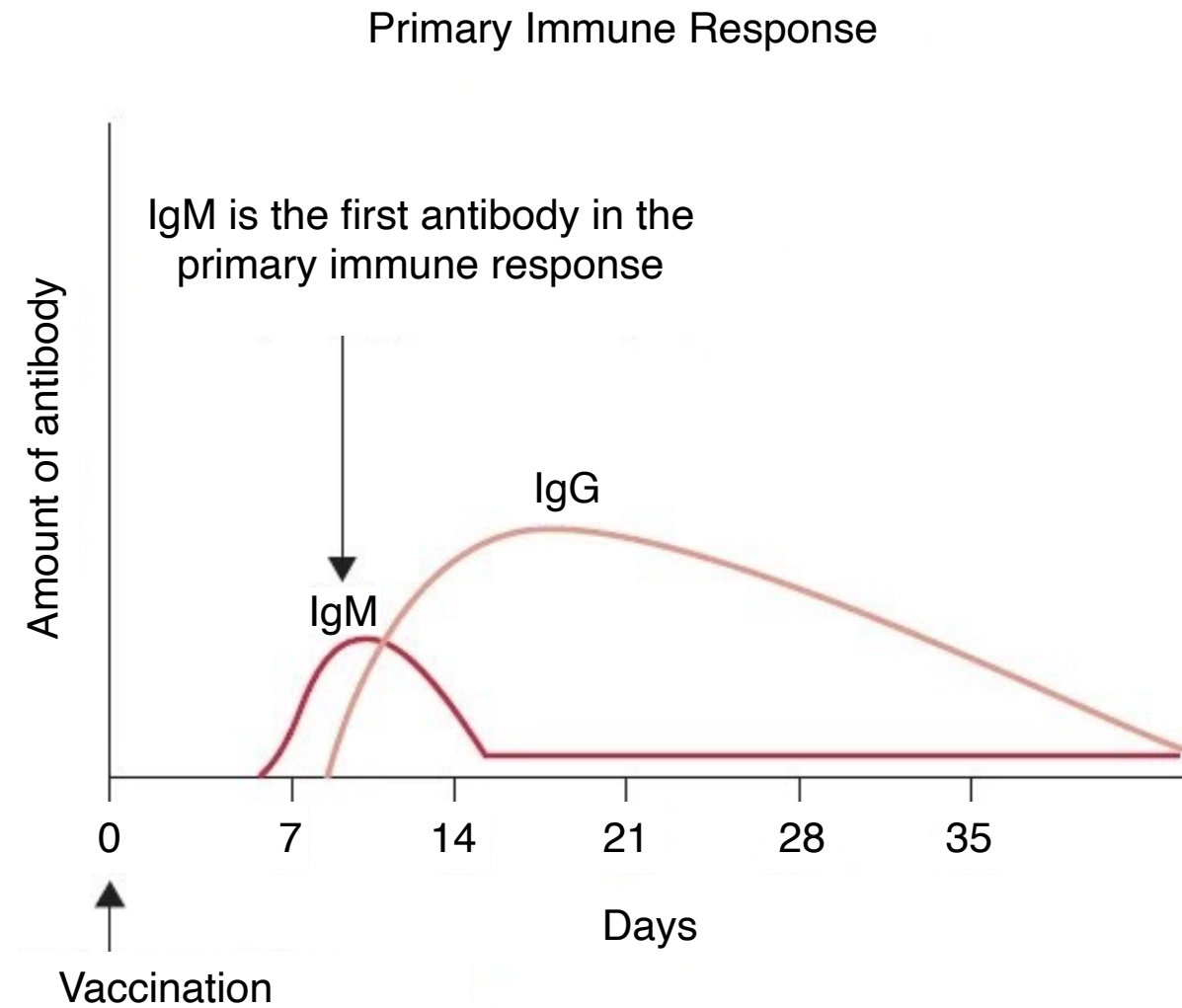


Subunit/Toxoid Vaccines

- *Viral or bacterial proteins or inactivated toxins promote immunity*
- *Targets APCs and BCR*
- *Often long lasting immunity, very safe*
- *Require adjuvant to boost immune response*
- *Requires optimization of adjuvant and subunit to promote proper immunity*

Vaccines: Frontline Protection from Viral and other Diseases

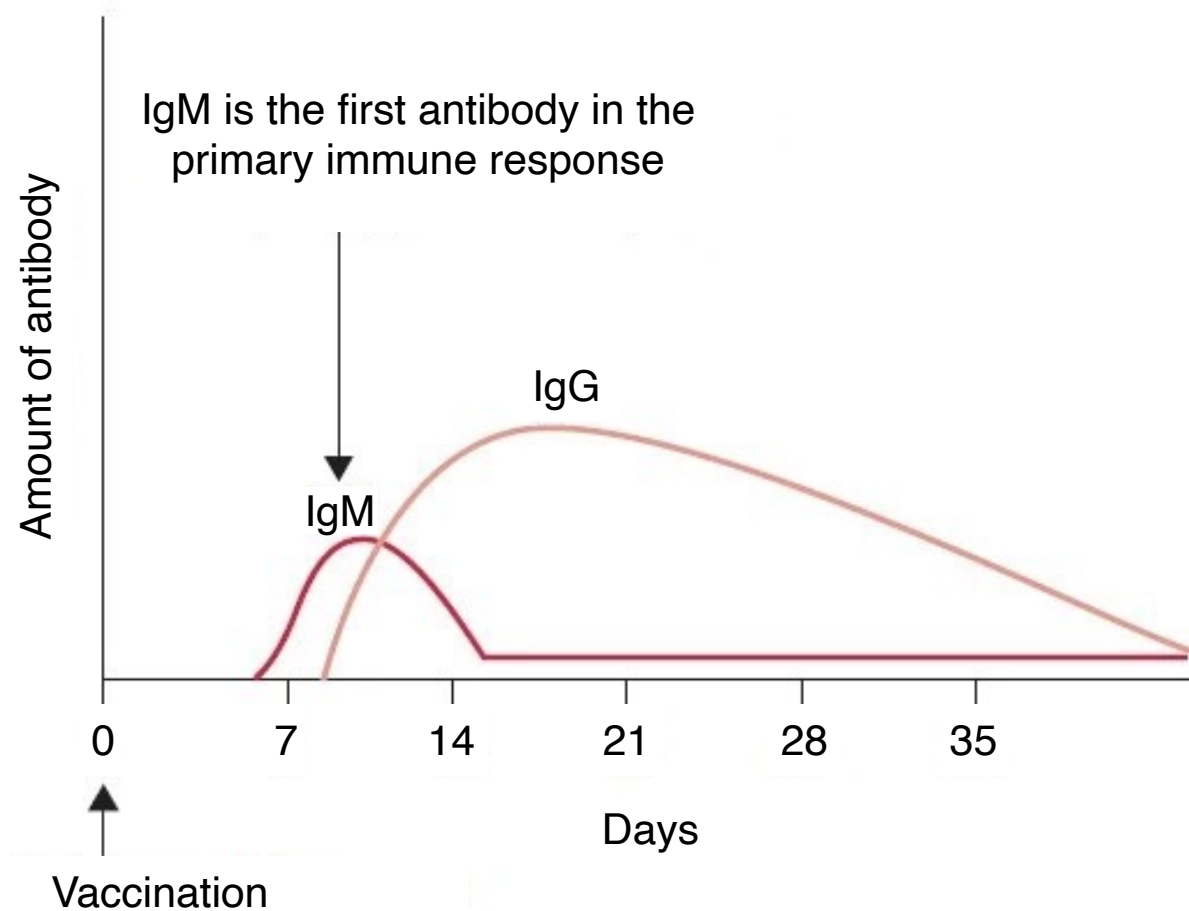
Distinctions between vaccine types



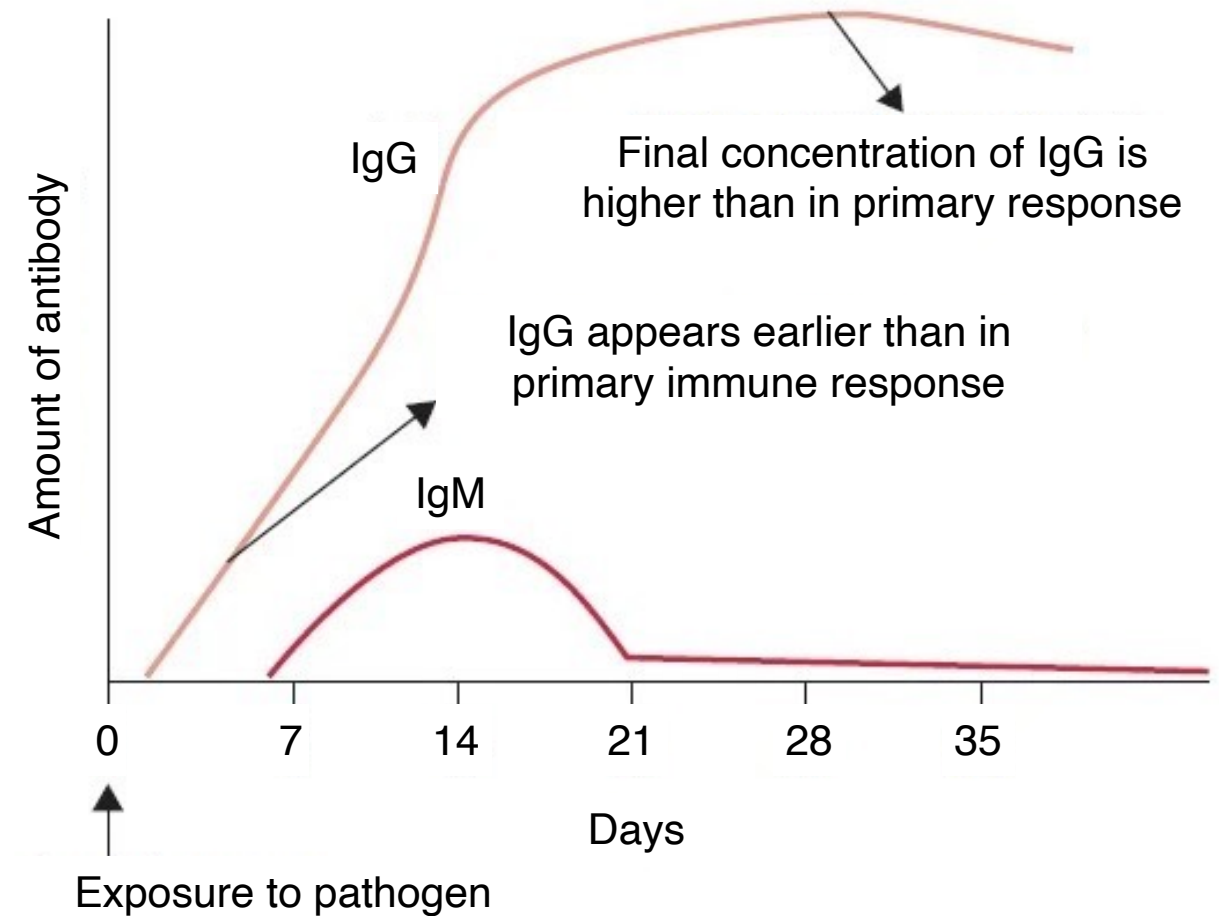
Vaccines: Frontline Protection from Viral and other Diseases

Distinctions between vaccine types

Primary Immune Response

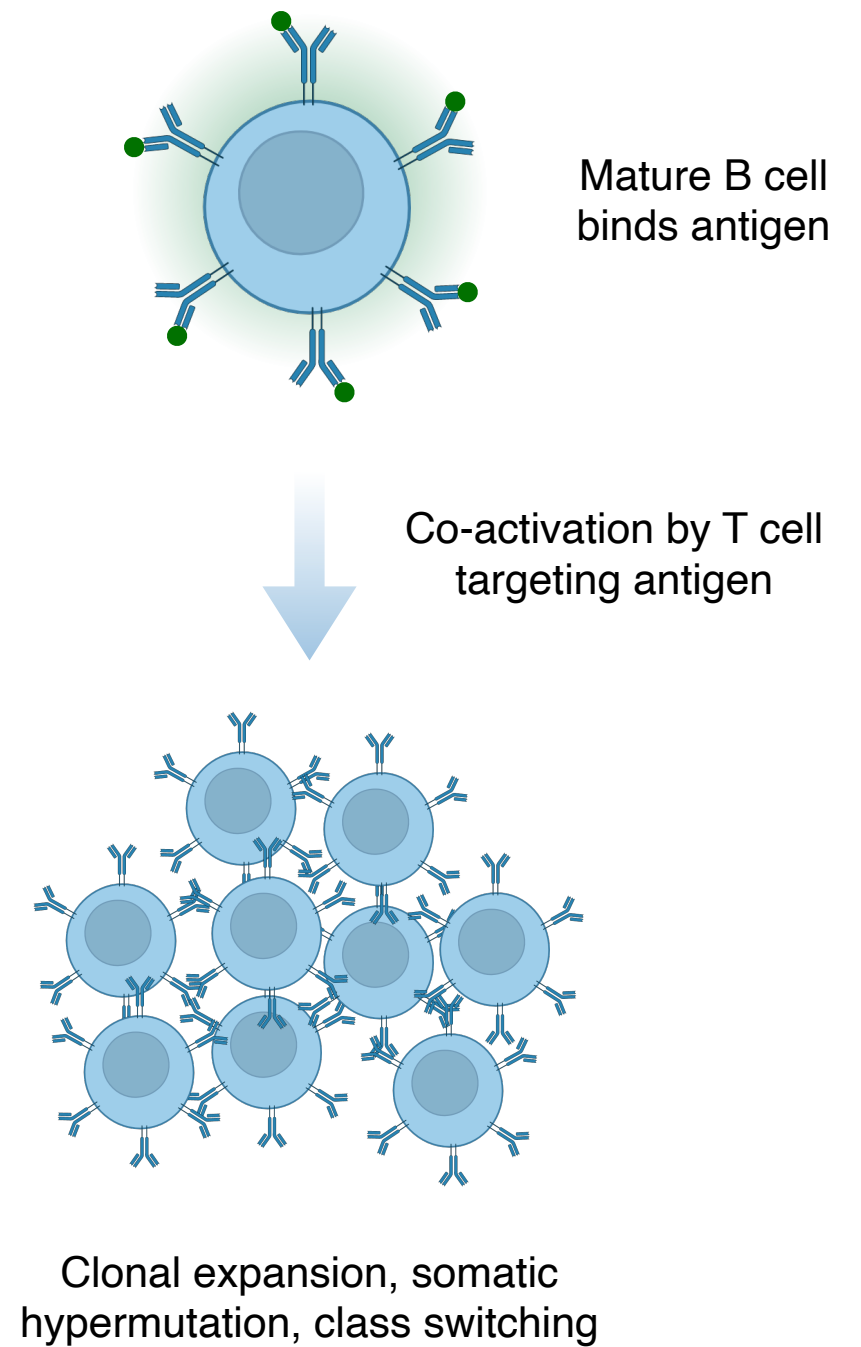
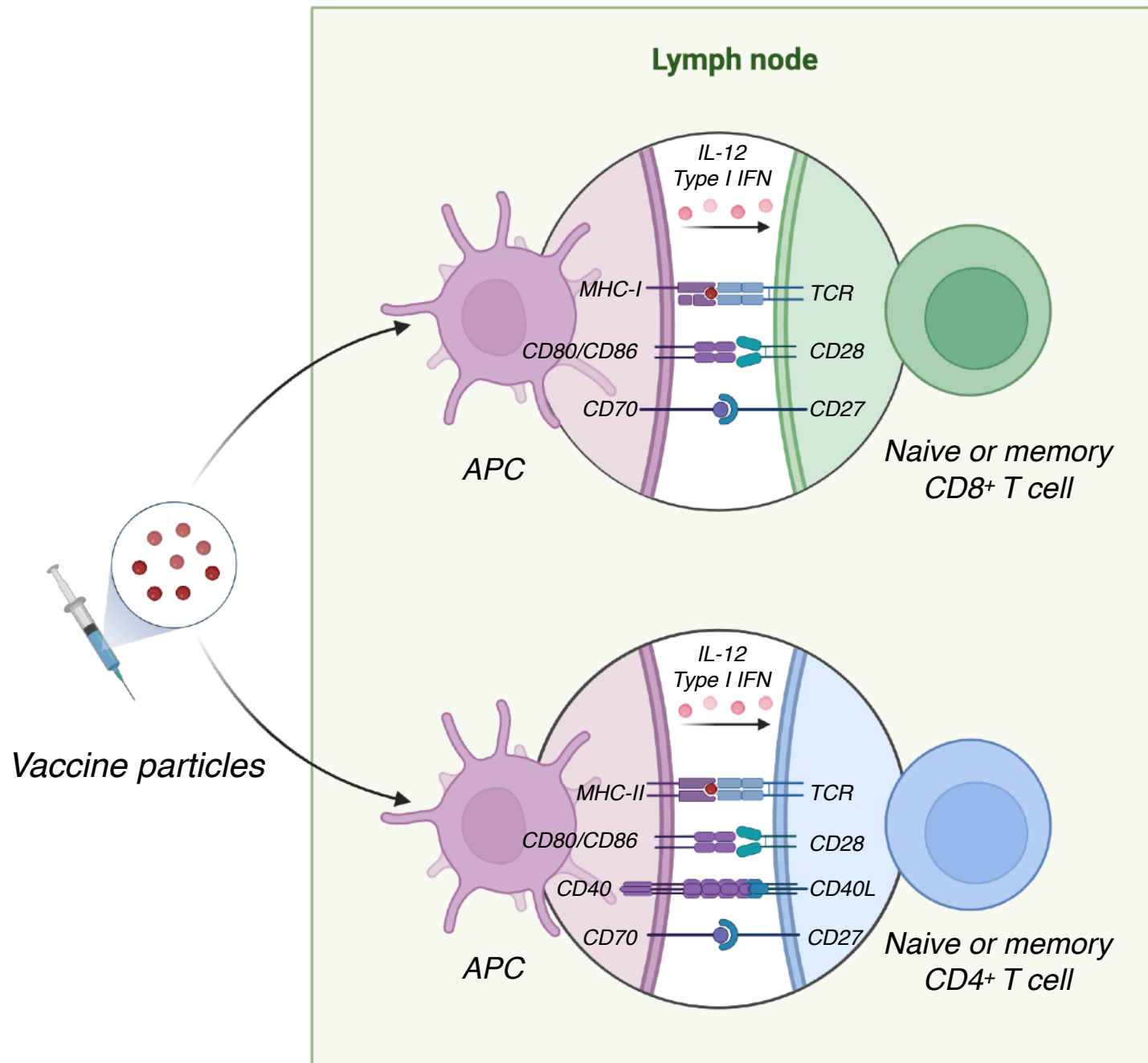


Secondary Immune Response



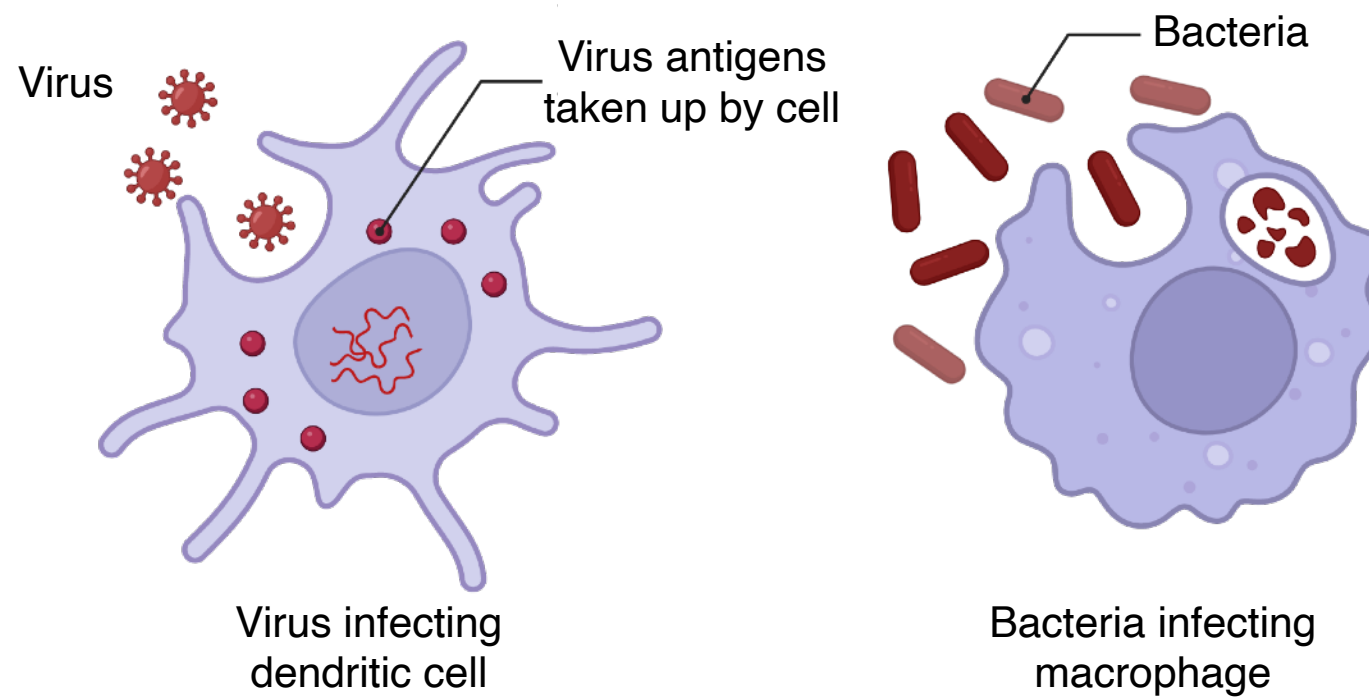
Vaccines: Frontline Protection from Viral and other Diseases

Vaccination mechanism

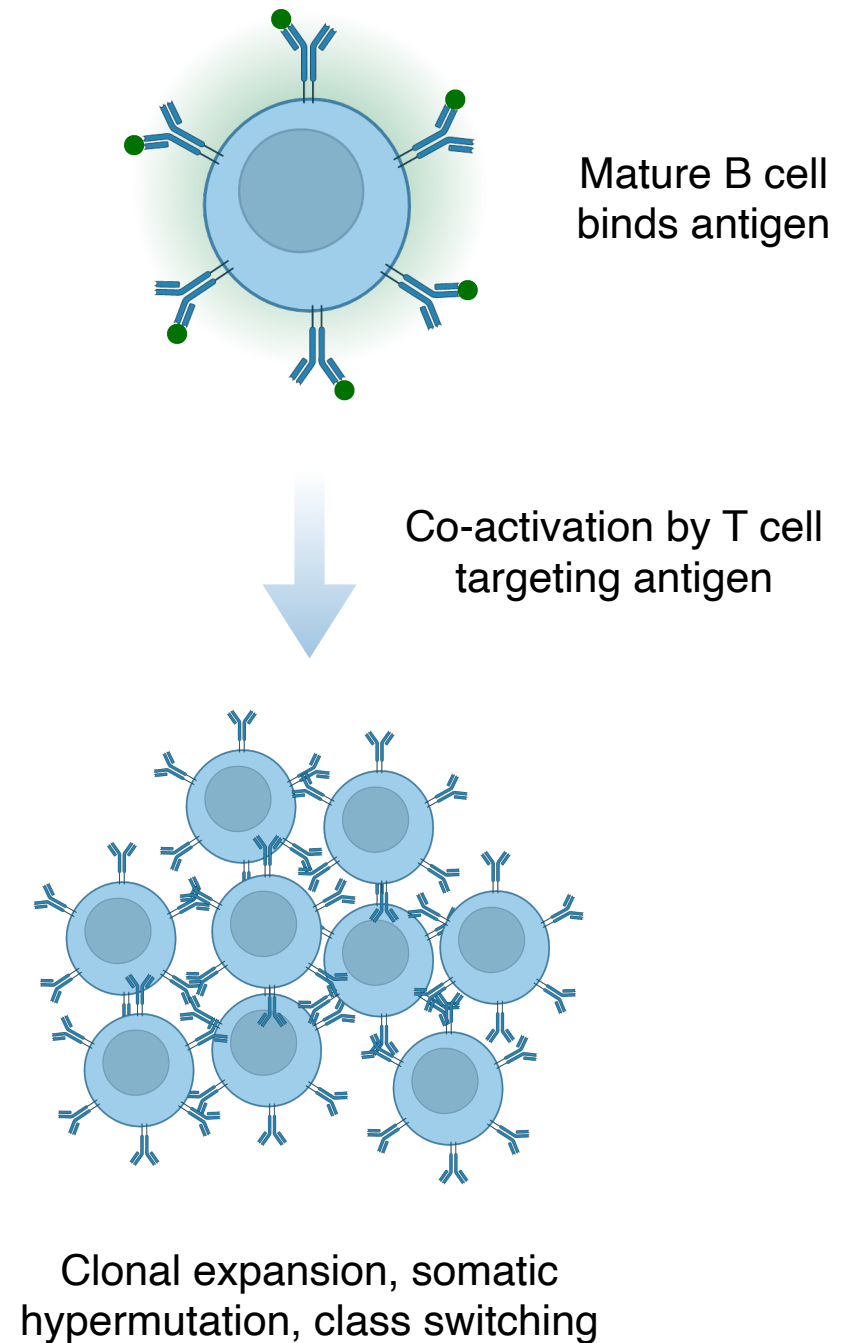


Vaccines: Frontline Protection from Viral and other Diseases

Vaccination mechanism



Viral vaccines often target DCs first while bacterial vaccines target macrophages



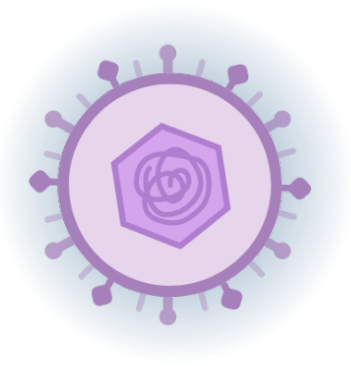
Vaccines: Frontline Protection from Viral and other Diseases

Classes of vaccine

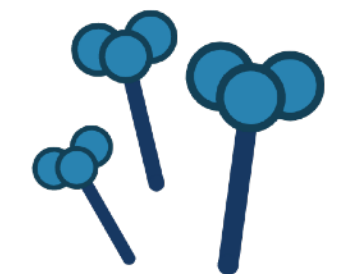
Traditional Vaccines



Inactivated (killed)
e.g. HepA, Flu, Polio

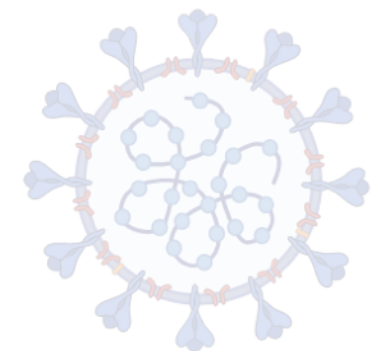


Live attenuated
e.g. MMR, Rotavirus,
Smallpox, Chickenpox



Subunit/Toxoid
HepB, HPV, Diphtheria,
Tetanus, Meningococcal

RNA Vaccines



mRNA vaccine against SARS-CoV-2

Vaccines: Frontline Protection from Viral and other Diseases

Classes of vaccine

Traditional Vaccines



Inactivated (killed)
e.g. HepA, Flu, Polio

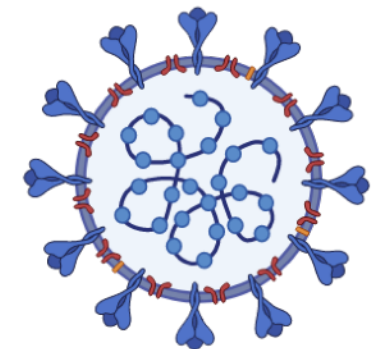
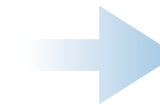
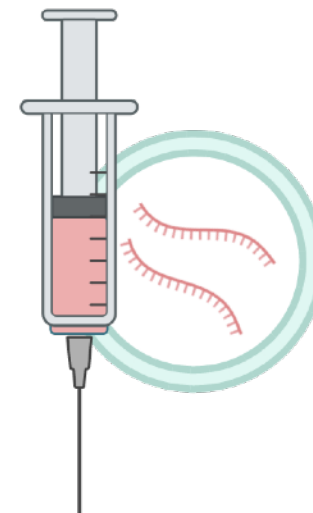


Live attenuated
e.g. MMR, Rotavirus,
Smallpox, Chickenpox



Subunit/Toxoid
HepB, HPV, Diphtheria,
Tetanus, Meningococcal

RNA Vaccines



mRNA vaccine against SARS-CoV-2

Vaccines: Frontline Protection from Viral and other Diseases

mRNA vaccine function

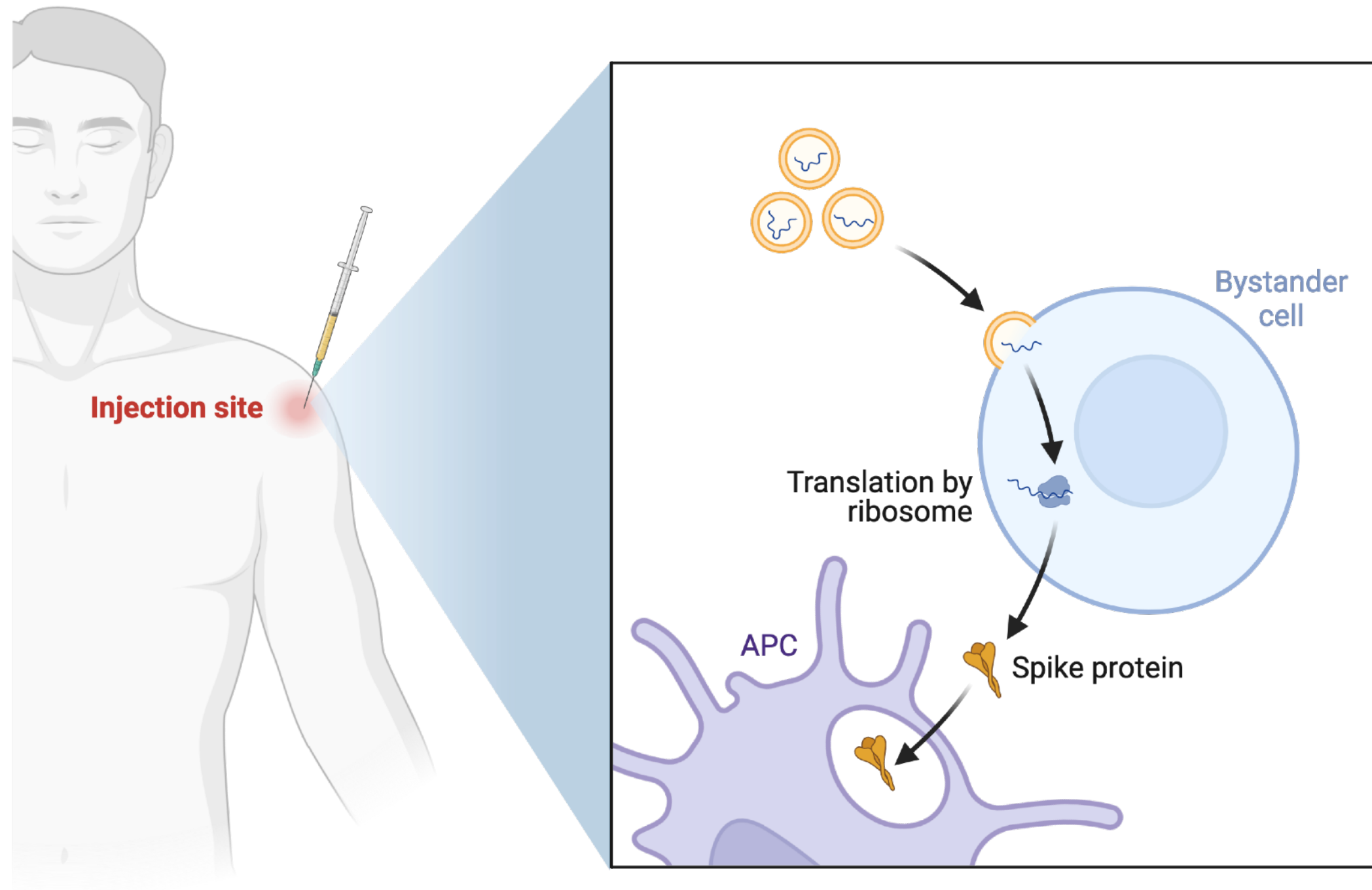
The New York Times

New Pfizer Results: Coronavirus Vaccine Is Safe and 95% Effective

The company said it planned to apply for emergency approval from the Food and Drug Administration “within days.”

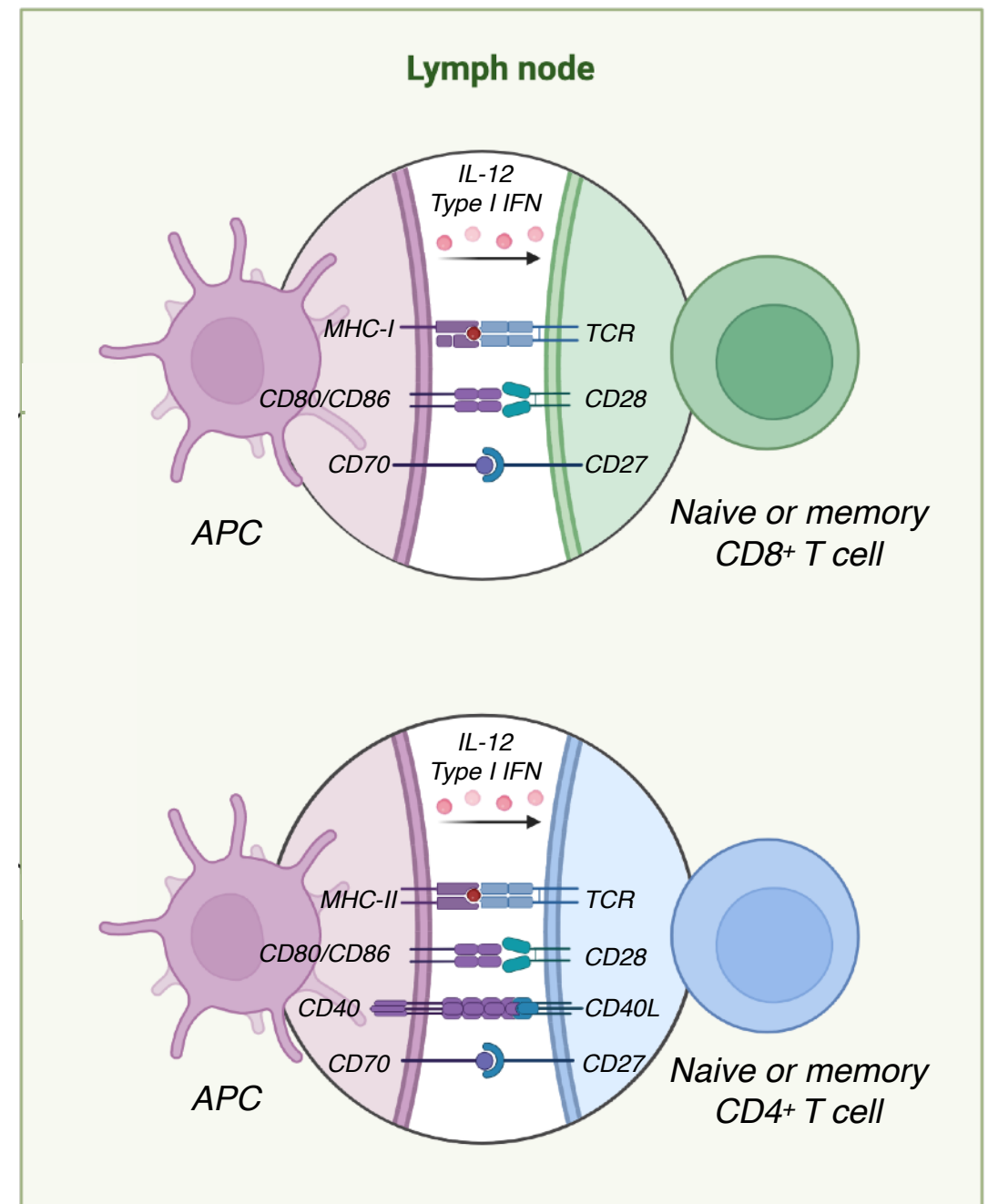
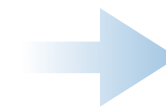
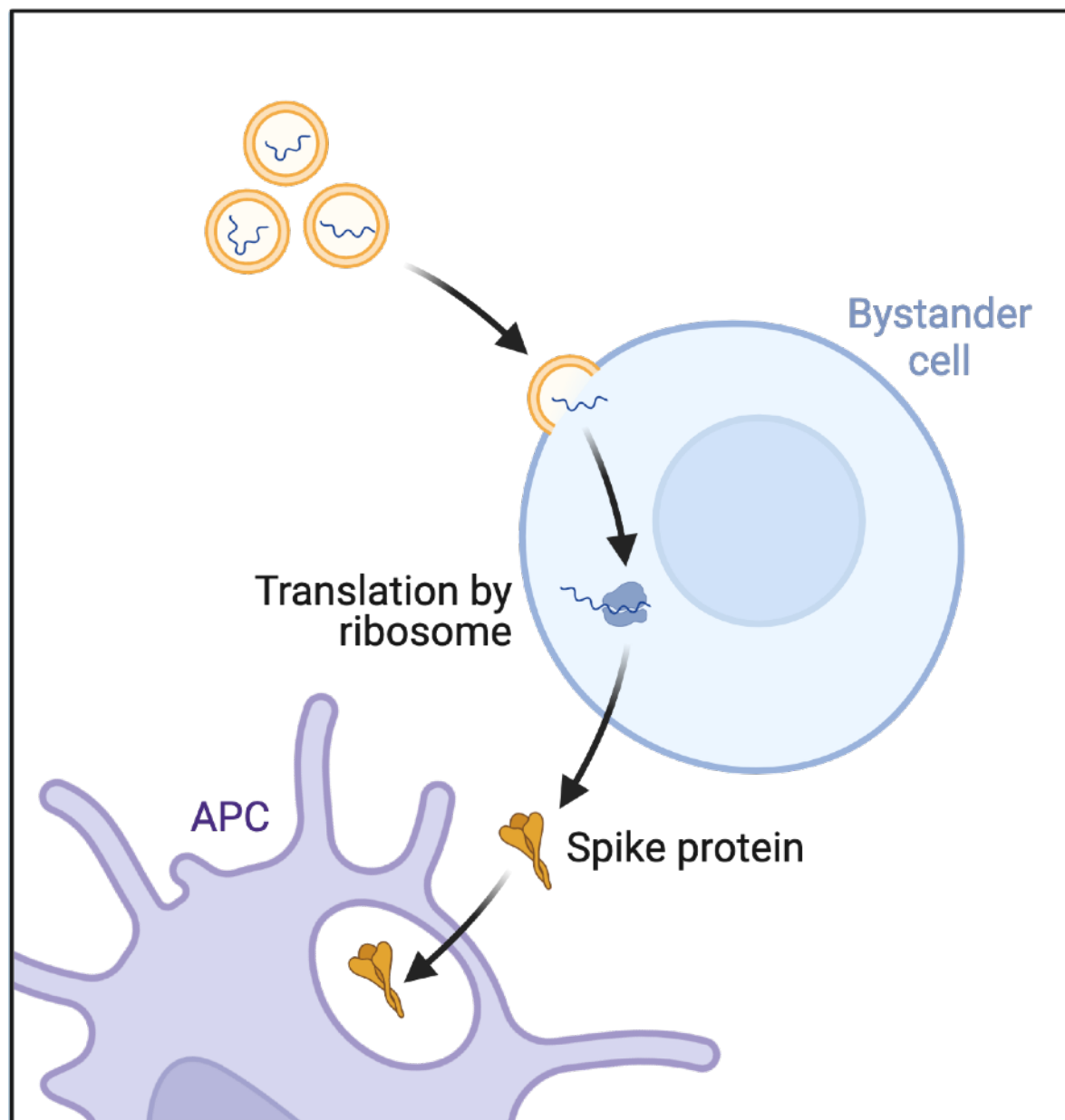
Vaccines: Frontline Protection from Viral and other Diseases

mRNA vaccine function



Vaccines: Frontline Protection from Viral and other Diseases

mRNA vaccine function



Vaccines: Frontline Protection from Viral and other Diseases

Why are certain types of vaccines used instead of others?

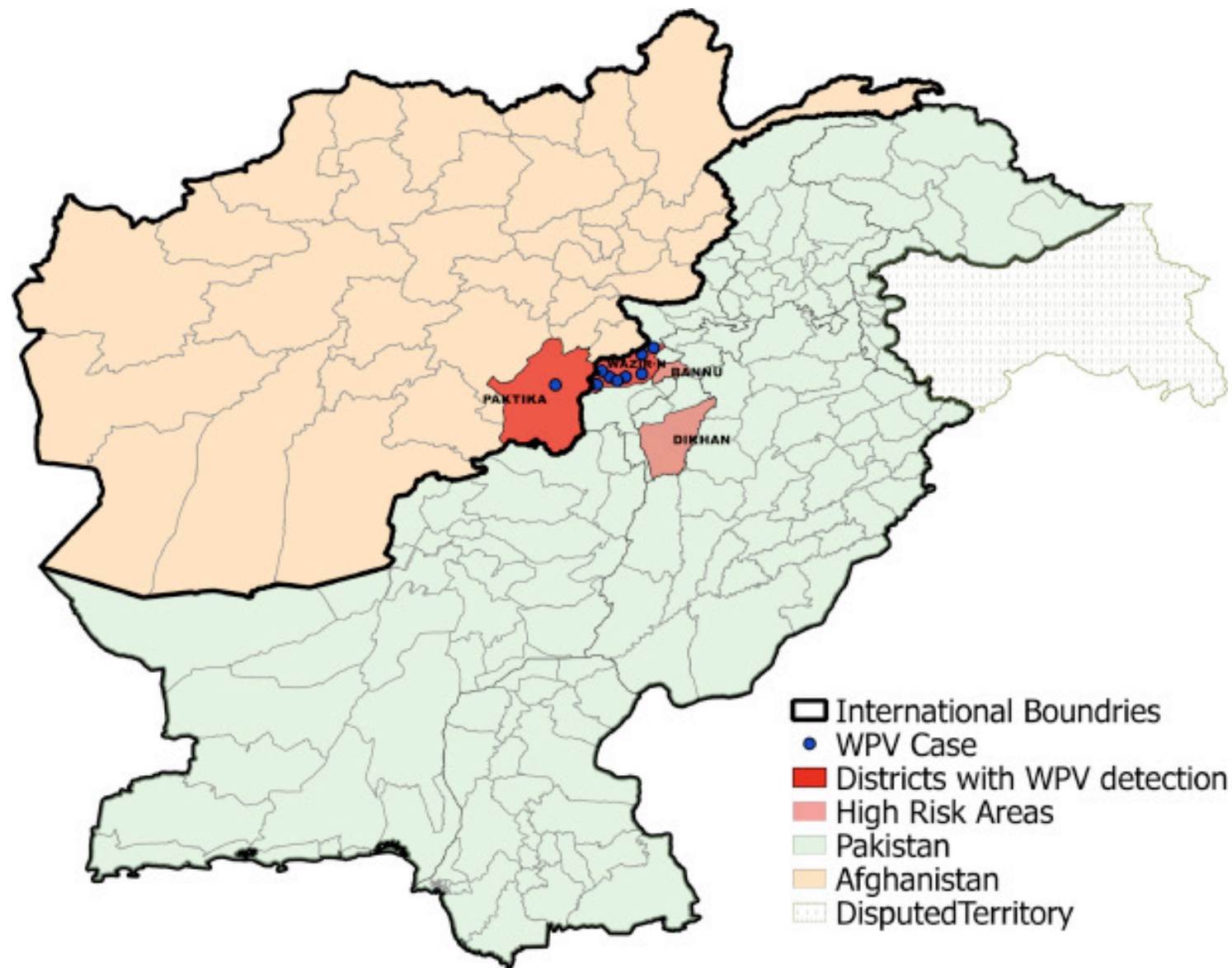
Case Study: Polio Inactivated and Live Vaccines

Before widespread immunization, Polio caused 500,000 deaths or paralyzes per year



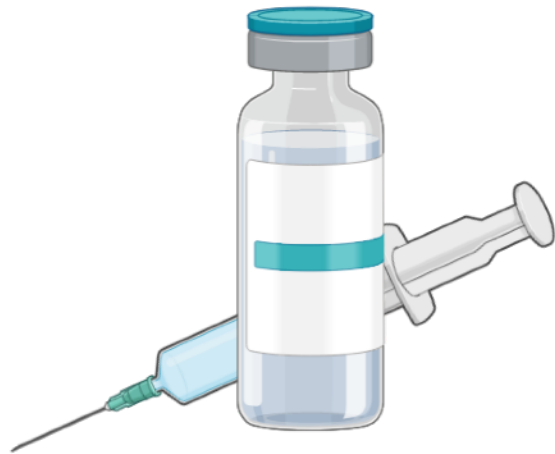
Case Study: Polio Inactivated and Live Vaccines

Only two countries with endemic poliovirus as of 2020



Case Study: Polio Inactivated and Live Vaccines

— Inactivated poliovirus vaccine (IPV) —



Contains inactivated version of all 3 polio strains

Promotes immunity in bloodstream, prevents disease but less effective at infection prevention

Cannot cause paralysis

— Oral Poliovirus Vaccines (OPVs) —



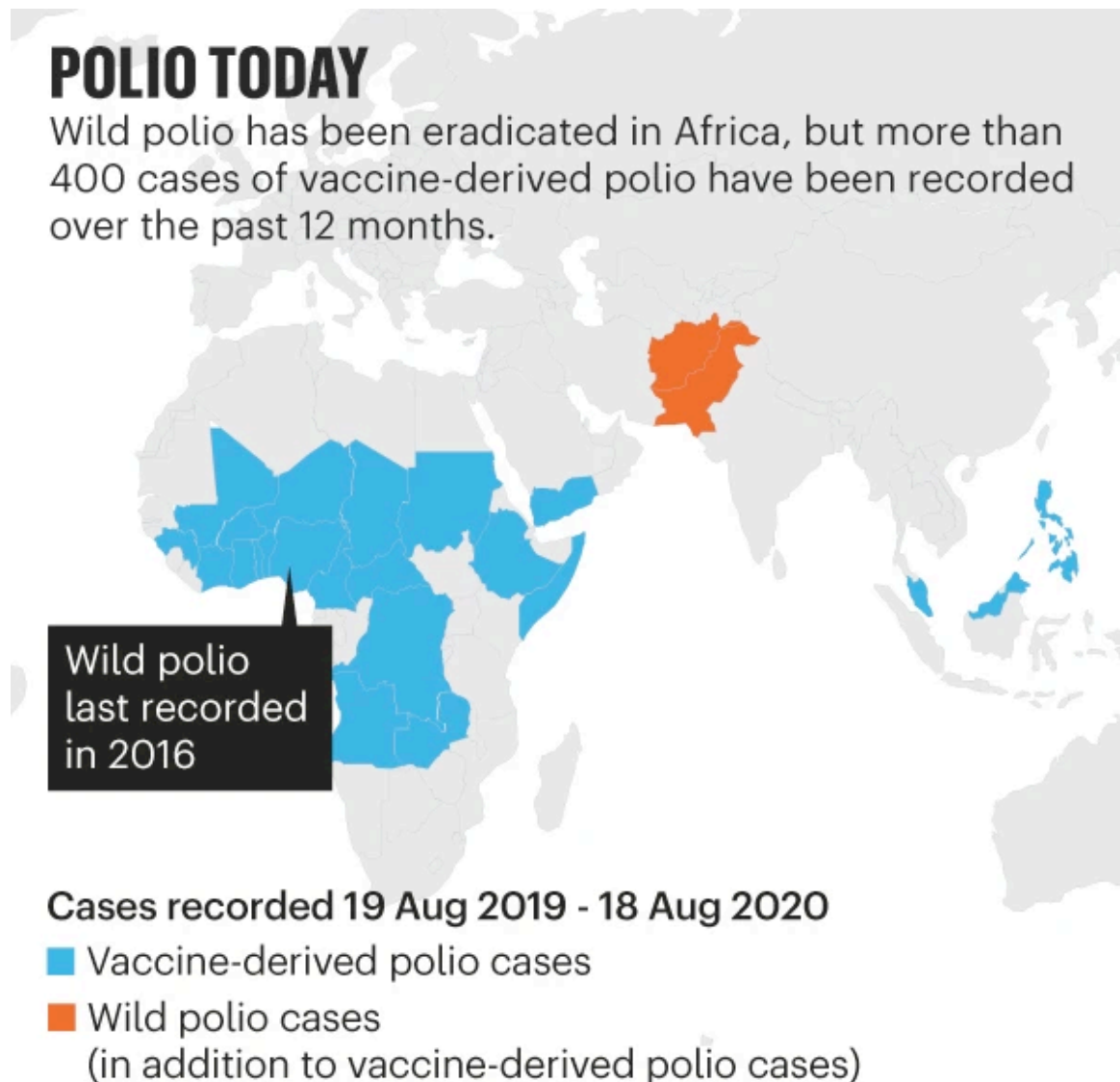
Contains attenuated version of 1-3 polio strains

Promotes immunity in intestine, prevents paralysis and transmission

Attenuated virus mutates and causes paralysis, infectious disease in 1 out of 2.4 million cases.

Case Study: Polio Inactivated and Live Vaccines

— Oral Poliovirus Vaccines (OPVs) —



Contains attenuated version of 1-3 polio strains

Promotes immunity in intestine, prevents paralysis and transmission

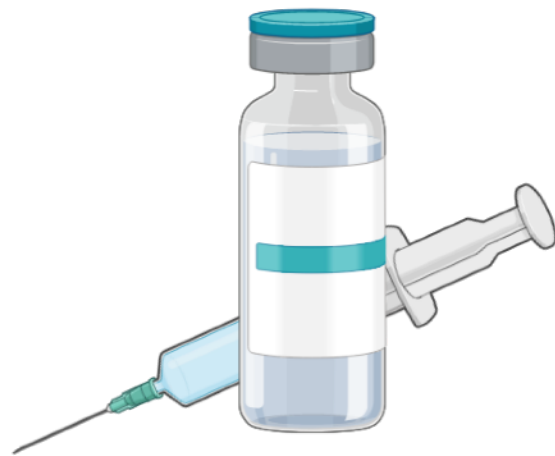
Attenuated virus mutates and causes paralysis, infectious disease in 1 out of 2.4 million cases.

Case Study: Polio Inactivated and Live Vaccines

Why is OPV used anywhere?

Case Study: Polio Inactivated and Live Vaccines

— *Inactivated poliovirus vaccine (IPV)* —



Cost per dose: \$2.74

Administration cost per dose: \$1.78

Total cost per dose: \$4.52

Protects individual

— *Oral Poliovirus Vaccines (OPVs)* —



Cost per dose: \$0.13

Administration cost per dose: \$0.95

Total cost per dose: \$1.08

Protects community

Socioeconomic factors play large role in vaccine usage, availability

Case Study: Polio Inactivated and Live Vaccines

Novel Oral Poliovirus Vaccines (nOPVs)



Novel gene editing and analysis enabled next generation vaccines

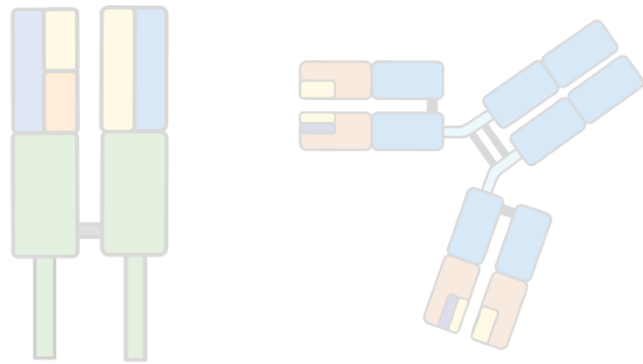
Approved in March 2021, over one billion doses administered

Used in controlling vaccine derived polio outbreaks

Adaptive Immune System

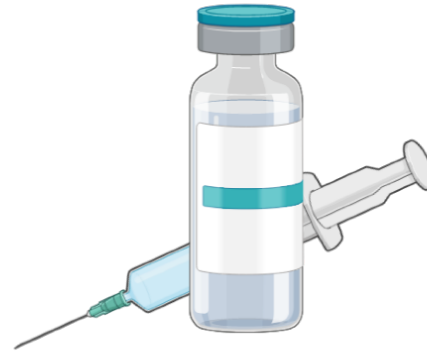
Enabling aspects and failures of adaptive immunity

Ultra-specific targeting



*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases

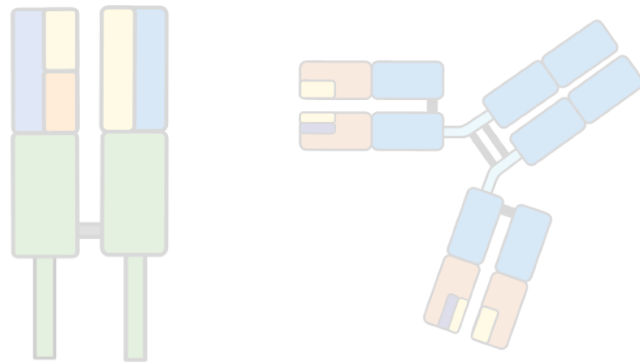


*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

Adaptive Immune System

Enabling aspects and failures of adaptive immunity

Ultra-specific targeting



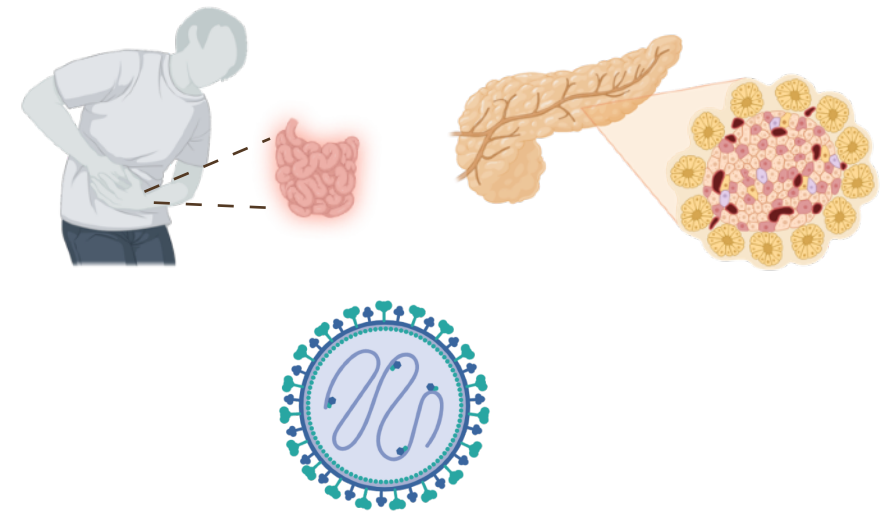
*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases

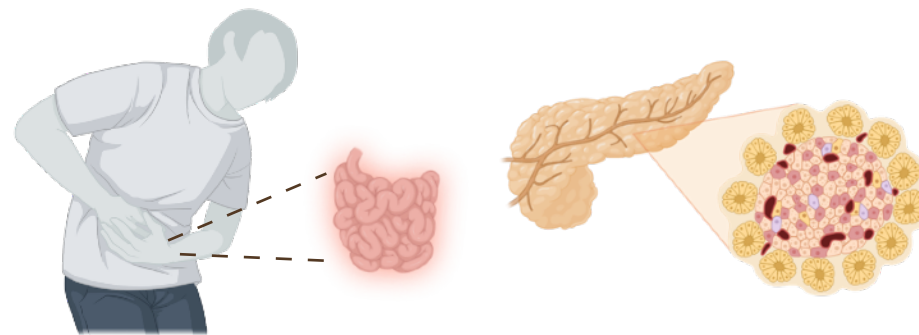


*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

—— Autoimmune diseases ——



Celiac

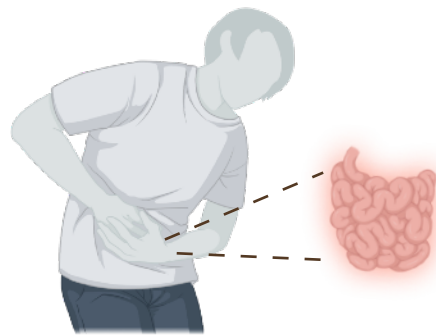
Type 1 Diabetes

*Immune cells recognize and
target self antigens*

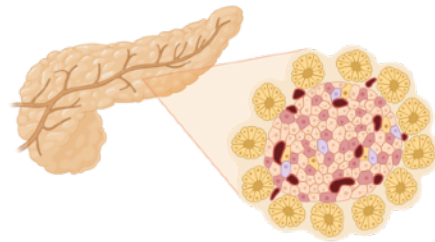
Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

—— Autoimmune diseases ——



Celiac



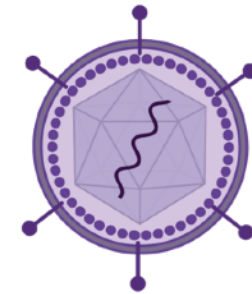
Type 1 Diabetes

Immune cells recognize and target self antigens

—— Pathogens of immune cells ——



Measles



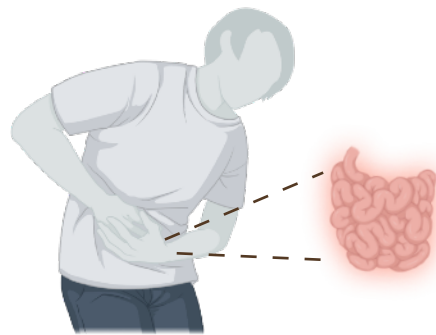
HIV

Pathogens evolved to target immune cells and evade neutralization

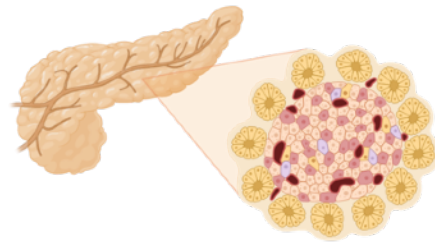
Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

—— Autoimmune diseases ——



Celiac



Type 1 Diabetes

*Immune cells recognize and
target self antigens*

—— Pathogens of immune cells ——



Measles



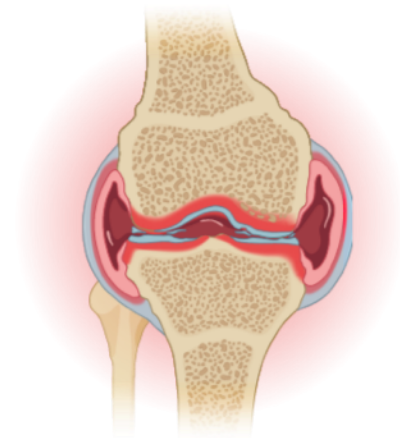
HIV

*Pathogens evolved to target immune
cells and evade neutralization*

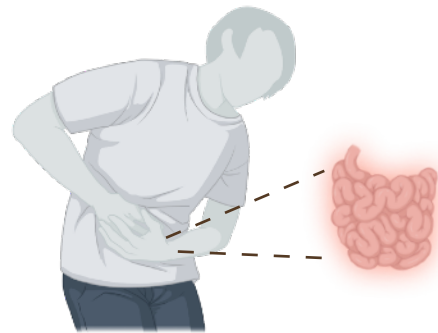
Autoimmune Diseases

Dysfunction of the adaptive immune system

Rheumatoid Arthritis



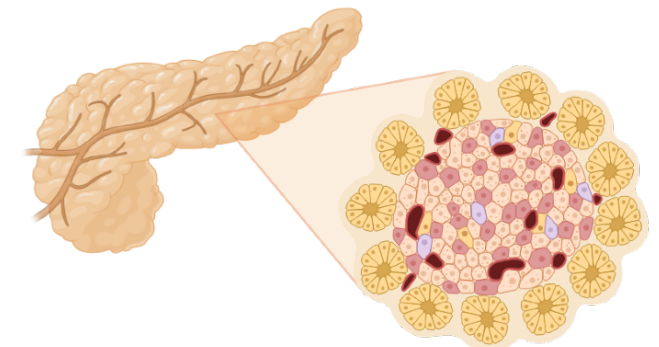
Celiac Disease



Multiple Sclerosis



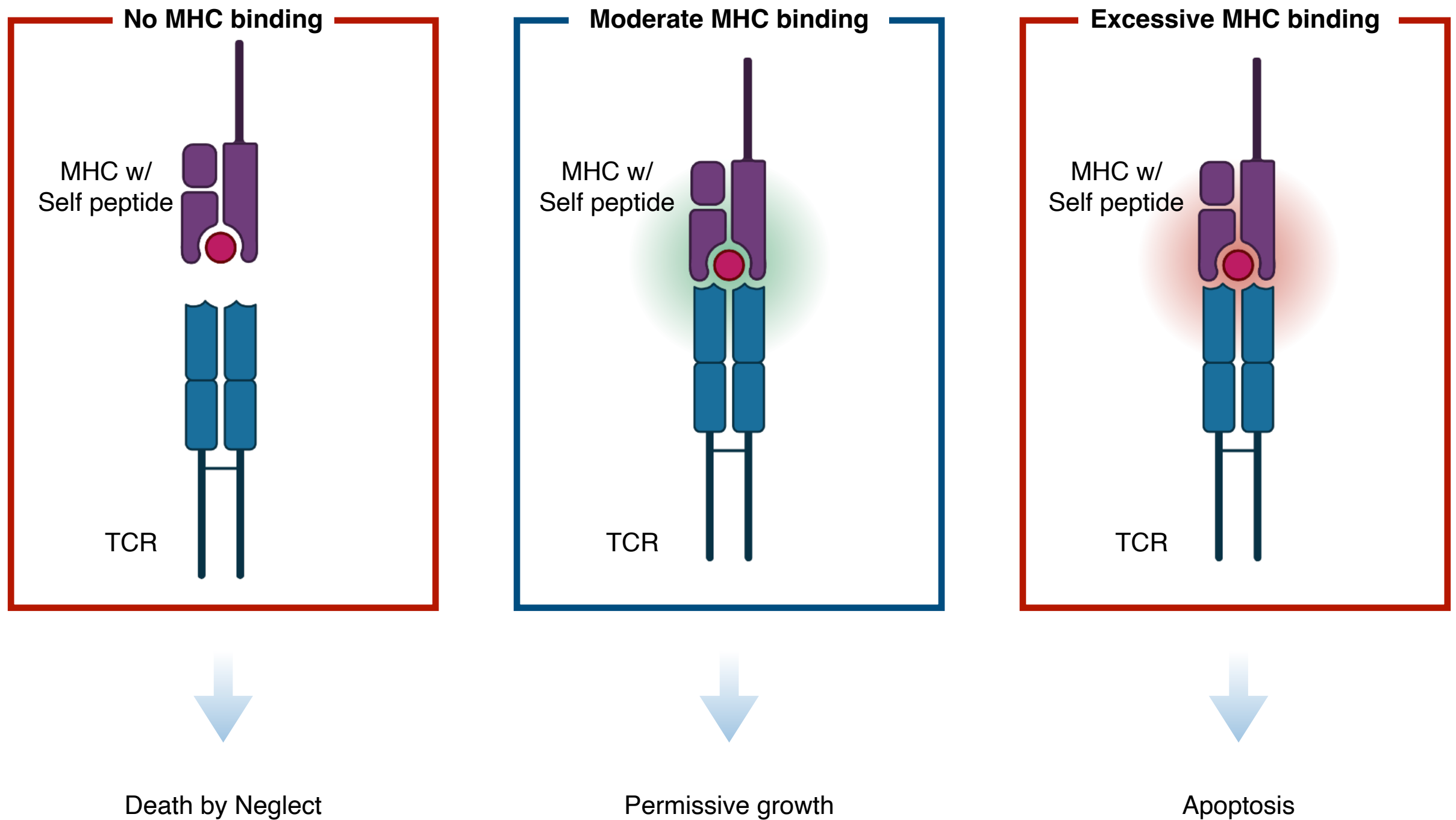
Type 1 Diabetes



Wide variety of autoimmune diseases resulting from immune targeting of distinct tissues, organs, or non-specific self proteins

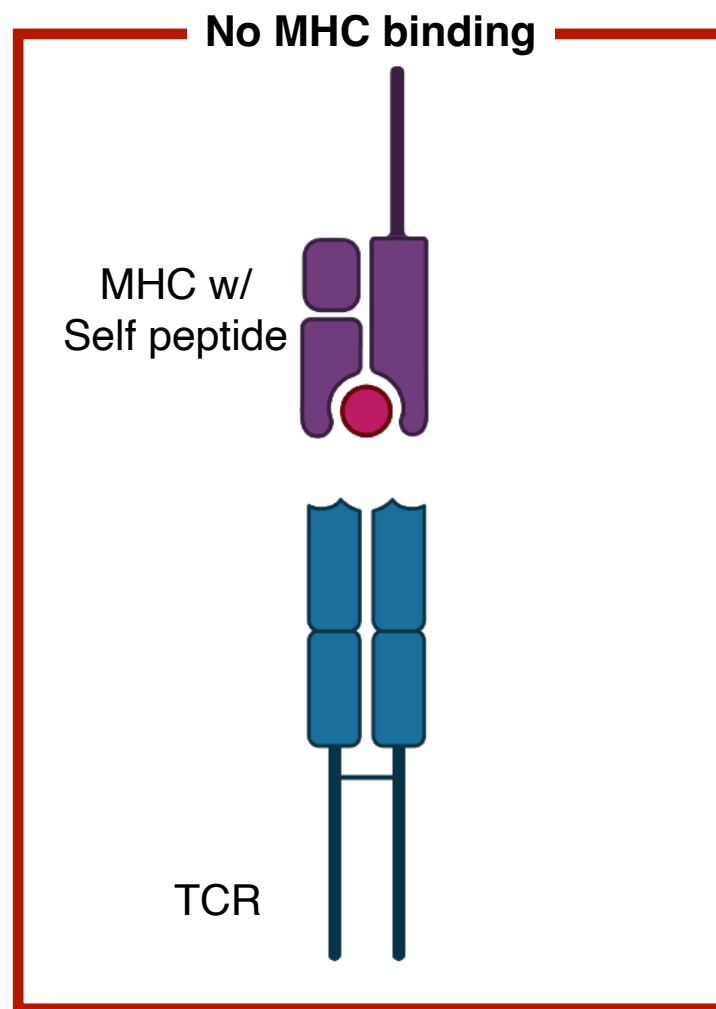
Autoimmune Diseases

Dysfunction of the adaptive immune system

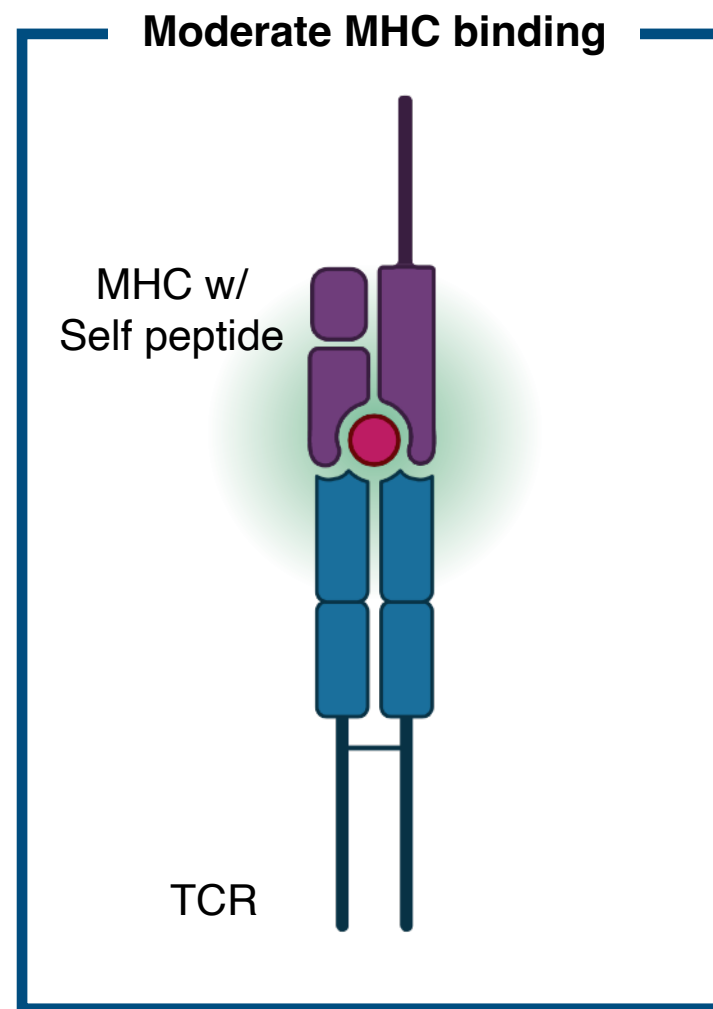


Autoimmune Diseases

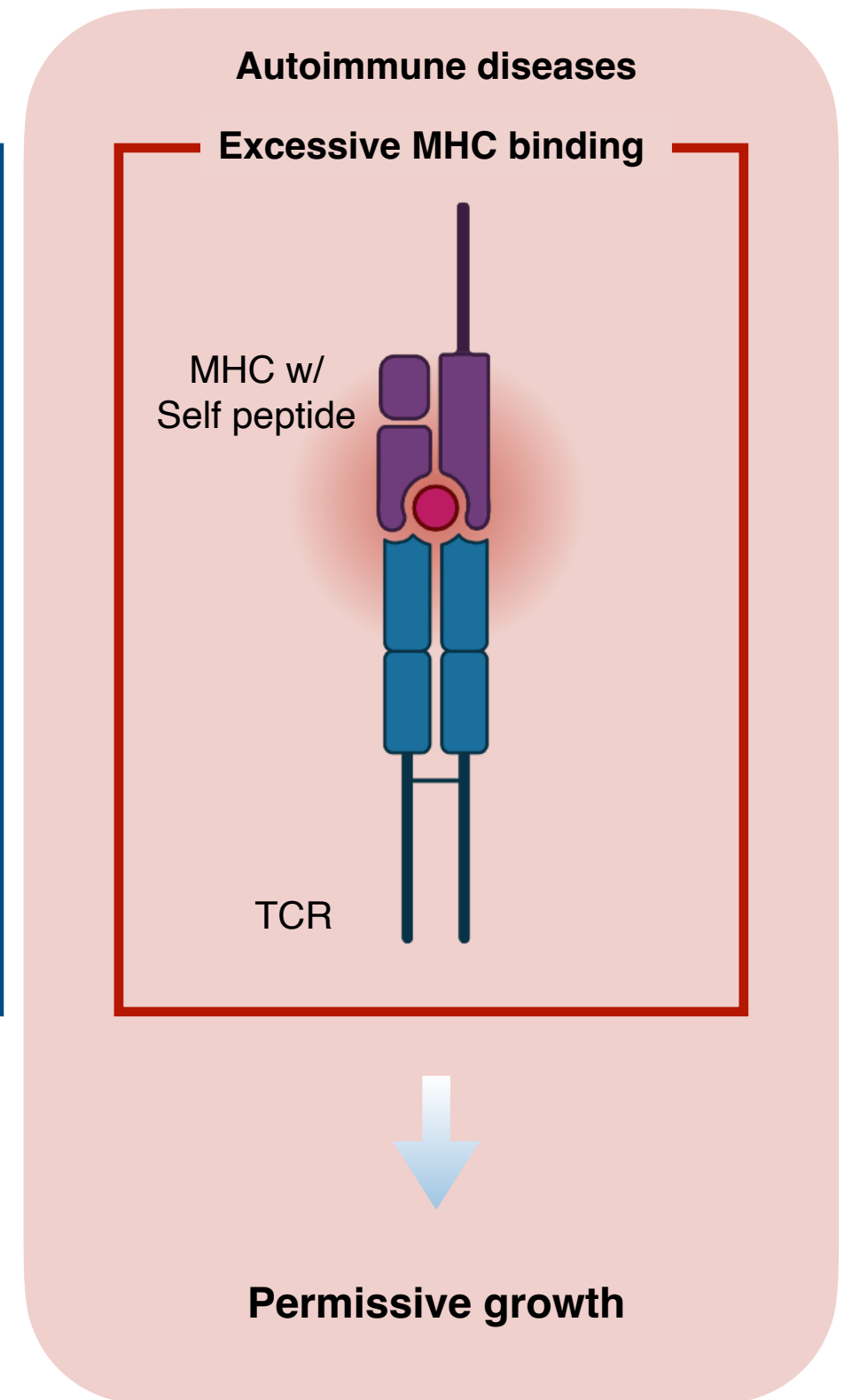
Dysfunction of the adaptive immune system



Death by Neglect

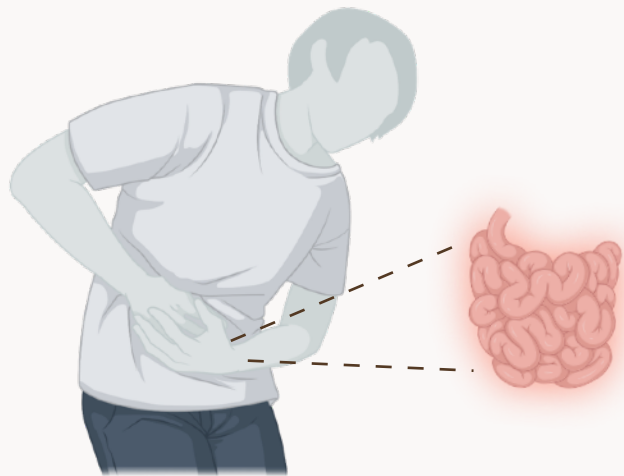


Permissive growth



Celiac Disease

Dysfunction of the adaptive immune system

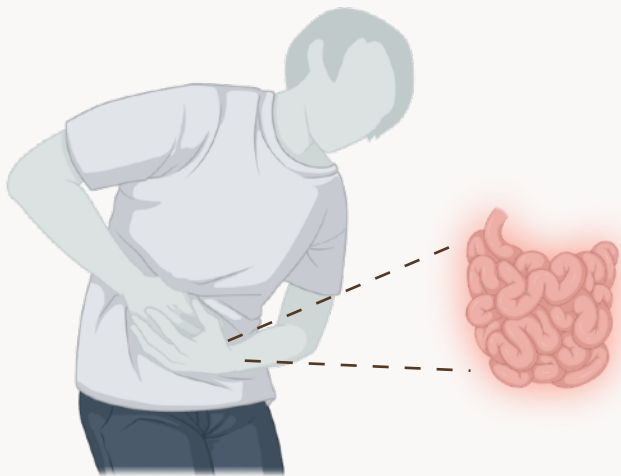


Celiac Disease

- *Autoimmune disease in small intestine*
 - *Affects 1% of world populations*
- *Results in malabsorption of nutrients and vitamins, as well as anemia, osteoporosis, infertility, cancer, etc.*

Celiac Disease

Dysfunction of the adaptive immune system

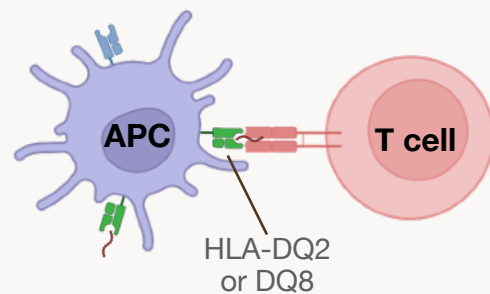


Celiac Disease

- Autoimmune disease in small intestine
- Affects 1% of world populations
- Results in malabsorption of nutrients and vitamins, as well as anemia, osteoporosis, infertility, cancer, etc.

Genetic Predisposition

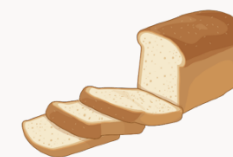
- HLA-DQ2 or/and HLA-DQ8+ at MHC on antigen-presenting cells



+

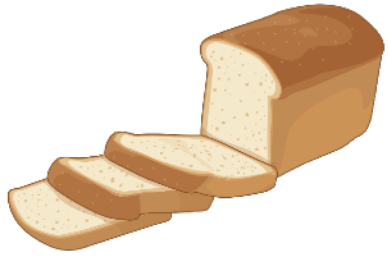
Environmental Factors

- Intake of indigestible gluten, such as wheat, barley, rye, etc.



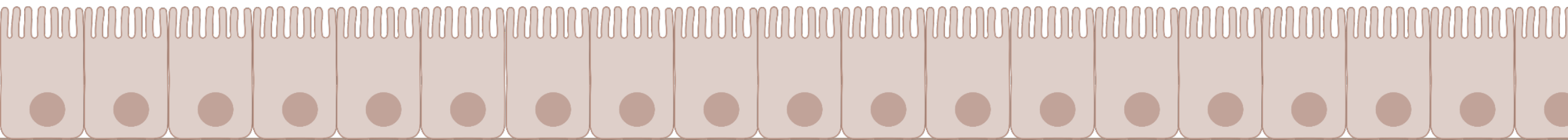
Celiac Disease

Dysfunction of the adaptive immune system



Gluten-containing food

***Small intestinal
lumen***

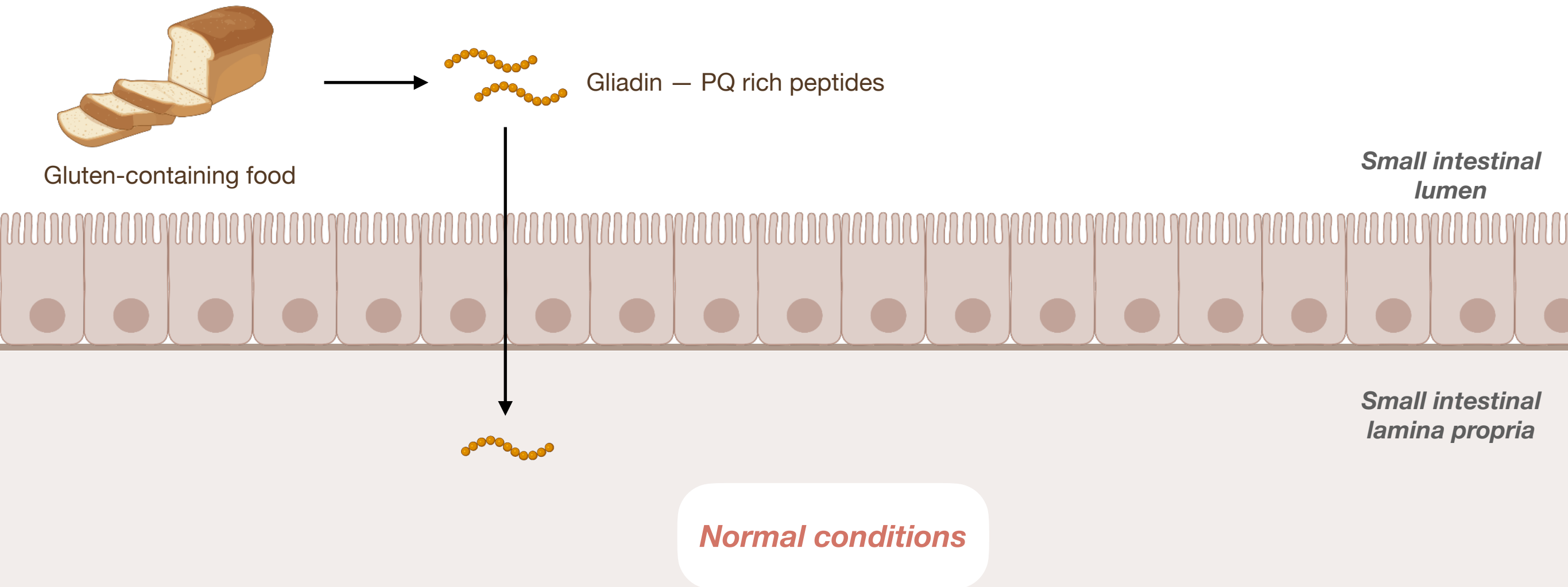


***Small intestinal
lamina propria***

Normal conditions

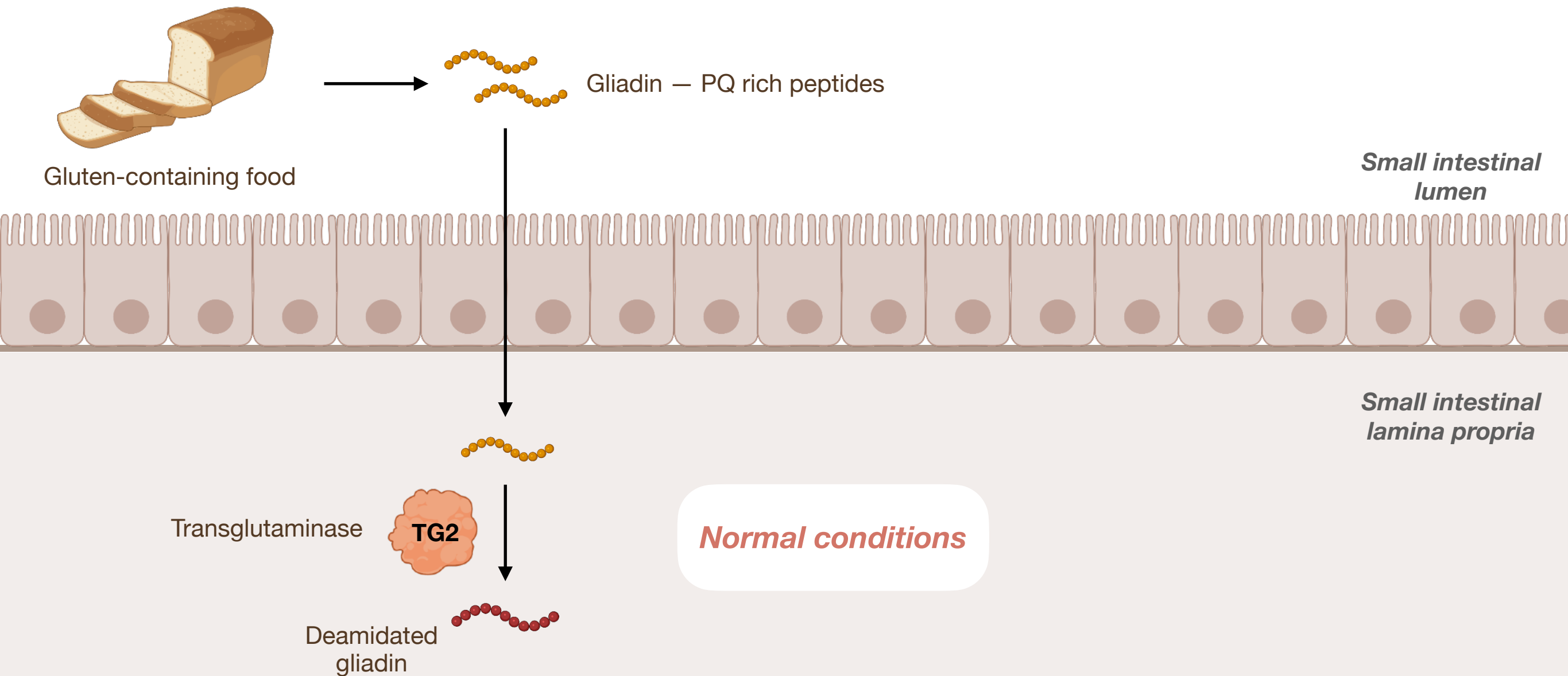
Celiac Disease

Dysfunction of the adaptive immune system



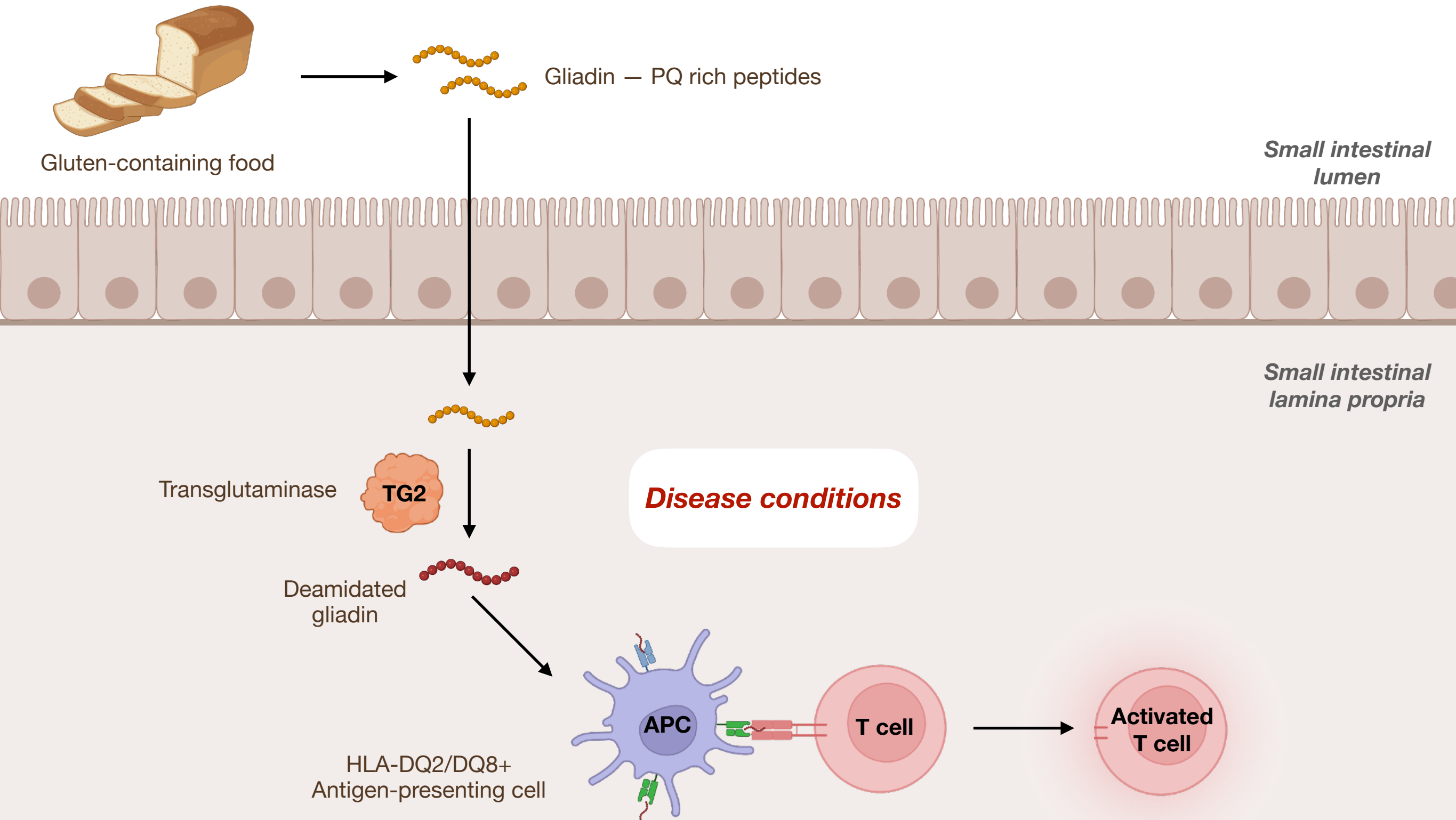
Celiac Disease

Dysfunction of the adaptive immune system



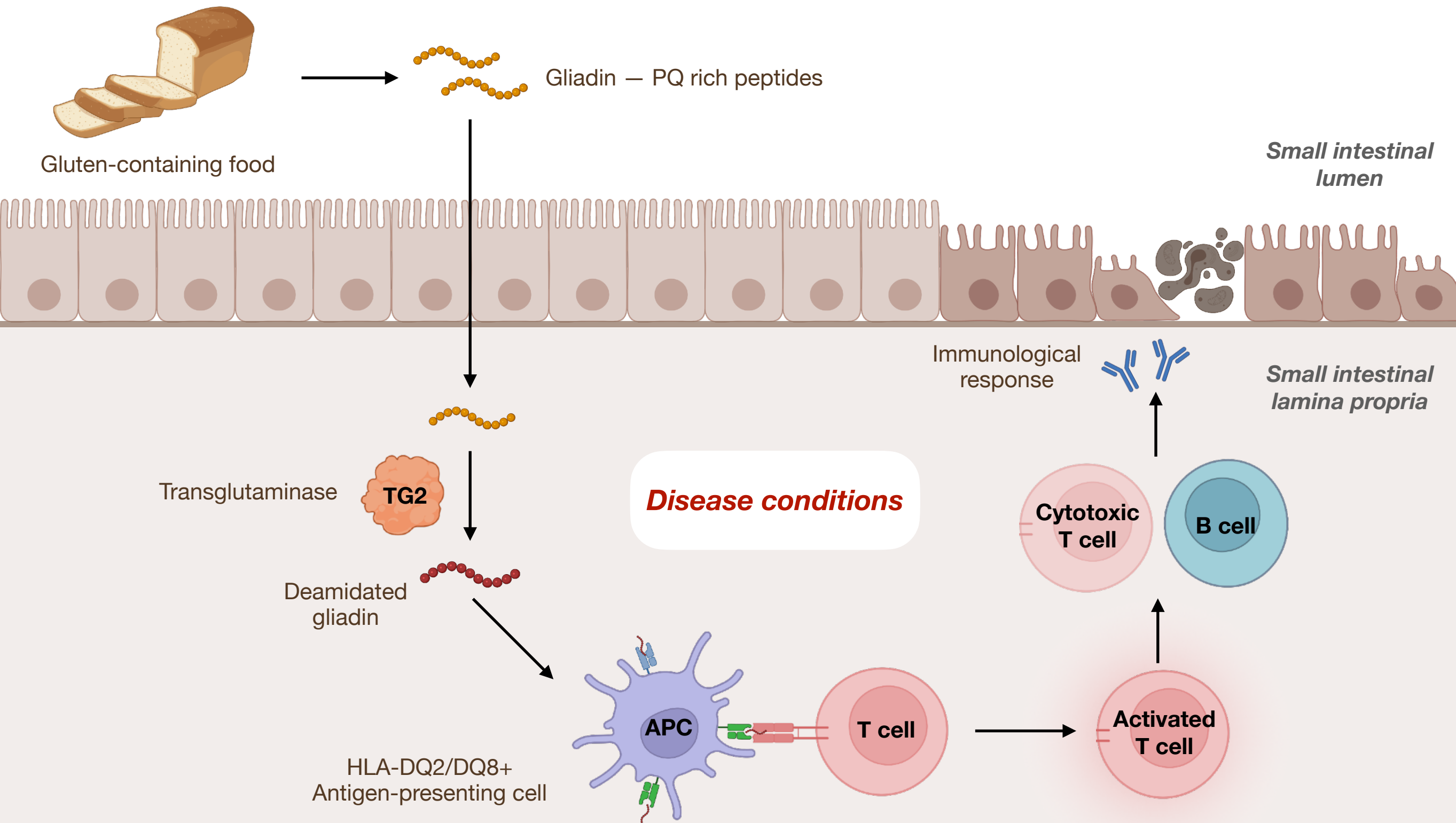
Celiac Disease

Dysfunction of the adaptive immune system



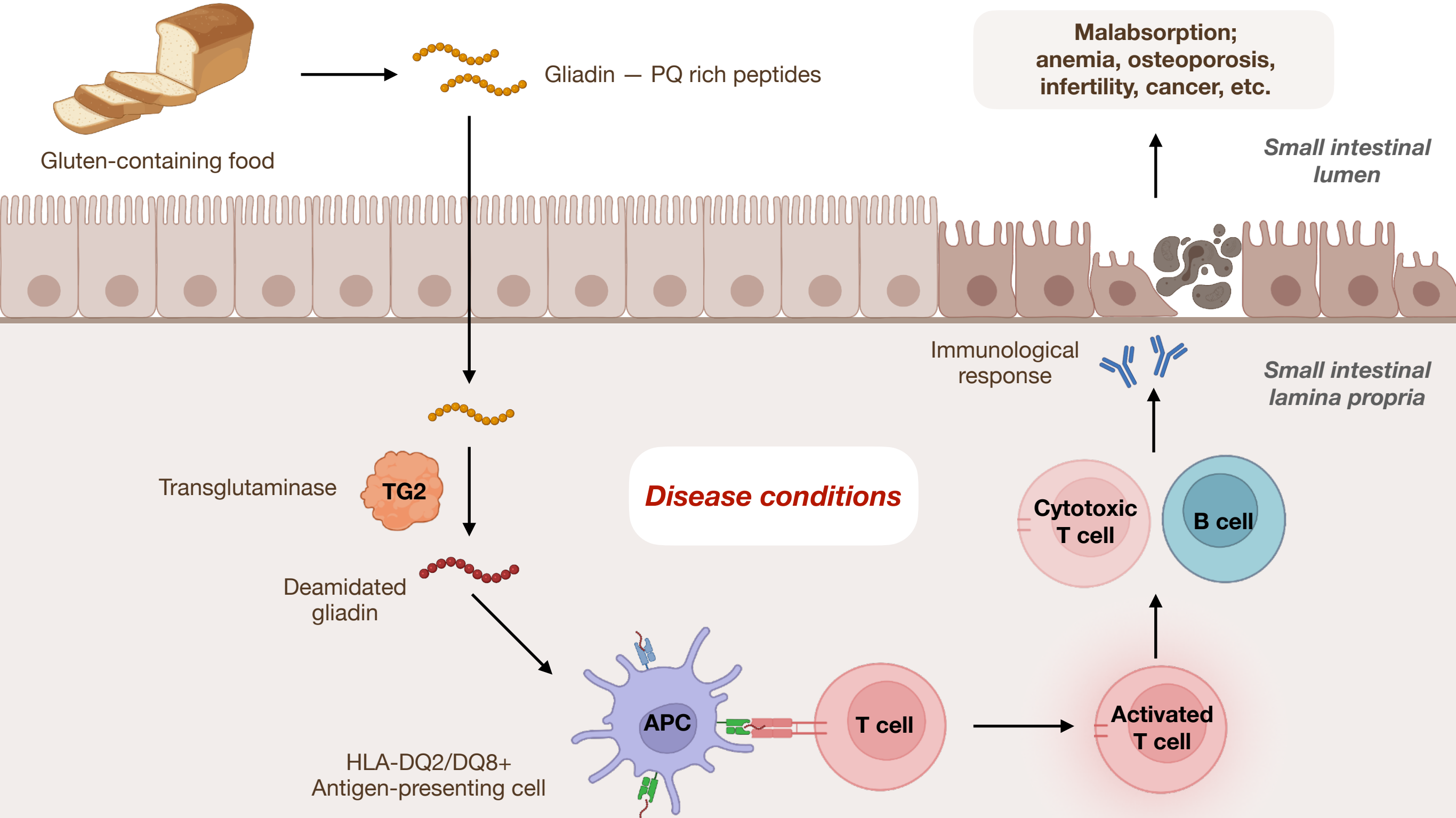
Celiac Disease

Dysfunction of the adaptive immune system



Celiac Disease

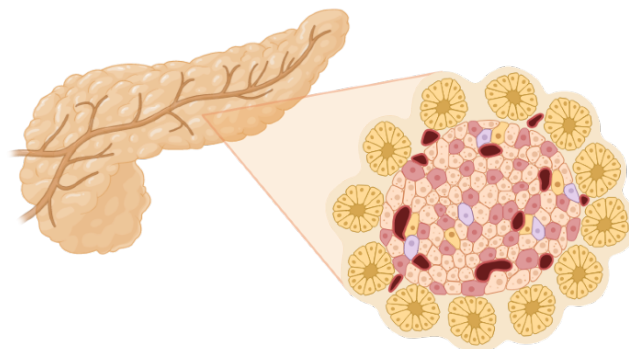
Dysfunction of the adaptive immune system



Type 1 Diabetes

Dysfunction of the adaptive immune system

Type 1 Diabetes



Autoimmune disease of the pancreas

THE GLOBAL BURDEN OF TYPE 1 DIABETES



9 million
children and adults
have type 1 diabetes

1,476,000
children have type 1 diabetes

38% of all newly diagnosed
type 1 diabetes patients
are children under 20



175,000 Deaths
per year due to T1D.
Rising +3% per year.



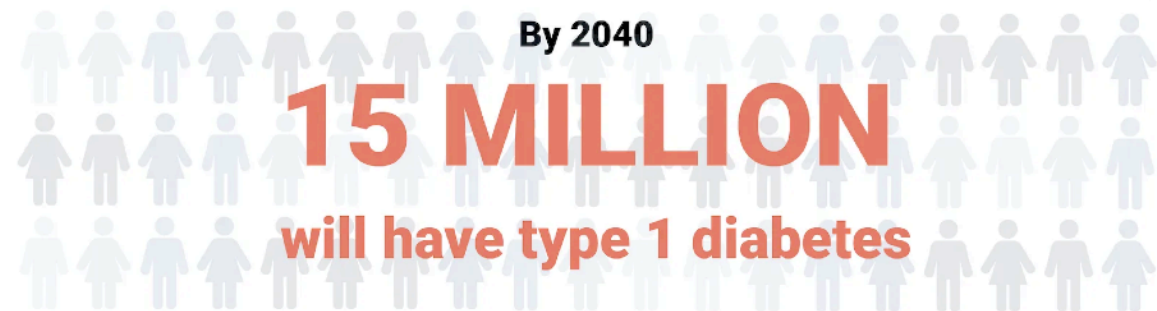
\$81 BILLION
is spent on type 1
diabetes globally per
year (3.5x more
than 2008)

The cost of care
has skyrocketed **+686%**



By 2040

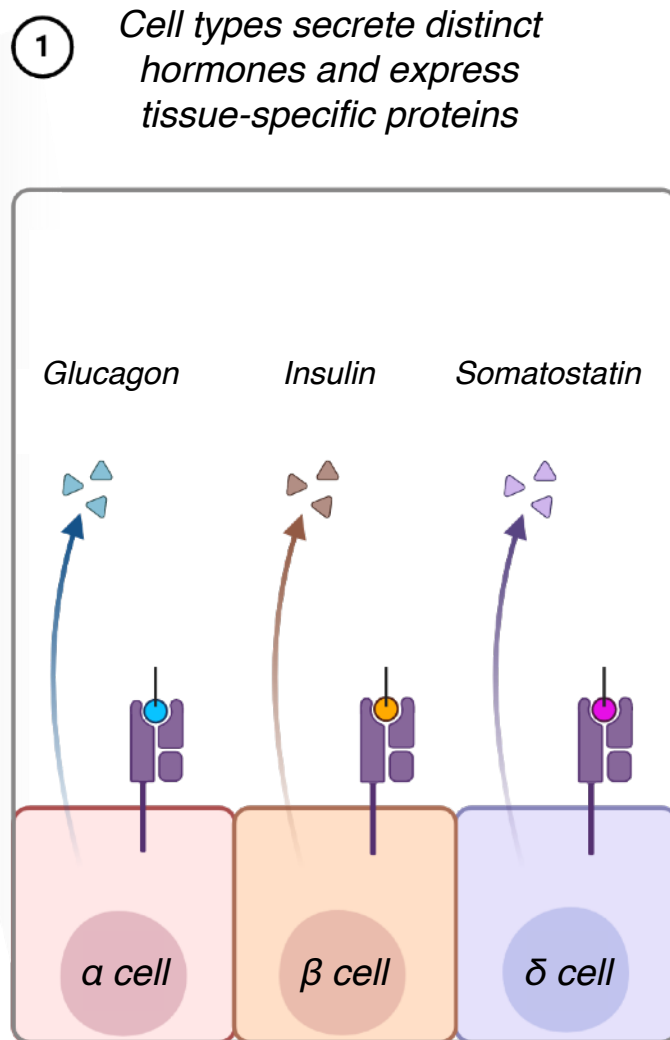
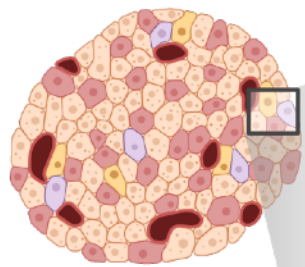
15 MILLION
will have type 1 diabetes



Type 1 Diabetes

Dysfunction of the adaptive immune system

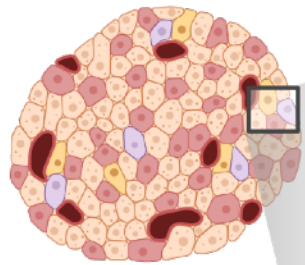
Islets of Langerhans in the pancreas



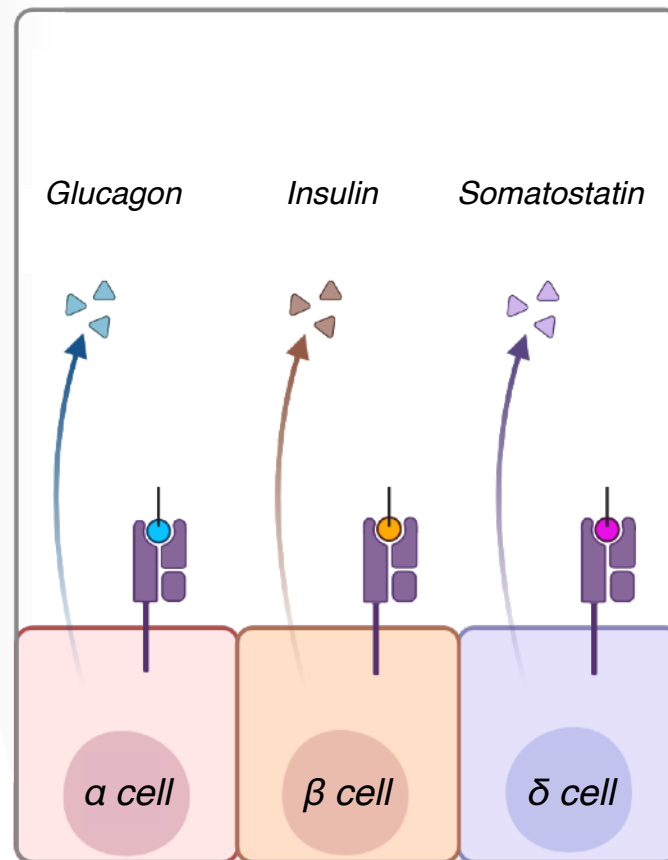
Type 1 Diabetes

Dysfunction of the adaptive immune system

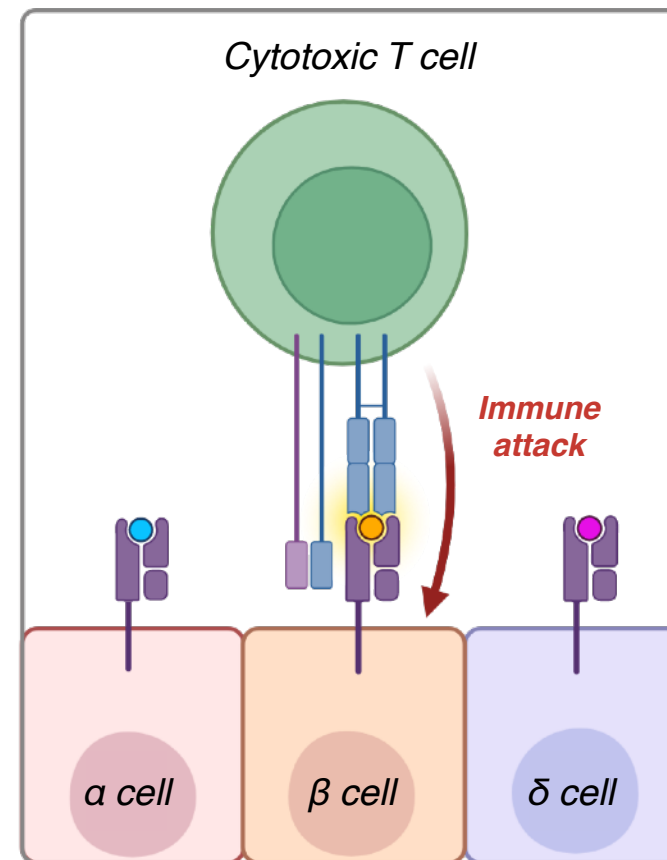
Islets of Langerhans in the pancreas



① Cell types secrete distinct hormones and express tissue-specific proteins



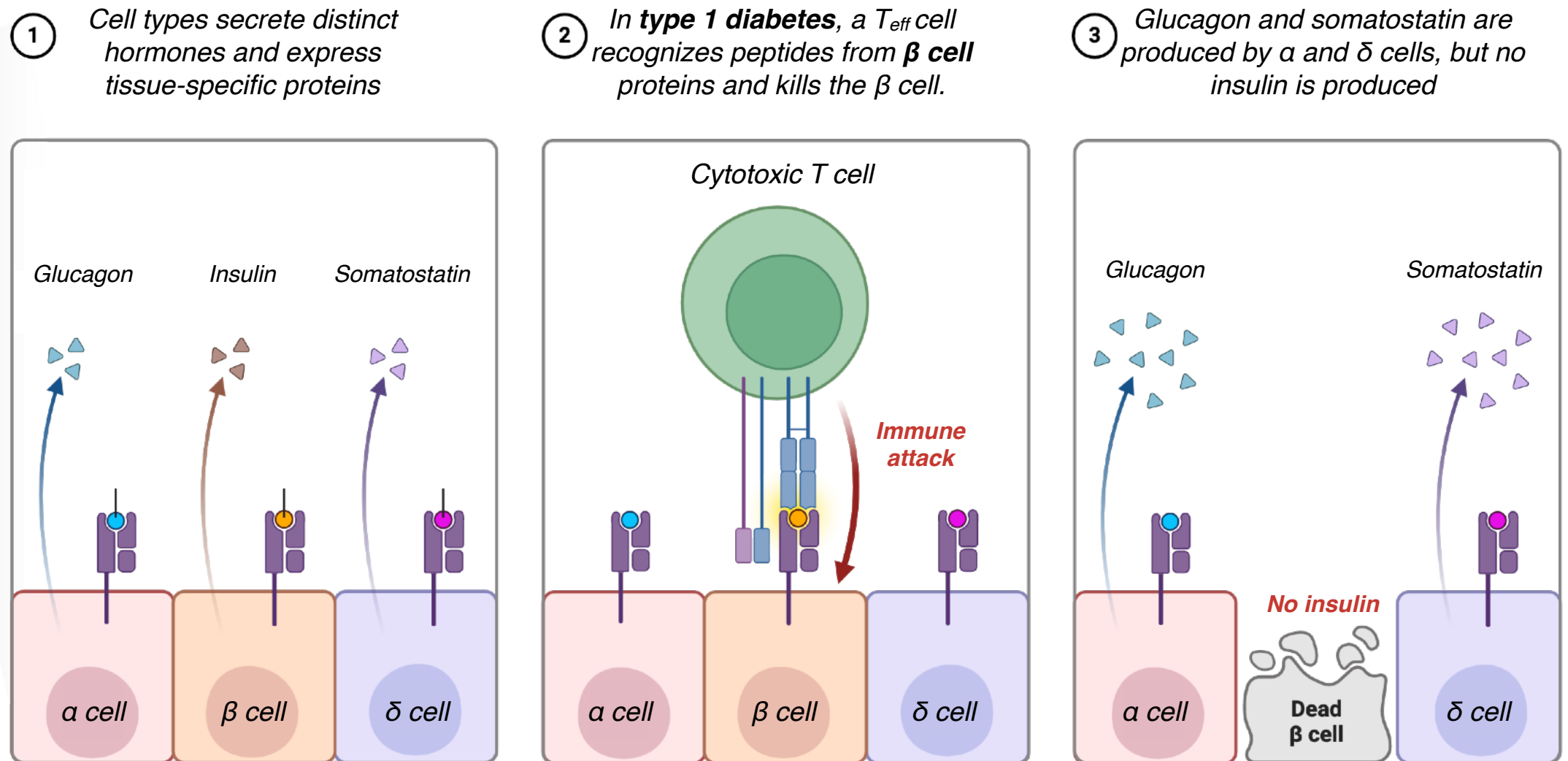
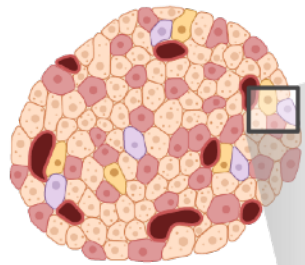
② In **type 1 diabetes**, a T_{eff} cell recognizes peptides from β cell proteins and kills the β cell.



Type 1 Diabetes

Dysfunction of the adaptive immune system

Islets of Langerhans in the pancreas



Treatments for Autoimmune Diseases

Dysfunction of the adaptive immune system

Physical Therapy



For rheumatoid arthritis

Surgery



For Crohn's disease

Medication



*Analgesics, anti-inflammatory,
Corticosteroids*

Hormone replacement



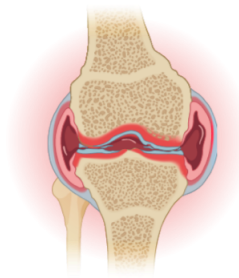
Insulin for diabetes

***A variety of treatments exist, but no cures, indicating
need for further research into adaptive immunity***

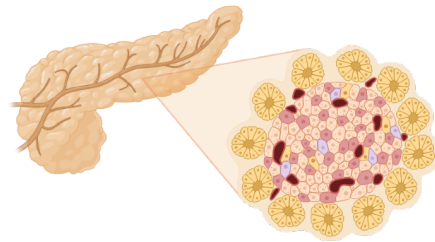
Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

Autoimmune diseases



Arthritis



Type 1 Diabetes

Immune cells recognize and target self antigens

Pathogens of immune cells



Measles



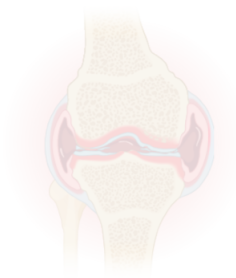
HIV

Pathogens evolved to target immune cells and evade neutralization

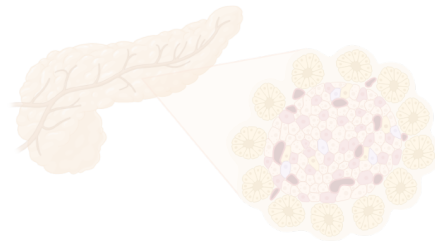
Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

Autoimmune diseases



Arthritis



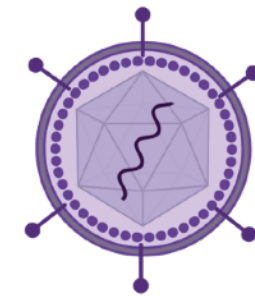
Type 1 Diabetes

Immune cells recognize and target self antigens

Pathogens of immune cells



Measles



HIV

Pathogens evolved to target immune cells and evade neutralization

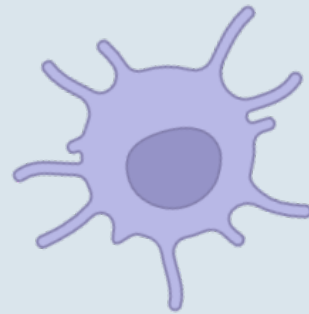
Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

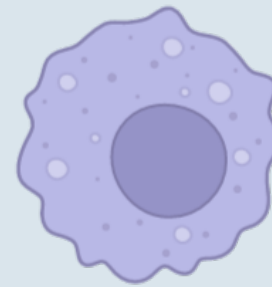
Measles



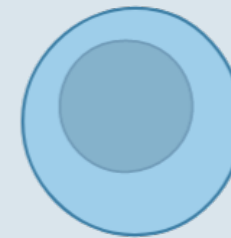
Targets CD150 surface marker



Dendritic cell



Macrophage

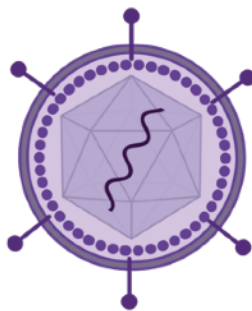


B cell

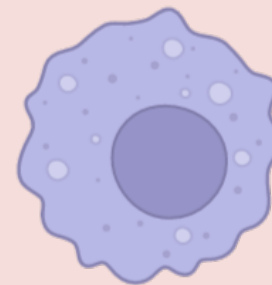


T cell

HIV



Targets CD4, CCR5 surface markers



Macrophage



CD4+ T cell

Adaptive Immune Diseases

Failures and pathogens of adaptive immune cells

Measles



Extremely transmissible

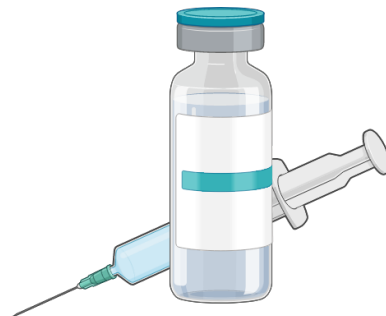
90% of exposed unvaccinated people develop disease

3% of patients die or experience brain damage

Many severe effects occur after recovery from measles

97% Effective Vaccine

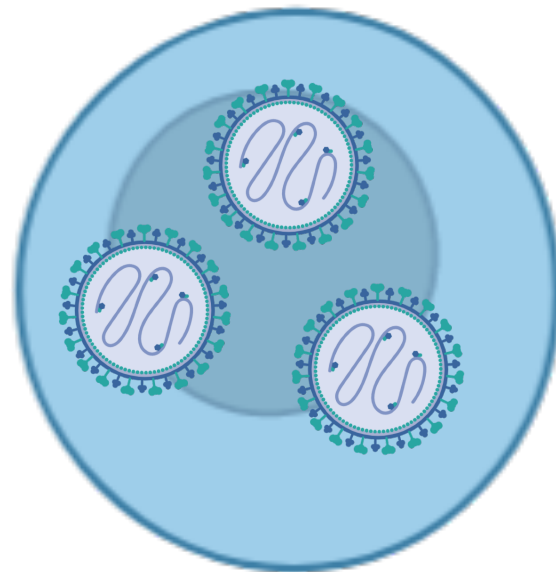
No treatment



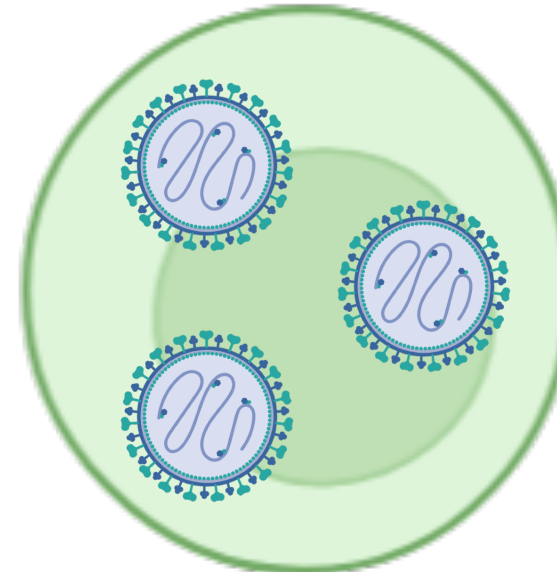
Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells

***Measles infected
memory B cell***

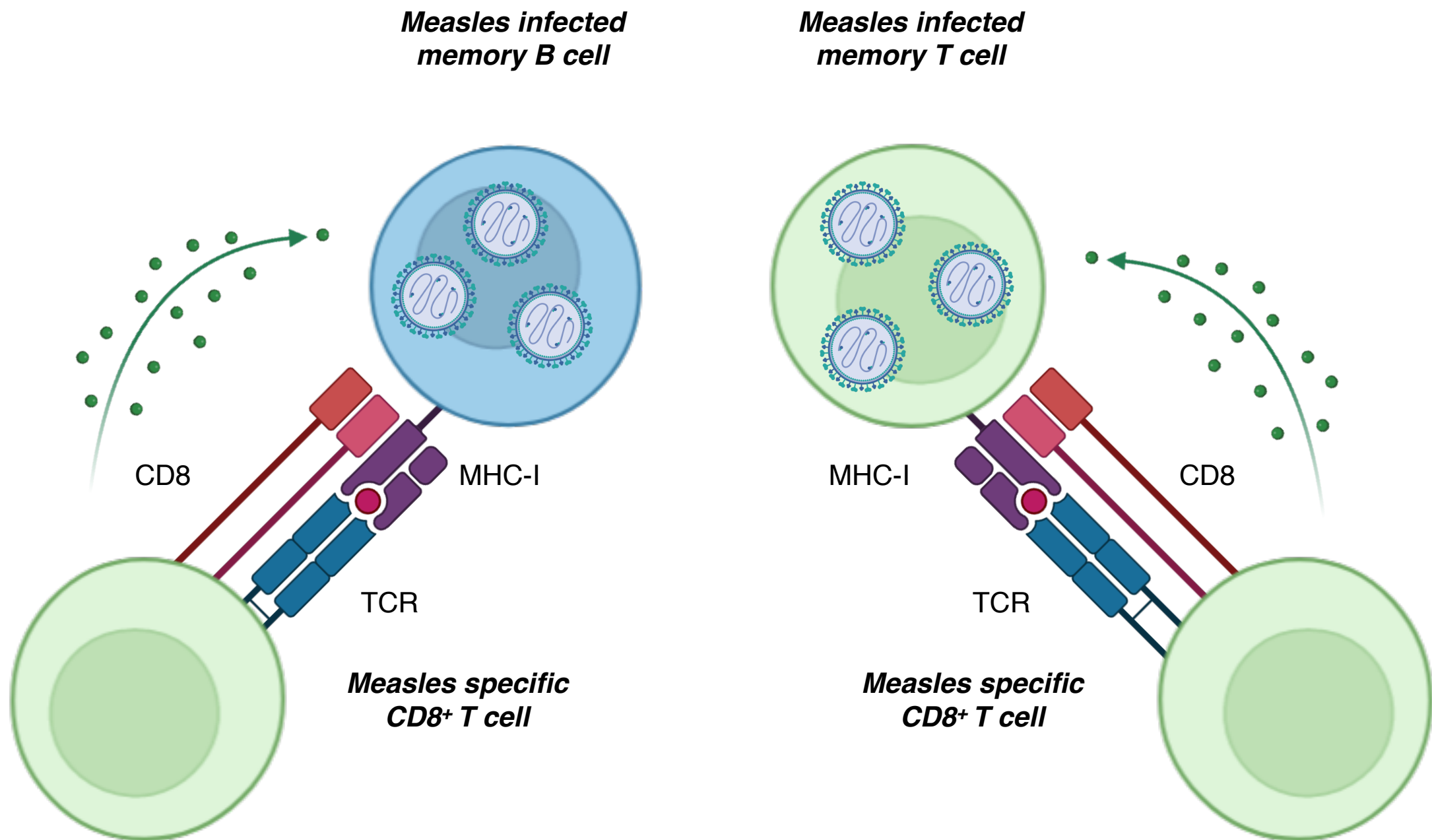


***Measles infected
memory T cell***



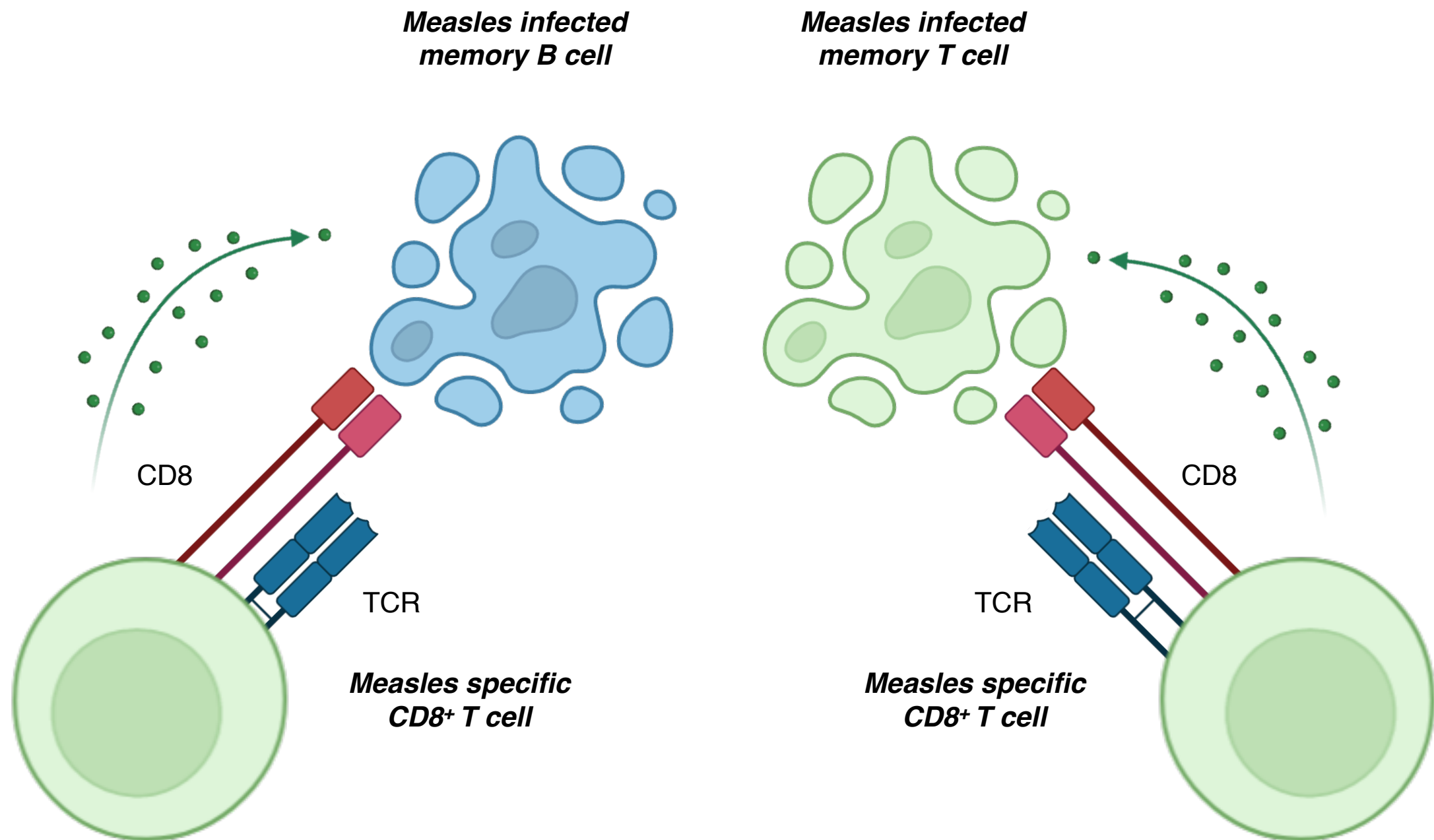
Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells



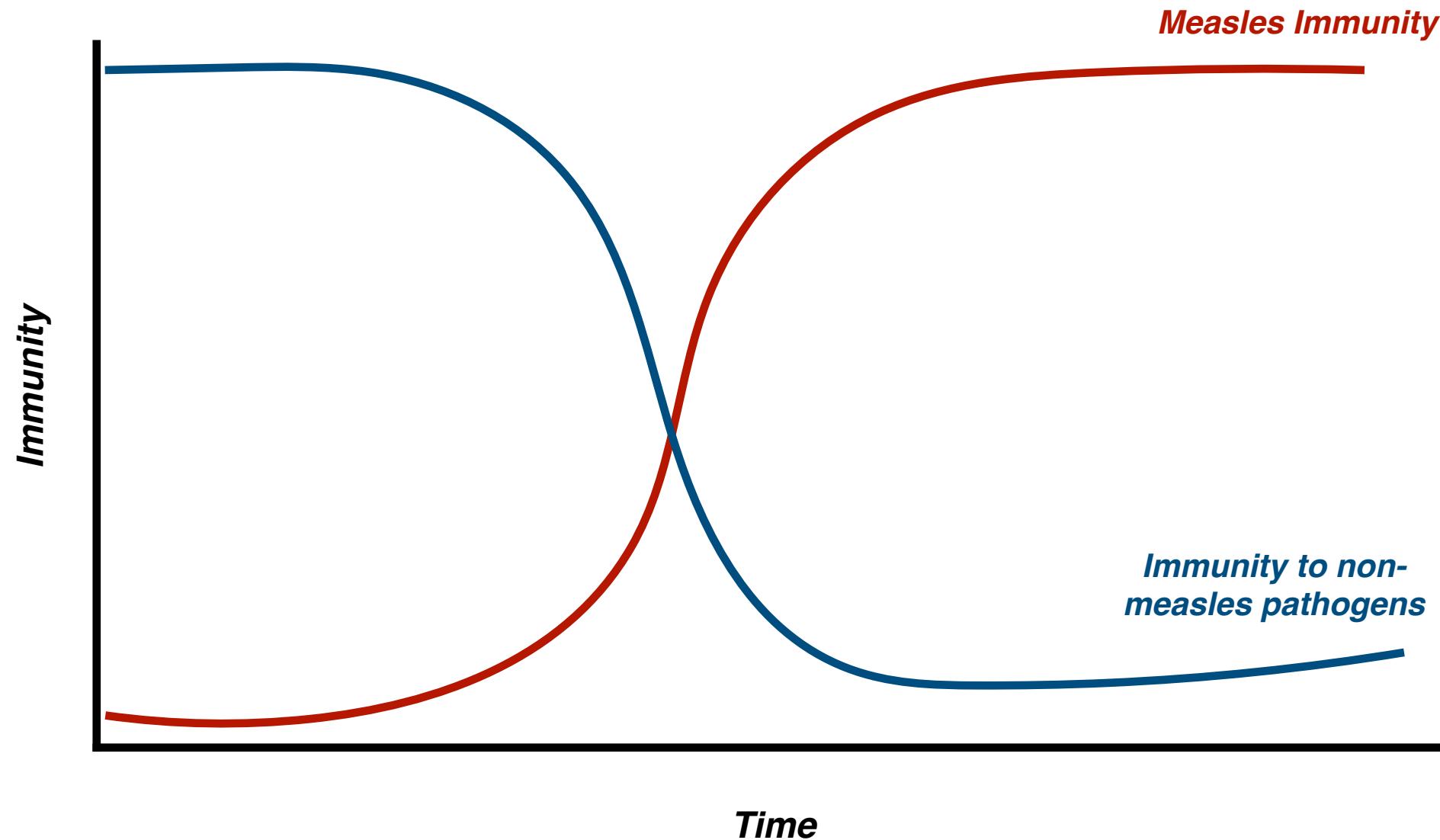
Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells



Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells



***Recovery from measles provides lifelong immunity to measles,
deteriorates immunity to all other pathogens***

Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells

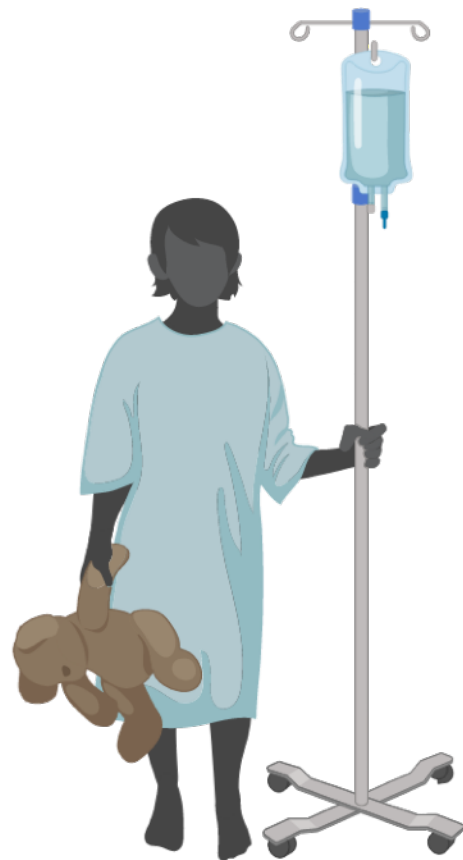
***Five years to recover healthy
levels of immunity***



Measles and Immune Amnesia

Failures and pathogens of adaptive immune cells

Five years to recover healthy levels of immunity



Repeated immunization

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

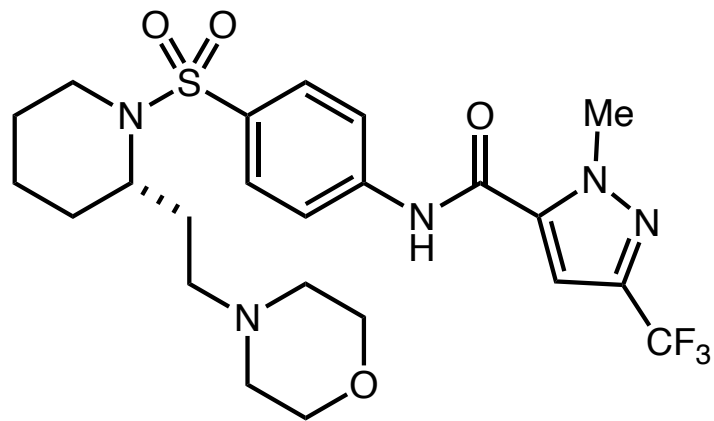
VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19–23 MONTHS	2–3 YEARS	4–6 YEARS
HepB Hepatitis B	HepB	HepB			HepB						
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
Hib* Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV	PCV					
IPV Polio			IPV	IPV	IPV	IPV					IPV
COVID-19** Coronavirus disease 2019					COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**
Flu* Influenza					Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*
MMR Measles, Mumps, & Rubella						MMR					MMR
Varicella Chickenpox						Varicella					Varicella
HepA* Hepatitis A						HepA*		HepA*			

Highlights necessity of measles vaccination in all communities

Measles and Immune Amnesia

Future therapies

Measles polymerase inhibitor



Benefits

*Can decrease immune amnesia,
other measles symptoms*

*Helps prevent lethal bacteria
superinfection*

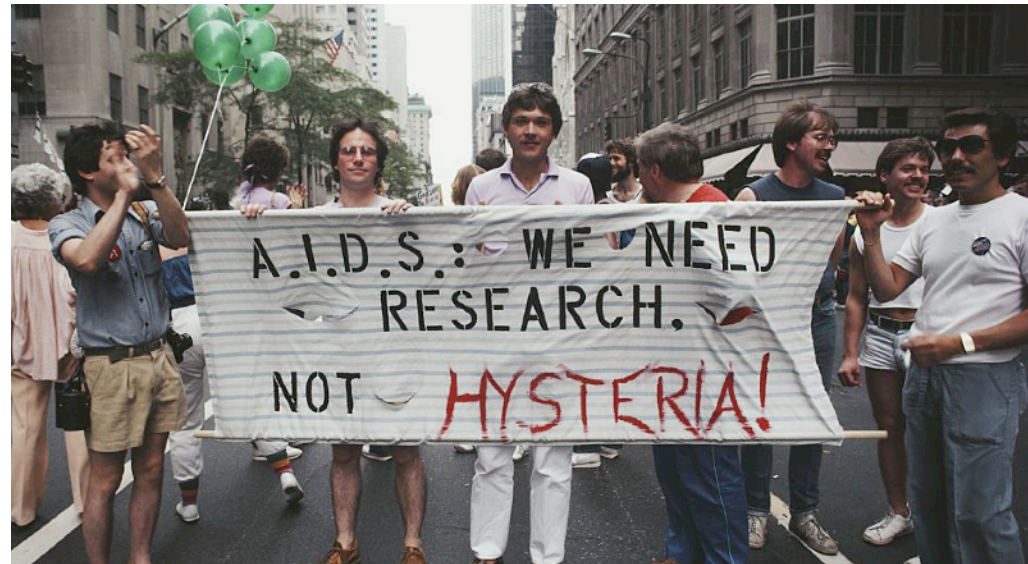
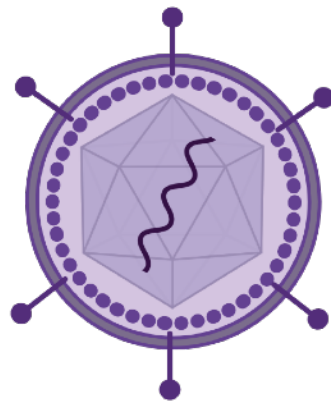
*Best applied before or at peak
viral titer*

Human Immunodeficiency Virus

Pathogenesis of HIV

***AIDS pandemic led to ~40 million deaths
over past four decades***

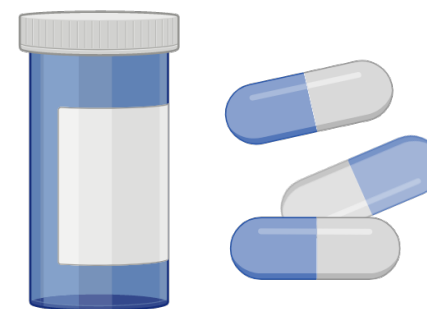
Human Immunodeficiency Virus



No vaccine available



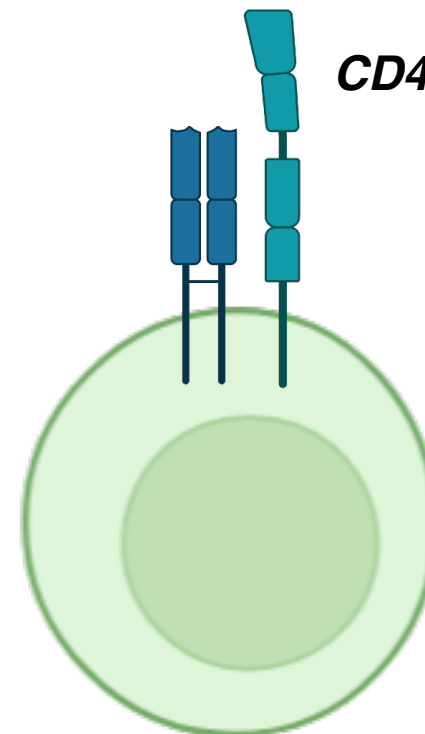
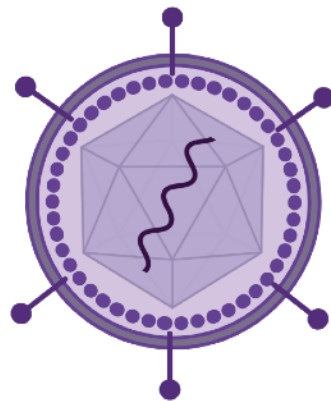
***Numerous antiretroviral
therapies***



Human Immunodeficiency Virus

Pathogenesis of HIV

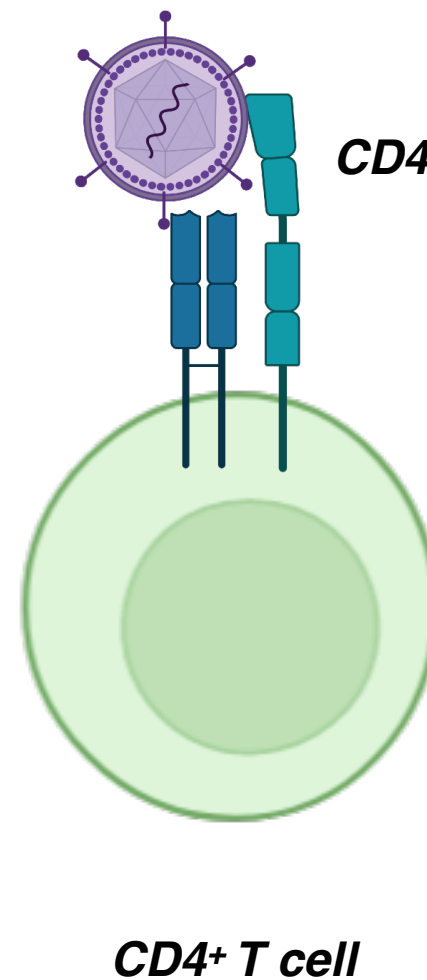
***Human
Immunodeficiency Virus***



CD4⁺ T cell

Human Immunodeficiency Virus

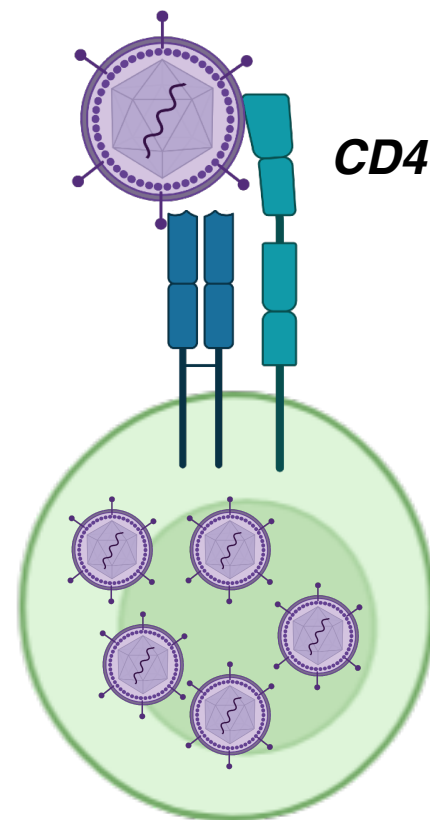
Pathogenesis of HIV



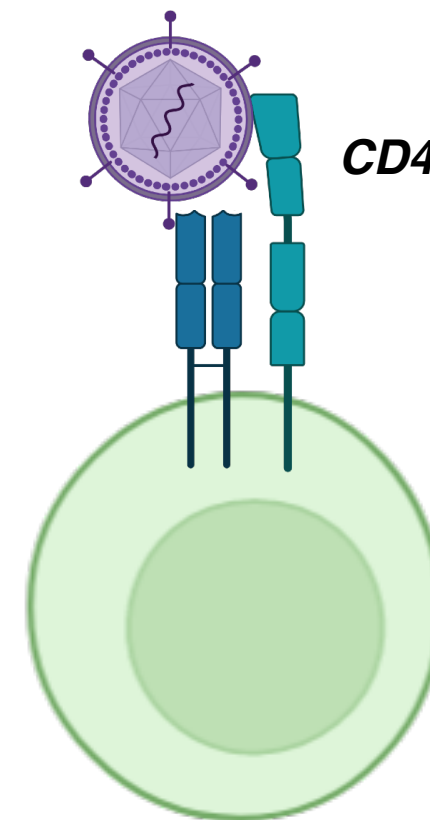
Binding of CD4 enables HIV entry into T cells

Human Immunodeficiency Virus

Pathogenesis of HIV



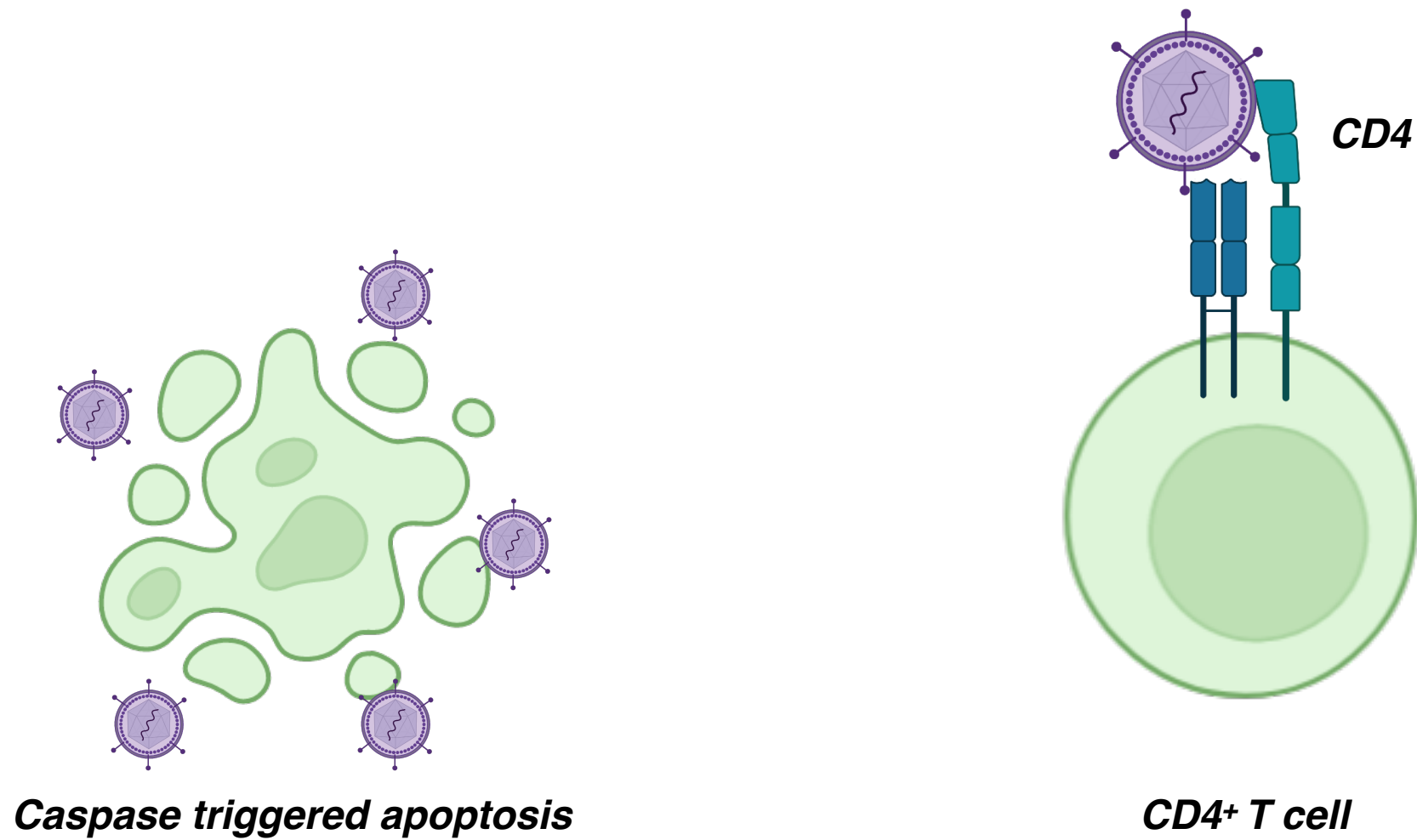
CD4⁺ T cell



CD4⁺ T cell

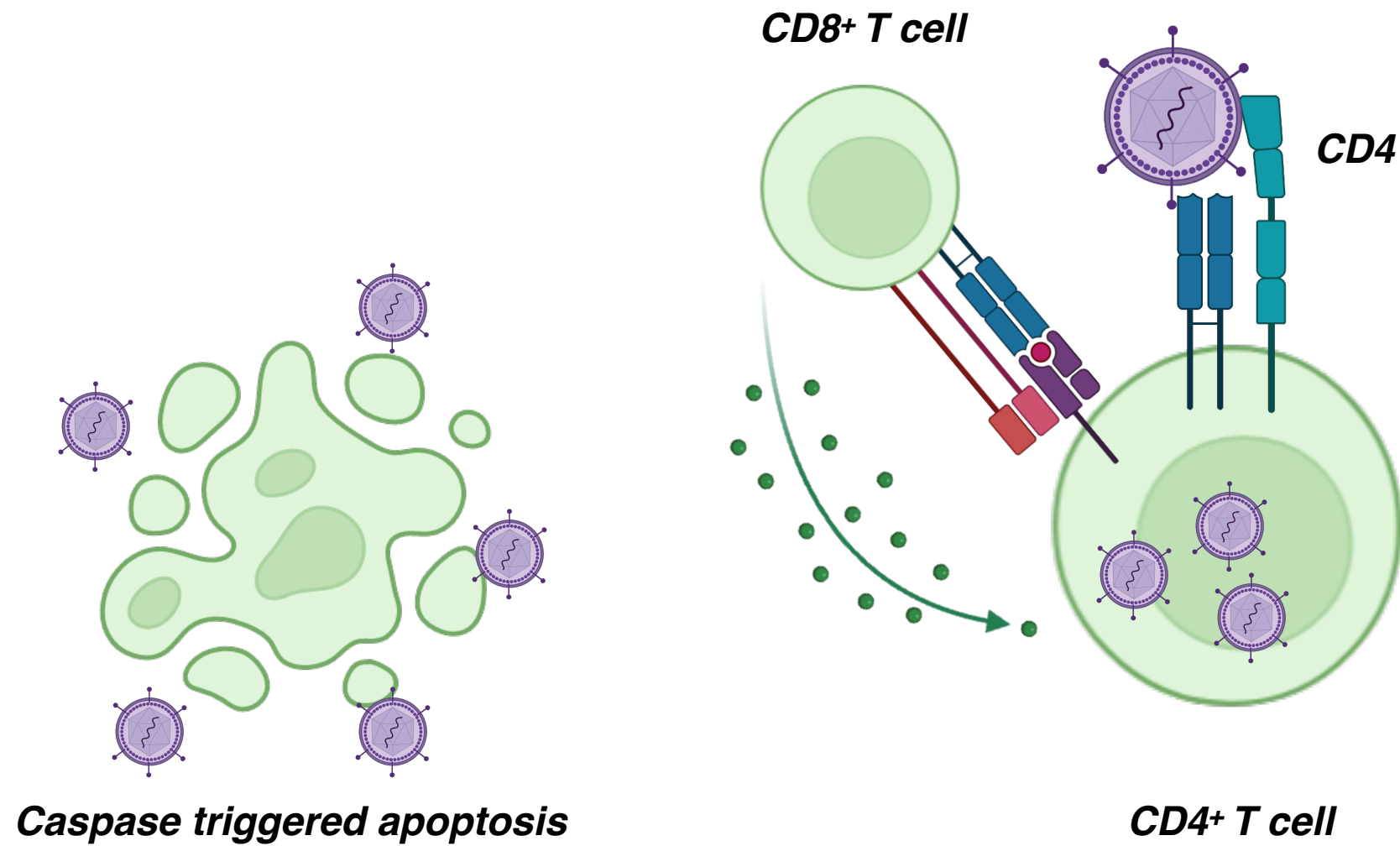
Human Immunodeficiency Virus

Pathogenesis of HIV



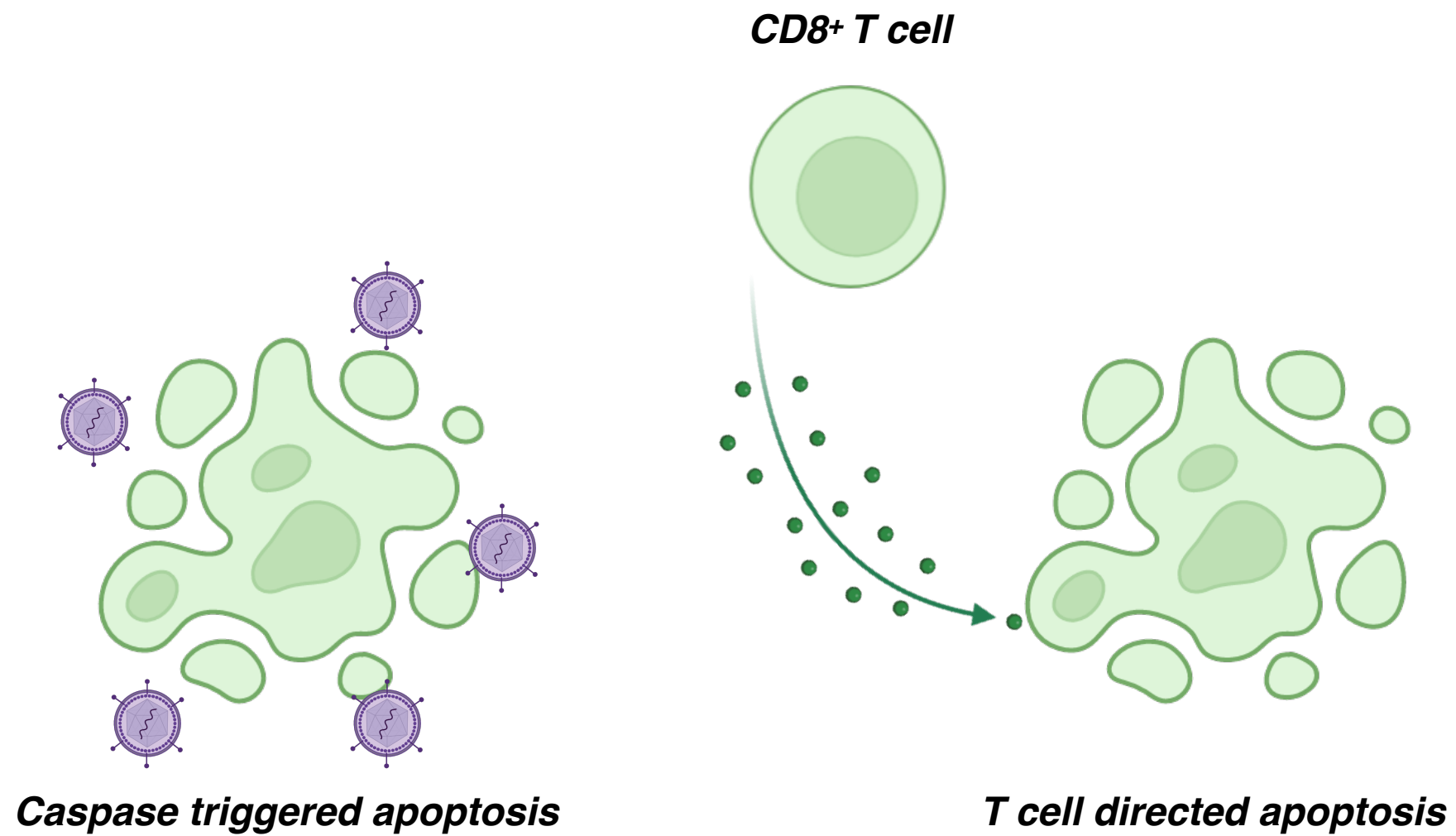
Human Immunodeficiency Virus

Pathogenesis of HIV



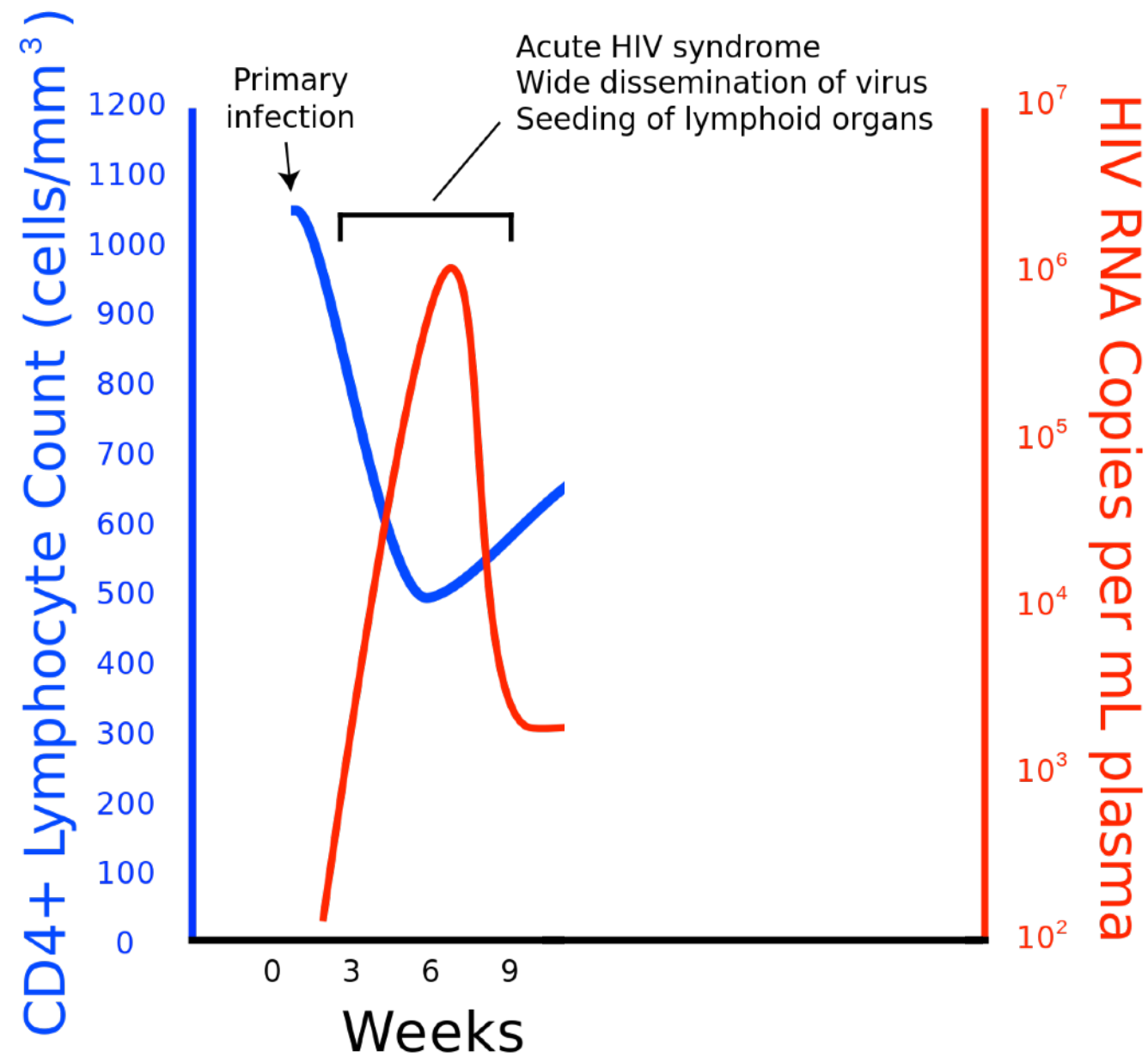
Human Immunodeficiency Virus

Pathogenesis of HIV



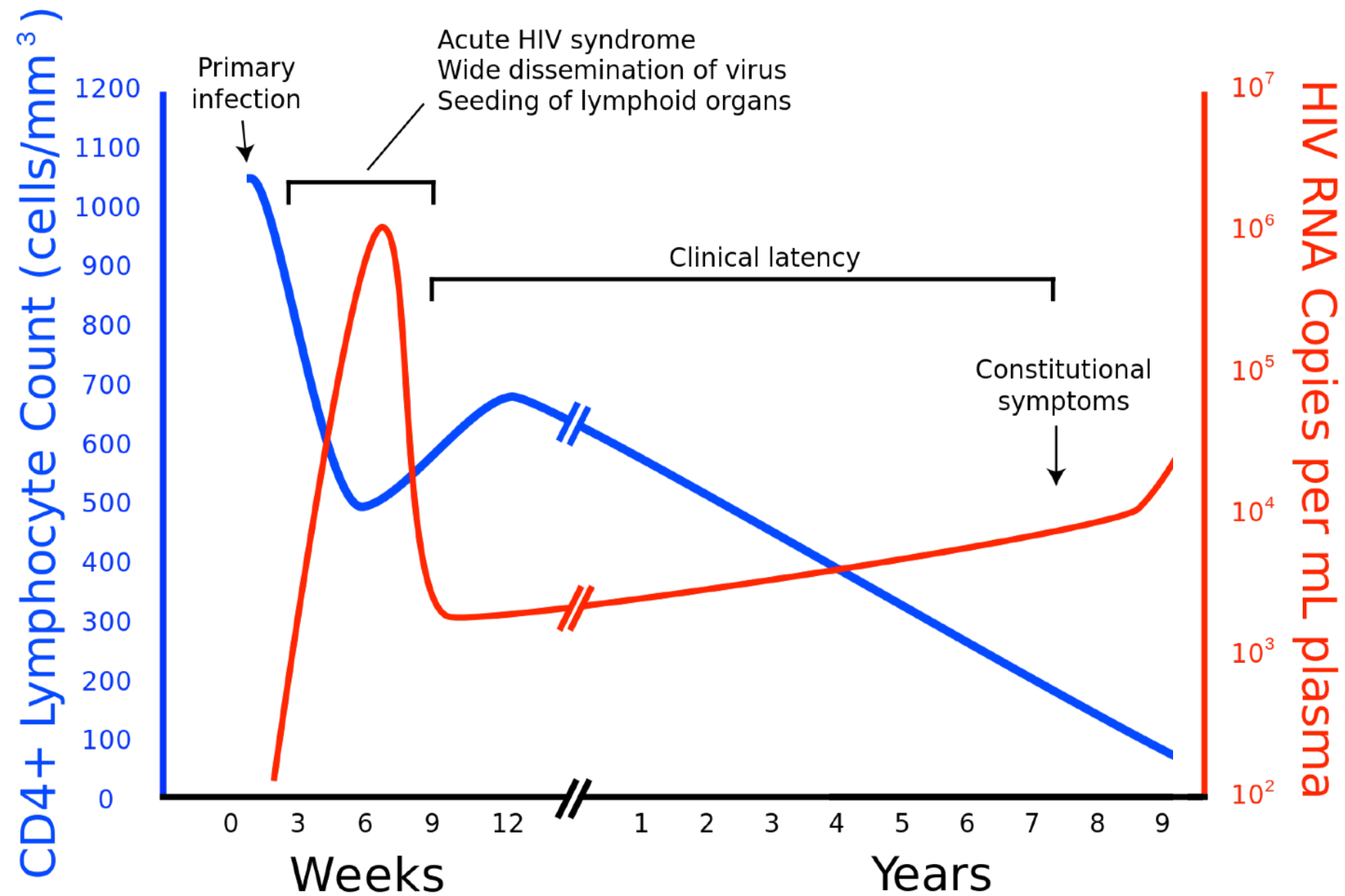
Human Immunodeficiency Virus

HIV progression to AIDS



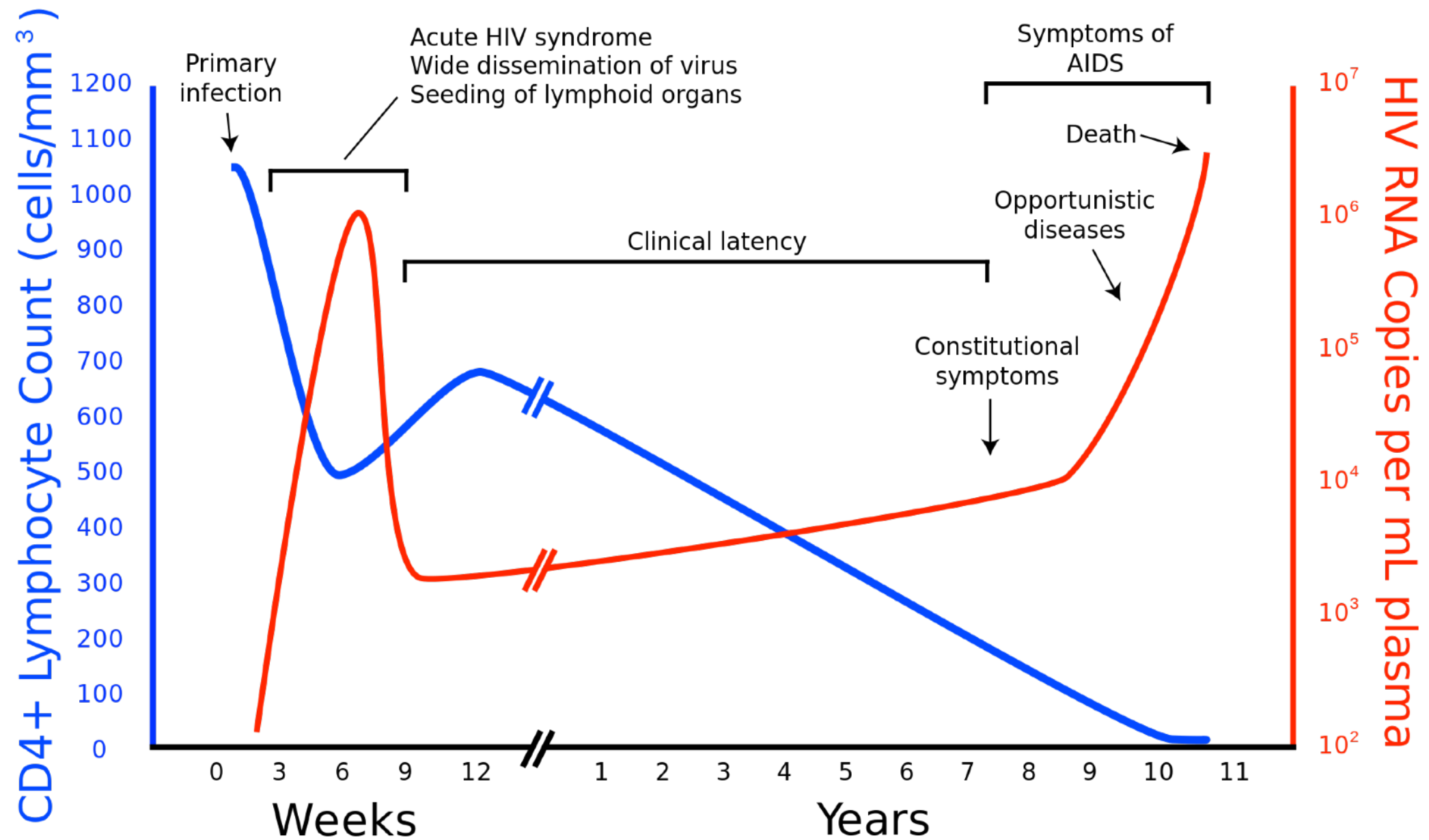
Human Immunodeficiency Virus

HIV progression to AIDS



Human Immunodeficiency Virus

HIV progression to AIDS



Human Immunodeficiency Virus

HIV progression to AIDS

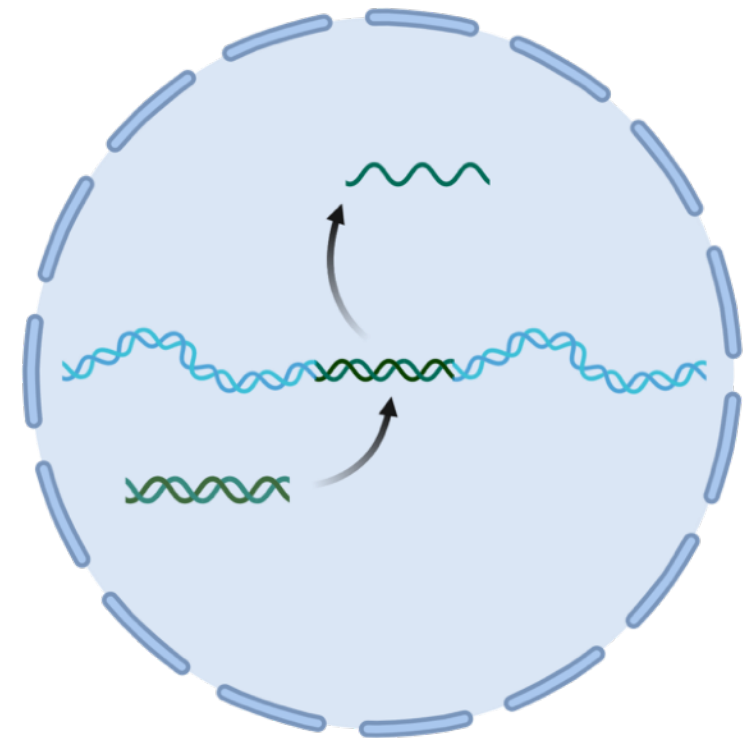
Combination Anti retroviral therapy



Reduced risk of transmission by 96%

Can prolong life from ~2 years to >40 years

HIV Reverse Transcription into genome



Severely hinders possible curative treatments

Leads to lifelong infection with HIV

Human Immunodeficiency Virus

HIV progression to AIDS

Currently no vaccine for HIV



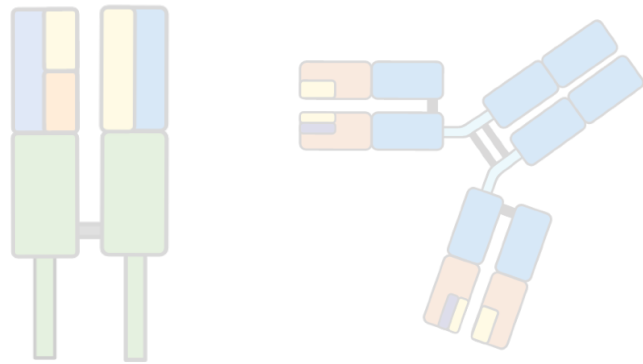
*Phase I trial has begun in the US
and South Africa*

*CMV viral vector will deliver HIV
material to prevent establishment of
HIV infections*

***Further vaccine research may enable greater control of HIV in
lower income nations***

Adaptive Immune System

Ultra-specific targeting



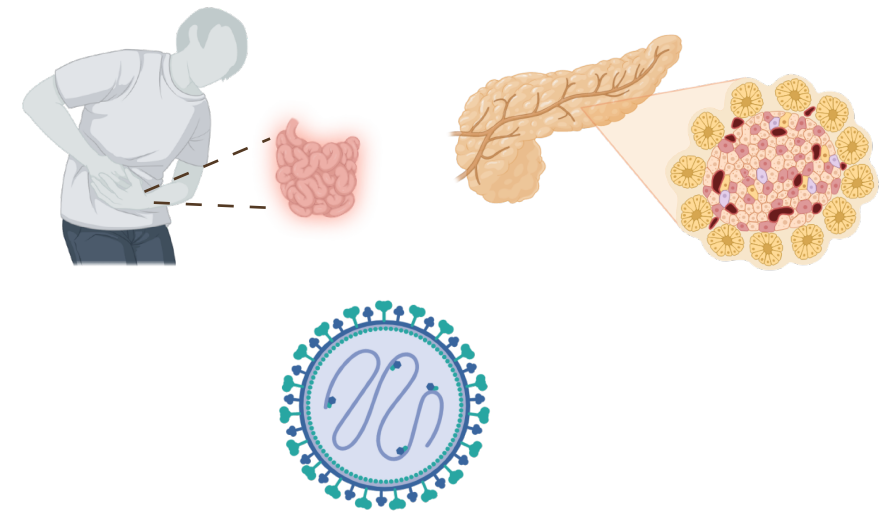
*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases

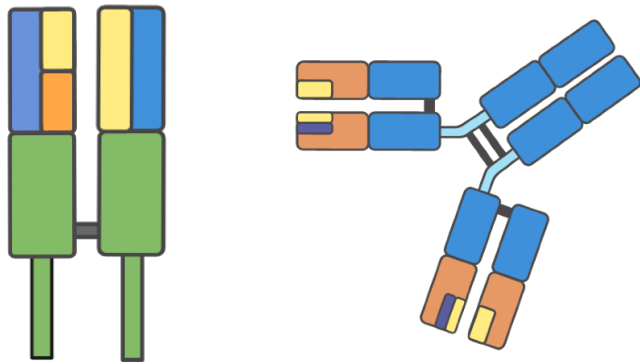


*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*

Adaptive Immune System

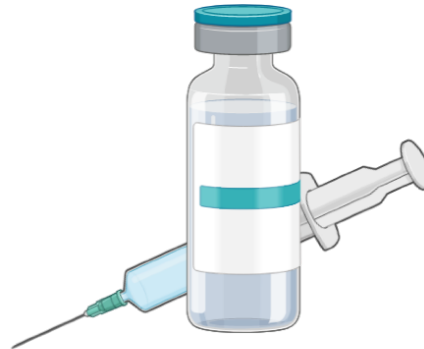
Questions?

Ultra-specific targeting



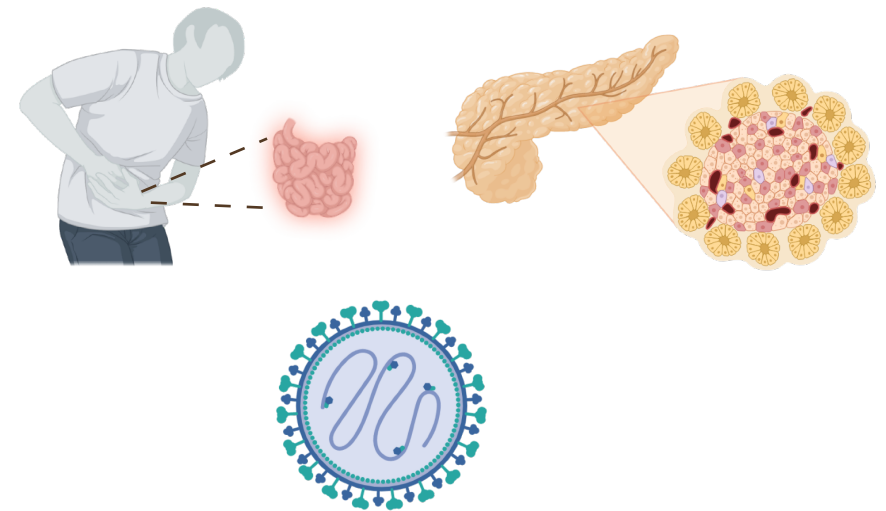
*Selective T cell receptors
and antibodies enable
adaptive immune specificity*

Vaccines



*Vaccines use adaptive
immunity to grant long term
protection from pathogens*

Adaptive immune diseases



*Adaptive immune cells can
trigger autoimmune diseases
and be targets of pathogens*