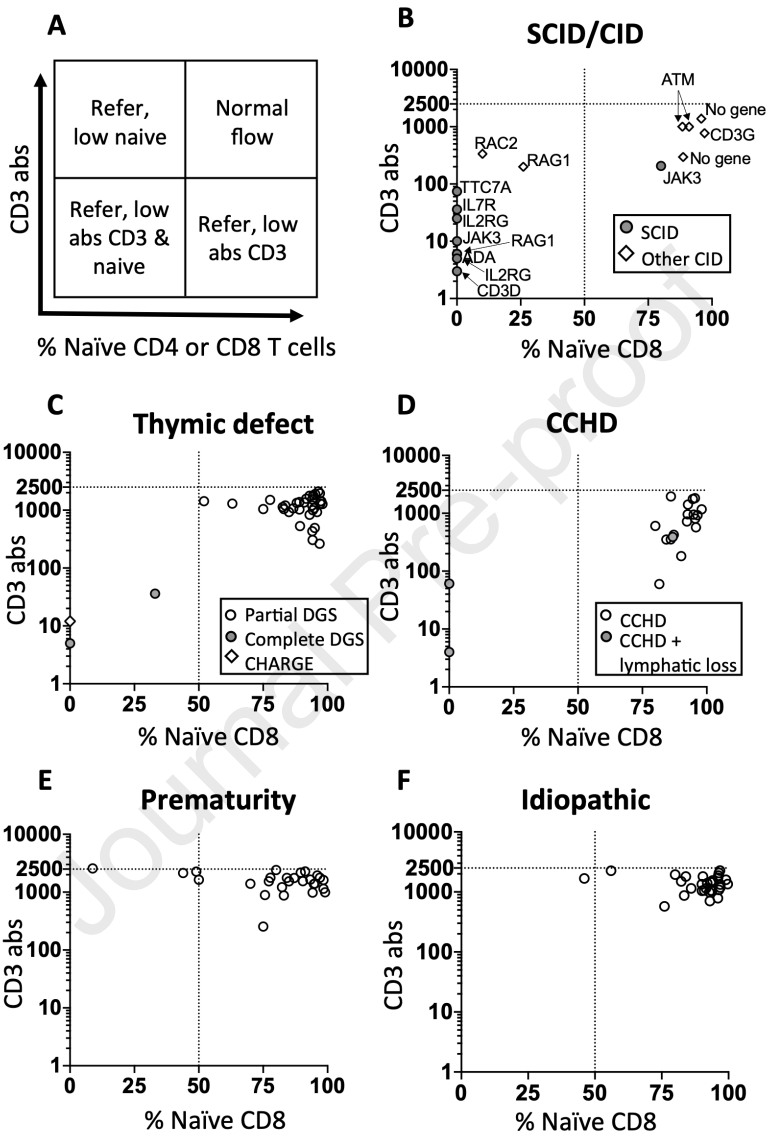
Table E1: Infants with SCID identified by clinical symptoms pre-NBS and outcomes

Case #	Dx	Gene	Survived to transplant	Age at treatment (months)	Donor	Infectious status	Status	Ig replacement status
1	SCID	IL7R	No, died of Pneumocystis, CMV, EBV infection	n/a	n/a	n/a	Died, infection	n/a
2	Omenn SCID	Unknown	Yes	5.5	Paternal haploidentical HCT x 2, 1 boost	Oral candidiasis, controlled	Alive	Off
3	Leaky SCID	PNP	Yes	18.6	Matched relative	Active Varicella	Died, chronic GVHD	n/a
4	SCID	ADA	Yes	2.4	Matched sibling	Bacterial pneumonia, resolved	Alive	Off
5	SCID	Unknown	Yes	6.7	Maternal haploidentical HCT x 2	Active parainfluenza	Died, infection	n/a
6	SCID	IL2RG	Yes	6.3	Unrelated umbilical cord blood	Pneumocystis, resolved	Alive	Off
7	SCID	IL2RG	Yes	9.2	Unrelated umbilical cord blood	Pneumocystis, resolved	Alive	Off

Abbreviations: CMV, cytomegalovirus; EBV, Epstein-Barr virus; n/a, not applicable; HCT, hematopoietic cell transplantation; GVHD, graft versus host disease

Figure E1



Supplemental Figure Legend

Figure E1. **A.** Referral protocol based on absolute CD3 T cell count (abs CD3) and %CD45RA^{+} (naïve) CD4 T and CD8 T cells. Patients referred to immunology for CD3 abs < 2500 cell/mcL or naïve percentage of CD4 or CD8 T cells <50%. **B-F.** Absolute T cell counts and naïve CD8 T cell percentages for patients with SCID/CID (B), thymic defects due to DiGeorge Syndrome or CHARGE syndrome (C), critical congenital heart disease (CCHD) (D), prematurity (born at < 37 weeks gestational age (E), and patients with idiopathic T cell lymphopenia with normal *in vitro* T cell proliferation and no evidence of opportunistic infection or antibody deficiency (F). Dotted lines indicate cutoffs for CD3 abs and naïve CD8 T cells of 2500 cell/mcL and 50%, respectively.