

# Normal neonatal Lymphocyte counts on day one of life and incidence of lymphopenia – could FBC be used to screen for Severe Combined Immune Deficiency?

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## Background

- Severe Combined Immune Deficiency (SCID) is a term for a group of disorders arising from disturbed development of functional B and T cells.
- It is more frequent in the minority population of Irish Travellers (1 in 2000 vs. 1 in 58,000 in the general population)
- Gold standard for diagnosis is TREC assay (T-cell receptor excision circle) but this is expensive and not used for screening in Ireland.
- Lymphopenia (lymphocyte count  $<1.5 \times 10^9/L$ ) is a potential incidental presentation of SCID.
- We investigated the possibility of using a full blood count (FBC) as a screening test.
- We determined the incidence of lymphopenia on day 1 of life in term neonates who have had an FBC as part of their newborn care.

## Methods

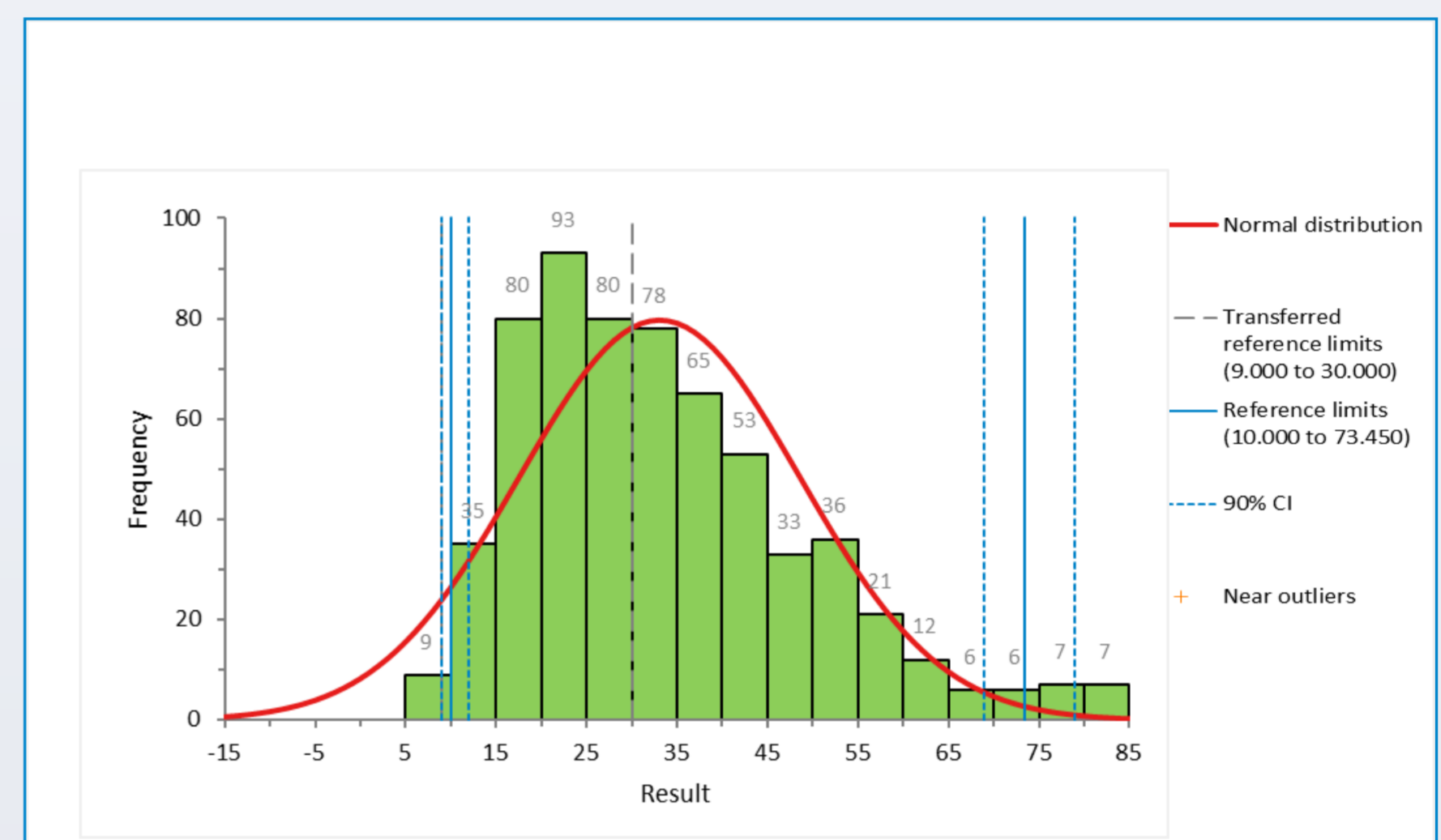
- We retrospectively examined the results of all full blood count (FBC) specimens taken in a six-month period in 2015.
- Preterm infants, babies with positive blood cultures and repeat samples were excluded
- The earliest sample taken on each baby was included for analysis.
- We defined  $1.5 \times 10^9/L$  as significant lymphopenia in order to determine how often this finding would occur on routine sampling in neonates.

## Results

There were 1239 relevant blood samples taken during the period of interest. Of these, only 10 specimens had an absolute lymphocyte count less than  $1.5 \times 10^9/L$ , giving an incidence of 0.8% of this finding. If a more generous cut-off point of  $\leq 2.0 \times 10^9/L$  were used, 29 infants in our study population would have needed further investigation for SCID.

## Conclusions

- Only 0.8% of normal, unaffected newborns have a lymphocyte count  $<1.5 \times 10^9/L$
- Day 1 FBC would be a cheap, pragmatic first line screening tool for children at high risk of SCID with a low likelihood of false positives.
- Early diagnosis is vital in these infants to prevent end organ damage and ensure life saving bone marrow transplantation is carried out as early as possible.



## References

1. Van der Burg M, Gennery A. R. Educational paper. The expanding clinical and immunological spectrum of severe combined immunodeficiency. *European Journal of Pediatrics* 2011, 170(5), 561–571.
2. Van Cleemput P. Health care needs of Travellers. *Arch Dis Child* 2000;82(1): 32–37.
3. Kwan A, Abraham RS, Currier R, et al. Newborn screening for severe combined immunodeficiency in 11 screening programs in the United States. *Journal of the American Medical Association* 2014;312:729-38.
4. Walkovich, K., & Connelly, J. A. Primary immunodeficiency in the neonate: Early diagnosis and management. *Seminars in Fetal & Neonatal Medicine* 2016, 21(1), 35–43.
5. Dell Railey M, Lohknygina Y, H. Buckley RH. Long-term Clinical Outcome of Patients with Severe Combined Immunodeficiency Who Received Related Donor Bone Marrow Transplants without Pretransplant Chemotherapy or Post-transplant GVHD Prophylaxis. *The Journal of Pediatrics* 2009, 155(6), 834–840.e1.
6. Puck, J. M. Laboratory technology for population-based screening for severe combined immunodeficiency in neonates: The winner is T-cell receptor excision circles. *Journal of Allergy and Clinical Immunology* 2012,129(3), 607–616.