

Madigan Army Medical Center Referral Guidelines

Pediatric Immunodeficiency [including Human Immunodeficiency Virus (HIV)]

Diagnosis/Definition

- Patients with humoral, cellular or combined immunodeficiency, including HIV

Initial Diagnosis and Management

- A child/adolescent should be suspected of HIV or other immunodeficiency if he/she has more than 2 serious systemic infections with common bacterial pathogens (e.g., meningitis, sepsis, overwhelming pneumonia), more than ten/year significant upper respiratory tract infections (e.g., otitis/sinusitis), any infection with an opportunistic or unusual pathogen, or symptoms compatible with acute retroviral syndrome.
 - HIV- specific points:
 - Other possible signs and symptoms of HIV in children include failure to thrive, neurological abnormalities or developmental delay/regression, recurrent unexplained episodes of diarrhea, generalized lymphadenopathy, hepatomegaly, or splenomegaly
 - Historical factors prompting an evaluation include a history of blood transfusion or Factor VIII infusion, maternal/paternal or personal intravenous drug use, homosexual activity, sexual promiscuity, known or suspected maternal infection with HIV, identification as HIV infected or sexual contact with a known HIV infected person.
- Children should have a thorough history and physical performed by the primary care provider to exclude anatomical causes, underlying chronic disease, or inaccurate history.

Ongoing Management and Objectives

- CBC and differential
- Quantitative immunoglobulin panel
- HIV serology and/or molecular test

Indications for Specialty Care Referral

- If the history and physical taken by the primary care provider is suggestive of an immunodeficiency, and underlying causes are excluded, the patient should be referred to the Pediatric Infectious Disease (ID) Clinic for an intake evaluation on a routine basis. HIV serology can be obtained either before the referral or by Pediatric ID Physician.
- All patients who are HIV infected should be referred to the Pediatric ID Clinic.

Criteria for Return to Primary Care

- If the patient is determined not to be immunodeficient after consultation by Pediatric ID, then he/she will be returned to primary care without any further follow-up.

- If an immunodeficiency is identified, appropriate follow-up and management of the disorder will be coordinated by Pediatric ID, and routine care will remain with the primary care provider.

Last Review for this Guideline: **October 2012**
Referral Guidelines require review every three years.

References:

<http://www.aaaai.org/conditions-and-treatments/primary-immunodeficiency-disease.aspx>

http://www.nichd.nih.gov/health/topics/Primary_Immunodeficiency.cfm

<http://www.info4pi.org/>

Policy Statement: Adolescents and HIV Infection: The Pediatrician's Role in Promoting Routine Testing. Committee on Pediatric AIDS. Pediatrics 2011; 128:5, 1023-1029

Red Book: 2009 report of the Committee on Infectious Diseases. Human Immunodeficiency Virus Infection. 380-400.

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Clinical Practice and Referral Guidelines Administrator

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