ESID-0268 Screening Protocols to Detect Respiratory Infections in PID: Findings from a European Survey and Subclinical Infection Working Group

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Patients with primary antibody deficiency suffer progressive lung disease due to underlying subclinical infection despite adequate levels of replacement immunoglobulin. Findings from a meeting of UK and EU experts (Paris, June 2013) suggested that subclinical infection was not adequately monitored and screening protocols vary by centre, disease and patient. Various screening measures, including lung function testing (FEV_1, FVC), CT, MRI, and induced sputum with exacerbations were used across different centres. Whilst CT scanning was widely reported to be useful in the assessment of lung disease, only 4/14 centres regularly performed CT scans in patients without confirmed lung disease.

To better understand which screening protocols are used across Europe a survey was conducted to identify how screening type and timing differ between centres and patient groups. The survey covered centres located in the UK, Italy, Spain, France, Germany, Belgium, Sweden and the Netherlands. Data was collected in adult and paediatric patients with PID to assess antibody levels, lung/upper airway infections, screening methods, including lung function tests; induced sputum with exacerbations; CT; MRI; and treatments used to combat underlying infection (e.g., antibiotics, IgG therapy).

It is hoped that the survey results will improve our understanding of the differences in screening protocols across Europe, identify key screening tests that should be used to monitor subclinical infection and provide guidance on how and when they should be used. This may represent a starting point for development of a European standard of best practice for detecting and monitoring subclinical infection in PID patients.