

# Soluble components of innate defense

# Soluble effector molecules of innate immunity

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- Soluble molecules recognize microbes and promote innate defense
- The soluble effector molecules function in two major ways:
  - By binding to microbes, they act as **opsonins** >> enhance the capability of phagocytes to ingest pathogens
  - Promote an inflammatory response (e.g., recruitment innate immune cells)

Major components: complement system, collectins, pentraxins, ficolins

# The Complement System

Discovered in the 1890's by Jules Bordet the complement system is a collection of *soluble proteins* (> 30 different proteins mainly produced in the *liver*) present in the blood or other body fluids.

Together these factors

- Augment *opsonization* and killing of bacteria = to „*complement*“ the action of antibodies
- Promote the recruitment of phagocytes to the site of infection
- Directly kill microbes

In absence of infection, proteases in inactive form = *zymogens* (pro-enzymes)

When encounter pathogen → activated via *proteolysis*

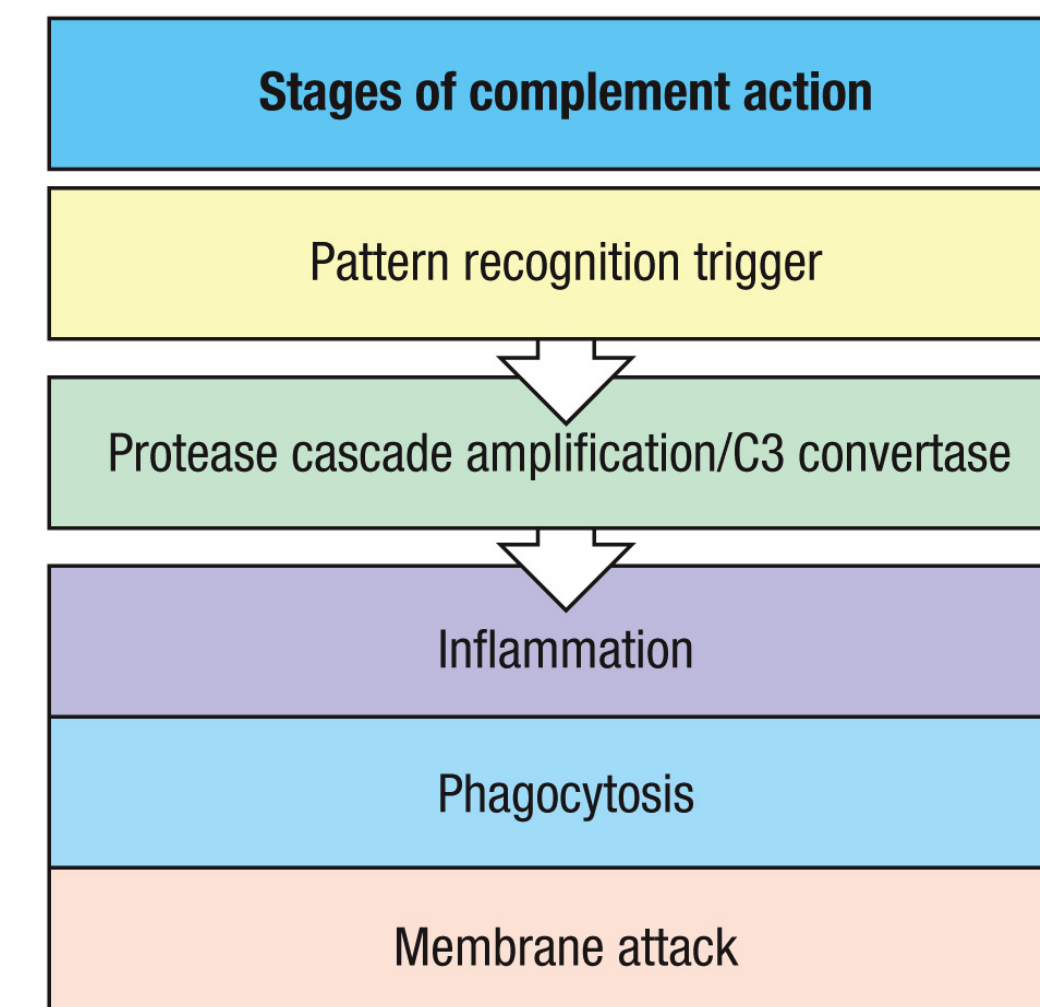


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# The recognition of pathogen by the complement system

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Recognition of molecules specifically on microbial surfaces



Activation of initial zymogen



Cascade of proteolysis



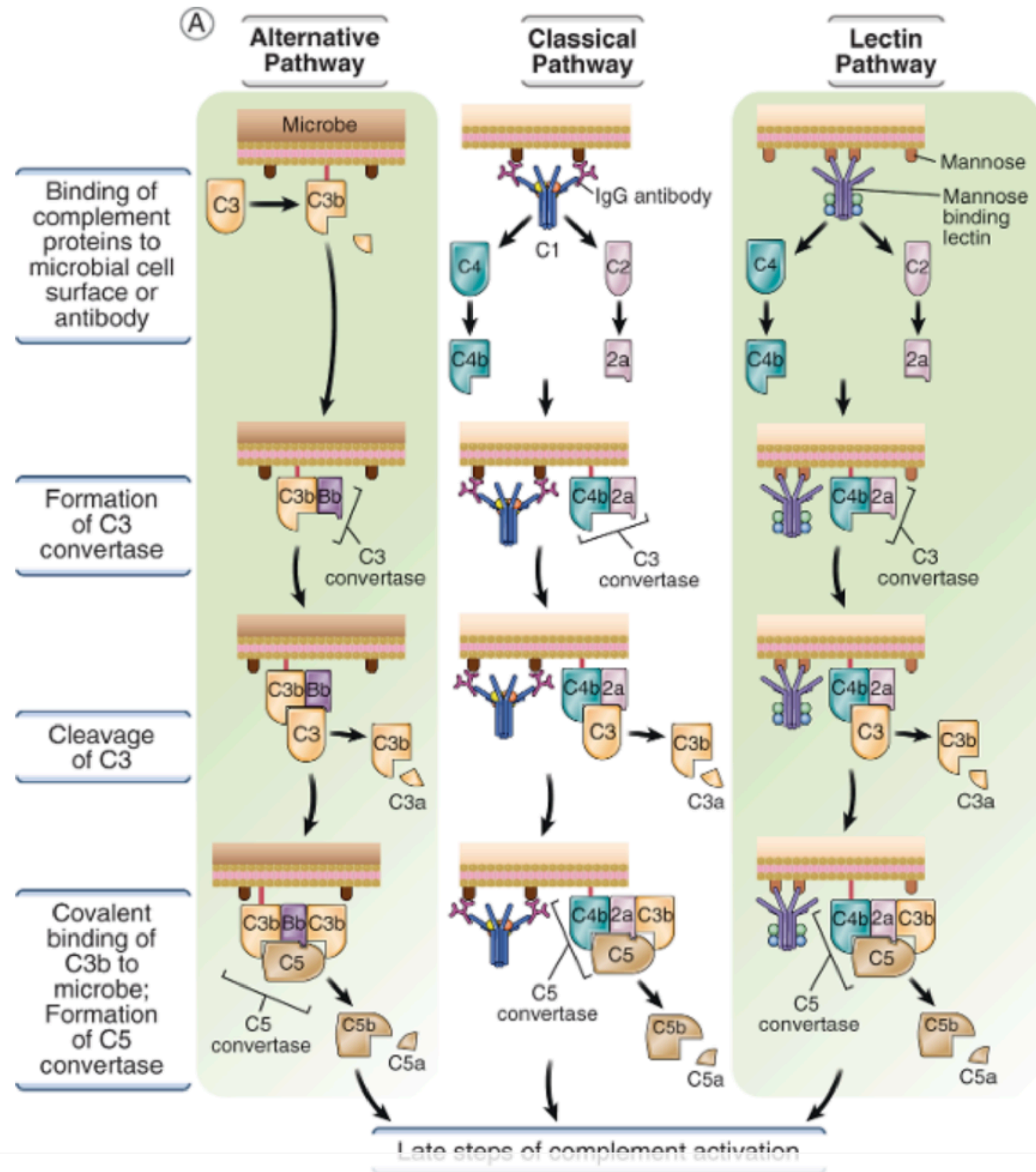
Activation of the effector complement components

**Classical pathway**  
Antibody-triggered  
C1q

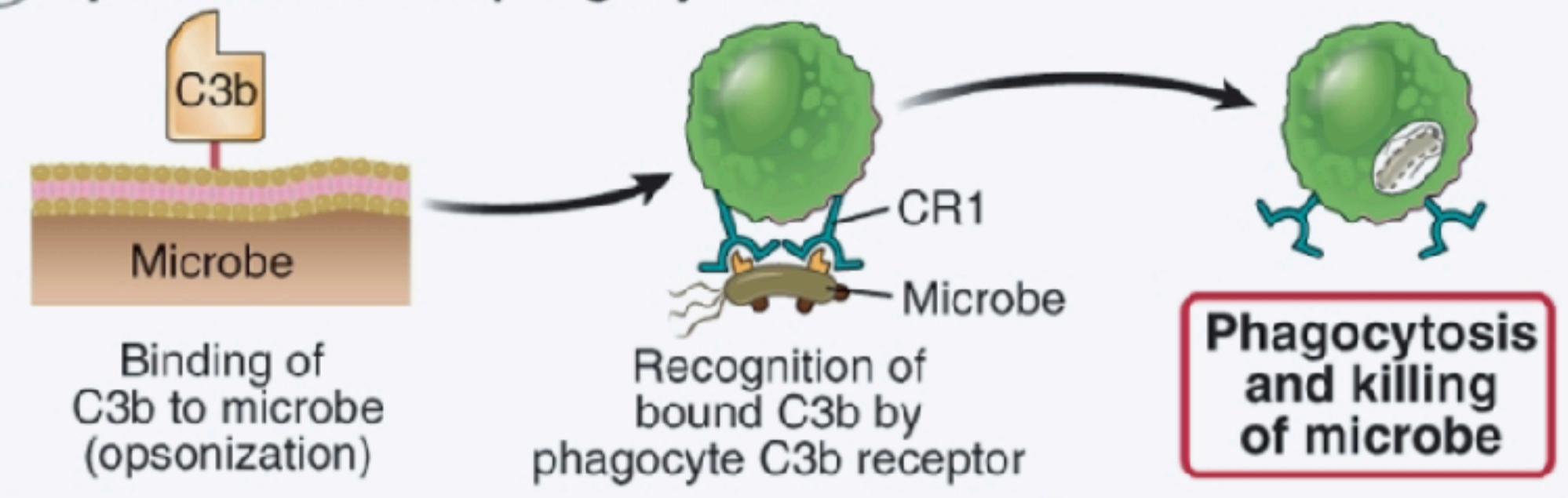
**Alternative pathway**  
Pathogen-triggered  
spontaneous hydrolysis

**Lectin pathway**  
Carbohydrate-triggered  
spontaneous hydrolysis

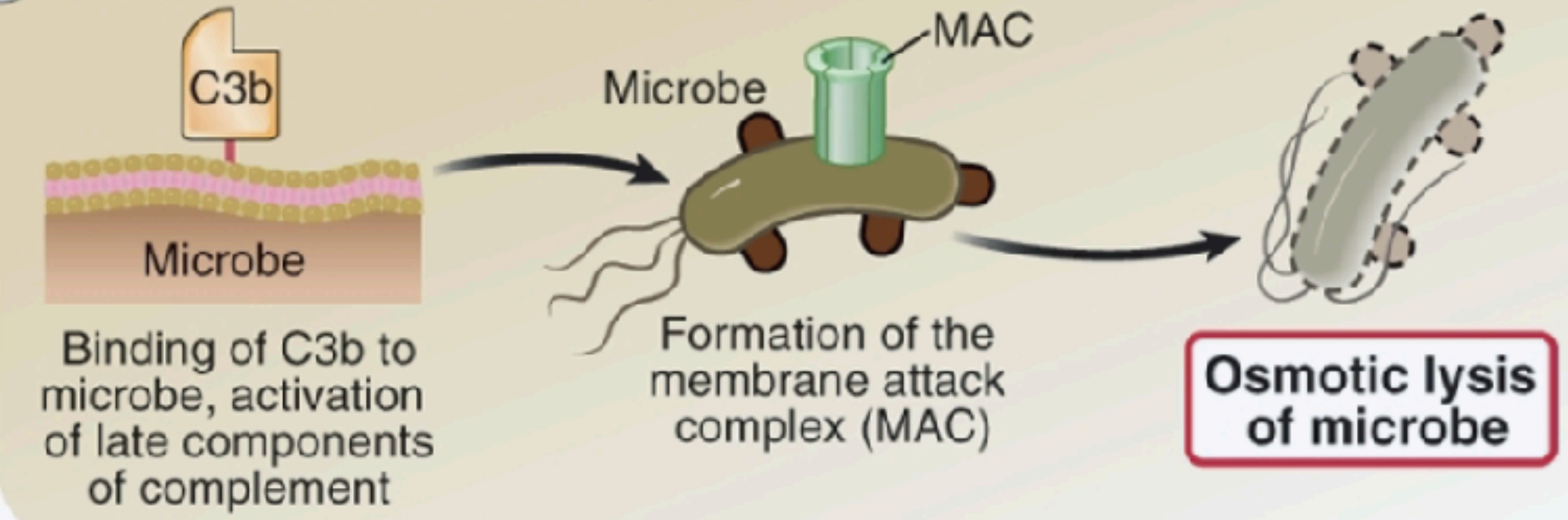




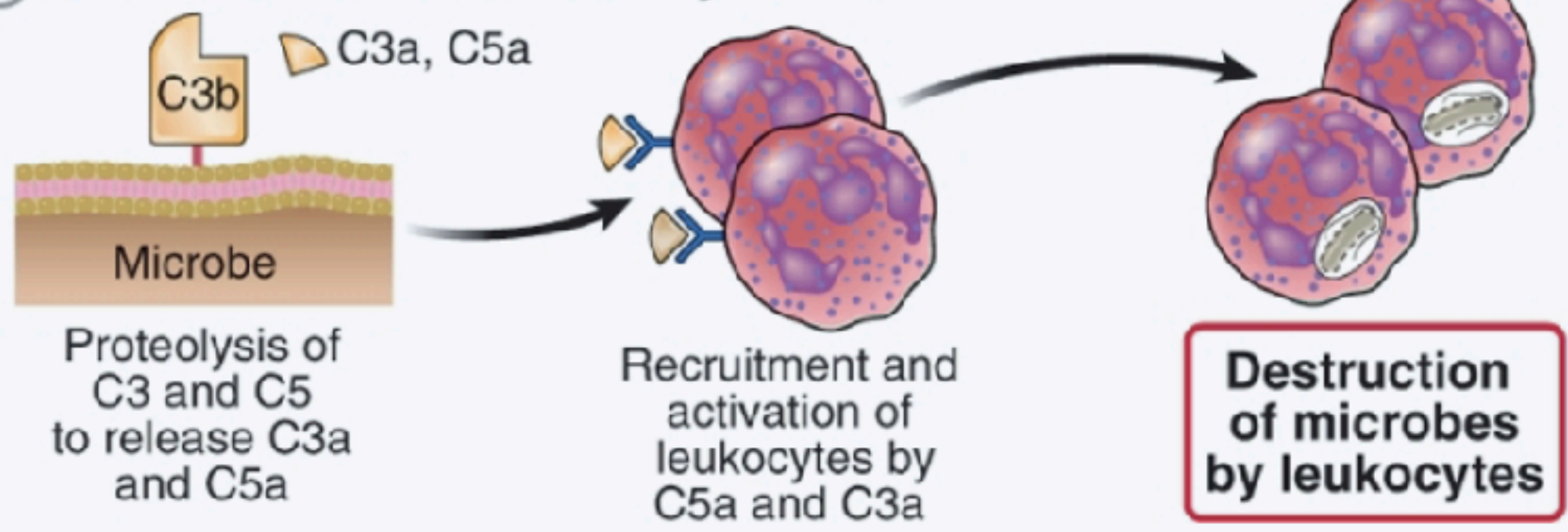
**(A) Opsonization and phagocytosis**



**(B) Complement-mediated cytotoxicity**



**(C) Stimulation of inflammatory reactions**



# Initiation of local inflammatory responses by small fragments of complement proteins

C3a, C3b and C5a = *anaphylatoxins*, inducing generalized circulatory collapse → shock-like symptoms

## Effects

- Contraction of *smooth muscles*
- Increasing *vascular permeability*
- Synthesis of *adhesion molecules* on endothelial cells (C3a, C5a)
- Activation of *mast cells*
- C5a activates *phagocytic cells* (increasing expression of CRs)

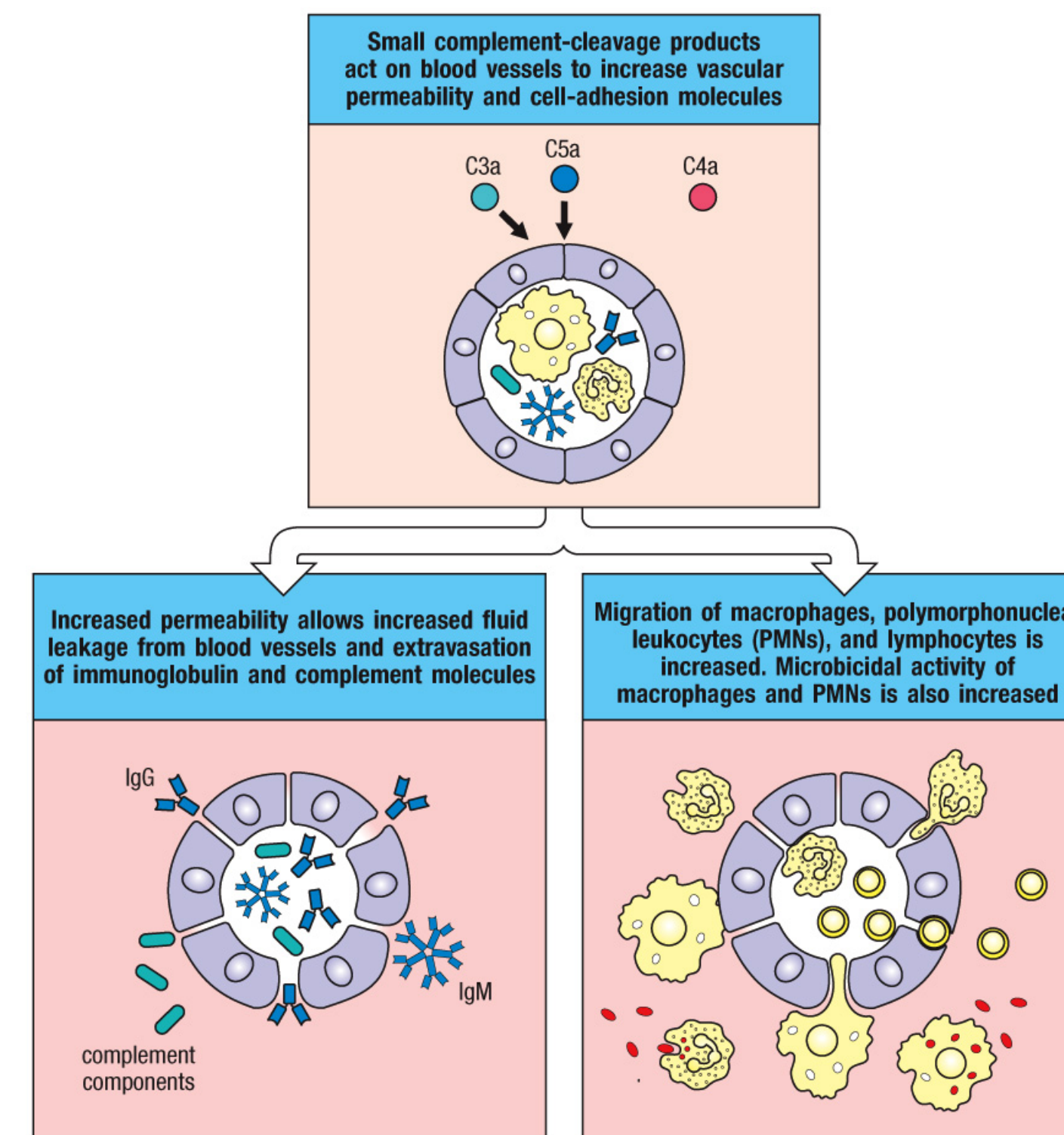


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# The inflammatory response and antiviral immunity

## Induced innate responses to infection

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The innate immune system eliminates microbes mainly by inducing the **acute inflammatory response** and by **antiviral defense mechanisms**.

Different type of microbes elicit distinct innate immune reactions:

Extracellular bacteria and fungi >> Neutrophils, Monocytes, Complement

Intracellular bacteria >> Phagocytes

Viruses >> Type I interferons, NK cells

# Inflammation

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Characteristic features of inflammation:

redness, warmth, swelling, pain

The inflammatory reaction recruits cells to the site of infection, leads to an increase in the permeability of blood vessels and is accompanied with activation of cells and proteins in the extravascular space and irritation of nerve ends.

# Initiation of an acute inflammatory reaction

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MAMPs & DAMPs



Sentinel cells (DCs, macrophages, endothelial cells, etc)



Cytokines & small-molecule mediators & chemokines



**Changes in blood vessels**

Increased blood flow

Increased adhesiveness

Increased permeability



Inflammatory reaction

# Proinflammatory cytokines

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## Cytokines

Small proteins (~ 25kDa): autocrine, paracrine or endocrine!

Different subfamilies based on structural features

→ Important roles in local + systemic effects that contributes to *innate and adaptive* immunity.

Recognition of distinct types of *pathogens*



distinct set of *PRRs*



different set of *cytokines*

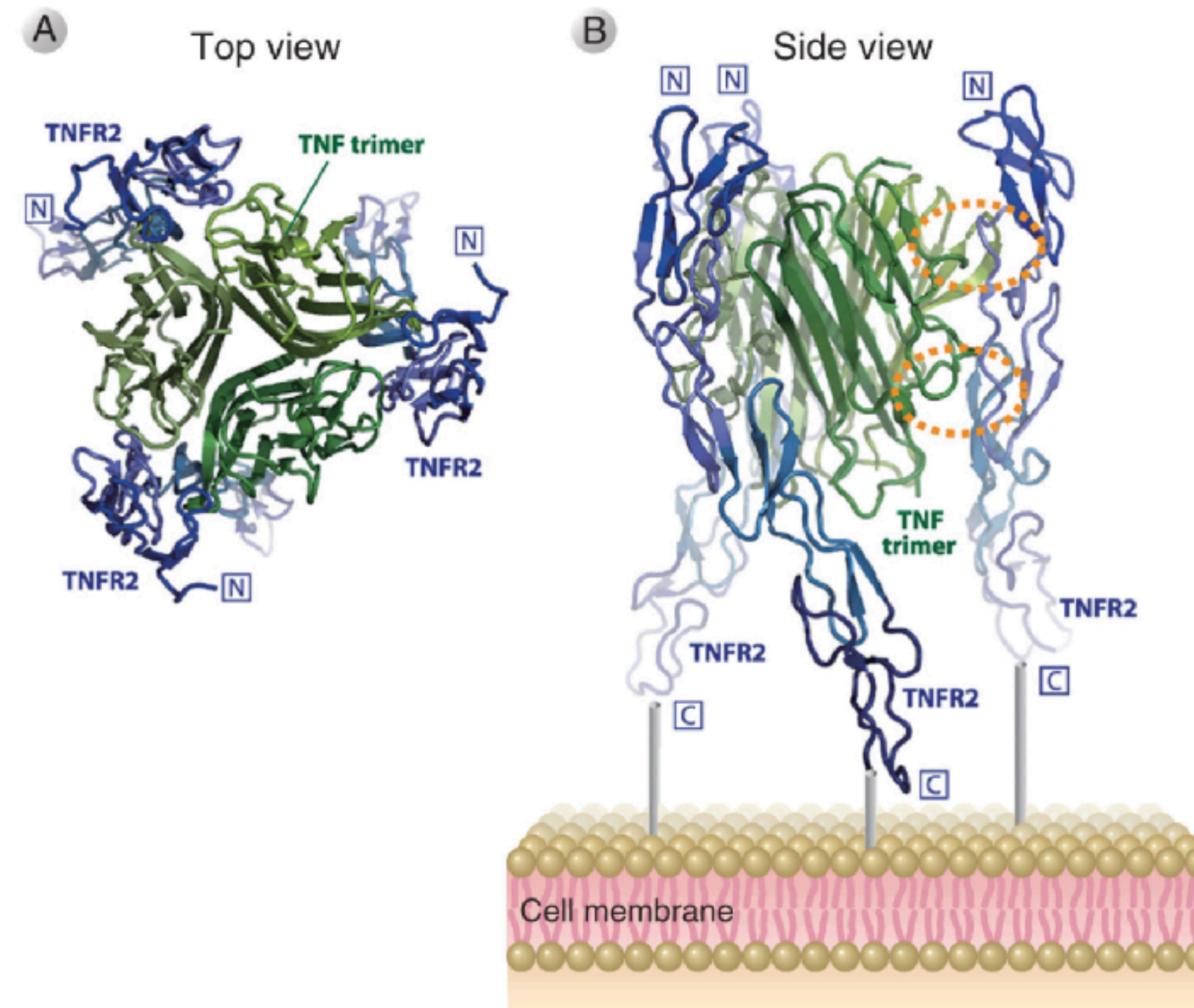


Pathogen-adapted response

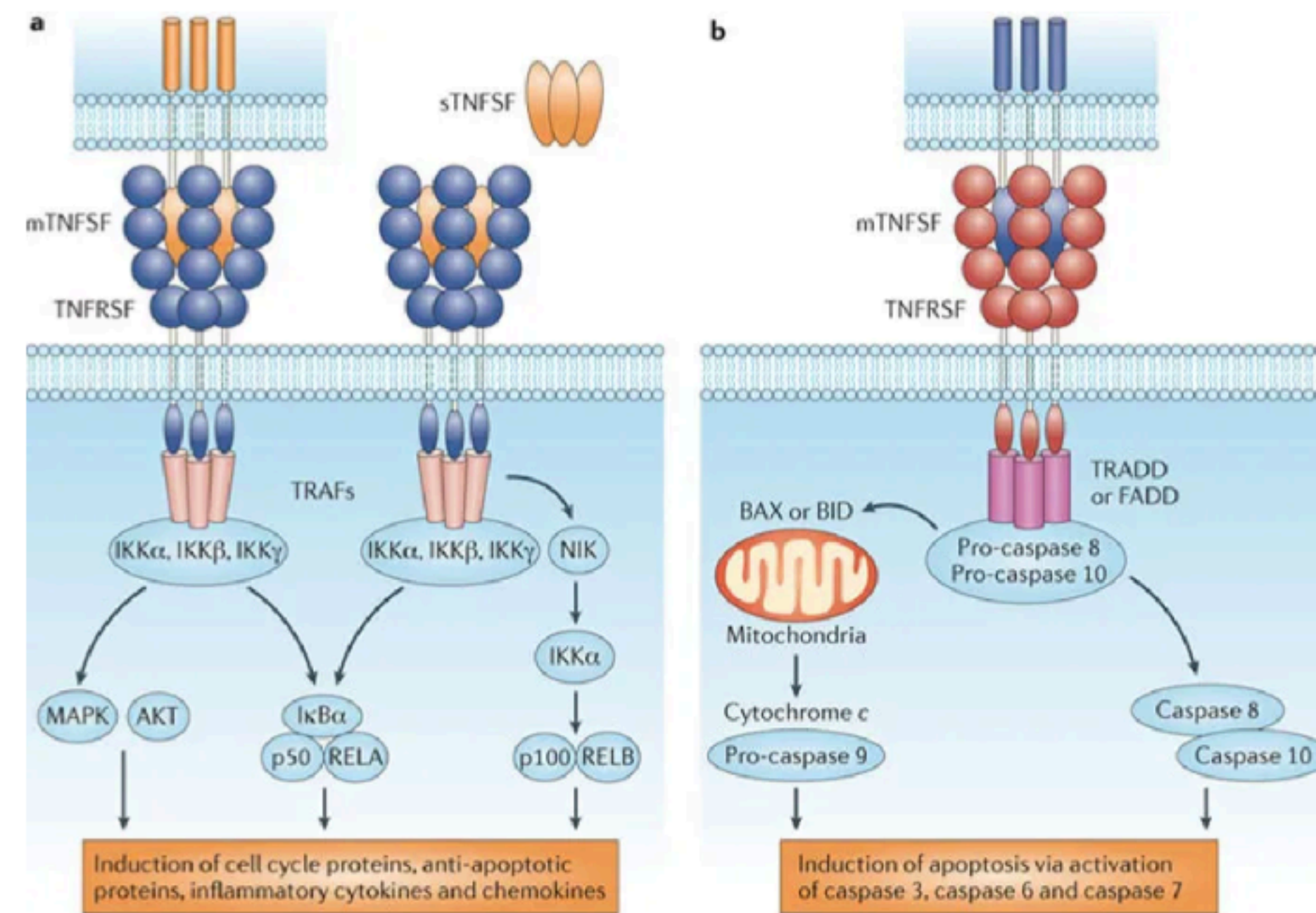
# Tumor Necrosis Factor

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- Originally identified as a factor that causes tumour cell death
- TNF (alpha) synthesized as a membrane-bound proform, which is subsequently cleaved
- TNFR is present on most cells

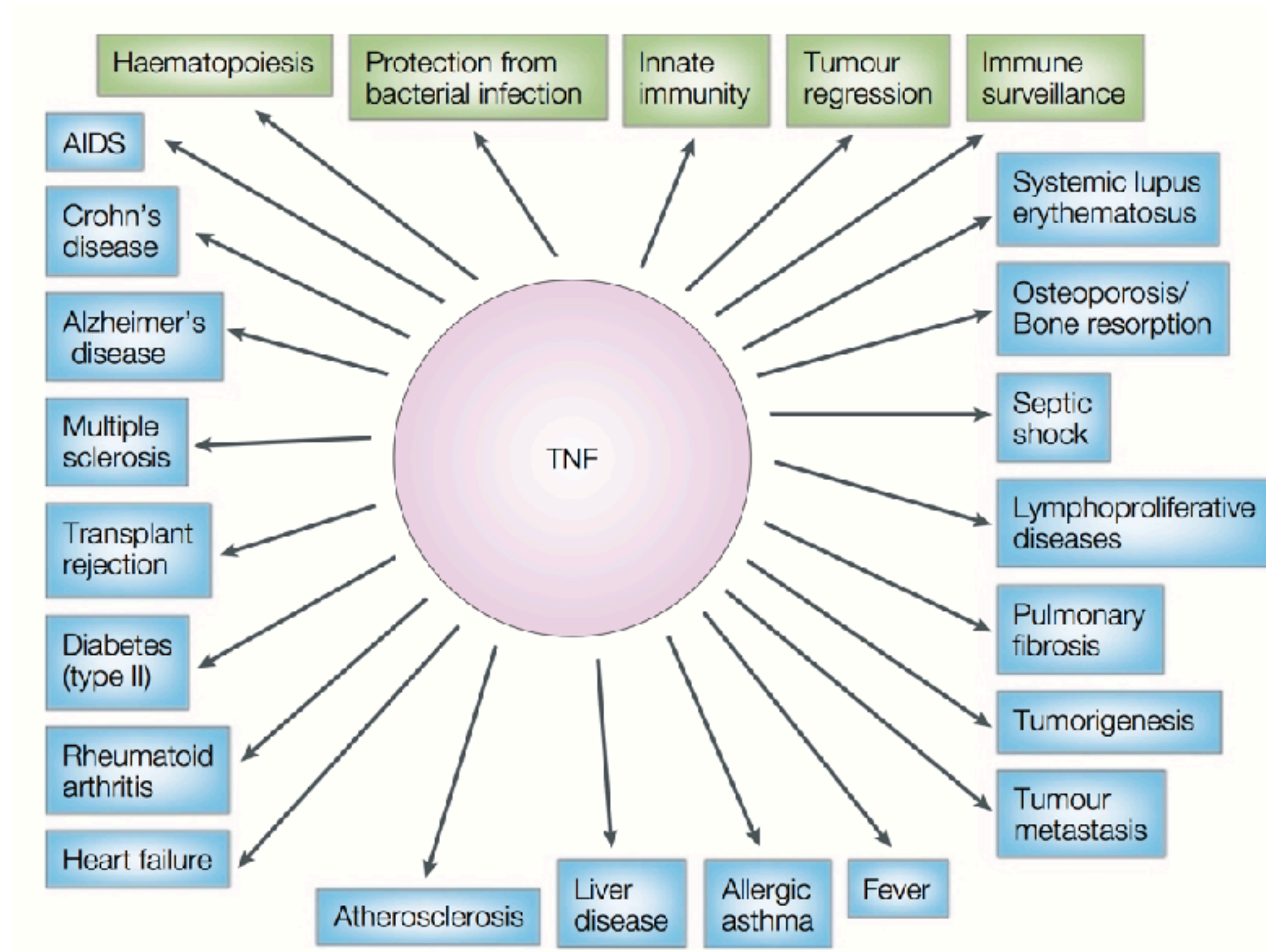


# Various signaling pathways of the TNF superfamily



# Tumor Necrosis Factor

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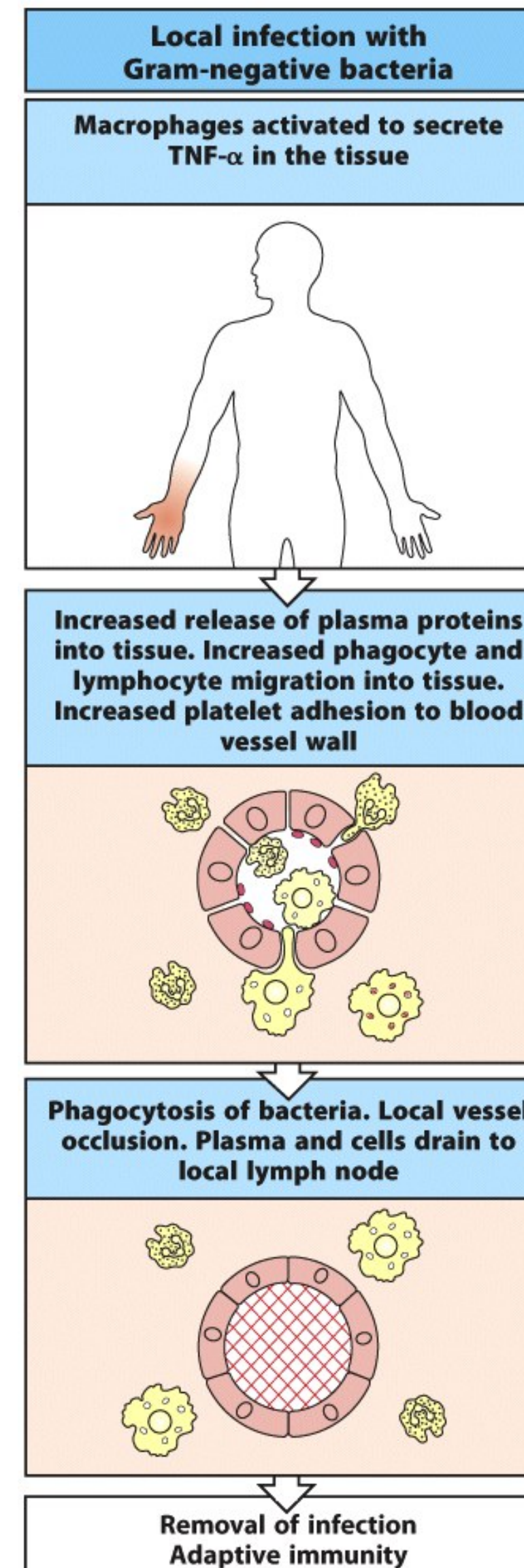


# The dual roles of TNF-alpha (1)

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## Some TNF-a is good...

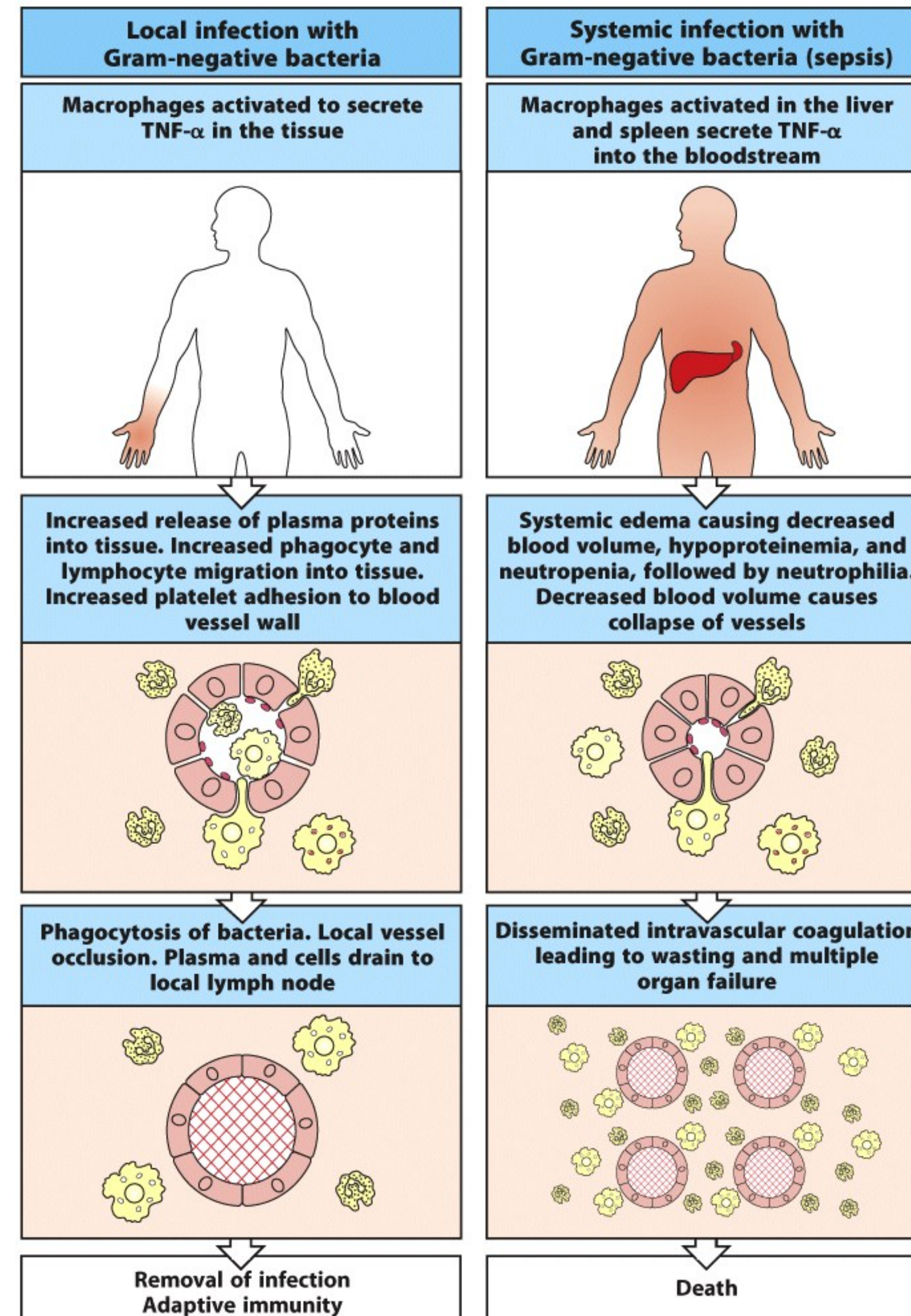
- stimulates extravasation of cells
- stimulates blood clotting in local small vessels
- when blocked, pathogen spreading is increased
- stimulation of DC migration to lymph node and maturation of DCs



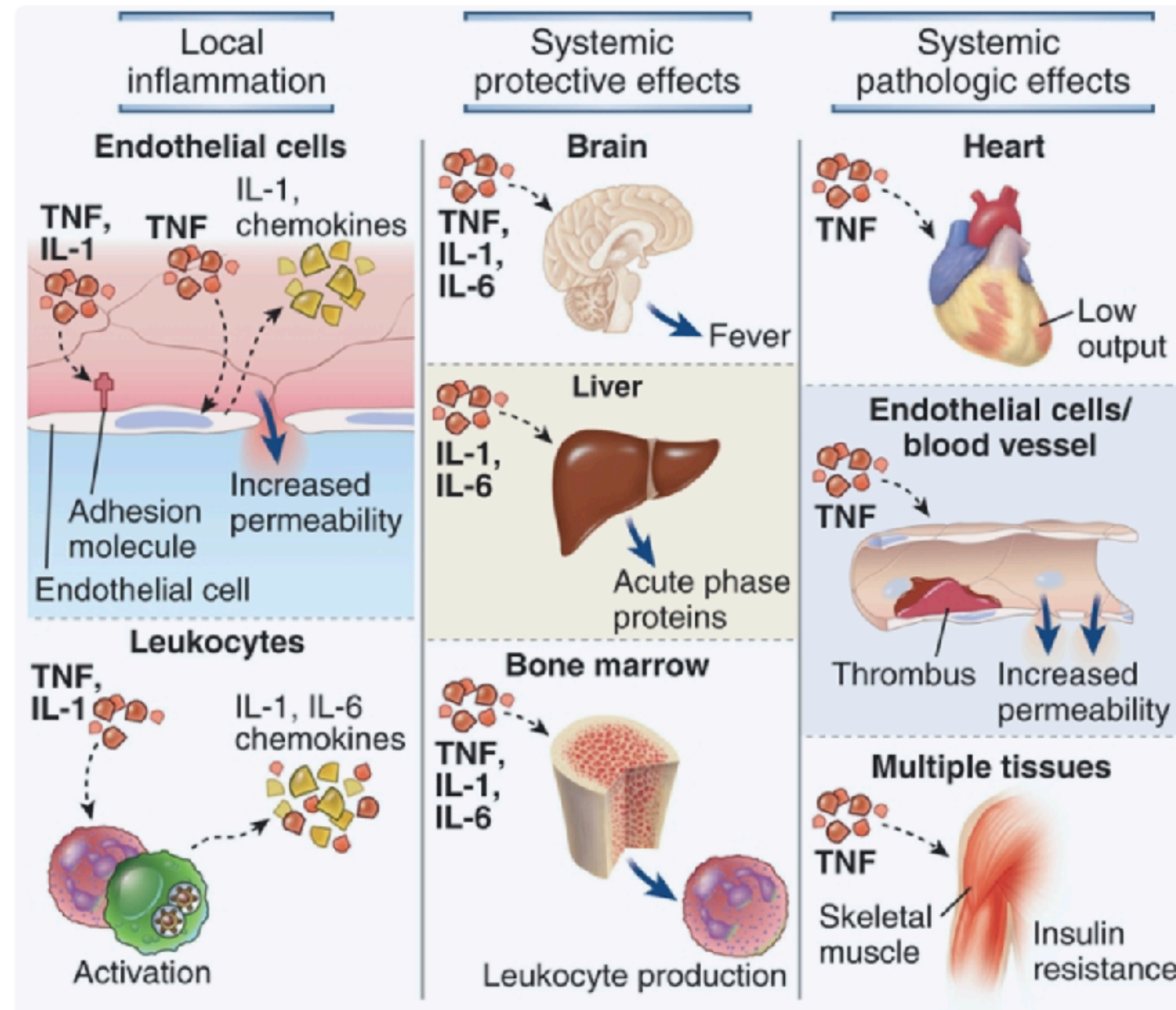
# The dual roles of TNF-alpha (2)

...but too much is bad

- systemic TNFa (soluble cytokine form produced through cleavage by TACE/ADAM17)
- causes vasodilation > **septic shock**
- causes blood clotting > **DIC** (disseminated intravascular coagulation; consumption of clotting proteins)



# Important cytokines and chemokines and their effector function



# The acute-phase response

= production of acute-phase proteins in the liver

- acute-phase proteins have functional properties of antibodies, but are less specific allowing the recognition of a broad range of diverse pathogens
- likewise their synthesis is not specifically induced, but instead upon stimulation via several cytokines

## 1) CRP

- C-reactive protein (pentraxin family)
  - CRP: multipronged PR molecule, that binds to bacterial/fungal cell wall components
- > opsonizing of pathogens  
> activation of the complement

## 2) MBL (mannose-binding lectin)

- opsonin, activation of the complement cascade

## 3) SP-A/SP-D (surfactant proteins)

- opsonin for *Pneumocystis jirovecii*

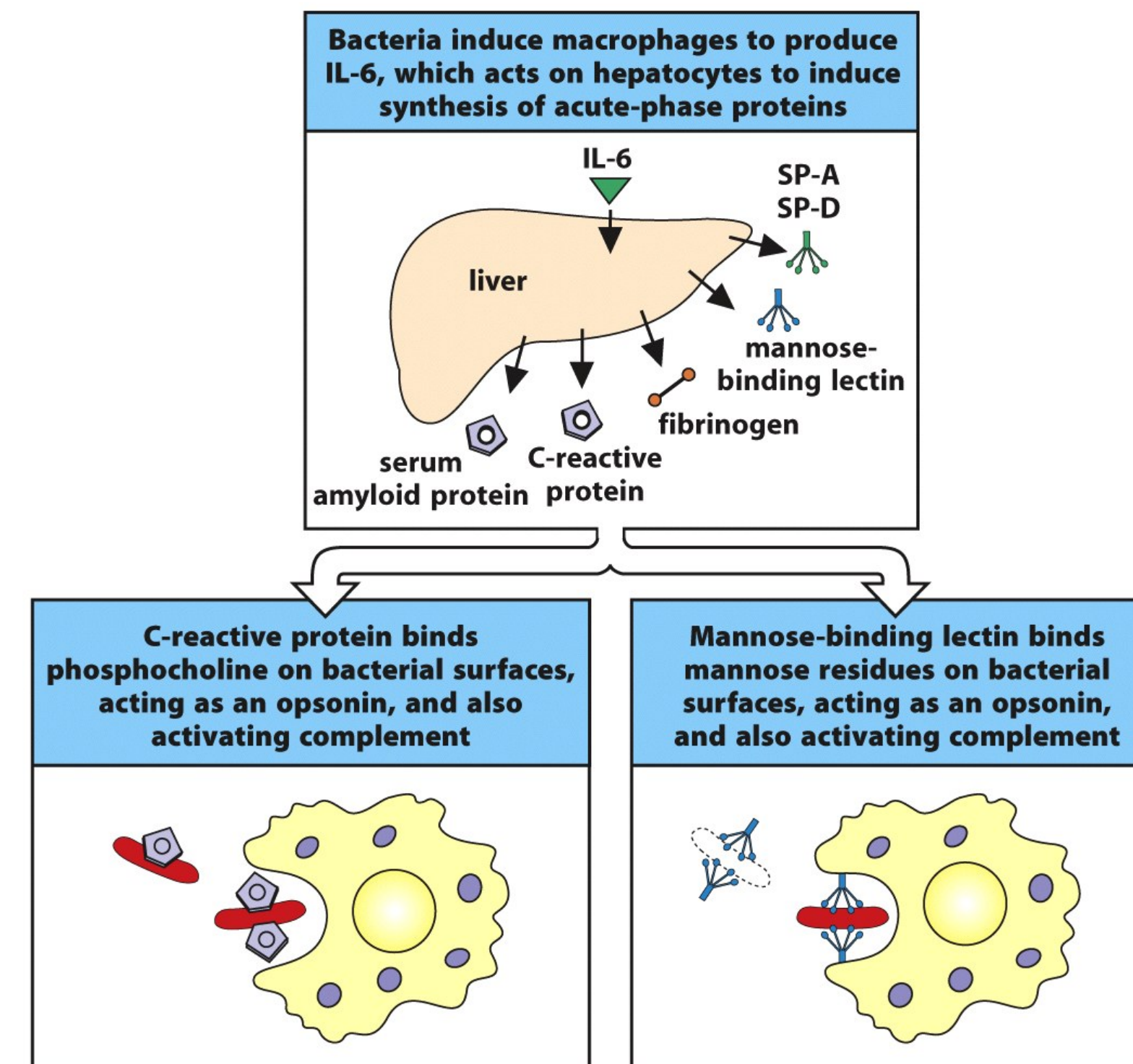
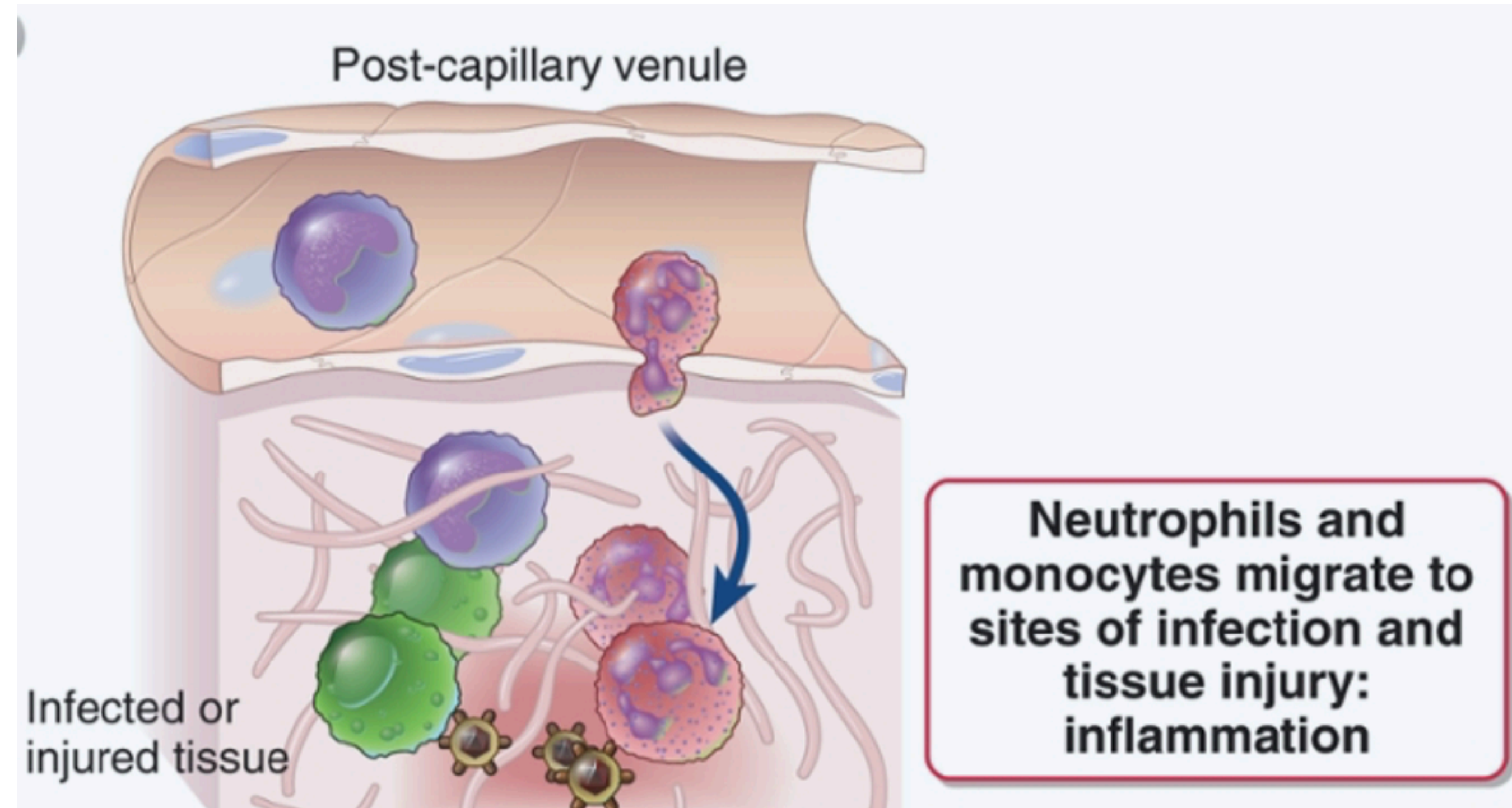


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# Leukocyte migration

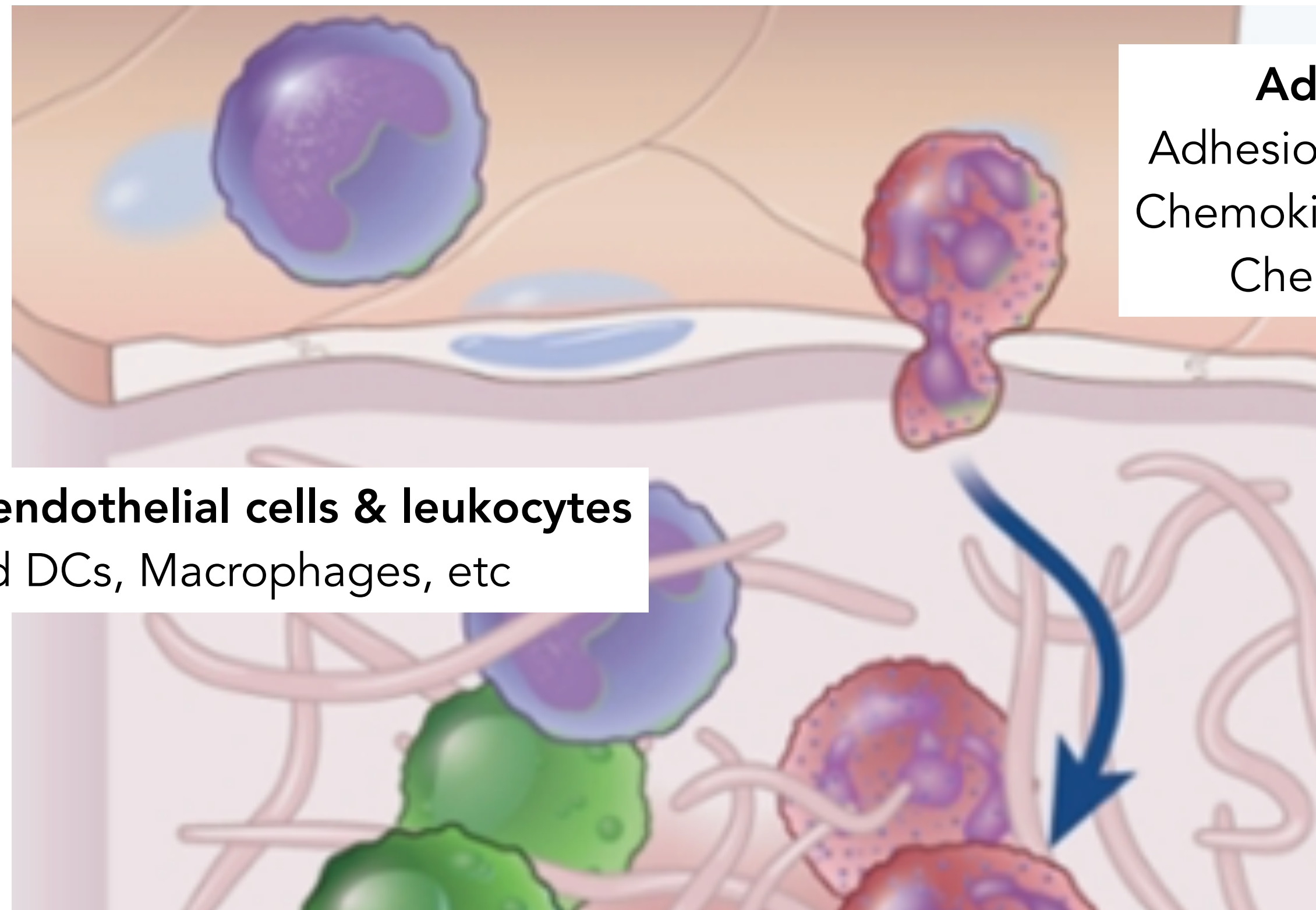
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Delivery of leukocytes of myeloid lineage from the circulation into tissue sites of infection or injury, where the cells perform their protective functions of eliminating infectious pathogens, clearing dead tissues, and repairing the damage

# Some general principles on leukocyte migration

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## Adhesion

Adhesion molecules  
Chemokine receptors  
Chemokines

## Activation of endothelial cells & leukocytes

Activated DCs, Macrophages, etc

# Cell-adhesion molecules

Adhesion of leukocytes to vascular endothelial cells is mediated by two classes of molecules, selectins and integrins, and their ligands.

1) Selectins

2) Integrins

3) Intercellular adhesion molecules (ICAM)

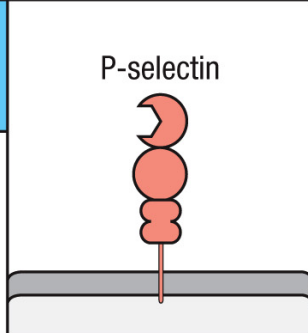
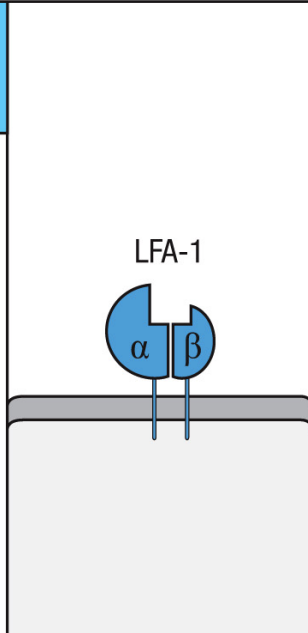
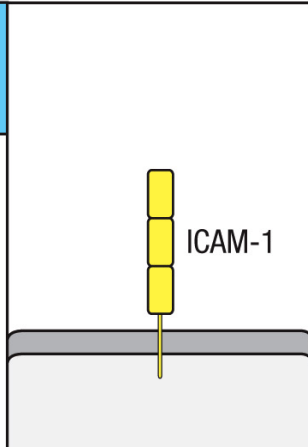
		Name	Tissue distribution	Ligand
<b>Selectins</b> Bind carbohydrates. Initiate leukocyte-endothelial interaction		P-selectin (PADGEM, CD62P)	Activated endothelium and platelets	PSGL-1, sialyl-Lewis <sup>x</sup>
		E-selectin (ELAM-1, CD62E)	Activated endothelium	Sialyl-Lewis <sup>x</sup>
<b>Integrins</b> Bind to cell-adhesion molecules and extracellular matrix. Strong adhesion		$\alpha_L:\beta_2$ (LFA-1, CD11a:CD18)	Monocytes, T cells, macrophages, neutrophils, dendritic cells, NK cells	ICAM-1, ICAM-2
		$\alpha_M:\beta_2$ (CR3, Mac-1, CD11b:CD18)	Neutrophils, monocytes, macrophages, NK cells	ICAM-1, iC3b, fibrinogen
		$\alpha_X:\beta_2$ (CR4, p150.95, CD11c:CD18)	Dendritic cells, macrophages, neutrophils, NK cells	iC3b
		$\alpha_5:\beta_1$ (VLA-5, CD49d:CD29)	Monocytes, macrophages	Fibronectin
<b>Immunoglobulin superfamily</b> Various roles in cell adhesion. Ligand for integrins		ICAM-1 (CD54)	Activated endothelium, activated leukocytes	LFA-1, Mac1
		ICAM-2 (CD102)	Resting endothelium, dendritic cells	LFA-1
		VCAM-1 (CD106)	Activated endothelium	VLA-4
		PECAM (CD31)	Activated leukocytes, endothelial cell-cell junctions	CD31

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# Selectins and Selectin ligands

- Expressed on *endothelial cells*
- Membrane *glycoproteins* that bind to carbohydrate groups
- Expression is induced by *cytokines* secreted during an infection (e.g., TNF- $\alpha$ )
- P-Selectin and E-Selectin bind to *sulfated sialyl-Lewis<sup>x</sup>* (displayed on neutrophils)
- Establish a weak interaction, which is *crucial for the rolling of the leukocytes* on the endothelium

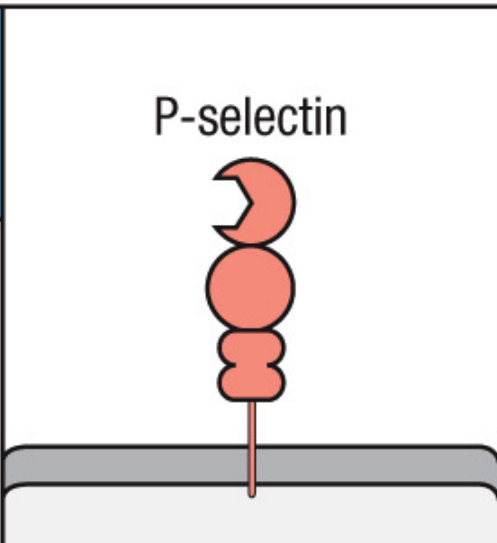
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# Integrins and Integrin Ligands

- Composed of two transmembrane protein chains - alpha and beta
- Two distinct "states": inactive and active
- Active state = *strong interaction* with its ligands and can be induced by chemokine signaling
- LFA-1 and CR3: important leukocytes integrins that mediate *extravasation*
- Bind to *ICAM* molecules on the endothelium, induced during infection
- Continuous *recruitment of monocytes* from the blood into the tissue  
→ develop into *tissue-resident macrophages* (homeostatic function)

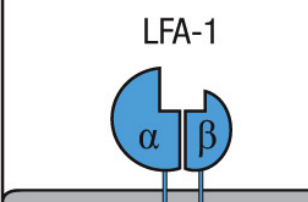
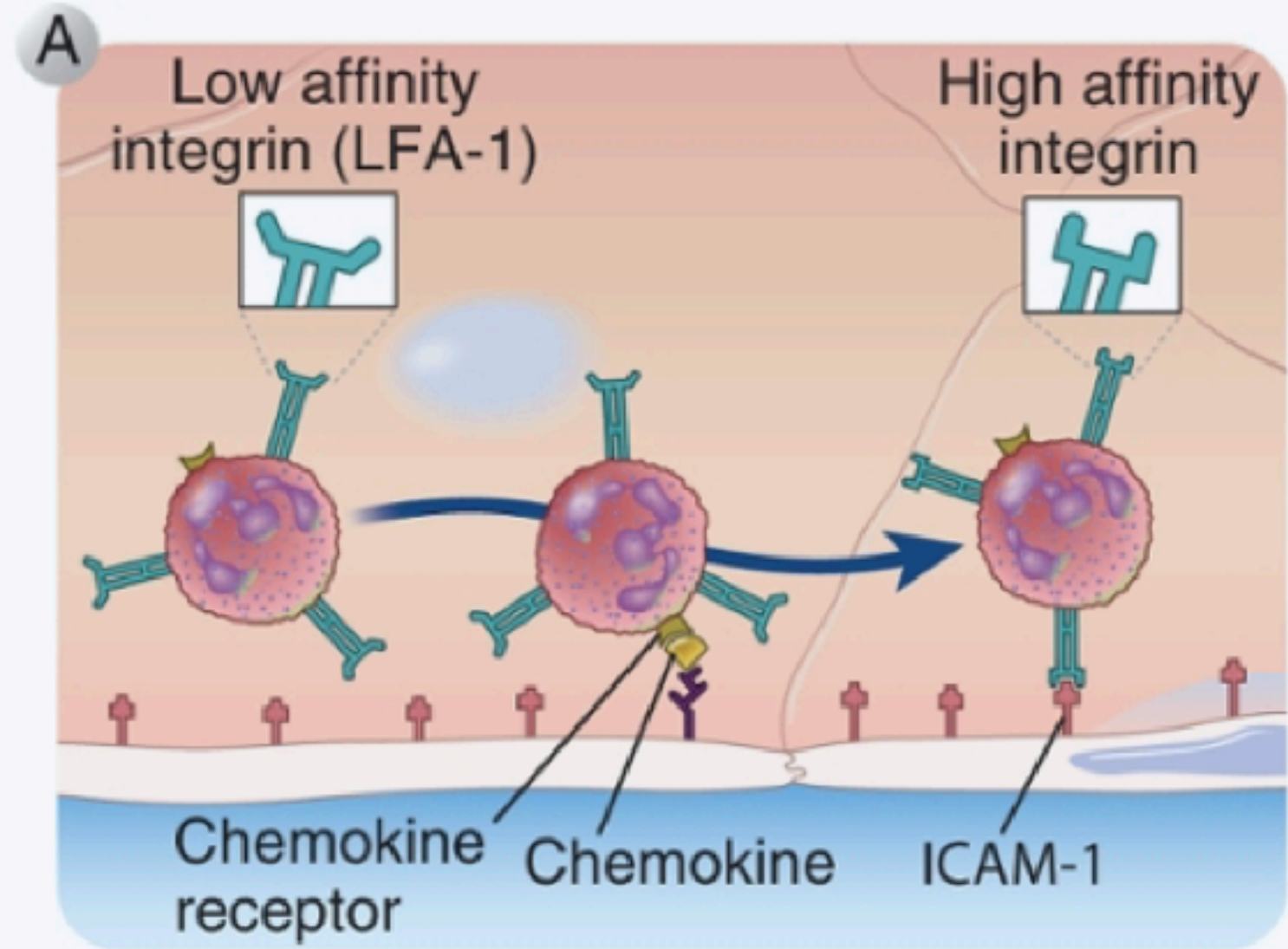
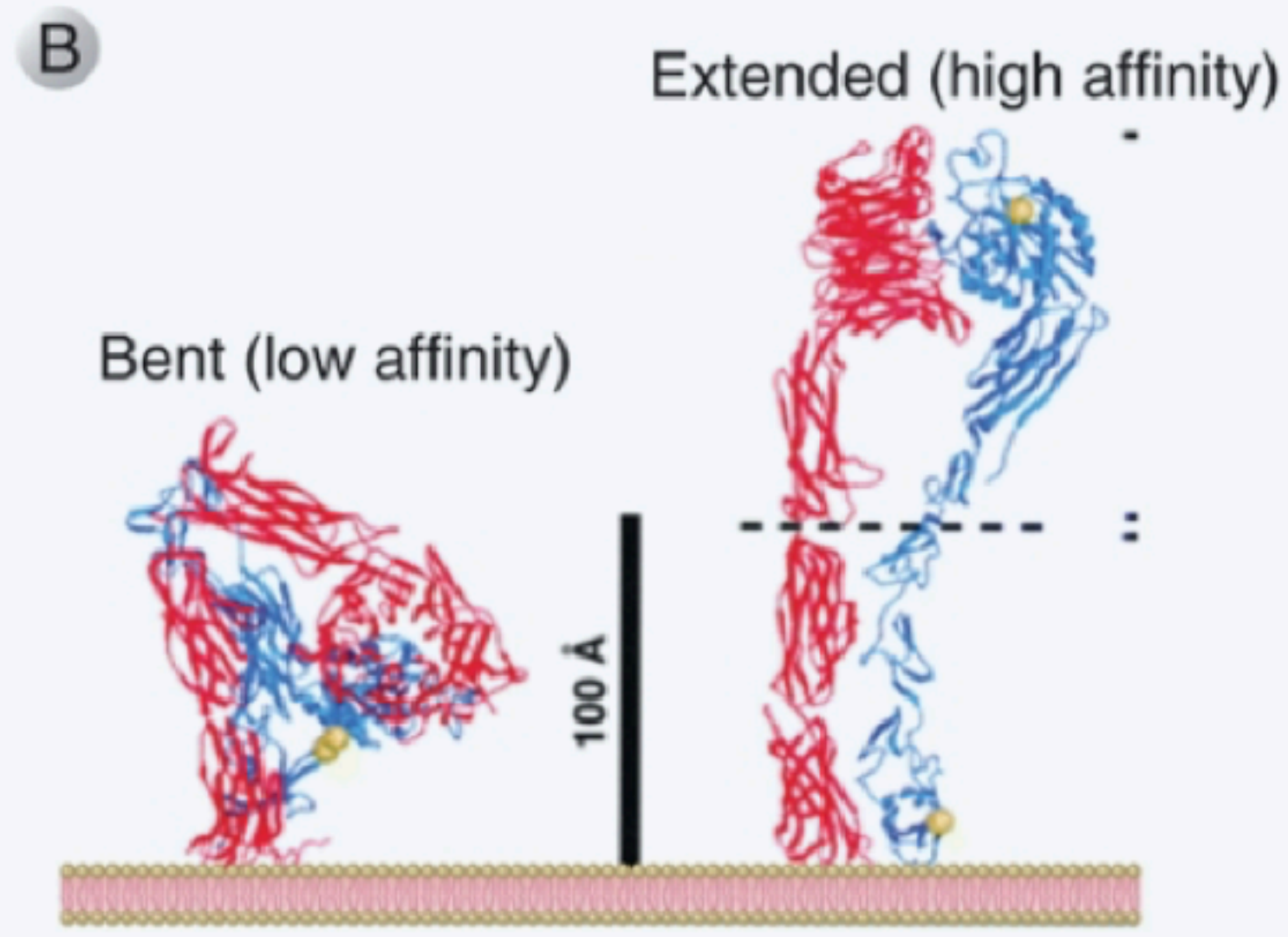
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		$\alpha_5:\beta_1$ (VLA-5, CD49d:CD29)	Monocytes, macrophages	Fibronectin

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Inside-out-signaling



# Intercellular adhesion molecule (ICAM)

- Contain *immunoglobulin-like* domains in the extracellular part
- Are expressed on the *endothelium* after an infection (ICAM-1 and ICAM-2)
- Are *ligands* for integrins

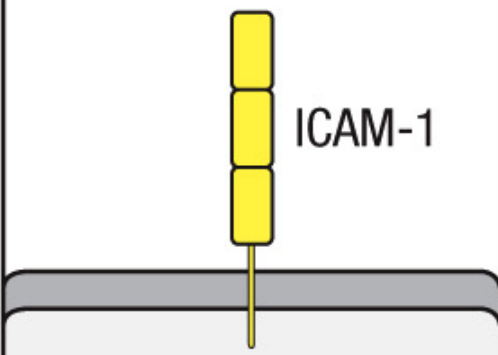
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# Chemokines and Chemokine Receptors

Two major classes of chemokines

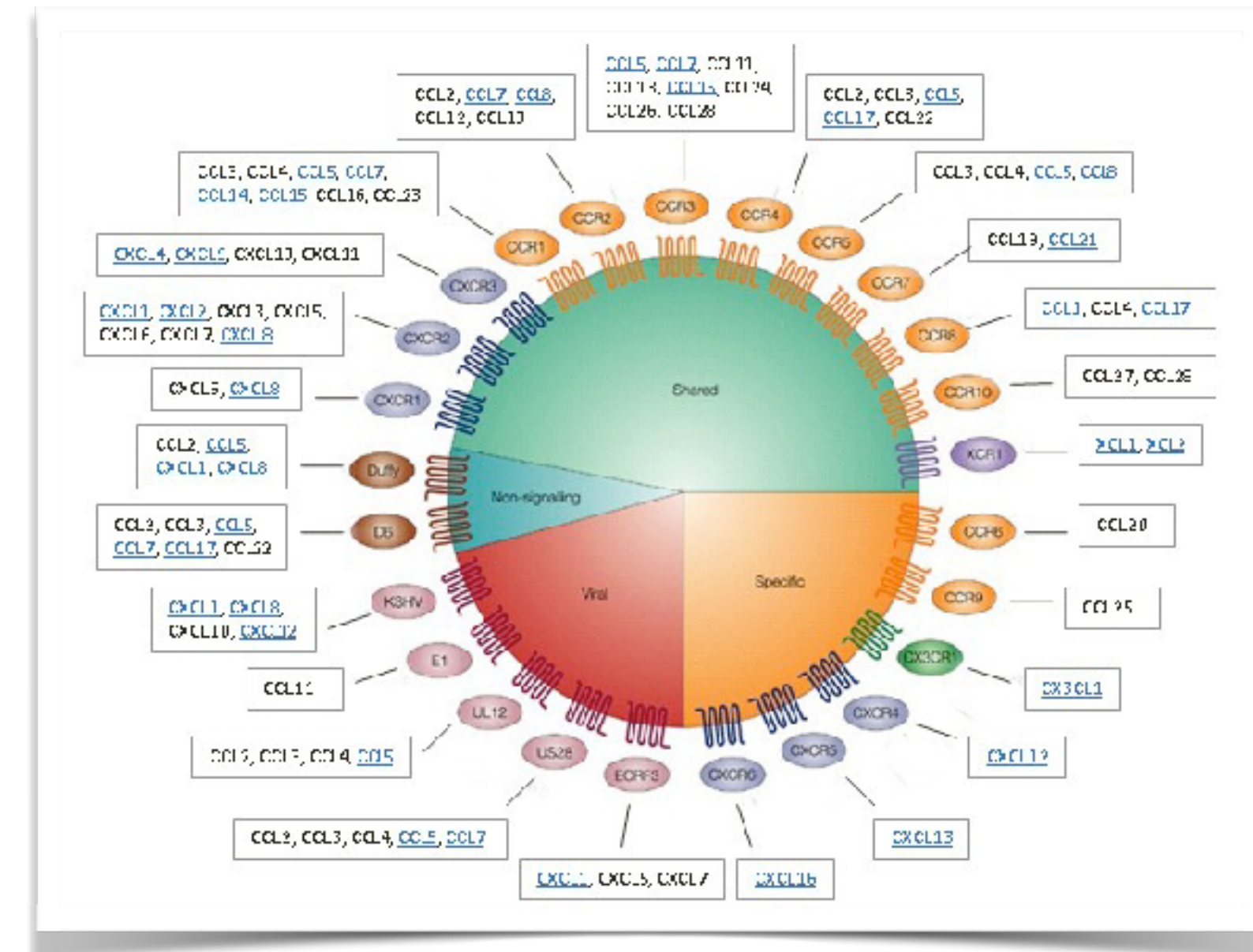
- 1) CC (e.g. CCL2 acts on monocytes)
- 2) CXC (e.g. CXCL8 acts on neutrophils)

NB: "C" stands for cysteine residue in the N-term part

Chemokine receptors GPCR superfamily

*G proteins stimulate signalling events that result*

*In cytoskeletal changes, increased cell motility, and integral activation.*



# Biological Actions of Chemokines

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Recruitment of circulating leukocytes from blood vessels into extravascular sites:

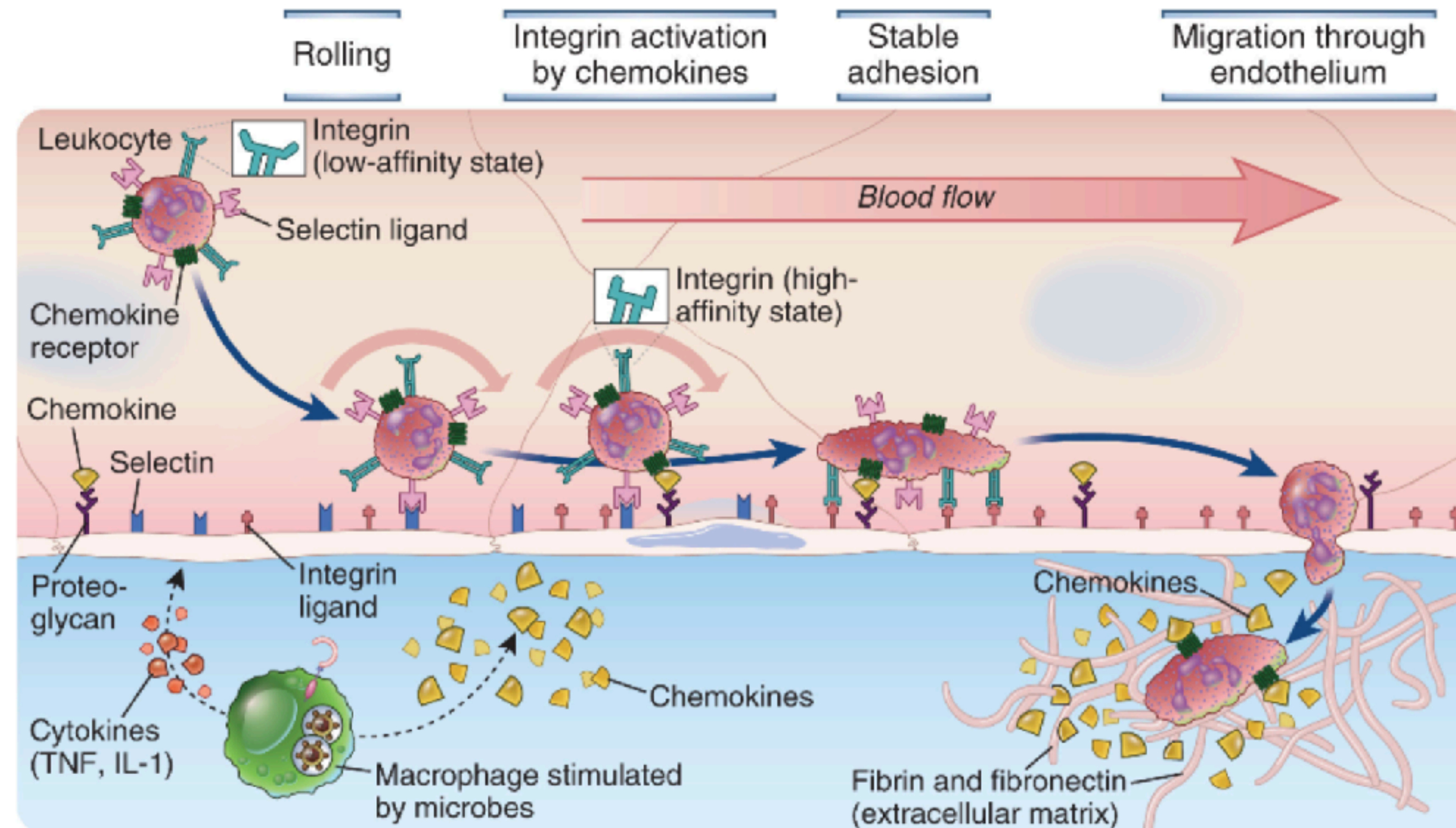
- Increased adhesion of leukocytes to endothelium
- Migration of leukocytes through blood vessels and towards the site of infection or tissue damage.
- Guiding of lymphocytes through their developmental processes
- Regulation of angiogenesis

**Chemokines** do not act alone → require other vasoactive substances to work efficiently

# Crossing the blood vessel wall

Site of infection: vasodilatation through vasoactive substances

→ Slow-down in blood flow + facilitation of interactions between blood cells (neutrophils, macrophages) and endothelium



# Crossing the blood vessel wall



## 4 steps of extraversion into inflamed tissue:

### 1) Rolling adhesion

P-Selectin and E-Selectin expressed on endothelium and interact with *sulfated sialyl-Lewis<sup>x</sup>* on neutrophils and monocytes → weak interaction that enables “rolling” along the endothelium

### 2) Firm Adhesion

Tight interaction mediated by *integrin-ICAM interactions*

- ▶ Integrins, expressed on neutrophils or macrophages, become activated during rolling due to chemokine signaling (CXCL8 attached to endothelium)
- ▶ ICAM-1 induced on endothelium cells through action of TNF-alpha and other cytokines → *Stops the rolling* process of leukocytes!

### 3) Diapedesis

Cells squeeze through the *intercellular space*, facilitated by adhesion molecules (CD31). Extracellular matrix metalloproteinases help to break basal membrane down.

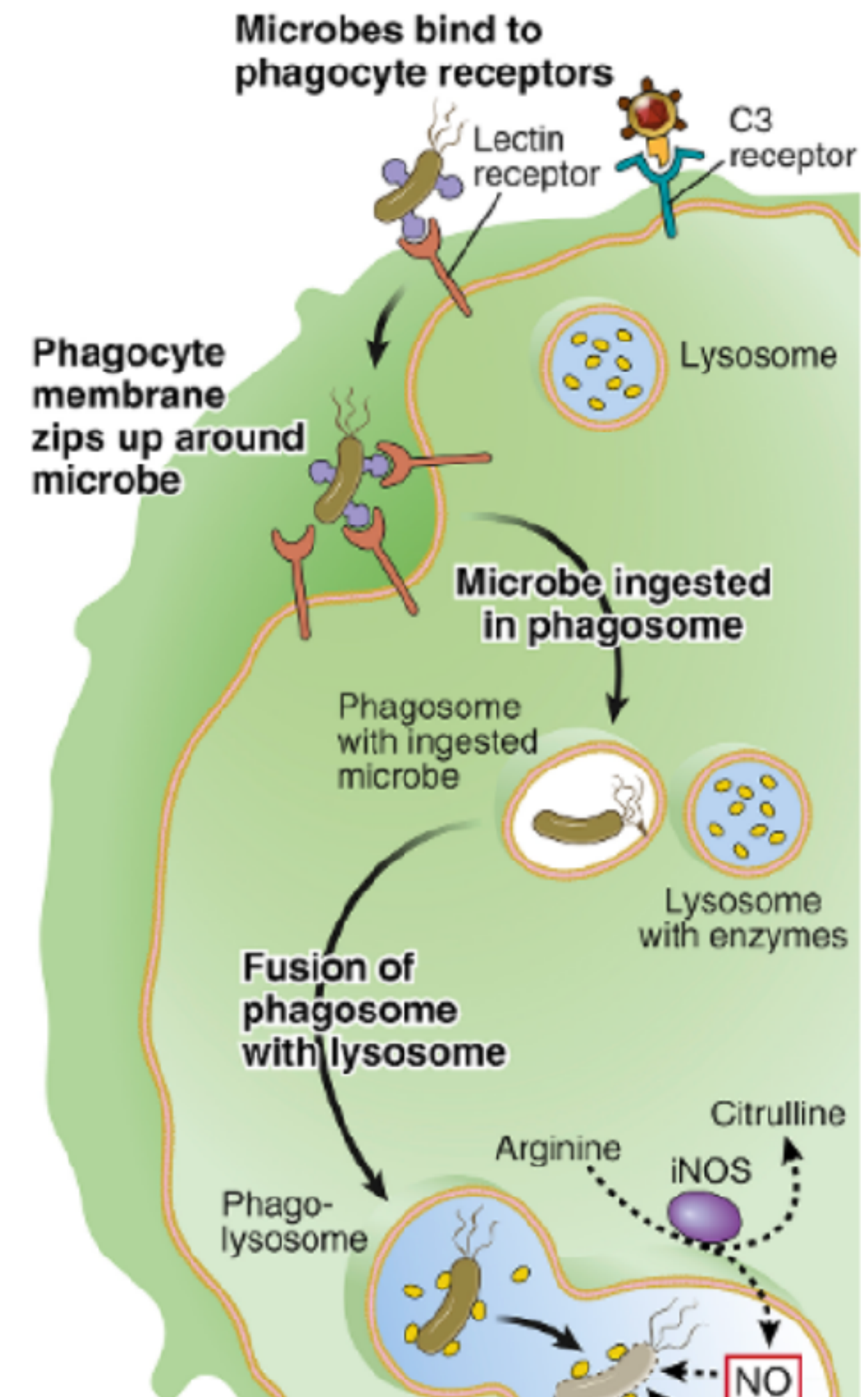
### 4) Migration

Cells migrate along *chemokine gradient* towards site of infection → Chemokines (CXCL8, CCL2) bind to proteoglycans in extracellular space.

# Phagocytosis (1)

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- Binding to microbial surface structures
- Internalization into phagosome
- Fusion with lysosome → phagolysosome
- *neutrophils: fusion with primary and secondary granules*



# Phagocytosis Receptors

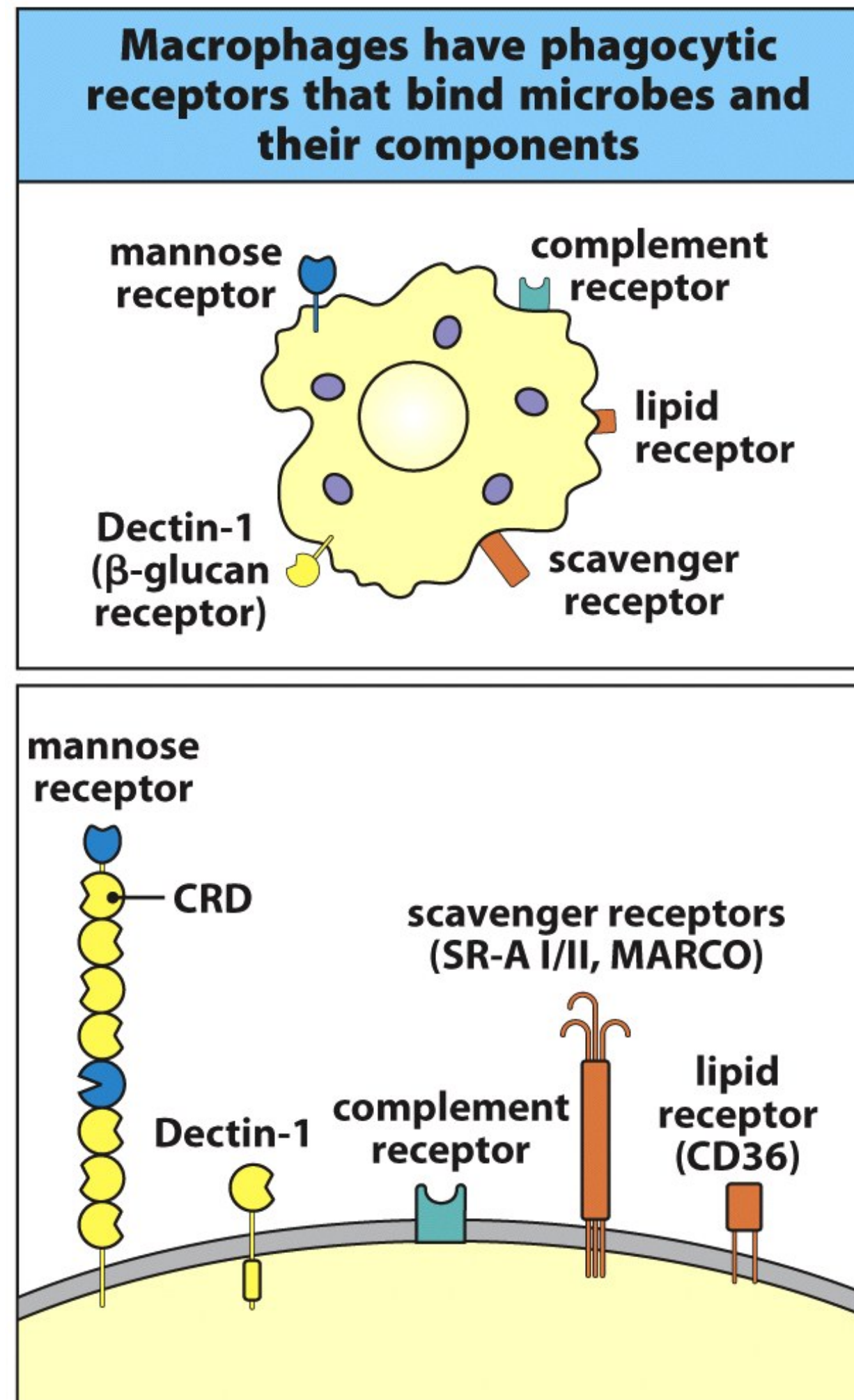
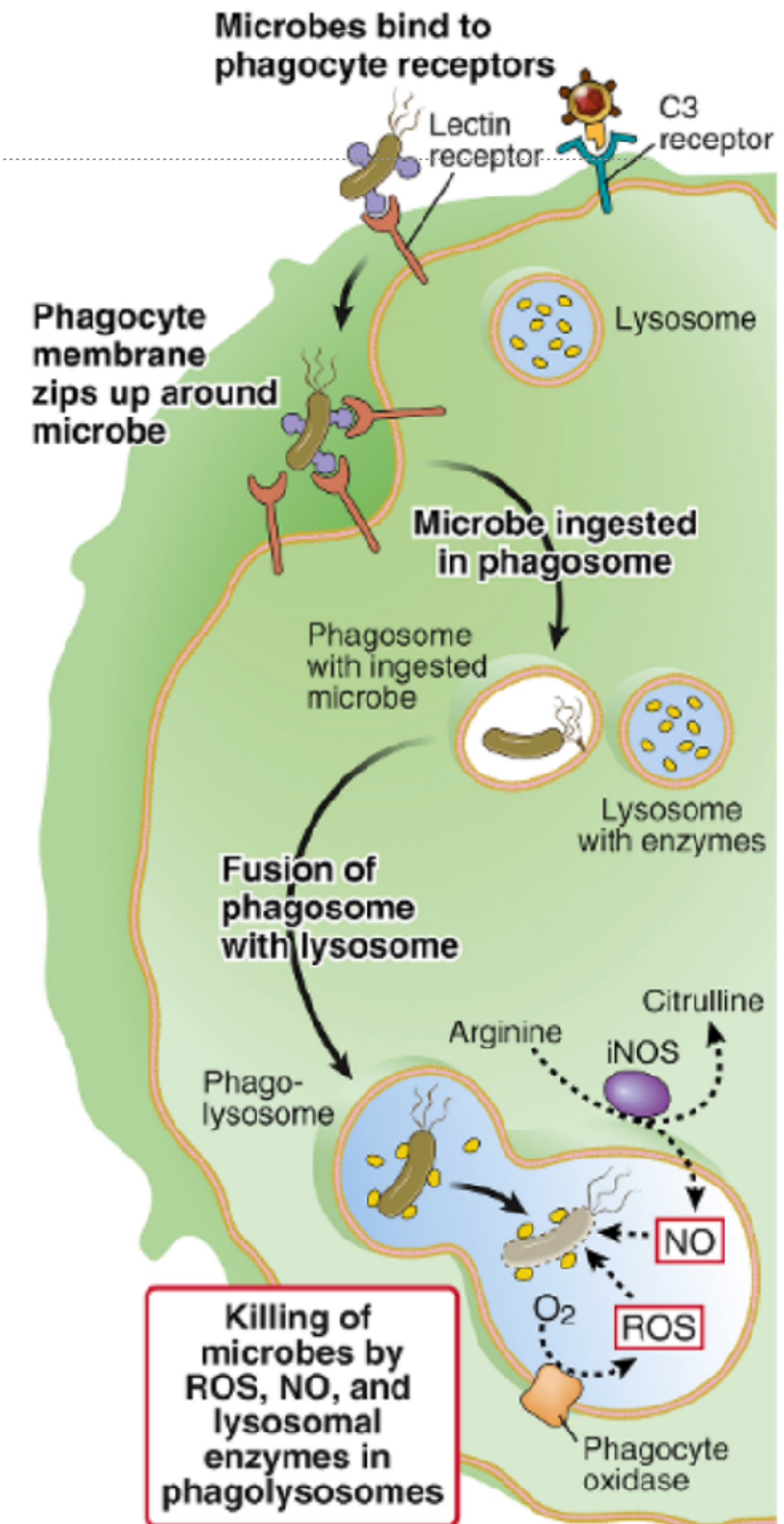


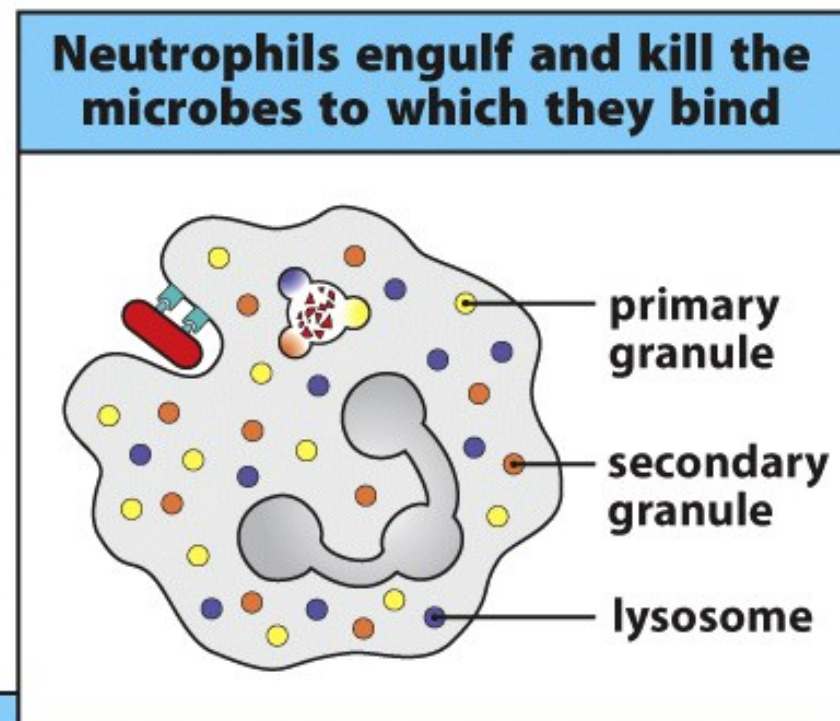
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# Intracellular killing mechanisms

- Receptor activation triggers the assembly of a multimeric protein complex that produces **ROS** (reactive oxygen species)
- Inducible nitric oxide synthase (iNOS) catalyzes **NO** production
- **Lysosomal proteases** (e.g., Elastase, Cathepsin G) break down microbial proteins
- Neutrophils can also kill microbes by neutrophil extracellular traps (**NETs**)



# Respiratory burst



- Reactive oxygen species ( $O_2^-$ ;  $H_2O_2$ )
- generated by NADPH oxidase (phagocyte oxidase)
- multicomponent enzyme:
- membrane-associated cytochrome b558 complex (2nd granules and lysosomes)
- cytoplasmic components p67, p40, p47
- inactive in resting phagocytes:
- Receptor activation assembly of multicomponent enzyme → **respiratory burst**

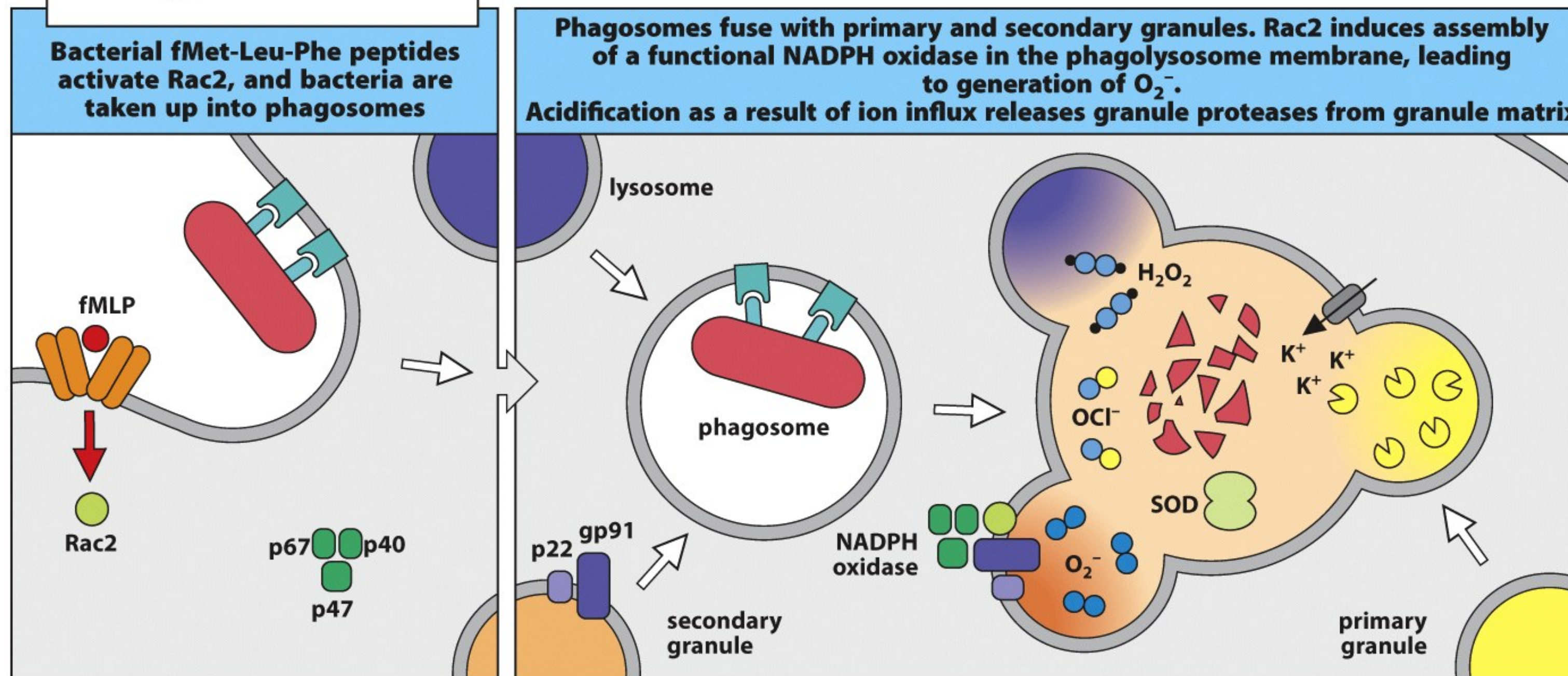
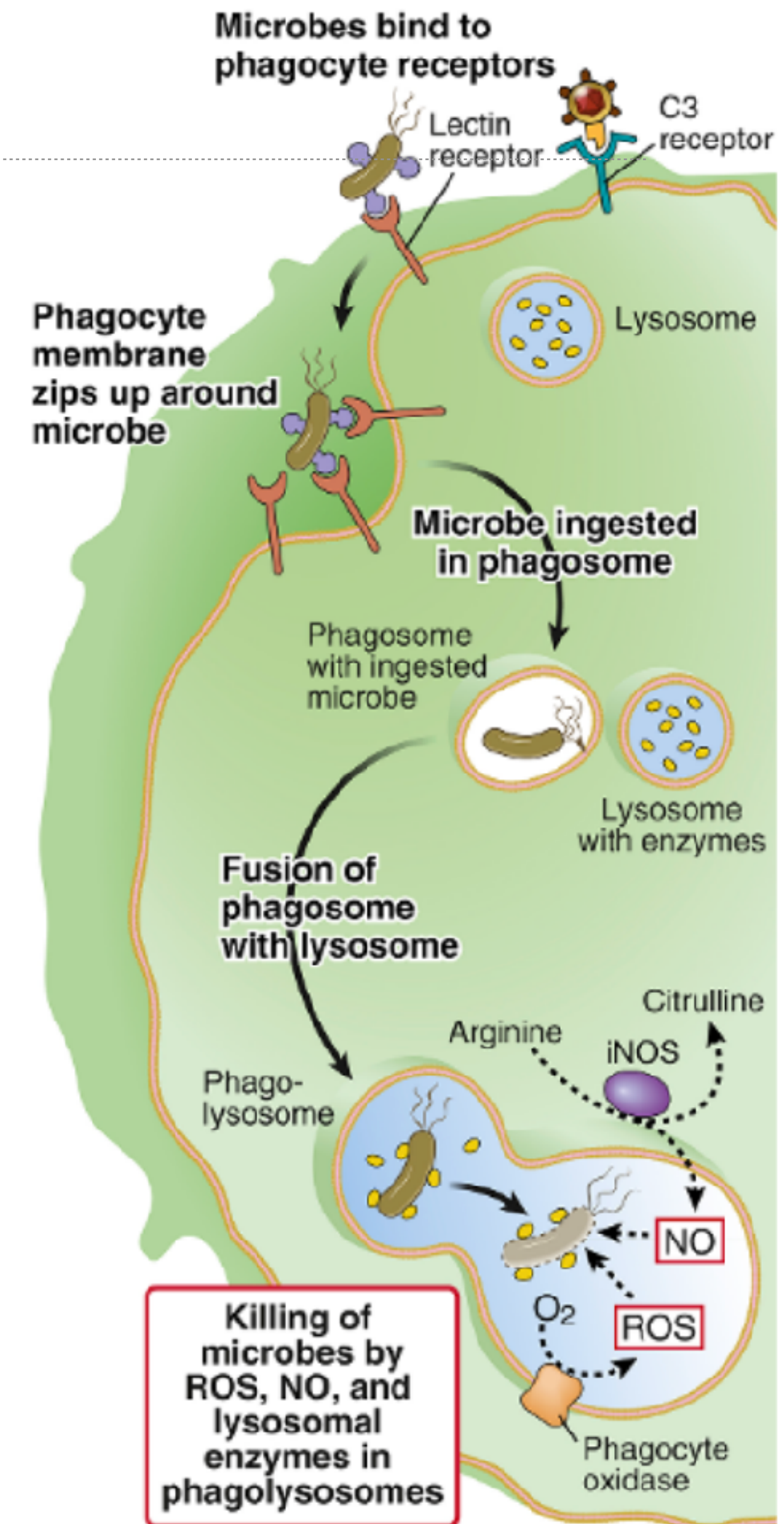


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# Intracellular killing mechanisms

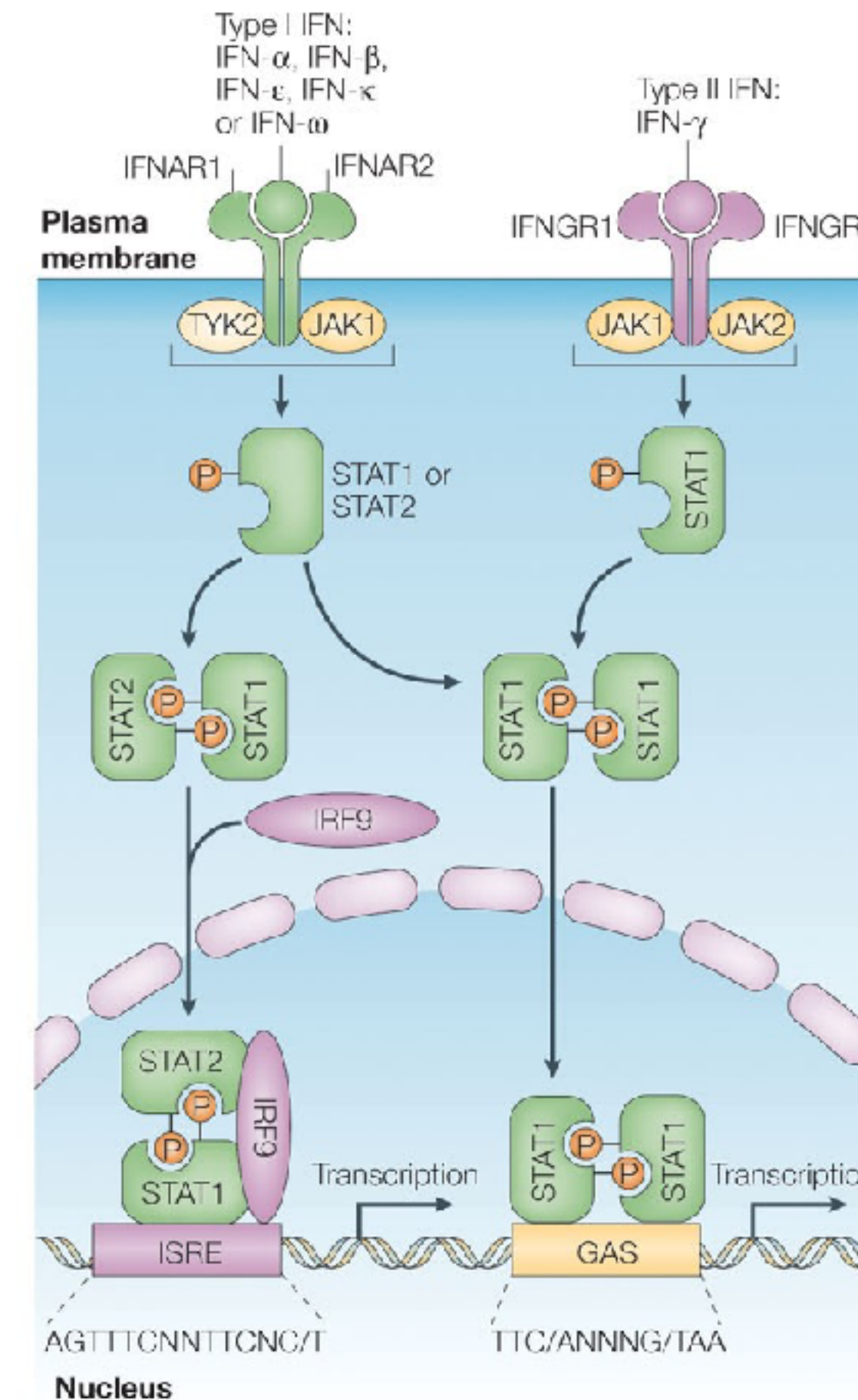
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# Interferons - critical antiviral cytokines

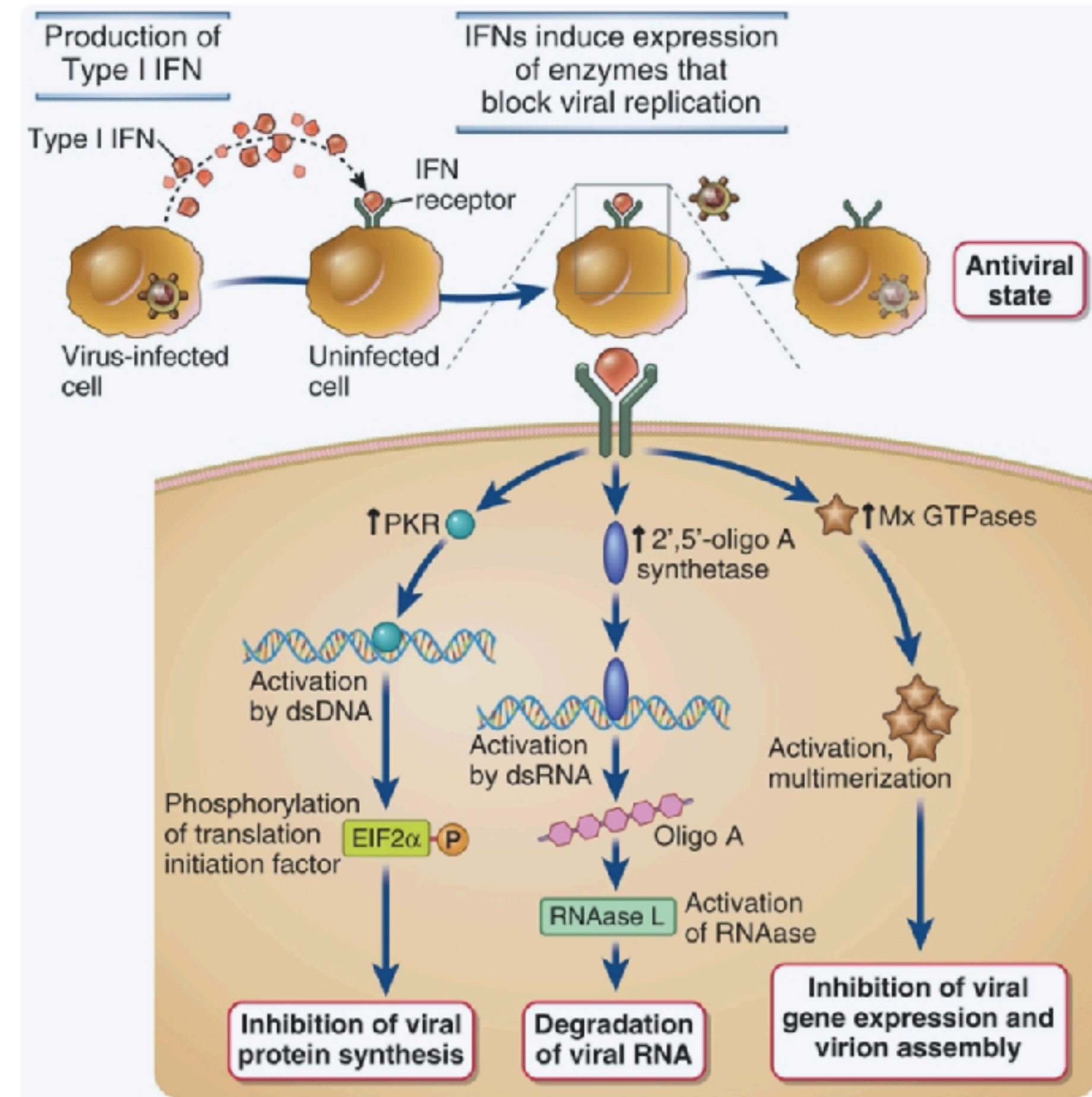
“Interfere with viral spread”

- IFN-alpha (several related proteins) and IFN-beta (one gene)
- IFN-beta (less IFN-alpha) synthesized by many cell types upon viral infection
- TLRs and intracellular nucleic sensors majorly contribute to the production of type I IFNs
- Plasmacytoid DCs a major producers of type I IFNs



# The biological effects of type I interferons

- Type I IFN trigger a battery of interferon-stimulated genes in their target cells, which confers an “antiviral state” via multiple mechanisms
- Type I IFNs increase the cytotoxicity of NK cells and CD8+ T cells and promote differentiation of naive T cells into the Th1 subset of helper T cells
- Type I IFNs up-regulate the expression of class I MHC molecules
- Type I IFNs can sensitize cells towards pro-apoptotic signals



# Mechanisms that limit innate immune responses

IL-10 is an anti-inflammatory cytokine, produced by many immune cells and has important immunoregulatory functions

