

SUPPLEMENTARY MATERIAL

APPENDIX 1: QUESTIONS ASKED TO THE PHYSICIANS ABOUT CLINICAL FEATURES (RESPONSE ALTERNATIVES/ OPTIONS LISTED)

<p>Q1. Have you ever received training on primary immunodeficiency (PID) before? Response options:</p> <ul style="list-style-type: none"> • Yes • No 	<p>Q6. Which of the following helps us in diagnosis a PID patients? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Complete blood count • Blood urea nitrogen, creatinine • Hepatic function panel • Immunoglobulins • Lymphocyte subtype determination • Serum isohemagglutinins • Antibacterial antibody response to previous vaccines • Viral serology • Culture • Radiological imaging • Genetic testing
<p>Q2. Have you ever followed up a patient diagnosed with PID during your career? Response options:</p> <ul style="list-style-type: none"> • Yes • No 	<p>Q7. Which of the following vaccines should not be given to a patient with PID? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Inactive influenza • Hepatitis B • Live vaccines
<p>Q3. What clinical findings can PID present with? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Recurrent opportunistic infections • Autoimmune disease • Cytopenia • Enteropathy • Chronic liver disease • Autoinflammatory conditions • Malignancy • Granulomatous lesions • Allergy 	<p>Q8. What are the agents used in the treatment of PID? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Immunoglobulin replacement therapy • Antibiotic prophylaxis • Interferon gamma therapy • Stem cell transplant • Genetic therapy • Immunosuppressive therapy • Monoclonal treatment
<p>Q4. What are the warning signs of infection in terms of PID? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Two or more new otitis media within 1 year • Two or more new severe sinusitis within 1 year, repetitively • One pneumonia per year for more than 2 years • Recurrent, deep abscesses in skin or organs (<i>e.g.</i> liver, lungs) • Need for intravenous antibiotics to clear infections • Persistent oral candidiasis or fungal skin infection • Infection with non-tuberculous mycobacteria • Recurrent or severe viral infections (herpes, Epstein-Barr virus, cytomegalovirus infection, condyloma) • Chronic diarrhea with weight loss • Family history of primary immunodeficiency 	
<p>Q5. Which of the following could be a clue to PID? Response options (you can tick more than one option):</p> <ul style="list-style-type: none"> • Lymphoid hyperplasia • Splenomegaly • Hepatomegaly • Bronchiectasis • Skin findings (eczema, alopecia, vitiligo etc.) 	