

Vaccines for International Adoption

By [Dr. Jane Aronson](#)

Medical preparation for travel abroad for an international adoption should begin within a few months of the initial paperwork for the adoption.

A common mythology about travel preparation is that it occurs a few days before the flight. Some vaccines that are needed for travel cannot be administered and completed within a few weeks of travel, but rather require at least six months for the completion of the series to produce life-long immunity. A common misconception is that a person has to wait until a few weeks before the travel date to get vaccines or else the vaccine won't work anymore if it was administered too long ago.

For those families who would like to research the requirements for vaccines for travel to specific countries, contact the CDC International Traveler's Hotline at 404-332-4559 or fax 1-888-232-3299; note that this is only a general guide and should be accompanied by a consultation with a physician with travel medicine experience.

Please note that vaccines for adults are not covered by most health insurance companies. Prescriptions for medications that are commonly brought on an international trip (for parents as well as for the child to be adopted) should be obtained weeks in advance, along with adequate accompanying instructions from a family physician or pediatrician and in some cases an infectious diseases specialist/ travel medicine specialist. Most physicians do not feel comfortable with travel medical instructions and it may take some time to locate a physician who specializes in this area of medicine and who enjoys helping families prepare for their travel to adopt a child. For parents embarking on parenthood for the first time, it is especially imperative that you schedule a meeting with a healthcare professional to discuss the basic health issues of children including feeding, common illnesses, and behavioral considerations.

The focus of this article is the current recommendations for vaccines for families traveling abroad to adopt children.

Hepatitis B

Children adopted from abroad are at risk for Hepatitis B infection. Children adopted from China have a Hepatitis B carriage rate of about 3.3%. This means that 3.3% of children adopted from China will test positive for Hepatitis B surface antigen when they arrive in the U.S. Children adopted from eastern Europe and Russia have a Hepatitis B carriage rate of 2.6%. Hepatitis B carriage varies from country to country. Family members are at risk for in-household transmission of Hepatitis B infection from exposure to the blood of those individuals who are Hepatitis B carriers, unless they are fully immunized against Hepatitis B. There is a universal Hepatitis B vaccination program in the U.S. for young infants since 1991 so if families have other children, these children are already protected. Another reason for completing the Hepatitis B vaccine series is for protection from blood transfusion in case of hospitalization abroad while traveling.

All families need to be prepared for travel and this involves a three-prong approach:

1. Assess vaccine records for adults and children traveling abroad and make a plan for updating the record with your family physician/pediatrician/travel or infectious diseases specialist; should be planned at least 6 months in advance.

2. Update health records for families so that appropriate medications for each family member are renewed.

3. Check health insurance policies for international travel coverage and make a list of accredited medical facilities located in the cities of travel.

The Hepatitis B vaccine is a 3 vaccine series. The first two immunizations are separated by an interval of at least one month and the third vaccine is usually administered six months from the date of the first vaccine, but can be administered as close as four months from the initial vaccine. Side effects are minimal and usually involve local tenderness treated effectively with ibuprofen.

Hepatitis A

This is a very common infection in countries outside the U.S. The infection is acquired from food and water. The vaccine is a two vaccine series. One vaccine is given preferably one month before travel, but immunity may occur within a few weeks of the initial vaccine; a booster is recommended 6-12 months later for life-long immunity. This vaccine is licensed for all individuals over the age of 2 years. Combination Hep A/B vaccines are available.

Tetanus/diphtheria

You never know when you are going to step on a rusty nail or sustain an accidental injury while you are abroad. You don't want to be in the position of needing a tetanus shot while traveling abroad. There are areas of Eastern Europe and the Former Soviet Union where diphtheria is reported on regular basis. A booster is recommended every ten years in the U.S. This vaccine can really "smart" for a couple of days. Ibuprofen can ease the pain. Make sure you check your records for prior reactions to this vaccine.

Measles, Mumps, and Rubella-German Measles (MMR)

These three diseases are still quite common all over the world, much less so in the U.S. For those adults born in 1957 or after, I recommend an MMR booster. If you were born before 1957, you probably had these diseases as a child and are subsequently protected. If you have concerns regarding immunity, there is a blood test for assessing immunity to each of these viral infections. If you have immunity, then you will not require any boosters.

Chicken Pox

Most people have had chicken pox by the time they are ten years of age, but occasionally there are a few who escaped it. It can be a life-threatening disease in adults. When you get blood work for a routine health exam, check for antibodies to chicken pox. If you have no immunity, you will require two vaccines 6-8 weeks apart. Side effects may involve a few blisters at the site of the vaccine, a body rash, low grade fever, runny nose, and general malaise for a few days over a six week period in about 4% of individuals. The vaccine was licensed in 1995 and is a safe and effective and there is no increased incidence of shingles associated with the vaccine.

Influenza vaccine

If you have lung or heart disease, or you are 50 years of age or older, flu vaccine is recommended during the influenza season (November through April). This vaccine is recommended once starting in November and only protects the individual for that season. This vaccine is also recommended for children with underlying heart or lung disease and may require more than one administration depending on the age of the child. If you haven't had the vaccine yet, you can still benefit from it anytime during the flu season. The effectiveness of the vaccine is about 70-80 %. Influenza travels from East to West so it is clearly quite common in the countries that most parents travel to adopt a child (China, Russia, Southeast Asia).

Polio vaccine

Most of us in the United States have had the complete polio vaccine series as children and the World Health Organization's Extended Immunization Program has been working diligently to meet their goal of world eradication of polio. Recently there were some reported cases of polio in Haiti and the Dominican Republic so it is even in our hemisphere! If you cannot confirm that you had polio vaccines as a child, then I would recommend one polio booster in the form of the injectable inactivated polio vaccine. This obviates the possibility of vaccine associated paralytic polio (vapp) infection that is a very low, but real risk with the oral preparation of polio vaccine. If you are traveling abroad with children consult with your pediatrician to make sure that your children are up-to-date for all of their vaccines and then use these guidelines for specific circumstances.

Other vaccines (Cholera and Typhoid)

Many people consult physicians who automatically advise cholera and typhoid vaccines for all travel outside the U.S. I would not recommend these vaccines generally across the board when traveling unless there are specific regional reports regarding typhoid and cholera. Check with the CDC Hotline and discuss these recommendations with a travel medicine specialist.

The American Academy of Pediatrics has established a Provisional Section on Adoption (PSOAD) as of July 1, 2000 and it is an excellent resource for physicians and parents. Contact Eileen Casey at 1-800-433-9016 ext. 7937.

© Copyright Dr. Jane Aronson 2001