

Topics

- Principals of immunization
- Vaccines
- Immunizations

17-1

Principals of immunization

- Active immunity
- Passive immunity

17-2

	Active	Passive
Natural	Natural exposure to antigen induces an immune response; immunity following an attack of measles.	Transfer of antibodies or cells produced by others; temporary immunity from antibodies of the mother transferred to infant across the placenta or in milk.
Artificial	Deliberate exposure to antigen induces an immune response; immunization of children.	Antibodies in immune serum are introduced into body; injection of rabies immune globulin after a dog bite.

17-3

Figure 17.1 Active and passive immunity

Antitoxin – antibody preparation against a specific toxin

Antiserum – a preparation of serum containing protective antibodies

Immune serum globulin – passive immune preparation containing IgG (gamma globulin)
pooled blood serum from many donors
variety of Abs
given to travelers and immunosuppressed individuals

Hyperimmune globulin – sera from donors with high levels of specific Abs
eg anti tetanus, rabies, hepatitis A and hepatitis B
given during disease incubation period to prevent disease development

Herd immunity – inability of a pathogen to spread ; no hosts

Vaccines

- **Attenuated** (*weakened form of the disease-causing agent*)
Agent replicates, may cause mild disease
Mimics wild type strain, controls infection
Longer antigen exposure than inactivated vaccines
Can cause disease in immunocompromised people
eg Sabin polio vaccine

17-5

Vaccines

- **Attenuated**
- **Inactivated** (*unable to replicate; retains immunogenicity*)
cannot cause infections or revert to dangerous form
no amplification of dose in vivo; boosters required
Inactivated whole agent vaccines – killed microorganisms
Toxoids – inactivated toxins
Protein subunit vaccines (and recombinant vaccines)
contain key protein antigens
reduced unwanted side effects
Polysaccharide vaccines – T-independent antigens
conjugate vaccine – polysaccharide plus protein =
T-dependent vaccine
Adjuvant – enhances immune response to antigens, provide
“danger signals”

17-6

Paralytic poliomyelitis

- 1950 – Salk vaccine (inactivated virus)
- 1960 – Sabin vaccine (attenuated virus)
- Salk vaccine is safe (*but virus can replicate and spread*)
- Sabin vaccine provides herd immunity
*given orally, induces mucosal immunity
 can cause vaccine-related polio in some individuals*

17-10

Table 17.3 The Effectiveness of Universal Immunization in the United States

Disease	Cases per Year Before Immunization	Decrease After Immunization
Smallpox	48,164 (1900–1904)	100%
Diphtheria	175,885 (1920–1922)	Nearly 100%
Pertussis (whooping cough)	147,271 (1922–1925)	95.7%
Tetanus	1,314 (1922–1926)	97.4%
Paralytic poliomyelitis	16,316 (1951–1954)	100%
Measles	503,282 (1958–1962)	Nearly 100%
Mumps	152,209 (1968)	99.6%
Rubella (congenital syndrome)	823 (estimated)	99.4%
<i>Haemophilus influenzae</i> type b infections	20,000 (estimated)	99.7%

Table 17.3 - Effectiveness of immunizations

17-11

Table 17.4 Recommended Childhood Immunization Schedule in the United States (2002)

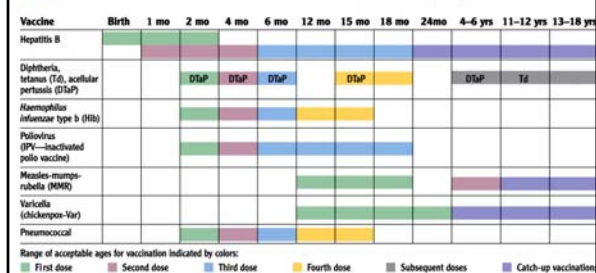


Table 17.4 - Recommended immunizations

17-12

Table 17.5 Some Diseases for Which New or Improved Vaccines Are Sought

Disease	Estimated impact
HIV/AIDS	40 million infected worldwide, with approximately 14,000 new infections daily
Malaria	300–500 million cases/yr and up to 3 million deaths/yr worldwide
Influenza	30–50 million cases/yr worldwide; 10,000–40,000 deaths/yr in the United States
Strep throat	20 million cases/yr in the United States
Genital herpes	45 million infected and 500,000 new infections/yr in the United States
Hepatitis C	170 million infected worldwide
Cancer	1 in 3 in the United States may get cancer, resulting in 560,000 deaths/yr

Table 17.5 - Future immunizations

17-13
