# ----**Cohen Children's** Northwell Health

## Background

- While fever is considered a sign of infection, many individuals with primary immunodeficiency (PI) anecdotally report a lower than normal average body temperature.
- On Immune Deficiency Foundation (IDF) Friends and IDF PI CONNECT Research Forum online, PI patients report a **diminished fever response** even when other signs of infection are present.
- There is **limited knowledge** about the average body temperature in persons with **PI.** However, the implications of missing an infection in those with PI is well established.

# **Research Question**

• Is there a subset of patients with primary immunodeficiency disease who exhibit lower than normal average body temperature?

# Hypothesis

• There is **no difference** in mean body temperature between adults diagnosed with PI and those adults without PI.

#### Acknowledgements:

- We would like to thank the Immune Deficiency Foundation (IDF) for granting support for this study and to all study participants.
- A travel grant from USIDNET was awarded to Dr. Zhang.

#### **References:**

- Buckley, RH. Immune Deficiency Foundation Diagnostic and Clinical Care Guidelines for Primary Immunodeficiency Diseases. 3rd ed. Towson, MD. Immune Deficiency Foundation; 2015
- Gomolin, IH, Aung MM, Wolf-Klein G, Auerbach C. Older Is Colder: Temperature Range and Variation in Older People. Journal of the American Geriatrics Society, 53:2170-2172. doi: 10.1111/j.1532-5415.200
- https://primaryimmune.org/

**DONALD AND BARBARA** ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL

<sup>1</sup>Department of Pediatrics, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New Hyde Park, NY; <sup>2</sup>Immune Deficiency Foundation, Towson, MD; <sup>3</sup>Division of Allergy and Immunology, Children's Hospital of Philadelphia, Philadelphia, PA; <sup>4</sup>Division of Allergy & Immunology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Great Neck, NY; <sup>5</sup>Center for Health Innovations and Outcomes Research, Feinstein Institute for Medical Research, Manhasset, NY

- days.

# **Body Temperature in Patients with Primary Immunodeficiency**

## Shouling Zhang, MD<sup>1</sup>; Tiffany S. Henderson, PhD<sup>2</sup>; Christopher Scalchunes, MPA<sup>2</sup>; Kathleen E. Sullivan, MD, PhD<sup>3</sup>; Artemio M. Jongco III, MD, PhD, MPH<sup>4,5</sup>

#### METHODS

• Study investigators partnered with "patient investigators" to design a prospective cohort study to determine whether body temperature differed between persons living with and without PI.

 Three hundred fifty adults with PI were recruited from IDF and one adult household member without PI was also recruited.

 McKesson digital oral thermometers (Model 01-413BGM) recorded temperatures in all participants three times a day for five consecutive

#### Descriptive statistics were calculated.

 Median body temperatures were compared between the two cohorts at each time point using Mann-Whitney test.

• Prism 6.0 was used to perform all analyses.

#### RESULTS

• Data from **254 households** were used for analysis (**72.6% participation)**. > The PI population was largely female (85.8%) with a median age of 49 years and largely Caucasian population (97.6%).

> The non-PI population was largely male (66.9%) with a median age of 53 years and largely Caucasian population (92.9%).

• PI diagnoses included CVID (74.8%), hypogammaglobulinemia (12.6%), IgG subclass deficiency (4.7%), selective IgA deficiency (3.1%), specific antibody deficiency (3.1%), agammaglobulinemia (0.4%), chronic granulomatous disease (0.4%), combined immunodeficiency (0.4%), and complement deficiency (0.4%).

• 123 individuals with PI (48.4%) reported a lower than normal non-sick body temperature, while 108 individuals with PI (42.5%) reported a "normal (between 97°F - 99°F)" non-sick body temperature. • 172 individuals with PI (67.7%) reported absence of fever with infection,

while 50 (19.7%) reported a normal fever response with infection.

• The median body temperature was significantly higher for PI patients in the morning, but not evening or bedtime, reading in 4 out of 5 days.

• Monday: PI = 97.5°F vs. non-PI = 97.2°F, p = 0.0291 • Tuesday: PI = 97.4°F vs. non-PI = 97.2°F, p = 0.0020 • Wednesday: PI = 97.5°F vs. non-PI = 97.2°F, p = 0.0009 • Thursday: PI = 97.4°F vs. non-PI = 97.2°F, p = 0.0575

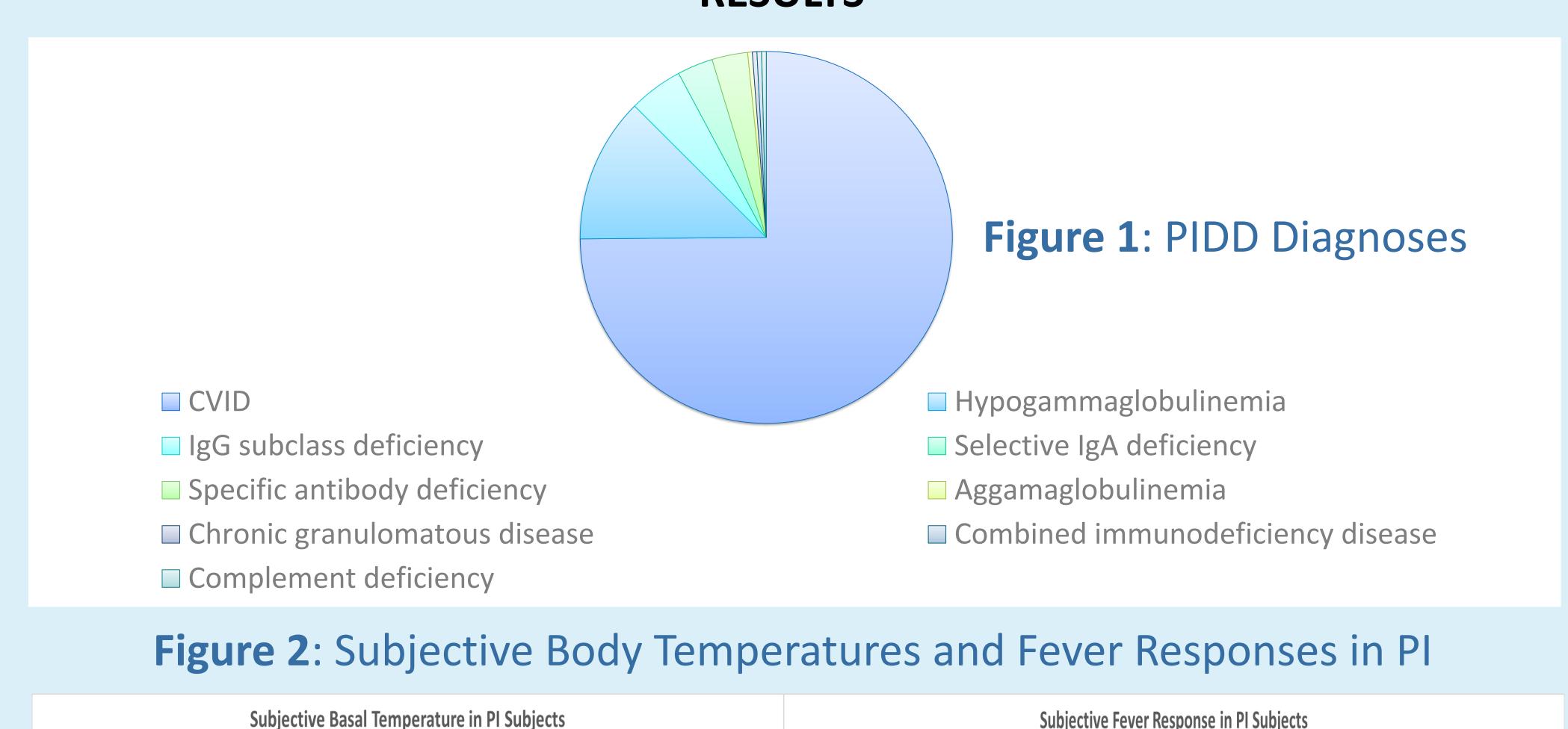
• Friday: PI = 97.4°F vs. non-PI = 97.2°F, p= 0.0008)

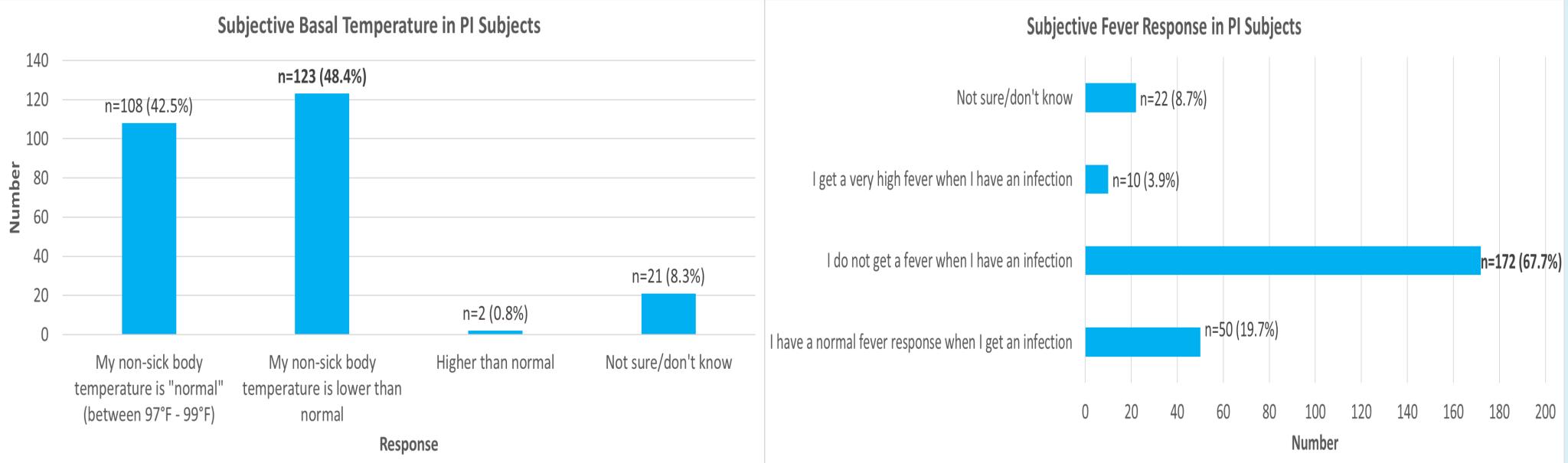
### CONCLUSIONS

• Despite the limitations of this non-clinical study, individuals with PI are knowledgeable about their conditions and can offer unique insights and direction to researchers.

 This study demonstrates that collaboration with patient advocacy groups may facilitate patient-centered and patient-driven research with high participation among the target population.

### RESULTS





#### **Figure 3**: Objective Body Temperatures in PI and non-PI

