When to refer to Immunology Clinic

Immunodeficiency disorders including hereditary angioedema (C1-inhibitor deficiency) and suspected periodic fevers

Recurrent Major infection
Please refer any of the following:

- 2 major infections in 12 months (major = requires hospital admission).
- 1 major + 2 minor (minor = microbiologically proven and needs oral antibiotic) in 12 months.
- Second episode of bacterial meningitis ever.
- Infections (major or minor) in relative of patient with known primary immunodeficiency.
- Patients with unexplained bronchiectasis and/or sinusitis.
- Suspected secondary immunodeficiency: e.g., CLL on treatment, vasculitis previously treated with Rituximab etc

EXCEPTIONS
Recurrent minor viral infections will not be due to immunodeficiency and referral is not necessary: exclude stress, inadequate diet, iron deficiency.
Patients with selective IgA deficiency do not need referral unless there is a history of severe infections, allergies or autoimmune disorders.

Other groups of patients

Guidelines for the management of **asplenia** are available from the Department. The Regional Register is no longer operational.
Refer **only** those patients who fail to respond to recommended vaccines, who cannot or will not tolerate continuous antibiotics, and those with congenital asplenia.
GP practices should maintain their own practice register of asplenic patients for annual follow-up.

Recurrent 'shingles' is very rare in the absence of severe and obvious immunodeficiency (e.g. lymphoma, leukaemia, AIDS, chemotherapy) and the usual cause of recurrent lesions similar to shingles (VZV) is actually recurrent Herpes simplex infection.
Treat with oral aciclovir (not topical). If episodes are very frequent, consider prophylaxis with aciclovir 200mg bd for 6 months.

Recurrent boils/abscesses: most are due to staphylococcal carriage or local disease (hidradenitis suppurativa). Rarely may be due to neutrophil or antibody deficiency. Check blood glucose, TFTs and nasal swabs for staphylococci. The Department has a regime for decontamination of staphylococcal carriers, available on request.
Refer only those carriers who fail decontamination.
Refer **all** patients with deep-seated organ abscesses (liver, brain).

The Department will see suspected **vasculitis, complex autoimmunity and CTD** especially where there are unusual immunological features (e.g., multiple autoimmune diseases with enteropathy & low antibody levels)