

PRIMARY IMMUNODEFICIENCY

Red Flags checklist for healthcare providers

Primary immunodeficiency is present from birth, but symptoms don't always appear right away. Some people become ill within the first years of life, while others develop manifestations during childhood, adolescence, or adulthood.

Consider primary immunodeficiency if any of the following red flags are present:

Infection History

- Repeated serious infections (e.g., two or more pneumonias, recurrent bloodstream infections/septicemia, deep abscesses, or meningitis) ¹
- Infections caused by unusual or opportunistic organisms (e.g., *Pneumocystis jirovecii* pneumonia [PJP]) ¹
- Poor response to treatment, including infections that do not improve despite prolonged or multiple courses of antibiotics ¹

Gastrointestinal and growth concerns

- Chronic diarrhea, with or without evidence of intestinal inflammation (colitis) ¹
- Poor weight gain or growth failure, particularly in infancy and childhood ²

Skin, oral, and physical findings

- Persistent or recurrent oral or skin findings that are unusual, severe, or resistant to treatment ¹
 - Thrush
 - Widespread rash (erythroderma)
 - Telangiectasias
 - Recurrent pustules, nodules, or plaques
- Unusual physical features such as abnormally textured hair (kinky or silvery), dystrophic nails, or pointed teeth, especially in children ²

Laboratory and exam findings

- Abnormal immune blood tests (low IgG, chronic lymphopenia, neutropenia, or thrombocytopenia) ¹
- Absent lymph nodes or tonsils, or persistently enlarged lymphoid tissues ¹

Family History

- Family history of primary immunodeficiency, autoimmunity, or leukemia/lymphoma ¹

Each red flag alone should alert healthcare providers to the possibility of primary immunodeficiency and require further testing and investigation. Two or more red flags should trigger an urgent referral to an Immunologist.

¹ All age groups

² Infancy and childhood