



## National Screening Advisory Committee

<b>Condition</b>	ADA-SCID (Adenosine Deaminase Deficiency-Severe Combined Immunodeficiency)
<b>Application Type</b>	Modification to Existing Screening Programme i.e. adding a new condition to the National Newborn Bloodspot Screening Programme (NNBSP)
<b>Target Population</b>	Newborn
<b>Date(s) Considered</b>	5 March 2020 17 July 2020
<b>Decision Date</b>	17 July 2020
<b>Recommendation / Decision</b>	Approve
<b>Background</b>	<p>ADA-SCID (Adenosine Deaminase Deficiency - Severe Combined Immunodeficiency) is a genetic condition. ADA-SCID is the leading cause of SCID in Ireland. Babies born with ADA -SCID show no clinical symptoms at birth and it is not until the following weeks when the fact that they are immunodeficient becomes apparent.</p> <p>As the condition is currently not screened for at birth, often many children do not receive the appropriate treatment in a timely manner which is crucial as this condition is uniformly fatal in infancy in the absence of treatment.</p> <p>However, ADA -SCID is detectable via newborn screening and curable via haematopoietic stem cell transplant (HSCT) or gene therapy (GT) that enables immune reconstitution in affected individuals.</p> <p>In the absence of screening, a number of factors impede timely clinical diagnosis of ADA-SCID. Affected infants appear healthy at birth, protected from infection by the sterile intrauterine environment and transplacentally derived maternal IgG antibodies.</p> <p>Symptom onset occurs within the first few weeks of life with symptoms including failure to thrive, chronic diarrhoea and recurrent severe infections. As ADA- SCID is a rare condition the index of suspicion may be low among clinicians, many of whom will never have encountered a case in their professional careers, further impeding timely diagnosis.</p>

	In the absence of screening, ADA-SCID is typically diagnosed within the first six months of life, by which time infants may have developed permanent organ damage or succumbed to severe infection.
<b>Evidence &amp; Information Considered by NSAC</b>	<ul style="list-style-type: none"> <li>• Overview Document – Expansion of the National Newborn Bloodspot Screening Programme (NNBSPGG) - February 2020 NNBSPGG;</li> <li>• Appraisal of adenosine deaminase deficiency severe combined immunodeficiency (ADA-SCID) against UK National Screening Committee criteria - 2020 - NNBSPGG;</li> <li>• An analysis of a national cohort of infants with Severe Combined Immunodeficiency Disorder (SCID): to inform screening recommendations. - February 2020 - NNBSPGG;</li> <li>• Endorsement Letter - February 2020 - IPIA (Irish Primary immunodeficiency Association);</li> <li>• Endorsement Letter - March 2020 - ERTN (Eastern Region Travellers Network);</li> <li>• National Newborn Bloodspot Screening Programme (NNBSP) presentation to National Screening Advisory Committee - March 2020 - NNBSPGG;</li> <li>• Formal application to add Adenosine Deaminase Deficiency Severe Combined Immunodeficiency (ADA-SCID) to the National Newborn Bloodspot Screening Programme - July 2020 - NNBSPGG;</li> </ul>
<b>Reasons for Decision</b>	The recommendation has been based on documentation of national and international evidence presented to the NSAC in accordance with the criteria for appraising applications.
<b>Conditions of Decision</b>	Clarification and assurances requested from NNBSPGG on specific points related to implementation.
<b>Observations / Recommendations</b>	none
<b>Monitoring</b>	Ongoing engagement with HSE on implementation continues.
<b>Review</b>	To be reviewed as agreed by Committee in line with its Terms of Reference and work programme.
<b>Further Reading</b>	<a href="#">National Newborn Bloodspot Screening Programme (NNBSP)</a>