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International Adoptions and Immunizations

In the U.S., vaccines have eradicated or greatly reduced many diseases that remain common in other countries. Immunizations are important to keep you, your family and close contacts of your child healthy.

For you and those traveling with you: Recommendations for international travel are available at www.cdc.gov/travel. Consult a healthcare provider or travel medicine specialist at least 4-6 weeks before departure to discuss recommended vaccinations for the area to which you are travelling.

For your adopted child: Your child may not have received all of the immunizations that children in the United States usually get. Your child may also have been exposed to diseases no longer common in the United States. Each country has a recommended immunization schedule. Recommended schedules by country are available at <http://www.who.int/vaccines/globalsummary/immunization/scheduleselect.cfm>. If possible, obtain a record of the vaccines your child has received. Even if your child receives a medical examination before coming to the U.S., he or she should see a physician once the family returns home so that routine tests and U.S. recommended vaccines can be given. Recommended screenings, tests and vaccines can be found at <http://www.oregon.gov/DHS/ph/cdsunnary/2007/ohd5611.pdf>. This article contains information for you and your child's health provider. Please note that when it is not certain that your child has protection from a disease, he or she should be vaccinated.

For members of the child's new family, friends and caregivers:

Recommendations for routine vaccinations for you, your family and other close contacts of your child can be found at <http://www.cdc.gov/vaccines/spec-grps/intl-adopt.htm>. These immunizations are important for all close contacts of the child, even if the person does not travel out of the country. Vaccination of family members protects the individual, and also protects your child by helping to create a circle of healthy people.

NEW Special recommendation for hepatitis A vaccine for contacts of international adoptees:

There have been recent cases of hepatitis A that were spread by contact with children entering the U.S. These include the death of a 51 year-old grandmother of adopted twins and 26 other cases related to international adoptions in 2006-2007.

Hepatitis A is a disease that can be contracted by person-to-person contact or by contaminated food or water. The Advisory Committee for Immunization Practices (ACIP) now recommends that close contacts of internationally adopted children be vaccinated against hepatitis A. Although many children do not get sick from infection with hepatitis A, they can still pass on the virus to other children and adults, who can get very sick. In 2006, 19-50% of adults with hepatitis A were hospitalized, depending on their age. For more information about these cases and reasons supporting the hepatitis A vaccination recommendation, go to

www.cdc.gov/vaccines/recs/acip/downloads/mtg-slides-feb09/03-1-hepa.pdf

The ACIP recommendation is: "Hepatitis A vaccination is recommended for previously unvaccinated non-traveling persons who anticipate close personal contact with an international adoptee, within 60 days of arrival of the adoptee in the U.S., when the adoptee is from a country of high or intermediate endemicity."

Other vaccines:

Two other diseases of particular concern are measles and pertussis.

MMR: Measles is still common in many countries. In 2007, there were over 100,000 cases of measles in one of the top 4 countries of origin for international adoption by U.S. citizens. MMR vaccine protects against three diseases: measles, mumps, and rubella. Because measles is so contagious, cases continue to occur even in countries such as the U.S. with high immunization rates. Sporadic importations of measles into the United States from other countries have occurred since the disease was declared eliminated from the U.S. in 2000. In January-July 2008, 131 measles cases were reported in the U.S.

DTaP/Tdap: Pertussis, also known as whooping cough, remains widespread throughout the world, including countries with high vaccination rates. Infants are at the highest risk of severe disease and are often hospitalized if they catch pertussis. DTaP and Tdap vaccines provide protection against diphtheria, tetanus and pertussis. DTaP protects children <7 years of age. Immunity diminishes over time, so adolescents and adults need a booster for pertussis called Tdap (Tetanus, Diphtheria and Tetanus.) Tdap has been licensed in the U.S. since 2005 and is used to protect persons 10-64 years of age from tetanus, diphtheria and pertussis.

References:

1. Healthy Travel for International Adoptions, October 2007
2. Armstrong GL Pediatrics 2002; 109:839-45
3. Fischer, et al. Clin Infect Dis. September 15, 2008; 47:812-4
4. http://adoption.state.gov/news/total_chart.html
5. <http://wwwn.cdc.gov/travel/yellowbook/ch4/pertussis.aspx>
6. MMWR 2008; 57 ss-2
7. <http://www.oregon.gov/DHS/ph/cdsunnary/2007/ohd5611.pdf>