

Hepatitis B and A Vaccines Are Imperative for Families Adopting from Abroad

By Dr. Jane Aronson

(page 1 of 2)

Hepatitis B

Vaccination for hepatitis B virus (HBV) infection should be considered essential for families contemplating intercountry adoption. While the risk of an adopted child from abroad being chronically infected with HBV varies from country to country, concerns over the possibility of transmission to others can be alleviated if family members seek the readily available hepatitis B vaccination series before the child arrives.

Recently, I was the consulting pediatrician for two families whose adopted children from abroad had been diagnosed with chronic HBV infection after arrival in the U.S. Their stories were typical of families contacting adoption medicine specialists across the country. One child was a 14-month-old boy from China, and the other was a one-year-old girl from Russia. The boy had actually been in the U.S. for seven months before he was tested for HBV infection. His mother told me that the pediatrician felt that the child did not need to be tested because he looked healthy. The mother and father had not been vaccinated against hepatitis B.

The mother of the little girl from Russia contacted me because she had just been told by the pediatrician that the child was chronically infected with HBV. She was anxious about her child's health, but she was also quite disturbed about her risk and her family's risk for contracting HBV infection. No one in the family had been vaccinated.

I discussed the issue of in-household transmission and reassured both families. They have all begun the process of receiving the complete hepatitis B vaccine series.

Visual diagnosis is impossible

The story of the Chinese boy illustrates a myth about hepatitis B. The facts are that most children who are chronically infected with HBV are healthy in their appearance and no one can tell if a person is infected by just looking at him. All children adopted from

abroad should be tested for HBV infection soon after arrival in the U.S. even if they were tested in their native country. The standard list of laboratory studies that should be performed on all internationally adopted children within a few weeks of their arrival in the U.S. is found on many adoption websites including my own (www.orphandoctor.com).

Among my patients, the vast majority of parents had either not completed or even begun the hepatitis B vaccine series by the time their adoption was completed. Most of the families who contact me whose children are chronically infected with HBV had not completed their hepatitis B vaccine series when they found out the diagnosis for their children.

Adopting a child from abroad?

- **Family members should get vaccinated before the child arrives.**
- **All children from abroad should be tested for hepatitis B soon after U.S. arrival.**

In-household transmission

When a family calls me with concerns about chronic HBV infection, I find my time divided equally between discussing the prognosis or treatment of chronic HBV infection and the in-household transmission risks. People are very anxious about the possible infection of family members, friends, and schoolmates. I would rather see the family in a position of comfort and control knowing that with a completed hepatitis B vaccine series, they are essentially safe.

In addition to vaccination, it is, of course, essential that everyone understand the concept of "standard precautions" for prevention of infection at home or at work. Usually people do not know the infection status of children or adults in any environment since this is confidential information. When someone is bleeding,

gloves should be available so that a family member, teacher, or friend can safely assist the bleeding patient. Blood on surfaces should be cleaned up with a simple bleach solution. Most schools have requirements for gloves and bleach for handling blood exposure. People with chronic HBV infection should not share toothbrushes or razor blades.

Medical Needs

Some families choose to adopt a child who is chronically infected with HBV; others are surprised at the diagnosis. Either way, these families should seek consultation with a physician who is either a liver specialist or an infectious disease specialist.

Hepatitis A

Anyone traveling to countries other than the United States, Canada, Western Europe, Japan, New Zealand, and Australia for any reason (not just adoption) should be vaccinated against the hepatitis A virus (HAV).

Adoptive parents face the risk of contracting HAV from food or water while abroad. In addition, there have been reports of infected children transmitting the virus to their adoptive family. Family members and caregivers should get vaccinated before the child arrives.

HAV infection does not lead to chronic infection, but the disease can be serious.

Other vaccines

International travelers may need other vaccines or health advice as well. CDC states: "Travelers, including adoptive parents and any accompanying family members who pick up the child, should visit a healthcare provider or travel medicine specialist as soon as travel is considered to ensure that their routine vaccinations are up to date and to obtain pre-travel advice tailored to their own medical history and the country they will visit."

www.immunize.org/catg.d/p4153.pdf • Item #P4153 (4/13)

A chance for control

What concerns me is that the majority of families do not complete their hepatitis B vaccine series before the adoption is complete. We have so little control during the adoption process, and here is an opportunity for control by protecting all family members against possible in-household transmission of HBV. Family members should have blood drawn after completing the vaccination series to make sure they are immune (positive hepatitis B surface antibody). Family members who have already completed the hepatitis B vaccine series or who have had HBV infection in the past need not be immunized.

Most children born in the U.S. will already be protected against HBV infection because hepatitis B vaccine has been routinely recommended since 1991. In almost every state, children entering kindergarten must be vaccinated against hepatitis B. Hepatitis A vaccine is also now recommended for every

1–2 year-old as part of the routine childhood immunization schedule.

The time needed for an international adoption allows for easy completion of the three-dose hepatitis B series and the two-dose hepatitis A series over a six-month period. A combination hepatitis A/hepatitis B vaccine is available for use in adults when both vaccines are recommended. These vaccines can be administered by a family physician, internist, nurse practitioner, physician assistant, or even the prospective pediatrician for the adoptee.

The pain and guilt that families feel when a family member has unknowingly been put at risk of infection could be replaced with a feeling of control if they knew everyone in the household was protected against transmission of HBV. We simply need to make hepatitis A vaccine and hepatitis B vaccine universal for families considering an international adoption.

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