

Follow-up of Infants with Positive Newborn Screen for SCID in NYS

REFERRAL

≤150 TRECS/μl

≥ 37 weeks gestation

PRESUMPTIVE POSITIVE/BORDERLINE

>150 TRECS/μl to <200 TRECS/μl

≥ 37 weeks gestation

Requires repeat NBS as soon as possible

<200 TRECS/μl

≥200 TRECS/μl

No further follow-up required

PREMATURE INFANT

<200 TRECS/μl

< 37 weeks gestation*

Requires repeat NBS when infant reaches GA of 37 weeks or greater

>150 TRECS/μl to <200 TRECS/μl

<150 TRECS/μl

≥200 TRECS/μl at GA of 37 weeks or greater

NBS Follow-up calls PCP and immunologist/infectious disease specialist at the Specialty Treatment Center. PCP informs NBS Follow-up if infant had cardiac surgery including thymectomy. NBS Follow-up determines if a pre-thymectomy screen was screen negative.

The parent/legal guardian contacted by PCP or Immunologist ASAP.

Patient seen by immunologist/infectious disease specialist ASAP. Blood drawn for CBC and flow cytometry analysis. Mitogens and memory cell testing may also be done. A repeat NBS filter paper collected and sent to Wadsworth Laboratory for identity testing, repeat TREC analysis and HLA analysis, if necessary.

Immunologist/infectious disease specialist will interpret results of CBC, flow cytometry, mitogens and memory cell testing. They will determine appropriate medical management.

No further follow-up required

* If TRECS/μl = 0, then the patient will be referred to an immunologist/infectious disease specialist ASAP, regardless of their gestational age.

