

Outpatient Primary Care Management and Referral Guidelines
San Antonio Military Medical Center and Wilford Hall Ambulatory Surgical Center
Allergy and Immunology Service

Primary Immunodeficiency

Definition:

Inherent and possibly inherited defects of the immune system that increased risk and prevalence of infections.

History

- Identification of frequent infections
 - o Must be culture proven or with radiographic evidence
 - o Often are unusual organisms
 - o Must be documented in medical records
- Consider secondary causes of infections
 - o Medications (immunosuppressant medications)
 - o Underlying malignancy
 - o Structural defects (ie. frequent otitis in infants/children)
- Other relevant history
 - o Full immunization history
 - o Family history, especially of infections

Examination/Evaluation

- Patients presenting for acute infections should have cultures or radiographs obtained to determine type of infection and severity
- Consider obtaining CBC to evaluate for acute infection and for absolute neutrophil and lymphocyte count as screening tool
- Can also consider obtaining immunoglobulins (IgG, IgA, IgM) and complement studies (CH50)

Management

- Ensure patient is up to date on vaccinations
- If concerned for immunodeficiency, avoid live vaccinations (Adenovirus, MMR, Varicella, Zoster, FluMist, Rotavirus, Smallpox, Yellow Fever)

Indications for referral

- Referral indicated for
 - o 8 or more new infections within a year
 - o 2 or more serious sinus infections (sinus CT proven) within a year
 - o 2 or more months on an antibiotic with little or no effect
 - o 2 or more pneumonias within 1 year
 - o Failure of an infant to gain weight or grow normally
 - o Recurrent deep skin or organ abscesses
 - o Persistent thrush in mouth or elsewhere on skin after 1 year

- Need for intravenous antibiotics to clear infections
- 2 or more deep seated infections
- Family history of immune deficiency

There are very few consults that warrant ASAP or Urgent status. If this is entered by the referring provider, it will be downgraded to Routine unless that provider calls and directly speaks with an allergist either at SAMMC or WHASC and it is confirmed as an urgent consult.