Selective IgA Deficiency (sIgAD) is a common primary immunodeficiency.
It has a prevalence of approximately 1 in 600 in the UK.

The majority of people with sIgAD are asymptomatic and the condition is often picked up incidentally on testing based around IgA autoantibodies (e.g. coeliac screen).

Patients usually fall into one of three categories:

- **Asymptomatic** (majority). No specific treatment is required.
- **Increased incidence of allergic and autoimmune disease**. No deviation from standard management of these conditions is required.
- **Recurrent infections**. In this case, sIgAD may be associated with another immune defect and requires investigation in an immunology clinic.

The majority of patients with sIgAD do not require specialist input. Referrals should be considered for patients with recurrent, severe, unusual or persistent infections.

Transfusion of blood products - Standard components should be used unless there is a history of previous reaction. If there is a history of a previous reaction the case should be discussed with NIBTS. Life-saving transfusions should not be delayed if washed components are unavailable.

Further information and a patient information leaflet on selective IgA deficiency can be found at:
immunodeficiencyuk.org
in the section on resources for patients, carers and professionals.