

## Approach to the patient with recurrent infections

Table I – Factors that contribute to the risk of recurrent infections

Atopy/ allergic disease  
Day care attendance  
School age siblings  
Second-hand tobacco smoke exposure  
Gastroesophageal reflux  
Anatomic abnormalities of upper or lower airways  
Foreign body  
Cystic fibrosis  
Immotile cilia syndrome

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### Table II Critical elements of the history

#### Age of Onset

4-5 months

combined T/B cell immunodeficiency  
phagocytic disorder

7-9 months

B cell immunodeficiency

#### History of recurrent infections

#### Sites of infection

#### Types of infection

#### Gastrointestinal symptoms

#### Autoimmune disease

#### Family History

#### Adverse reaction to vaccines

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Table III Sites of infection

### Sites of Infection

Otitis media, recurrent mastoiditis	B cell deficiency
Sinusitis	B cell deficiency
Pneumonia bronchiectasis	B cell deficiency
Meningitis	B cell deficiency
Sepsis	B cell deficiency Complement pathway defect Neutropenia
Skin infections	B cell deficiency, Neutrophil/phagocyte defects
Gingivitis/stomatitis	Neutrophil/phagocyte defects
Organ abscesses	" "
Lymphadenitis	" "

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### Table IV Microbiology of infections

#### Bacteria

##### Mycobacteria

*Mycobacterium avium intracellulare*

T cell deficiency

NK cell defect

IL-12/IFN- $\gamma$  pathway defects

##### Enteric bacterial organisms

B-cell immune deficiency

Campylobacter

Samonella species

*Clostridium difficile*

##### Encapsulated organisms

B cell or complement deficiency

*Streptococcus pneumoniae*

*Hemophilus influenza*

*Neisseria* species

##### Catalase positive organisms

Neutrophil/phagocyte defects (CGD)

*Staphylococcus aureus*

*Burkholderia cepacia*

Klebsiella

Serratia

#### Viruses

herpes, varicella, CMV

T cell deficiency, IL-12/IFN- $\gamma$  pathway defects, NK cell defects

Epstein-Barr virus

XLP

Human papilloma virus

T-cell

(HPV) related diseases

WHIM syndrome

enteroviruses

B-cell deficiency

(echovirus, coxsackie)

Rotavirus

B-cell deficiency

#### Fungi

Candida

T cell deficiency

Aspergillus

T cell or phagocyte defects

#### Parasites

*Giardia lamblia*

B cell deficiency

*Toxoplasma gondii*

T cell deficiency

#### Opportunistic infections

*Pneumocystis jiroveci*

T cell deficiency

Cryptosporidium

T cell deficiency

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### Table V – Gastrointestinal disturbances

#### Malabsorption, chronic diarrhea

Failure to thrive	T cell or IPEX
Lactose intolerance	CVID, IgA deficiency
Celiac disease	CVID, IgA deficiency
Bacterial overgrowth small bowel	CVID, IgA deficiency
Parasites	CVID, IgA deficiency
Inflammatory bowel disease	B cell deficiency (CVID, IgA deficiency)
Nodular lymphoid hyperplasia	B cell deficiency (CVID, IgA deficiency)
Atrophic gastritis/ achlorhydria	CVID
Gastric carcinoma	CVID
Pancreatic insufficiency neutrophil defect	

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Table VI – Autoimmune disorders

### Rheumatic diseases

Lupus erythematosus                      early complement component deficiency  
CVID

Hemolytic-uremic syndrome              Factor H deficiency

Glomerulonephritis                      C3 deficiency  
ALPS  
CVID

### Autoimmune endocrinopathies

CVID, IgA deficiency  
APECED  
IPEX

### Autoimmune neuropathies

Guillain Barre syndrome              ALPS

### Autoimmune hematologic diseases

Hemolytic anemia                      CVID  
ALPS  
Wiskott-Aldrich syndrome

Thrombocytopenia                      CVID  
ALPS

Autoimmune neutropenia              CVID  
ALPS  
Wiskott-Aldrich syndrome  
Type 1 hyper IgM syndrome

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Table VII – Family history

Consanguinity of the parents

History of a sibling dying early in life of infections

Family history of an x-linked or autosomal recessive inheritance of a primary immune deficiency

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Table VIII: Vaccine contraindications/precautions in patients with primary immunodeficiency<sup>1,2</sup>

<u>Vaccine Type:</u>	<u>Avoid in:</u>
<i>Live virus vaccines</i>	T- and B-cell deficiency
Oral polio vaccine	
Varicella vaccine <sup>a</sup>	
MMR vaccine <sup>a</sup>	
Intranasal influenza vaccine	
Rotavirus vaccine	
Smallpox vaccine	
Yellow fever vaccine	
Herpes zoster vaccine	
 <i>Live bacterial vaccines</i>	 T- and B-cell deficiency, CGD/LAD, IFN- $\gamma$ pathway defects/NEMO
BCG vaccine	
Oral Salmonella typhi vaccine	

<sup>a</sup> Measles and varicella vaccination may be considered in some B-cell deficiencies

<sup>1</sup> Pickering LK et al, ed. Red book: 2009 report of the Committee on Infectious Diseases. 28<sup>th</sup> ed. American Academy of Pediatrics; 2009.

<sup>2</sup> CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2011;60:2.

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**Table IX: The Physical Examination in Patients with Recurrent Infection**

<b>Diagnosis and Physical Finding</b>	<b>Association</b>
<u>Growth Failure</u>	T/B cell combined deficiency (SCID)
<u>Dysmorphisms</u>	
Micrognathia, short philtrum, ear anomalies	T cell deficiency (DiGeorge anomaly)
Short-limbed dwarfism	T cell deficiency (cartilage-hair hypoplasia)
Hypertelorism, epicanthal folds, flat nasal bridge	ICF syndrome
Ectodermal dysplasia	NEMO
Course facies	Hyper IgE syndrome
<u>Skin and Oral Mucosa</u>	
Rashes	
Lupus-like malar rash	early complement pathway defect
Dermatomyositis rash	XLA
Erythroderma	Omenn syndrome
Eczema	Wiskott-Aldrich, Hyper IgE syndrome
Petechiae	Wiskott-Aldrich syndrome
Pyoderma, abscesses	Neutrophil or B cell defects
Poor wound healing	Leukocyte adhesion defect
Candidiasis	T cell or T/B cell combined deficiency
Telangiectasia	APECED, IPEX, CMCC
Delayed umbilical cord separation	Ataxia-telangiectasia
Abnormal hair	neutrophil adhesion defect
	cartilage-hair hypoplasia
	NEMO
	Chediak-Higashi syndrome
	Griscelli syndrome
<u>Ears, Nose, Throat and Mouth</u>	
Chronic otitis media	B cell deficiency; mannose-binding
lectin deficiency	
dull tympanic membranes	
poor light reflex	
scarring	
perforations of the tympanic membrane	
Sinusitis	B cell deficiency
purulent nasal discharge	
purulent post-pharyngeal exudate	
pharyngeal cobblestoning	
Dentition, gums	
Conical teeth	NEMO

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Peridonditis

Leukocyte adhesion defects,  
neutropenia

Respiratory Tract

Digital clubbing

Defect in any immune component

Rales

" "

Wheezing

B cell (IgA) deficiency

Cardiac

Heart murmur (conotruncal abnormalities)

DiGeorge anomaly

Lymphatic System

Absent tonsils, lymph nodes

Bruton's disease

T/B cell combined deficiencies

Diffuse lymphoid hyperplasia

Common variable immunodeficiency

Chronic granulomatous disease

HIV infection

ALPS

XLP

CGD

Lymphadenitis

Musculoskeletal System

Arthralgia/ arthritis

B cell deficiency

Dermatomyositis

B cell or complement deficiency

Lupus-like syndrome

Complement (early classical

pathway), CVID or IgA deficiency

Short-limb dwarfism

Cartilage hair syndrome

Craniosynostosis

Hyper IgE syndrome

Neurological system

Ataxia

Ataxia-telangiectasia

Enteroviral meningoencephalitis

B cell deficiency (Bruton's  
disease/XLA)

Neuropathies

Chediak-Higashi and Griscelli  
syndromes

Pernicious anemia

CVID

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**Table X Screening Laboratory Evaluation of Innate Defense Factors**

Absolute granulocyte count, cell morphology

Serum total hemolytic complement (CH50, alternative pathway AP50)

Nitroblue tetrazolium test (NBT) or flow cytometry using dihydrorhodamine dye test

Flow cytometry for leukocyte adhesion molecules (CD11/CD18, and CD15a)

**Advanced testing –**

Phagocytic assays

Chemotaxis assays

Analysis of toll-like receptor pathways

Molecular analysis for specific defects

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**Table XI: Screening Tests for T-Cell Immunity**

**Screening tests -**

Newborn screening for TREC analysis (not available in all states)

Absolute lymphocyte count

Chest x-ray for thymus shadow in newborns

Delayed skin hypersensitivity to recall antigens

Quantification of T-cell subsets

**Advanced testing -**

Lymphocyte proliferative responses to mitogens, antigens, and allogeneic cells (MLC)

Lymphocyte-mediated cytotoxicity - NK and ADCC activity

Production of cytokines

Functional response to cytokines

Signal transduction studies

Molecular analysis for specific defects

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## **Table XII: Screening Laboratory Tests for the Evaluation of B-cell Immune Function**

### **Screening-**

Quantitative serum immunoglobulins

Specific antibodies to vaccine responses-

Tetanus/diphtheria (IgG<sub>1</sub>)

Pneumococcal and meningococcal polysaccharides (IgG<sub>2</sub>)

Viral respiratory pathogens (IgG<sub>1</sub> and IgG<sub>3</sub>)

Other vaccines - hepatitis B, influenza, MMR, polio (killed vaccine)

Isohemagglutinins (IgM antibodies to A and B blood group antigens)

B-cell quantitation by flow cytometry

### **Advanced Testing-**

*In vitro* B-cell immunoglobulin production

Regulation of immunoglobulin synthesis

CD40 ligand-CD40 interactions

Molecular analysis for gene deletions or mutations

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