

Table 12. Primary Immune Deficiency

Referral Guideline	Rationale	Evidence Type
<p>Any of the following warning signs:</p> <ul style="list-style-type: none"> • Eight or more new infections within one year; • Two or more serious sinus infections within one year; • Two or more months on antibiotic with little or no effect; • Two or more pneumonias within 1 year; • Failure of an infant to gain weight or grow normally; • Recurrent deep skin or organ abscesses; • Persistent thrush in mouth or elsewhere on skin after age 1 year; • Need for intravenous antibiotics to clear infections; • Two or more deep seated infections; • A family history of immune deficiency. 	<p>Frequent infection, unusual infections or unusual complications of usual infections are the most frequent presentation of immune deficiency¹⁻⁷. Advanced diagnostic strategies are necessary to ensure appropriate diagnosis and treatment.^{1,6-9} Allergist/immunologists are trained to diagnose and treat primary immunodeficiency¹⁰. Immunologic therapy improves immunity^{11,12}, reduces infections¹³⁻¹⁵, improves organ function¹⁶, prevents complications¹, improves quality of life¹⁷, and may be curative^{18,19} in patients with primary immune deficiencies.</p>	<p>Diagnostic</p> <p>Indirect outcome (immunologic therapy)</p>

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