

ARTICLE

The 2024 update of IUIS phenotypic classification of human inborn errors of immunity

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Here, we report the 2024 update of the phenotypic classification by the International Union of Immunological Societies (IUIS) expert committee (EC) on inborn errors of immunity (IEI), which accompanies and complements the 2024 genotypic classification. The aim of this classification is to help diagnosis for clinicians at the bedside and focuses on clinical features and basic laboratory phenotypes of specific IEI. In this update, 559 IEI are described, including 67 novel monogenic defects and 2 new phenocopies. This phenotypic classification is presented in the form of decision trees when possible, with essential clinical or immunological phenotype entries.

Introduction

Human inborn errors of immunity (IEI) include a large group of disorders resulting from genetic defects that compromise innate and adaptive immunity, non-hematopoietic cell-mediated immunity, as well as immune regulation. They can be dominantly or recessively inherited, autosomal or X-linked, and with complete or incomplete penetrance of the clinical phenotype. Patients can present with increased susceptibility to a broad or narrow spectrum of infectious diseases, as well as autoimmune, autoinflammatory, allergic, and/or malignant diseases. The number of disorders being discovered is growing at an unprecedented rate since the development of next-generation sequencing, including not only rare but also common genetic defects (1). Progress in the molecular genetics and cellular immunology of IEI has resulted in the development of innovative, preventive, and therapeutic approaches (2).

In 2024, the International Union of Immunological Societies (IUIS) expert committee on IEI added 67 novel monogenic defects and 2 phenocopies in the classification (3). While most IEI are individually rare, as a group they represent a major cause of morbidity and mortality—particularly so in the case of childhood disease (4).

Since 2013, the IUIS IEI expert committee has periodically published an updated phenotypic classification of all these disorders, which facilitates the diagnosis of these conditions worldwide. Organized as diagnostic algorithms, this phenotypic classification was also adapted for smartphone applications (5).

Here, we report the 2024 update of the phenotypic classification of IEI reported and evaluated until June 2024. This decision tree-based process is aimed at physicians, regardless of their expertise in and knowledge of IEI. Its purpose is to guide

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the physician toward the most probable diagnosis based on the clinical and laboratory features of their patient.

Methodology

All disorders indexed in the 2024 update of the IUIS IEI classification (3) are included in phenotypic algorithms assigned to each of the 10 main groups/tables of the classification, except for phenocopies that were integrated in their respective phenotypic group. The same color was used for each group of similar conditions. Given the exponential number of diseases, several categories have been divided into two or three sub-figures to be more informative. New disorders or new genes causing a known disorder are highlighted with a red frame.

A new decision tree has been added in the first step to guide physician through the best fitted category based on the main clinical features (Fig. 1).

Disease names are presented in red (darker red for phenocopies) and genes in bold italic. The OMIM number for phenotype has been added and is preceded by a #. When no OMIM phenotype is available, an asterisk precedes the OMIM code for the gene.

An asterisk is added to highlight extremely rare disorders (<10 reported cases or kindreds to the best of our knowledge). However, the reader should keep in mind that some genes have only been very recently described and that the true prevalence of individual IEIs is unknown. A double asterisk indicates that only a single case or single kindred affected by the indicated genotype has been reported to date. In these cases, it is difficult to confirm that the observed phenotype would be reproducible in other patients carrying the same defect or if it is an atypical presentation.

Results

Algorithms for the 2024 update of IUIS phenotypic classification are presented in 21 figures (Figs. 1-21).

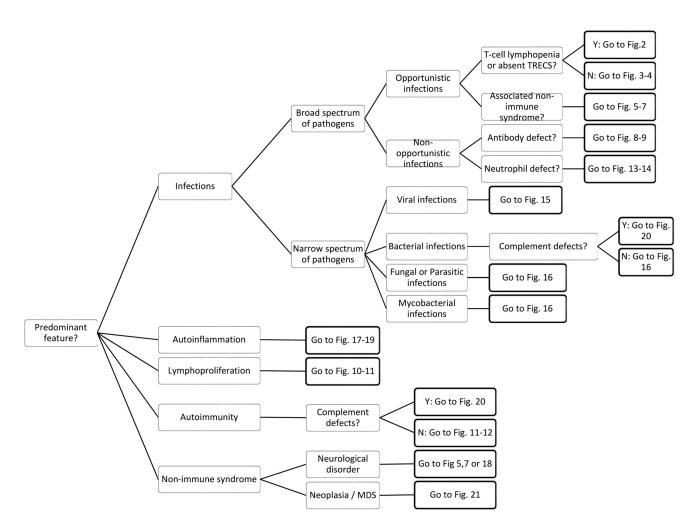


Figure 1. **Decision tree orienting through IEI classification categories.** MDS: myelodysplasia; N: No; TRECS: T cell receptor excision circles; Y: Yes. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



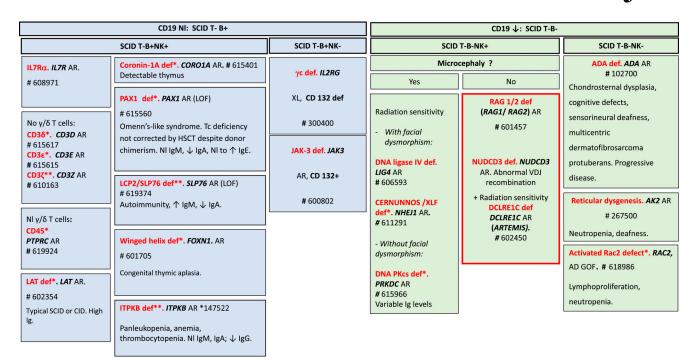


Figure 2. Immunodeficiencies affecting cellular and humoral immunity. Severe combined immunodeficiencies (SCID) defined by T cell lymphopenia. *T cell lymphopenia in SCID is defined by CD3+ T cells <300/µl. Ab: antibody; AD: autosomal dominant inheritance; ADA: adenosine deaminase; Adp: adenopathies; Ag: antigen; AR: autosomal recessive; Bc: B cells; CD: cluster of differentiation; CID: combined immunodeficiency; def: deficiency; GOF: gain-of-function mutation; HSCT: hematopoietic stem cell transplantation; Ig: immunoglobulins; LOF: loss-of-function mutation; NI: normal; NK: natural killer cells; SCID: severe combined immunodeficiency; Tc: T cells; TCR: T cell receptor; TREC: T cell receptor excision circles; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

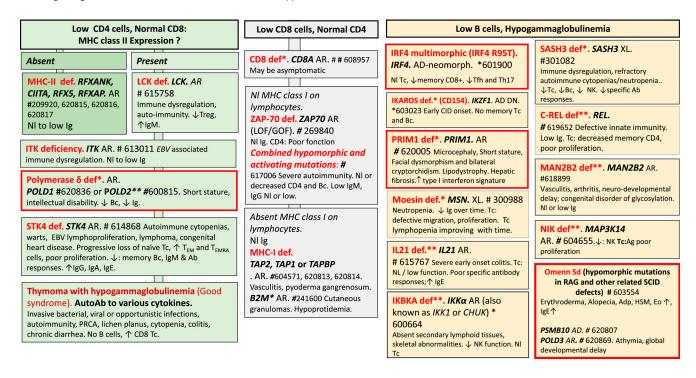


Figure 3. Immunodeficiencies affecting cellular and humoral immunity. Combined immunodeficiencies (2). *T cell lymphopenia in SCID is defined by CD3+ T cells <300/ μ l. Ab: antibody; AD: autosomal dominant inheritance; AD DN: autosomal dominant inheritance with dominant negative effect; Adp: adenopathies; Ag: antigen; AR: autosomal recessive; β 2m: β -2 microglobulin; Bc: B cells; CD: cluster of differentiation; CID: combined immunodeficiency; def: deficiency; EBV: Epstein-Barr virus; Eo: eosinophils; GOF: gain-of-function mutation; HSM: hepatosplenomegaly; Ig: immunoglobulins; LOF: loss-of-function mutation; MHC: major histocompatibility complex; NI: normal; NK: natural killer cells; PRCA: pure red cell aplasia; SCID: severe combined immunodeficiency; Tc: T cells; T_{EM} : effector memory T cells; T_{EMRA} : effector memory T cells expressing CD45RA; Tfh: follicular helper T cells; Treg: regulatory T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



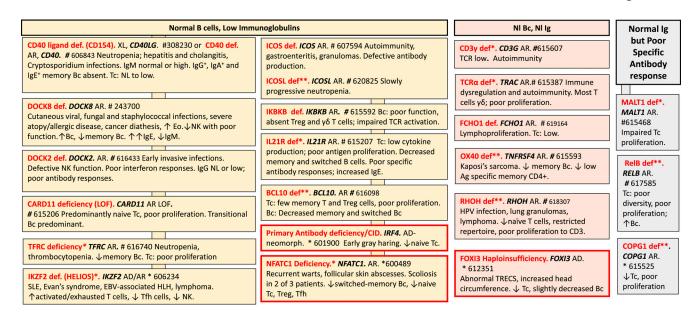


Figure 4. Immunodeficiencies affecting cellular and humoral immunity. Combined immunodeficiencies (3). *T cell lymphopenia in SCID is defined by CD3⁺ T cells <300/μl. Ab: antibody; AD: autosomal dominant inheritance; Ag: antigen; AR: autosomal recessive; Bc: B cells; CD: cluster of differentiation; CID: combined immunodeficiency; def: deficiency; Eo: eosinophils; HLH: hemophagocytic lymphohistiocytosis; HPV: human papillomavirus; Ig: immunoglobulins; LOF: loss-of-function mutation; NI: normal; NK: natural killer cells; SCID: severe combined immunodeficiency; SLE: systemic lupus erythematosus; Tc: T cells; TCR: T cell receptor; Tfh: follicular helper T cells; TREC: T cell receptor excision circles; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

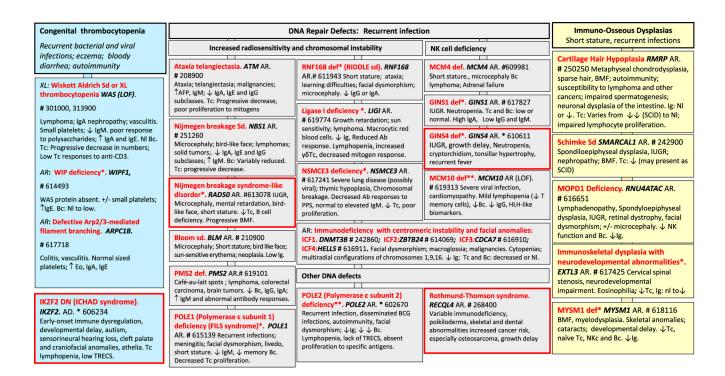


Figure 5. **CID with associated or syndromic features** (2). Ab: antibody; AD: autosomal dominant inheritance; AFP: α-fetoprotein; AR: autosomal recessive inheritance; Bc: B cells; BCG: Bacillus Calmette–Guerin; BMF: bone marrow failure; CD: cluster of differentiation; CID: combined immunodeficiency of T and B cells; def: deficiency; DNA: deoxyribonucleic acid; Eo: eosinophils; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; FILS: facial dysmorphism, immunodeficiency, livedo and short stature; Ig: immunoglobulins; IUGR: intrauterine growth retardation; LOF: loss-of-function; Nl: normal; NK: natural killer; PPS: polysaccharides; SCID: severe combined immunodeficiency; sd: syndrome; Tc: T cells; TREC: T cell receptor excision circle; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



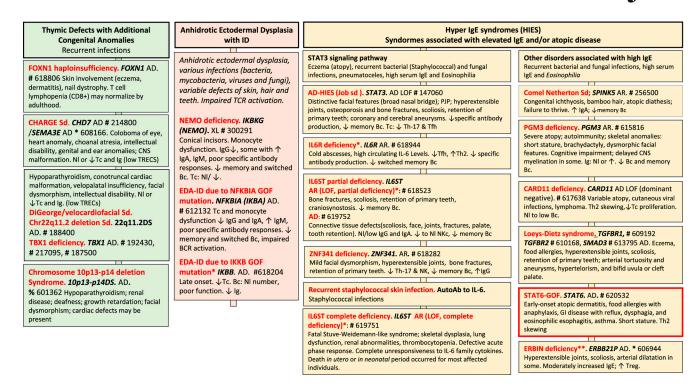


Figure 6. **CID with associated or syndromic features** (3). Ab: antibody; AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; Bc: B cells; BCR: B cell receptor; CD: cluster of differentiation; CID: combined immunodeficiency of T and B cells; CNS: central nervous system; def: deficiency; EDA: anhidrotic ectodermal dysplasia; GI: gastrointestinal; GOF: gain-of-function; HIES: hyper IgE syndrome; ID: immunodeficiency; Ig: immunoglobulins; IL-6: Interleukin-6; LOF: loss-of-function; NI: normal; NK: natural killer; PJP: *Pneumocystis jiroveci* pneumonia; sd: syndrome; Tc: T cells; TCR: T cell receptor; Tfh: follicular helper T cells; TREC: T cell receptor excision circle; Treg: regulatory T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

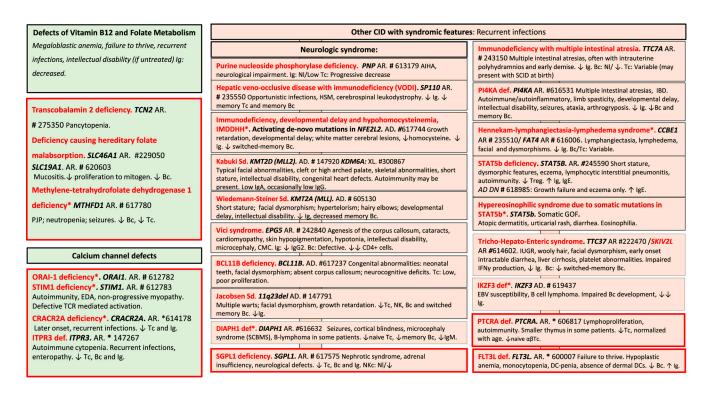


Figure 7. **CID with associated or syndromic features** (4). Ab: antibody; AD: autosomal dominant inheritance; AD DN: autosomal dominant inheritance with dominant negative effect; AIHA: autoimmune hemolytic anemia; AR: autosomal recessive inheritance; Bc: B cells; CD: cluster of differentiation; CID: combined immunodeficiency of T and B cells; DC: dendritic cells; def: deficiency; EBV: Epstein-Barr virus; EDA: anhidrotic ectodermal dysplasia; GOF: gain-of-function; Ig: immunoglobulins; IUGR: intrauterine growth retardation; LOF: loss-of-function; NI: normal; NK: natural killer; PJP: *Pneumocystis jiroveci* pneumonia; SCID: severe combined immunodeficiency; sd: syndrome; Tc: T cells; TCR: T cell receptor; Treg: regulatory T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



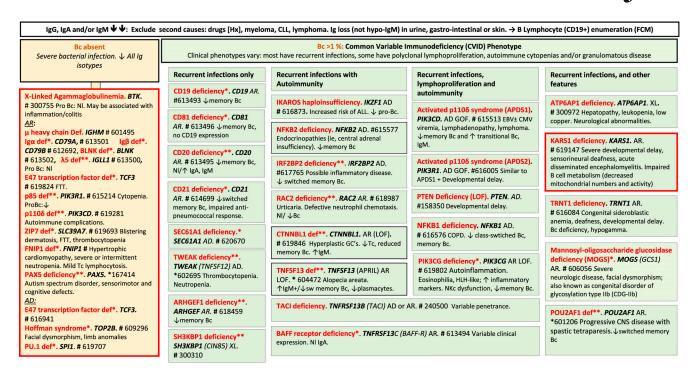


Figure 8. **Predominantly antibody deficiencies. Hypogammaglobulinemias.** AD: autosomal dominant inheritance; ALL: acute lymphoblastic leukemia; AR: autosomal recessive inheritance; Bc: Bcells; CD: cluster of differentiation; CLL: chronic lymphocytic leukemia; CMV: cytomegalovirus; CNS: central nervous system; COPD: chronic obstructive pulmonary disease; def: deficiency; EBV: Epstein-Barr virus; FCM: flow cytometry; FTT: failure to thrive; GC: germinal centers; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; Hx: patient history; Ig: immunoglobulins; NKc: natural killer cells; NI: normal; sw: switched; Tc: T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

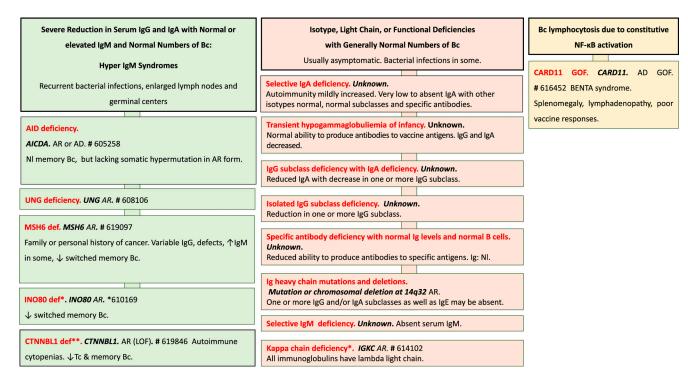


Figure 9. **Predominantly antibody deficiencies. Other antibody deficiencies.** AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; Bc: Bcells; BENTA: B cell expansion with NF-κB and T cell anergy; CD: cluster of differentiation; def: deficiency; GOF: gain-of-function; Ig: immunoglobulins; NKc: natural killer cells; NI: normal; Tc: T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



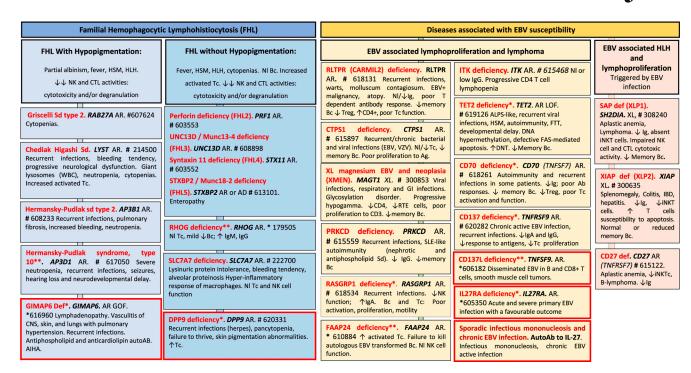


Figure 10. **Diseases of immune dysregulation** (2). Hemophagocytic lymphohistiocytosis and EBV susceptibility. Ab: antibody; AD: autosomal dominant inheritance; Ag: antigen; AIHA: autoimmune hemolytic anemia; ALPS: autoimmune lymphoproliferative syndrome; AR: autosomal recessive inheritance; Bc: B cells; CD: cluster of differentiation; CNS: central nervous system; CTL: cytotoxic T lymphocytes; def: deficiency; DNT: double-negative T cells; EBV: Epstein-Barr virus; FHL: familial hemophagocytic lymphohistiocytosis; FTT: failure to thrive; GI: gastrointestinal; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; (H)SM: (hepato)splenomegaly; IBD: inflammatory bowel disease; Ig: immunoglobulin; LOF: loss-of-function; iNKT: invariant NK T cells; NK: natural killer cells; NI: normal; RTE: recent thymic emigrant; sd: syndrome; Tc: T cells; Treg: regulatory T cells; VZV: varicella zona virus; WBC: white blood cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

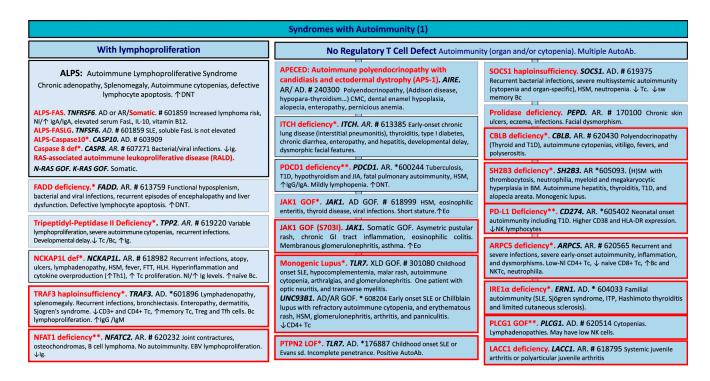


Figure 11. **Diseases of immune dysregulation** (3). Syndromes with autoimmunity and others. AD: autosomal dominant inheritance; ALPS: autoimmune lymphoproliferative syndrome; AR: autosomal recessive inheritance; Bc: B cells; BM: bone marrow; CD: cluster of differentiation; CMC: chronic mucocutaneous



candidiasis; def: deficiency; DNT: double-negative T cells; EBV: Epstein-Barr virus; Eo: eosinophils; FTT: failure to thrive; GI: gastrointestinal; GOF: gain-offunction; HLH: hemophagocytic lymphohistiocytosis; (H)SM: (hepato)splenomegaly; Ig: immunoglobulin; IL-10: interleukin-10; ITP: immune thrombocytopenic purpura; JIA: juvenile idiopathic arthritis; LOF: loss-of-function; NK: natural killer cells; NKTc: NK T cells; NI: normal; sd: syndrome; SLE: systemic lupus erythematous disease; T1D: type 1 diabetes; Tc: T cells; Tfh: follicular helper T cells; Treg: regulatory T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

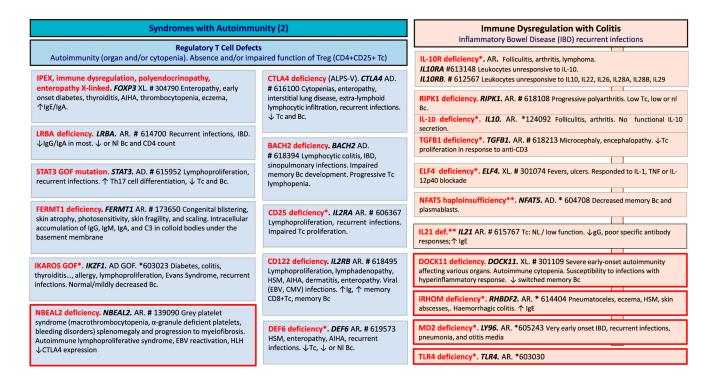


Figure 12. Diseases of immune dysregulation (4). Syndromes with autoimmunity and others. AD: autosomal dominant inheritance; AIHA: autoimmune hemolytic anemia; ALPS: autoimmune lymphoproliferative syndrome; AR: autosomal recessive inheritance; Bc: B cells; CD: cluster of differentiation; def: deficiency; EBV: Epstein-Barr virus; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; (H)SM: (hepato)splenomegaly; IBD: inflammatory bowel disease; Ig: immunoglobulin; IL-10: interleukin-10; LOF: loss-of-function; NK: natural killer cells; NI: normal; sd: syndrome; Tc: T cells; Treg: regulatory T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

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https://doi.org/10.70962/jhi.20250002



Neutropenia without associated syndrome Syndrome associated Severe or intermittent neutropenia, Recurrent bacterial (and fungal) Neutropenia, Recurrent bacterial infections infections Shwachman-Diamond Syndrom G6PC3 deficiency (SCN4). G6PC3 AR. # 612541 Elastase deficiency. (SCN1). ELANE AD. # 202700 Susceptibility to SBDS AR. # 260400 EFL1* AR. # 617941 DNAJC21 Structural heart defects, urogenital abnormalities, inner ear MDS/leukemia. Severe congenital neutropenia or cyclic neutropenia AR. # 617052 Pancytopenia, exocrine pancreatic deafness, and venous angiectasias of trunks and limbs. (perform CBC twice weekly/ 4 weeks) # 162800. Thrombocytopenia, anemia, leukopenia insufficiency, metaphyseal dysplasia, short stature. 54 deficiency*. SRP54 AD. # 618752 Neutropenia X-linked neutropenia/ myelodysplasia WAS GOF. WAS XL GOF. and exocrine pancreatic insufficiency. Some with Cohen syndrome, COH1 AR, # 216550 Dysmorphism. # 300299 Myeloid maturation arrest, monocytopenia, variable lymphoid neurologic deficits. mental retardation, obesity, deafness. anomalies. Glycogen storage disease type 1b. G6PT1 AR. G-CSF receptor deficiency*. CSF3R AR. # 617014 Unresponsive to G-Barth Syndrome (3-Methylglutaconic aciduria type II). # 232220 Short stature, doll-like face. Fasting TAZ XL. # 302060 Cardiomyopathy, myopathy, growth CSF treatment, may respond to GM-CSF. lactic acidosis, hyperlipidemia, retardation, motor delay. with combined immune deficiency *. MKL1 AR. # 618847 Mild thrombocytopenia. 3-Methylglutaconic aciduria. CLPB AD/AR. #616271. HAX1 deficiency (Kostmann Disease) (SCN3). HAX1 AR. #619835 Neurocognitive developmental aberrations, # 610738 Cognitive and neurological defects in patients GFI 1 deficiency (SCN2)*. GFI1. AD. # 613107 B/T lymphopenia microcephaly, hypoglycemia, hypotonia, ataxia, seizures, with defects in both HAX1 isoforms, susceptibility to cataracts, IUGR. MDS/leukemia CXCR2 deficiency*. CXCR2 AR LOF. # 619407 Myelokathexis, recurrent gingivitis, oral ulcers. TIgA/IgG Clericuzio (Poikiloderma SRP19*/SRPRA deficiency**. SRP19/SRPRA AR. *182175, *182180 Exocrine pancreatic insufficiency, neutropenia). USB1 AR. # 604173 Retinopathy, VPS45 deficiency (SCN5)*. VPS45 AR. # 615285 Extramedullary developmental delay, short stature, facial dysmorphism, hematopoiesis, bone marrow fibrosis, nephromegaly growth insufficiency, bronchiectasis. poikiloderma. Specific granule deficiency*, CEBPE AR, # 245480 Skin infections DBF4 deficiency**. DBF4 AR. *604281 Neurocognitive SMARCD2 deficiency*. SMARCD2 AR. # 617475 Neutrophils with bilobed nuclei. developmental aberrations, facial dysmorphism. Specific granule deficiency, delayed development, facial dysmorphism, bones defect, myelodysplasia JAGN1 deficiency. JAGN1 AR. # 616022 Osteopenia. Myeloid P14/LAMTOR2 deficiency**. LAMTOR2 AR. # 610798 maturation arrest. HYOU1 deficiency*. HYOU1 AR. # 233600 albinism. failure Hypogammaglobulinemia, reduced CD8 cytotoxicity. CLPB deficiency. CLPB AR. #619813 Myeloid maturation arrest. Hypoglycemia, inflammatory complications.

Figure 13. Congenital defects of phagocyte number, function, or both. Neutropenia. AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; CBC: complete blood count; CD: cluster of differentiation; def: deficiency; GM-CSF: granulocyte/monocyte colony stimulation factor; GOF: gain-of-function; IUGR: intra uterine growth retardation; MDS: myelodysplasia; NK: natural killer cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

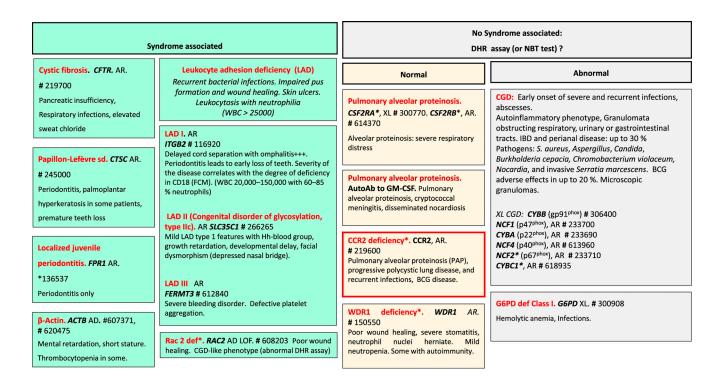


Figure 14. Congenital defects of phagocyte number, function, or both. Functional defects of phagocytes. AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; BCG: Bacillus Calmette–Guerin; CD: cluster of differentiation; CGD: chronic granulomatous disease; FCM: flow cytometry; def: deficiency; DHR: dihydrorhodamine-1,2,3; GM-CSF: granulocyte/monocyte colony stimulation factor; IBD: inflammatory bowel disease; LAD: leukocyte adhesion deficiency; NBT: nitroblue tetrazolium; NK: natural killer cells; WBC: white blood cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



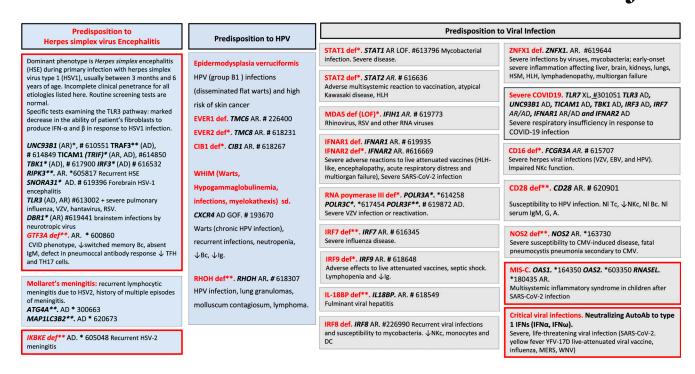


Figure 15. **Defects in intrinsic and innate immunity. Predisposition to viral infections**. AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; CD: cluster of differentiation; CMV: cytomegalovirus; EBV: Epstein-Barr virus; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; HPV: human papillomavirus; HSV: herpes simplex virus; LOF: loss-of-function; MIS-C: multisystem inflammatory syndrome in children; NK: natural killer cells; RNA: ribonucleic acid; sd: syndrome; Tc: T cells; TLR3: Toll-like receptor type 3; VZV: varicella zoster virus; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

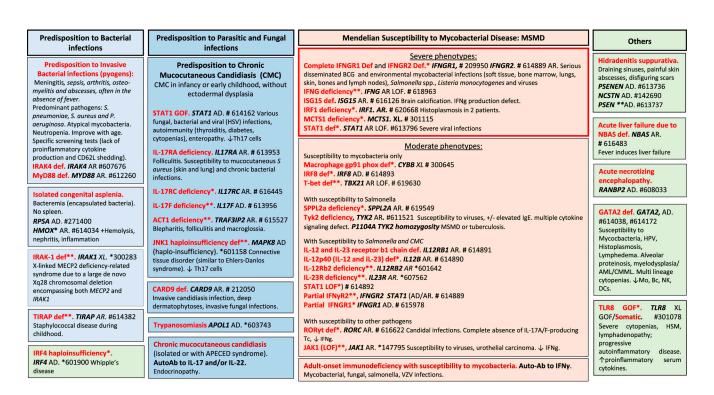


Figure 16. **Defects in intrinsic and innate immunity. Predisposition to bacterial, fungal, and parasitic infections and other defects.** AD: autosomal dominant inheritance; AML: acute myeloid leukemia; AR: autosomal recessive inheritance; BCG: Bacillus Calmette–Guerin; CD: cluster of differentiation; CMC: chronic mucocutaneous candidiasis; CMML: chronic myelomonocytic leukemia; GOF: gain-of-function; IFN-γ: interferon-γ; HPV: human papillomavirus; HSV: herpes simplex virus; LOF: loss-of-function; MSMD: Mendelian susceptibility to mycobacterial disease; NK: natural killer cells; Tc: T cells; VZV: varicella zoster virus; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



Recurrent inflammation Systemic inflammation Recurrent fever, ↑IL-1/IL-18 with prominent skin findings Inflammasome-related. ↑IL-1/IL-18 Other mechanism milial Cold Autoinflammatory Syndrome (CAPS). NLRP3, AD GOF #120100 NLRP12. AD GOF. #611762 Familial Mediterran ean Fever (FMF). MEFV. TNF receptor-associated periodic syndrome: TRAPS DA: 24-48H, maculopapular rash, arthritis, chills, fever and leukocytosis after cold exposure AR or AD (Usually M694del variant). # 249100, TNFRSF1A. AD. # 142680 #134610 DA: 1-4 weeks FA: Variable Prolonged fever. Serositis, painful erythema, Periorbital uckle Wells syndrome (CAPS) NLRP3. AD GOF. #191900 DA: 1-4 days FA: Variable. Ethnic group: North European. Polyserositis, Abdominal edema and conjunctivitis. Arthralgia, localized myalgia pain, Arthritis Episodic skin rash, arthralgias, and fever. Late-onset sensorineural deafness and renal Erysipelas-like Amyloidosis Amyloidosis. erythema. amyloidosis. Keratosis fugax hereditaria Predisposes to vasculitis, inflammatory bowel disease and amyloidosis. C2orf69 def. C2orf69. AR. #619423 Neonatal onset multisystem inflammatory disease (NOMID) or chronic infantile Colchicine-responsive +++ Brain abnormalities (hypomyelination, microcephaly), liver ndrome (CINCA). NLRP3. AD GOF. #607115 recurrent dysfunction, early onset severe Neonatal onset rash, with fever and inflammation. Aseptic and chronic meningitis, chronic Mevalonate kinase def (Hyper IgD sd). MVK. leukoencephalopathy with recurrent arthropathy. Mental retardation, Sensorineural deafness. and Visual loss in some patients. AR. #260920 seizures, often fatal. 3-7 days FA: 1-2 months. Cervical pyrin-associated periodic syndromes (CAPS). NLRP3. Somatic. Bacterial infections, autoinflammation, amvlopectinosis adenopathy, Oral aphtosis, Diarrhea, Mevalonate Urticaria-like rash, arthropathy, neurological symptoms aciduria during attacks. Leukocytosis with high dilated cardiomyopathy, myopathy. Bc: NI, ↓ memory Bc. IgD levels. HOIL1 deficiency, RBCK1 AR, #610924 Poor Ab responses A20 haploinsufficiency TNFAIP3 AD LOF, #616744 PMVK deficiency*, PMVK, AR, *607622 to polysaccharides Arthralgia, mucosal ulcers, ocular inflammation. Skin rash, uveitis, autoimmunity HOIP deficiency*. RNF31 AR. #620632 Lymphangiectasia. Arthritis, and cytopenia. Similar to MVK deficiency, \uparrow IL1- β . PLAID (PLCg2 associated antibody deficiency and immune dysregu tion, antibody deficiency, and immune dysregulation)*. PLCG2. AD GOF. RIPK1 def*. RIPK1. AD. #618852 DA: Several CEBPE multimorphic*, CEBPE, AR GOF, # 260570 #614468, #614878 days **FA:** 1-few weeks (cyclic). Lymphadenopathy, HSM, ulcers, arthralgia, GI DA: 4-5 days FA: 2-4 weeks, later more seldom. Recurrent Cold Urticaria: recurrent blistering skin lesions. Impaired humoral immunity. Recurrent abdominal pain, aseptic fever, systemic inflammation abscesses, ulceration, infections; mild bleeding diathesis infections. Hypogammaglobulinemia, autoimmunity. features. **†DNT**. Mild lymphopenia, \sqrt{Tc} . NLRP1 deficiency*. NLRP1. AR. #617388 syndrome)*. NLRC4 AD GOF. #616050 TBK1 def*. TBK1 AR.#620880 Recurrent fever, Severe enterocolitis and macrophage erythematous skin rashes, vasculitis, oral aphthous lesions, activation syndrome (HLH). Arthralgia, Myalgia. NLRP1 GOF. NLRP1 AD GOF. #615225 Palmoplantar carcinoma, corneal scarring; recurrent polyarthritis. Seizures, delayed neurocognitive development, Triggered by cold exposure

Figure 17. **Autoinflammatory disorders** (2). AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; Bc: B cells; CAPS: cryopyrinassociated periodic syndrome; DA: duration of acute inflammation episode; def: deficiency; DNT: double-negative T cells; FA: frequency of acute inflammation episode; GI: gastrointestinal; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; HSM: hepatosplenomegaly; IL: interleukin; Ig: immune serum globulin; LOF: loss-of-function; NI: normal; sd: syndrome; Tc: T cells; TNF: tumor necrosis factor; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

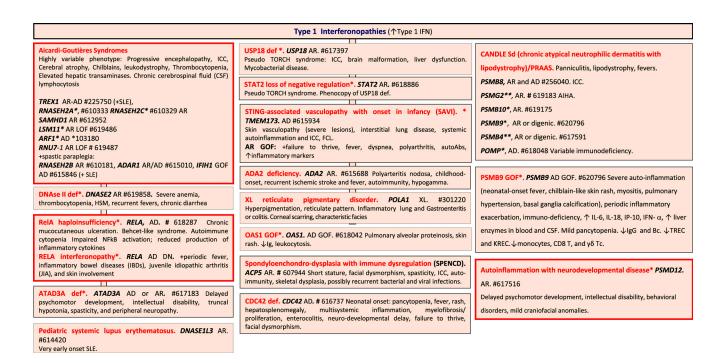


Figure 18. **Autoinflammatory disorders** (3). Ab: antibody; AD: autosomal dominant inheritance; AIHA: autoimmune hemolytic anemia; AR: autosomal recessive inheritance; Bc: B cells; CSF: cerebrospinal fluid; def: deficiency; DN: double-negative effect; FCL: familial chilblain lupus; GOF: gain-of-function; HSM: hepatosplenomegaly; ICC: intracranial calcifications; IFN: interferon; IL: interleukin; Ig: immune serum globulin; KREC: κ-deleting element recombination circle; LOF: loss-of-function; Nl: normal; sd: syndrome; SLE: systemic lupus erythematosus; Tc: T cells; TORCH: toxoplasmosis, other, rubella, cytomegalovirus, and herpes infection; TREC: T cell recombination excision circles; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



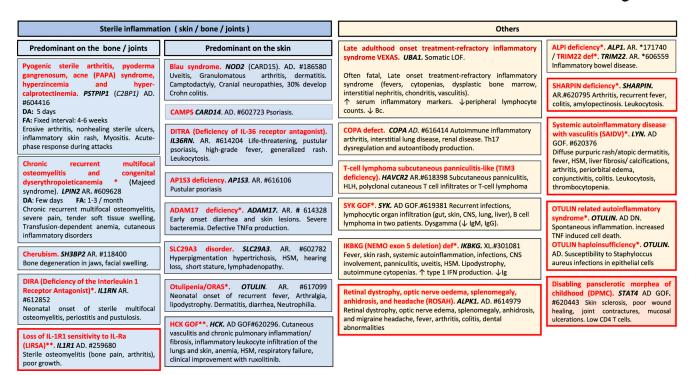


Figure 19. **Autoinflammatory disorders** (4). AD: autosomal dominant inheritance; AR: autosomal recessive inheritance; Bc: B cells; CNS: central nervous system; DA: duration of acute inflammation episode; def: deficiency; DN: double-negative effect; FA: frequency of acute inflammation episode; GOF: gain-of-function; HLH: hemophagocytic lymphohistiocytosis; HSM: hepatosplenomegaly; IFN: interferon; IL: interleukin; Ig: immune serum globulin; LOF: loss-of-function; NI: normal; sd: syndrome; Tc: T cells; TNF: tumor necrosis factor; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

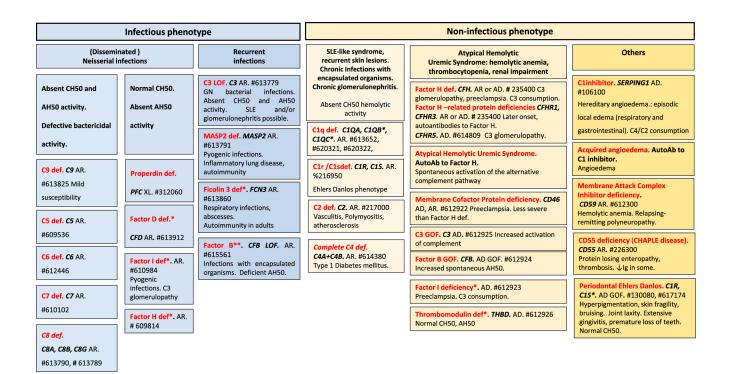


Figure 20. **Complement deficiencies.** AD: autosomal dominant inheritance; AH50: alternate pathway hemolytic activity; AutoAb: autoantibodies; AR: autosomal recessive inheritance; CHAPLE: complement hyperactivation, angiopathic thrombosis, and protein-losing enteropathy; CH50: complement hemolytic activity; def: deficiency; GOF: gain-of-function; LOF: loss-of-function; sd: syndrome; SLE: systemic lupus erythematosus; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.



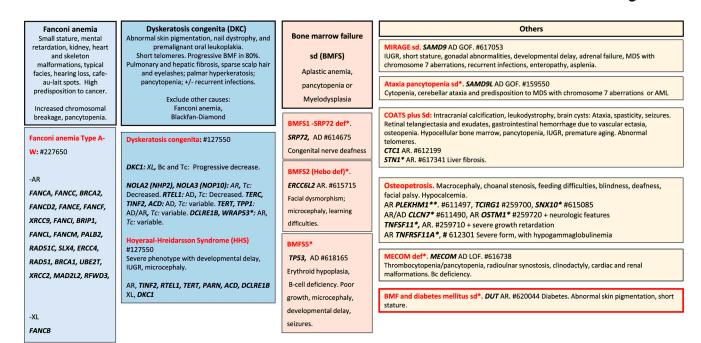


Figure 21. **Bone marrow failure disorders.** AD: autosomal dominant inheritance; AML: acute myeloid leukemia; AR: autosomal recessive inheritance; Bc: B cells; BMF: bone marrow failure; def: deficiency; DKC: Dyskeratosis congenita; GOF: gain-of-function; IUGR: intrauterine growth retardation; LOF: loss-of-function; MDS: myelodysplasia; sd: syndrome; Tc: T cells; XL: X-linked inheritance. A searchable PDF file containing all figures in this article can be found under the "Supplements" tab.

Discussion

These algorithms present the typical phenotype described for each disorder. However, clinicians should keep in mind the limitations of such an approach. First, the phenotypes of a given IEI are continuously expanding with the identification and clinical description of more patients. Moreover, hypomorphic or even neomorphic variants in a given IEI gene can present atypically. Second, there is the well-known incomplete penetrance and incomplete expressivity of the phenotype, due to autosomal random monoallelic expression (6). Moreover, from a practical point of view, the growing number of disorders to include in these tables makes them less and less readable. Here, we tried to reduce phenotypic complexity to the most relevant features and provided OMIM numbers to complete the clinical synopsis.

The clinical phenotype of patients with the same and different IEI may be quite variable and overlapping, respectively. This is related to pleiotropic effects and the genotype-phenotype relationship, which may not be fully appreciated with the first description of these novel genetic disease entities. Special caution is warranted when first publications report only one or a few cases.

We aimed to simplify as much as possible the classification, and this is probably our biggest limitation. Many disorders could have been included in several categories, and some secondary features (based on typical presentation) could have been present before the predominant features reported here. So users should be aware that the correct diagnosis is not always reached at the first try and consider the complete clinical and laboratory presentation when navigating through the decision tree-based process.

Based on these facts, our algorithms suggest the possible genotype and the lab tests useful for a more precise diagnosis to

help in genetic diagnosis. However, with many overlapping phenotypes, the recommendation for genetic diagnostic testing would be the use of broad panels/exome, rather than targeted panels, except for a few specific diseases, such as X-linked agammaglobulinemia for which a logical rationale can be applied (7).

Conclusion

This phenotypic classification of IEI should be used as a diagnostic resource, aimed to complement the 2024 IUIS genotypic classification. This user-friendly diagnostic orientation tool provides a basic approach for physicians and biologists who are not necessarily experts in the field of IEI. This can help them to reach a probable diagnosis for patients with clinical or biological features evocative of IEI and guide them in exploration of such patients.

Acknowledgments

The members of the IEI committee would like to thank the International Union of Immunological Societies for funding, as well as CSL Behring, Baxalta, and Shire/Takeda for providing educational grants to enable us to compile this update to novel causes of immune diseases. This work was also supported in part by the Intramural Research Program of the National Institute of Allergy and Infectious Diseases, National Institutes of Health.

I. Meyts is a senior clinical investigator at the Fonds Wetenschappelijk Onderzoek—Flanders and is supported by the CSL Behring Chair of Primary Immunodeficiencies and by the Jeffrey Modell Foundation. This project has received funding from the European Research Council under the European



Union's Horizon 2020 research and innovation programme (grant agreement No. 948959). This work is supported by The European Reference Network on immunodeficiency, auto-inflammatory, autoimmune diseases and paediatric rheumatology (ERN-RITA). S.G. Tangye is supported by an Investigator Grant (Leadership 3; 1176665) awarded by the National Health and Medical Research Council of Australia.

Author contributions: A.A. Bousfiha: conceptualization, methodology, supervision, visualization, and writing-original draft, review, and editing. L. Jeddane: methodology, visualization, and writing-original draft. A. Moundir: data curation, visualization, and writing-original draft, review, and editing. M.C. Poli: data curation and writing—review and editing. I. Aksentijevich: conceptualization, data curation, and writing review and editing. C. Cunningham-Rundles: conceptualization, data curation, resources, and writing-review and editing. S. Hambleton: investigation and writing-review and editing. C. Klein: conceptualization, investigation, validation, and writing—review and editing. T. Morio: conceptualization, data curation, and validation. C. Picard: resources, validation, and writing-review and editing. A. Puel: writing-review and editing. N. Rezaei: conceptualization, formal analysis, investigation, methodology, project administration, supervision, validation, and writing—original draft, review, and editing. M.R.J. Seppänen: data curation, formal analysis, resources, and writing-review and editing. R. Somech: conceptualization, formal analysis, investigation, methodology, and validation. H.C. Su: writingreview and editing. K.E. Sullivan: conceptualization, data curation, and writing—review and editing. T.R. Torgerson: formal analysis, investigation, and writing—review and editing. S.G. Tangye: conceptualization, project administration, supervision, and writing—original draft, review, and editing. I. Meyts: conceptualization, data curation, supervision, validation, and writing—review and editing.

Ethics approval: No human research studies were performed to produce this classification. Thus, no approvals by appropriate institutional review boards or human research ethics committees were required to undertake the preparation of this report. Disclosures: I. Aksentijevich reports "other" from In Vitro Diagnostic Solutions during the conduct of the study. T. Morio reports personal fees from Takeda Pharmaceutical, CSL Behring, Japan Blood Product Organization, Asteras, Sanofi, Ono Pharma, and Amgen outside the submitted work. K.E. Sullivan reports personal fees from the Immune Deficiency Foundation outside the submitted work. T.R. Torgerson reports personal fees from Pharming healthcare and Takeda, and "other" from Eli Lilly outside the submitted work. I. Meyts reports grants from CSL-Behring, Takeda, and Octapharma, and "other" from Boehringer-Ingelheim outside the submitted work. No other disclosures were reported.

Submitted: 19 February 2025 Revised: 11 March 2025 Accepted: 12 March 2025

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