WHAT IS CLAIMED IS:

1. A method of treating a patient with HIV, cancer, a viral infection, or a bacterial infection, the method comprising administering an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient.

2. A method for increasing an immune response in a patient in need thereof, comprising administering an effective amount of a lymphocytic cellular composition comprising activated NK cells to the patient.

3. A method of inhibiting HIV replication in a patient, the method comprising administering to the subject with HIV an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient.

4. A method of inhibiting tumor growth in a patient, the method comprising administering to the patient with the tumor an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient.

5. A method of inhibiting a viral or bacterial replication or reproduction in a subject having a viral or bacterial infection, the method comprising administering to the subject with the viral or bacterial infection an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient.

6. The method of any one of claims 1-5, wherein the cellular composition further comprises activated gamma delta T cells (GDT cells).

7. The method of any one of claims 1-5, wherein the cellular composition further comprises invariant natural killer T cells (iNKT cells).

8. The method of any one of claims 1-5, wherein the cellular composition further comprises $CD3^+$ T cells.

9. The method of any of claims 1-8, wherein prior to administration to the patient, the lymphocytic cellular composition is activated by mixing/incubating/contacting the cells with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1).

10. The method of claim 9, wherein the cytokine is selected from the group consisting of IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof.

11. The method of claim 10, wherein the cytokine is incubated/mixed/contacted with the cellular composition for between about 6-24 hours.

12. The method of claim 10, wherein the amount of cytokine incubated with the cellular composition is between about 100-1000IU/ml.

13. The method of any of claims 1-12, wherein the method further comprises pre-conditioning the patient prior to administering the lymphocytic cellular composition by administering at least one lympho-suppressive agent, chemotherapeutic agent, or immunosuppressive agent for between 3-5 days prior to administering the lymphocytic cellular composition.

14. The method of claim 13, wherein the lympho-suppressive or chemotherapeutic agent comprises any one of 6TG, 6-MMP, one or more purine analogues selected from the group consisting of clofarabine, fludarabine, and cytarabine, or any combination thereof.

15. The method of claim 14, wherein the dose of the lympho-suppressive or chemotherapeutic agent ranges from about 5mg/m^2 to about 50mg/m^2.

16. The method of claim 13, wherein the chemotherapeutic or immunosuppressive agent comprises any cyclophosphamide, rituximab, a steroid, or any combination thereof.

17. The method of claim 16, wherein the steroid is a glucocorticoid steroid.

18. The method of claim 17, wherein the steroid is prednisone.

19. The method of claim 16, wherein the dose of the chemotherapeutic agent or immunosuppressive agent ranges from about 20 mg/m2 to about 1000 mg/m2.

20. The method of claim 13, wherein the method further comprises administering to the patient interferon-alpha (IFN-α), or a biological equivalent thereof, at a dosage of from about 1 x 10^6 IU/m^2/d to about 10 x 10^6 IU/m^2/d, two days and/or 1 day prior to administering the lymphocytic cellular composition.

21. The method of any of claims 1-20, wherein the method further comprises administering to the patient IL-2 on the day of administration of the lymphocytic cellular composition and on the first day following administration of the lymphocytic cellular composition, and optionally continuing for between 3-14 additional days following administration of the lymphocytic cellular composition, in a dosage of about 3-6 x 10^6 IU/m^2 per dose.

22. The method of any of claims 1-21, wherein the method further comprises administering to the patient a COX-2 inhibitor or a nonsteroidal anti-inflammatory drug (NSAID), or a combination thereof, on the day of administration of the lymphocytic cellular composition, and continuing for between at least 14 and 60 days following administration of the lymphocytic cellular composition.

23. The method of claim 22, wherein the COX-2 inhibitor is celecoxib or Rofecoxib, and the nonsteroidal anti-inflammatory drug is selected from the group consisting of aspirin, indomethacin, ibuprofen, naproxen, piroxicam, and nabumetone.

24. The method of any of claims 1-23, wherein the activated NK cells are allogeneic to the patient.

25. The method of any of claims 1-24, wherein the NK cells are not HLA-matched with the patient.

26. The method of any of claims 1-25, wherein the dosage of activated cells ranges from about 3-50 x 10^6.

27. The method of any of claims 1-26, wherein the viral infection is selected from the group consisting of viral infections caused by retroviruses (*e.g.*, human T-cell lymphotrophic virus (HTLV) types I and II and human immunodeficiency virus (HIV)), herpes viruses (*e.g.*, herpes simplex virus (HSV) types I and II, Epstein-Ban virus and cytomegalovirus), arenaviruses (*e.g.*, lassa fever virus), paramyxoviruses (*e.g.*, morbillivirus virus, human respiratory syncytial virus, and pneumovirus), adenoviruses, bunyaviruses (*e.g.*, hantavirus), coronaviruses, filoviruses (*e.g.*, Ebola virus), flaviviruses (*e.g.*, hepatitis C virus (HCV), yellow fever virus, and Japanese encephalitis virus), hepadnaviruses (*e.g.*, hepatitis B viruses (HBV)), orthomyoviruses (*e.g.*, Sendai virus and influenza viruses A, B and C), papovaviruses (*e.g.*, papillomaviruses), picornaviruses (*e.g.*, rhinoviruses, enteroviruses and hepatitis A viruses), poxviruses, reoviruses (*e.g.*, rotaviruses), togaviruses (*e.g.*, rubella virus), and rhabdoviruses (*e.g.*, rabies virus), and any combination thereof.

28. The method of any of claims 1-26, wherein the cancer is a hematological or hematogenous cancer selected from the group consisting of acute leukemia, acute myelocytic leukemia, acute myelogenous leukemia, myeloblastic leukemia, promyelocytic leukemia, myelomonocytic leukemia, monocytic leukemia, erythro leukemia, chronic leukemia, chronic myelocytic (or granulocytic) leukemia, chronic myelogenous leukemia, chronic lymphocytic leukemia, polycythemia vera, lymphoma, Hodgkin's disease, non-Hodgkin's lymphoma (indolent and high grade forms), multiple myeloma, Waldenstrom's macroglobulinemia, heavy chain disease, myelodysplastic syndrome, hairy cell leukemia and myelodysplasia, and any combination thereof.

29. The method of any of claims 1-26, wherein the cancer is a solid tumor selected from the group consisting of fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma, osteosarcoma,

and other sarcomas, synovioma, mesothelioma, Ewing's tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma, lymphoid malignancy, pancreatic cancer, breast cancer, lung cancers, ovarian cancer, prostate cancer, hepatocellular carcinoma, squamous cell carcinoma, basal cell carcinoma, adenocarcinoma, sweat gland carcinoma, medullary thyroid carcinoma, papillary thyroid carcinoma, pheochromocytomas sebaceous gland carcinoma, papillary carcinoma, papillary adenocarcinomas, medullary carcinoma, bronchogenic carcinoma, renal cell carcinoma, hepatoma, bile duct carcinoma, choriocarcinoma, Wilms' tumor, cervical cancer, testicular tumor, seminoma, bladder carcinoma, melanoma, and CNS tumors (such as a glioma (such as brainstem glioma and mixed gliomas), glioblastoma (also known as glioblastoma multiforme) astrocytoma, CNS lymphoma, germinoma, medulloblastoma, Schwannoma craniopharyogioma, ependymoma, pinealoma, hemangioblastoma, acoustic neuroma, oligodendroglioma, menangioma, neuroblastoma, retinoblastoma and brain metastases.

30. The method of any of claims 1-26, wherein the bacterial infection is caused by one of the pathogenic bacterial species Bacteroides, Clostridium, Streptococcus, Staphylococcus, Pseudomonas, Haemophilus, Legionella, Mycobacterium, Escherichia, Salmonella, Shigella, or Listeria.

31. The method of any of claims 1-26, wherein graft versus host disease (GVHD) is decreased or eliminated, while graft versus tumor (GVT) or graft versus virus (GVV) is increased in the patient.

32. The method of claims 1-20, wherein administration of IL-2 is counter-indicated and not administered following administration of the lymphocytic cellular composition comprising activated NK cells, when the patient has lymphocytic or lymphoblastic leukemia or lymphoma.

33. The method of any of claims 1-26, wherein at a time-frame of from 4-14 days following administration of the lymphocytic cellular composition comprising activated NK cells, the patient is further administered an immune check-point inhibitor, including any one or combination of two check point inhibitors, including an inhibitor of PD-1 or PD-L1 (B7-H1), such as an anti-PD-1 antibody, including nivolumab (Nivolumab from Bristol-Myers Squibb),

pembrolizumab/lambrolizumab, also known as MK-3475 (Keytruda from Merck), pidilizumab (Curetech), AMP-224 (Amplimmune), or an anti-PD-L1 antibody, including MPDL3280A (Roche), MDX-1105 (Bristol Myer Squibb), MEDI-4736 (AstraZeneca) and MSB-0010718 C (Merck), an antagonist of CTLA-4, such as an anti-CTLA-4 antibody including anti-CTLA4 antibody Yervoy™(ipilimumab, Bristol-Myers Squibb), tremelimumab (Pfizer), Ticilimumab (AstraZeneca) or AMGP-224 (Glaxo Smith Kline), or a tumor specific antibody trastuzumab (Herceptin) for breast cancer, rituximab (Rituxan) for lymphoma, or cetuximab (Erbitux).

34. The method of any of claims 1-22, wherein the treatment or increasing the immune response is repeated periodically for time frames of from once every month, to once every two months, to once every 3 months, to once every 4 months, to once every 5 months, to once every 6 months, or once every 7 months, or once every 8 months, or once every 9 months, or once every 10 months, or once every 11 months, or once annually as a maintenance treatment for as long as the patient exhibits improvement, or stable/non-progressing disease.

35. The method of any of claims 1-26, wherein the method further comprises administering to the patient one or two antihistamine drugs, on the same day, but at least about 2-6 hours prior to administration of the lymphocytic cellular composition comprising activated NK cells to the patient.

36. A method of activating NK cells, the method comprising contacting a cellular composition comprising the NK cells *in vitro* with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1).

37. The method of claim 36, wherein the cytokine is selected from the group consisting of IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof.

38. The method of claim 36, wherein the cytokine is contacted with the cellular composition for from about 6 to about 24 hours.

39. The method of claim 36, wherein the amount of cytokine contacted with the cellular composition is from about 100 IU/ml to about 1000 IU/ml.

40. The method of any one of claims 36-39, wherein the composition further comprises gamma delta T cells (GDT cells).

41. The method of any one of claims 36-40, wherein the cellular composition further comprises invariant natural killer T cells (iNKT cells).

42. The method of any one of claims 36-41, wherein the cellular composition further comprises $CD3^+$ T cells.

43. The method of any one of claims 36-42, wherein the NK cells, gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and/or $CD3^+$ T cells are isolated from peripheral blood.

44. A cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells.

45. The composition of claim 44, wherein the cytokine activated composition a IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof, activated composition.

46. The composition of claims 44 and 45, wherein the composition further comprises gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and/or $CD3^+$ T cells.

47. The composition of any one of claims 44-46, wherein the NK cells are peripheral blood NK cells.

48. The composition of any one of claims 44-47, wherein the gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), $CD3^+$ T cells are peripheral blood gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and $CD3^+$ T cells.

49. A cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for treating a patient with HIV, cancer, a viral infection, or a bacterial infection.

50. A cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for the preparation of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection.