

Immune Risk Directed Acyclic Graph Narrative

- ❖ The central issue in the Immune risk is the progression from **Persistent Subclinical Immune Dysregulation** -> **Clinically significant Immune Dysregulation** -> **Medical Illness**. **Oxidative Stress**, **Persistent Subclinical Immune Dysregulation** and **Clinically Significant Immune Dysregulation** can affect **Inflammation** levels in the body that contribute to **Medical Illness**.
 - **Subclinical Immune Dysregulation** refers to changes in cellular proliferation and function that does not have a known clinical issue directly following it.
 - **Clinically Significant Immune Dysregulation** refers to the threshold at which those cellular issues have a known prognostic indication for impending disease.
 - The **Medical Illnesses** that can result are a function of both hypoactive and hyperactive immune dysregulation
 - Hypoactive dysregulation predisposes astronauts to increased probability of infections
 - Hyperactive dysregulation predisposes astronauts to increased probability of hypersensitivity reactions like rashes and autoimmune disease
- ❖ Increasing probability of **Medical Illnesses** contributes to deterioration of **Individual Readiness** and **Crew Capability** which affects **Task Performance**, likelihood of **Evacuation** for medical reasons, and in severe cases can contribute to **Loss of Crew Life**. Persistent medical issues post flight and post career may affect **Flight Recertification** and **Long-Term Health Outcomes**.
- ❖ Contributors to the start of this chain of events include:
 - **Radiation** exposure leads to **Oxidative Stress** that can contribute to immune dysregulation.
 - **Nutrients** are dependent on the safe and acceptable **Food and Nutrition (Risk)**.
 - The **Microbiome** which is dependent on the status of the **Microhost (Risk)**.
 - **Health Stabilization Program (HSP)** may reduce the risk of harmful microorganisms entering the crew Microbiome.
 - **Atmospheric Conditions** including airborne content affected by the **Hypoxia, CO2, Dust (Risks)**.
 - **Circadian Misalignment** associated with the **Sleep (Risk)** is known to affect immune function.
 - **Stress** associated with the **Behavioral (Risk)** is known to affect immune function.
- ❖ Countermeasures that affect immune system function must be included in the **Crew Health and Performance System** and accommodated in **Vehicle Design**. These are affected by the **EIHSO (Risk)** and include:
 - Countermeasures that may prevent Persistent Subclinical Immune Dysregulation
 - **Probiotics** and **Supplements** which are dependent on the Pharm (Risk) and may require different storage modalities.
 - Other stress relieving techniques such as **Stress relieving Virtual Reality (VR)**.
 - **Exercise** has been shown to improve Subclinical changes in the immune system.
 - **Lab Blood Monitoring** (2x baseline, monthly during flight, R+0, R+45) enables the ability to Detect Immune Changes that are either subclinical or clinically significant. When detected, these can enable further interventions including
 - **Medical Treatment Capability** that responds to the infections or hypersensitivity reactions that occur and seek to minimize the consequences of those medical conditions.
 - This is dependent on the Pharm (Risk) as medications used are subject to stability and pharmacokinetic (PK)/pharmacodynamic (PD) issues.
- ❖ The likelihood of infectious diseases (**Medical Illness**) in a mission is also affected by **Microbial Virulence Factors** which have been shown to change in spaceflight.
- ❖ **Long Term Health Outcomes** that may occur as a result of immune dysregulation must be included in **Surveillance** post flight and post-career in order to effectively **Detect Long Term Health Outcomes** and characterize the magnitude of this risk in the Long-Term Health domain. These can include hypersensitivity conditions, autoimmune disorders, and cancer.

