Infections in Internationally Adopted Children

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KEYWORDS

- International adoptees • Screening • Multidisciplinary approach
- Latent tuberculosis infection

KEY POINTS

- The infectious and noninfectious health issues of international adoptees (IAs) are complex. Where possible, IAs should be evaluated at a clinic or a center specializing in international adoption, as specialized expertise and a multidisciplinary approach are often required for optimal evaluation and care of these children.
- IA children often have noninfectious health concerns, notably developmental delays and exposure to alcohol in utero, which require screening and evaluation by experts in these areas.
- Screening for specific infections for which IAs are at higher risk is important to prevent short- and long-term morbidity from these infections.
- Infections for which IAs are at higher risk and therefore require screening include viral (hepatitis A, B, and C and human immunodeficiency virus [HIV]), bacterial (syphilis and tuberculosis), and parasitic (stool helminths and *Giardia*) infections.
- All persons who will be in close contact with IAs should be vaccinated with hepatitis A vaccine or documented as immune to hepatitis A before the adoption of the IA child.
- Latent tuberculosis infection (LTBI) occurs in 21% to 28% of IAs. All IAs should be tested for tuberculosis on arrival and again 6 months after arrival (tuberculin skin test [TST] in children <5 years of age, TST or interferon-gamma release assay (IGRA) in children ≥5 years of age).
- It is critical to follow up on the results of tuberculosis screening and to treat children with LTBI with appropriate therapy, as children younger than 4 years with LTBI have the greatest risk of developing tuberculosis (TB) disease.
- Other infectious disease testing depends on specific risk factors.
    - If history or physical findings are suggestive of sexual abuse, test for gonorrhea and chlamydia.
    - If the child lived in a malaria endemic area, perform a blood smear for malaria.
    - If the child has eosinophilia that persists after successful treatment of helminth infection, test for *Toxocara canis* and *Strongyloides* and, if from a schistosomiasis endemic area, for schistosomiasis.

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INTRODUCTION

The number of international adoptions in the United States approached 16,000 in 1998, peaked at almost 23,000 in 2005, and was 9319 in 2011. For more than 30 years, until 1995, South Korea had been the leading country for international adoption in the United States. As of 2011, the 5 main countries of origin for adoptions to the United States are China, Ethiopia, Russia, South Korea, and Ukraine.[1]

In the 1980s, physicians began to research and understand the increased risks infectious diseases present in the internationally adopted population. Poor or absent prenatal care and low socioeconomic resources are common among IAs. Prenatal risk factors such as maternal illness, malnutrition, and exposures to maternal infectious diseases or drug or alcohol exposures, as well as orphanage and institutional care, all contribute to the increased potential for medical and infectious diseases in IAs. The first American Academy of Pediatrics (AAP) recommendations regarding universal screening for infectious and noninfectious diseases were issued in 1991[2] given low rates of complete IA screening after arrival to the United States at that time.[3]

IAs often have complex medical and psychosocial health problems that go beyond infectious disease issues. These health problems are beyond the scope of this article but have been summarized in other recent reviews.[4–6] IAs should ideally be evaluated at a clinic specializing in international adoption, because of the medical complexity of many of the health problems in these children and the need for a multidisciplinary team with expertise and experience in these health problems. Health screening of IAs should be done within the first 2 to 3 weeks postadoption to allow the children to first settle in with their adoptive family and then be seen for a comprehensive examination by an adoption provider or general pediatrician.

Evaluation of the IA child should start with a detailed history and physical examination, followed by routine screening for specific infectious diseases, micronutrient deficiencies, developmental delays, and tailored additional screening based on risk factors elicited from the history and physical examination.

MEDICAL HISTORY AND PHYSICAL EXAMINATION

All IAs require a thorough history and physical examination, as many have medical, social, or behavioral issues that require investigation in addition to infectious issues. With regards to infectious disease, key findings to be assessed in IAs by medical history and physical examination are summarized in **Tables 1** and **2**.

INFECTIOUS DISEASE SCREENING

Recent guidelines for IA health screening tests were published in the Yellow Book in 2010 and in the Red Book in 2012.[7,8] **Fig. 1** summarizes the routine infectious disease and other screening tests performed on all IA children seen at the University of Minnesota International Adoption Clinic (IAC), and **Table 3** summarizes the screening done if prompted by specific findings on history taking or physical examination.

Vaccine Preventable Infections

Immunization practices for IAs vary widely in the countries of origin, as well as in what is done for adoptees once they join their families in the United States. Vaccines vary by country, and availability of vaccines is variable depending on the country of birth. Rarely do vaccine schedules meet US standards, due to cost and other factors (**Table 4**).

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