

## **THE IMPORTANCE OF PRE-ADOPTION VACCINATIONS**

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It came to my attention that several agencies are talking prospective adoptive parents out of receiving the pre-adoption vaccinations. Every year we do have cases of vaccine-preventable diseases in newly adopted children - measles, mumps, pertussus, hepatitis B.

It is extremely important to understand, that pre-adoption vaccinations (please note, that I am deliberately not using the term "pre-trip vaccinations") are routinely recommended to everybody, who will be involved in care of a newly adopted child, regardless of the travel arrangements.

Travel to any foreign country per se is just increasing the likelihood of exposure by the mere fact of contact with infected persons or potentially contaminated water, food and other sources of infection. Hosting is another situation when families are exposed to vaccine-preventable diseases without ever setting a foot on a foreign soil.

The following vaccines are recommended for the families, adopting/hosting children from abroad. Taking in consideration that at least 2 vaccines do require at least 6 months to complete the series (Hepatitis A and B), it is a good idea to start thinking about updating your vaccinations pretty early in your adoption process.

- TETANUS-DIPHTHERIA-PERTUSSUS vaccine (Tdap)
- HEPATITIS A vaccine
- HEPATITIS B vaccine
- POLIOMYELITIS vaccine (IPV)
- MENINGOCOCCAL vaccine (Menactra)
- MEASLES-MUMPS-RUBELLA vaccine (MMR)
- CHICKEN POX vaccine (Varivax)
- PNEUMOCOCCAL vaccine
- INFLUENZA vaccine
- Other vaccines can be added depending on the epidemiologic situation in the specific country and/or region

## **TETANUS, DIPHTHERIA & PERTUSSUS**

This year we received the new formulation of adult tetanus vaccine, containing not only diphtheria antigen, but also the acellular pertussus component too. We are in the middle of pertussus epidemic in the United States, with most cases of this disease being registered among teenagers and adults (kids under 7 are reasonably well protected with the DTaP vaccine). Taking in consideration that in many developing countries the DTaP vaccine for children is not introduced yet and children are routinely not immunized against pertussus after the age of 2, protection from pertussus becomes a priority.

Recently we had a case of pertussus in a newly adopted child, when whooping cough started during the 10-day waiting period in Russia. Child was never diagnosed before coming to the US, therefore potentially infecting everybody with whom she came in contact (train, hotel, embassy, 2 airports, transatlantic flight...). Diphtheria epidemic of 1990's in Russia resulted in changes in vaccination practices all over the world, prompting universal acceptance of diphtheria containing vaccine Td rather than the "tetanus only" preparation. The epidemic did spread all over the former Soviet Union and even into the neighboring countries. It took combined efforts of WHO and Red Cross to literally re-vaccinate those countries. Now, ten years after the epidemic was contained, officials in countries that were affected by diphtheria epidemic are calling for the universal re-vaccination campaign because of recent increase in diphtheria cases.

## **HEPATITIS B**

More than often people would say that why would they need this vaccination if they are not planning to have sex with strangers and to go to the manicure parlor during my trip? First of all, the rule of 5% still stands - about 5% kids adopted from abroad would test positive for active or chronic infection with hepatitis B. All what it takes is a contact with the contaminated body fluid (saliva, blood and others) through the less than perfect mucosal or skin surfaces (accidental bite would be enough). Also, everything can happen and everybody can get in the situation that they would need medical assistance with invasive procedures (IV's or even surgery) in a foreign country...

## **HEPATITIS A**

This food-borne hepatitis usually does not result in such life-threatening complications as its blood-borne counterparts (B, C and D), but it can still make you very sick. It is almost impossible to absolutely protect yourself from the hepatitis A (even following some routine precautions definitely can help). Please note, that hepatitis A vaccine is not required for school entry in some states and your children, who are already home, may be not protected from this infection as well.

## **POLIOMYELITIS**

Not existent in the United States, polio is still present in many parts of the developing world, some times necessitating immunization of newborn infants with the zero dose of oral polio vaccine.

## **MENINGOCOCCAL INFECTION**

Every year we do hear about outbreak of this deadly and debilitating disease in campuses around the United States. For several years now college freshmen would not be able to get their dorm keys without a proof of meningococcal vaccination. But only this year we finally received the new formulation of meningococcal vaccine, which is providing good lifelong protection. The new conjugated meningococcal vaccine is now recommended for routine immunization at 11 years of age and is added to the list of routine travel vaccinations.

## **MEASLES, MUMPS & RUBELLA**

It is recommended to check the immune status for those vaccine-preventable diseases. In the case of negative or inconclusive results it is important to vaccinate susceptible individuals. I think that last year's outbreak of measles in Chinese adoptees and cases of mumps in children arriving for the hosting program do make very compelling arguments.

## **CHICKEN POX**

Before chicken pox vaccine was introduced in the United States for 10 years ago about 100 people were dying every year from this disease, considered by many as mild childhood malady. Most of those who died or became seriously sick were adults. In many countries, including the former Soviet Union, chicken pox vaccine is not even licensed yet. Unfortunately, the history of chicken pox disease does not guarantee protective immunity. Chicken pox in adults is a very serious, potentially life-threatening disease and therefore it is also extremely important to check your immune status against it too.

## **PNEUMOCOCCAL INFECTION**

This is known to cause serious conditions in very young children (that's why we do have a pneumococcal vaccine Prevnar) and certain groups of adults (seniors, patients with immunodeficiencies and so on). Because newly adopted children can be a potential source of this infection for susceptible adults, make sure that everybody, to whom this vaccine is recommended, are properly immunized.

## **INFLUENZA**

Now we do have a choice of killed injectable vaccine (recommended for infants, toddlers, seniors and patients with such chronic conditions as asthma, diabetes and others) and live intranasal vaccine for healthy kids and adults. It is extremely important to immunize everybody against influenza as early in the season as possible (mid-September - early October). Hope that information will help to prepare you for at least some medical challenges of international adoption and hosting.

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