



Adoptions abroad: Advice for clients

Q I have a client who is traveling to China to adopt a child. Are there any health recommendations or resources you would recommend in planning her trip?

A Each year approximately 15,000 children are adopted from overseas by U.S. parents. The majority of these children come from Asian nations such as Cambodia, China, India, Korea, Philippines and Vietnam; Latin America (for example, Guatemala and Colombia), and eastern Europe (for example, Romania, Russia and Ukraine).

To complete an international adoption and bring an infant or a child into the U.S., a prospective parent or parents must fulfill the requirements set by the U.S. Immigration and Naturalization Service, the foreign country in which the infant or child resides and sometimes the state of residence of the adoptive parent or parents.

From a health standpoint,

these children often have inaccurate immunization records. They are frequently not immune to diseases for which vaccines were allegedly given.

In July 1997, a U.S. law went into effect that requires immigrants to be vaccinated against communicable diseases — hepatitis B, measles, mumps, pertussis, polio and rubella — before entering this country.

This law had the unintended consequence of posing serious health risks for the adoptees. Many of

some cases, vaccinations were recorded but not given.

Our law has been amended. Now foreign-born children younger than age 10 (more than 95% of all international adoptees) no longer have to be immunized before entering this country. Instead, parents must certify that their children will receive immunizations within 30 days of arrival.

Parents contemplating adopting foreign children, especially from eastern Europe, Latin America and Southeast Asia, should be advised to start their own hepatitis B vaccination series as soon as they begin the adoption process.

Full immunization requires three injections over six months. Sometimes the schedule can be shortened to two months. The incidence of hepatitis B is relatively high in the regions mentioned and few children are vaccinated against the disease.

Children living in orphanages are especially at risk, and very few are vaccinated.

Moreover, most U.S. adults have not had the illness and few are vaccinated.

Adult caretakers of the child and siblings-to-be might also benefit from vaccination.

In addition, hepatitis A immunization should be considered for parents before travel and other destination-specific health measures should be followed according to the guidelines of the Centers for Disease Control and Prevention (CDC).

Resources for the prospective adoptive parents include the CDC (www.cdc.gov), the U.S. Department of State (www.travel.state.gov/adopt.html) and the Immigration and Naturalization Service (www.ins.usdoj.gov). Other sources of information for prospective adoptive parents include the American Academy of Pediatrics (www.aap.org).

This column is designed to answer agent questions of general interest to the trade. Please address your questions to Dr. Connor at bconnor@pol.net.

BIO



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the children had to receive their vaccinations in countries known for poor health services and poor quality vaccines. In