SCID: Early Treatment Saves Lives

SCID compass
An educational program of the Immune Deficiency Foundation

SCID Diagnosis

Early diagnosis and treatment for SCID is necessary for improving a child's chances of survival. If a child is diagnosed and treated within the first few months of life before a serious infection develops, then the long-term survival rate is more than 90%. With early treatment, most children with SCID should be able to develop their own working immune system. The best course of treatment for a child with SCID depends on several factors including the type of SCID and the child's health.

Treatments Options by Type

Hematopoietic Stem Cell Transplant (HSCT) is the standard treatment for all types of SCID. In HSCT, donor stem cells are introduced into the child and develop an immune system.

Enzyme Replacement Therapy is a temporary treatment that is used to treat ADA-SCID.

Gene therapy is an alternative treatment in clinical trials available only for X-linked SCID and Artemis SCID. Gene therapy uses a child's own corrected stem cells to build an immune system.

SCID Types

X-linked
ADA-SCID
Artemis SCID (aka SCID A or DCLRE1C)
RAG-1 and RAG2
IL7R deficiency
CD3 complex Component Deficiency
CD45 deficiency
Cernunnos-XLF Deficiency
Coronin-1A deficiency
DNA ligase 4 deficiency
DNA-PKcs deficiency
JAK3 deficiency
LAT deficiency
Reticular dysgenesis
Leaky SCID
Omenn Syndrome

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $4 million with 0% finances with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.