MEDICAL EVALUATION OF INTERNATIONALLY ADOPTED CHILDREN

*Understand the physicians role in international adoption
PEDIATRICS & AAP POLICY Subspecialty Collections

Pediatrics Collections

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- Interpersonal & Communication Skills (111 Articles)
- Medical Liability (29 Articles)
- Medical Technology and Advancement (11 Articles)
- Practice-Based Learning & Development (51 Articles)
- Professionalism (37 Articles)
- Quality Improvement (206 Articles)
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- Adolescent Health/Medicine (743 Articles)
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Adoption & Foster Care
- Adoption & Foster Care (33 Articles)
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Adoption & Foster Care

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ARTICLE:
Margaret A. Keyes, Stephen M. Malone, Anu Sharma, William G. Iacono, and Matt McGue
Risk of Suicide Attempt in Adopted and Nonadopted Offspring
» Abstract » Full Text » Full Text (PDF)

PEDIATRICS DIGEST SUMMARY:
RCT of a Mentoring and Skills Group Program: Placement and Permanency Outcomes for Foster Youth
Pediatrics 2012 130:X18; doi:10.1542/peds.2011-3447d
» Abstract

ARTICLES:
Sandra H. Jee, Moira Szilagyi, Anne-Marie Conn, Wendy Nilsen, Sheree Toth, Constance D. Baldwin, and Peter G. Szilagyi
Validating Office-Based Screening for Psychosocial Strengths and Difficulties Among Youths in Foster Care
» Abstract » Full Text » Full Text (PDF)

ARTICLES:
Magnus Landgren, Leif Svensson, Kerstin Strömland, and Marita Andersson Grönlund
Prenatal Alcohol Exposure and Neurodevelopmental Disorders in Children Adopted From Eastern Europe
» Abstract » Full Text » Full Text (PDF)
A family living in the United States comes to your office for the initial medical evaluation of their 2-year-old daughter who they recently adopted from Southeast Asia. The limited past medical history is unremarkable. The parents report that the child is eating, voiding, and stooling normally, and they have no specific concerns about her health or behavior.

On physical examination, vital signs are normal for age, and growth parameters are in the 25th percentile for age. Complete physical examination findings are normal. The peripheral white blood cell count is 15,000 /µL (15.0 x 10⁹/L), with 40% polymorphonuclear neutrophils, 20% lymphocytes, 10% monocytes, and 30% eosinophils. Hemoglobin is 10 g/dL (100 g/L), and platelet count is 260 x 10³/µL (260 x 10⁹/L).

Of the following, the test that is MOST likely to yield an abnormal result is:

A. Hepatitis B antigen test
B. Human immunodeficiency virus antibody test
C. Stool culture
D. Stool for ova and parasite
E. Tuberculin skin test
EOSINOPHILIA

Hypereosinophilia (>1,500/µL)
- 3 stool samples taken and examined for stool ova and parasites
- If negative consider serologic testing for
  - Strongyloides
  - Schitosoma

Remember HIV testing, tuberculosis testing!
Depending on where the child is from consider testing for
  - Chagas disease (*Trypanosoma cruzi*)
  - Lymphatic filariasis (*Wuchereria bancrofti*)
KNOW THE RECOMMENDATIONS FOR SCREENING FOR INFECTIOUS DISEASES IN INTERNATIONALLY ADOPTED CHILDREN

As recommended by Red Book:

Medical Evaluation of Internationally Adopted Children for Infectious Diseases

Annually, thousands of children from other countries are adopted by families in the United States. In recent years, more than 90% of international adoptees are from Asian (China, South Korea, Vietnam, India, Kazakhstan, and Philippines), Latin American and Caribbean (Guatemala, Colombia, and Haiti), Eastern European (Russia and the like), South and Central American (Costa Rica and Mexico), and African countries (Ethiopia, Liberia, and other nations). The proportion of children from these countries and the proportion adopted through special circumstances vary over time. Each year, more than 10,000 children are adopted by families in the United States. Of these, the majority are adopted through adoption agencies and often have some level of preadoption evaluation of their health status. However, thousands of children are adopted without any preadoption evaluation or are placed with families using arrangements outside the legal system. Many of these children have serious medical conditions that have been overlooked or undiagnosed in their country of origin. To prevent the introduction of new disease into this population, many states have developed policies and procedures for screening foreign-born children for infectious diseases.
<table>
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<th>Screening Tests for Infectious Diseases in International Adoptees</th>
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<tr>
<td>Hepatitis B virus serologic testing:</td>
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<td>Hepatitis B surface antigen (HBsAg)</td>
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<tr>
<td>Hepatitis C virus serologic testing</td>
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<tr>
<td>Syphilis serologic testing:</td>
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<tr>
<td>Nontreponemal test (RPR, VDRL, or ART)</td>
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<td>Treponemal test (MHA-TP, FTA-ABS, or TPPA)</td>
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<td>Human immunodeficiency virus 1 and 2 serologic testing</td>
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<tr>
<td>Complete blood cell count with red blood cell indices and differential</td>
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<tr>
<td>Stool examination for ova and parasites (3 specimens) with specific request for <em>Giardia intestinalis</em> and <em>Cryptosporidium</em> species testing</td>
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<tr>
<td>Tuberculin skin test</td>
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<td>In children from countries with endemic infection:</td>
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<tr>
<td><em>Trypanosoma cruzi</em> serologic testing</td>
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<tr>
<td>In children with eosinophilia (absolute eosinophil count exceeding 450 cells/mm³) and negative stool ova and parasite examinations:</td>
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<td><em>Strongyloides</em> species serologic testing</td>
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<tr>
<td><em>Schistosoma</em> species serologic testing (for sub-Saharan African, Southeast Asian, and certain Latin American adoptees)</td>
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<tr>
<td>Serologic testing for lymphatic filariasis (for children &gt;2 years of age from endemic countries)</td>
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In clinic today, one of your families comes to visit you with the child they just adopted from China. This is your first time to meet the 5-year-old adoptee. You review all of her immunization records and medical history and find everything to be in order. In addition to these specific medical concerns, you also recommend to the family the following:

A. Vision screening, a dental visit, and speech therapy consultation
B. Hearing screening, a dental visit, and early intervention services consultation through the local school district
C. Vision screening, hearing screening, and a dental visit
D. Vision screening, hearing screening, dental visit, speech therapy consultation, occupational therapy consultation, physical therapy consultation, psychiatric consultation, and early intervention services consultation through the local school district
E. Vision screening, hearing screening, dental visit, speech therapy consultation, and early intervention services consultation through the local school.
Recommended screening tests for infectious diseases are listed in Table 2.16 (also see disease-specific chapters in Section 3). In addition to these infectious disease screening tests, other medical and developmental issues, including hearing and vision assessment, evaluation of growth and development, nutritional assessment, blood lead concentration, complete blood cell count with red blood cell indices and differential of white blood cells to evaluate for eosinophilia, glucose-6-phosphate dehydrogenase screening, hemoglobin electrophoresis, measurement of thyroid-stimulating hormone concentration, and examination for congenital anomalies (including fetal alcohol syndrome), should be part of the initial evaluation of any internationally adopted child.
A family in your practice has adopted an 11-month-old girl from China. They bring the child’s immunization record from the adoption agency to the first visit and ask if they can accept these vaccinations as accurate. You explain that such records may not be reliable, but you can attempt to determine whether at least partial immunization has been achieved.

Of the following, the MOST appropriate approach is to measure antibody concentrations to:

A. *Haemophilus influenzae* type b
B. Measles
C. Pertussis
D. *Streptococcus pneumoniae*
E. Tetanus

*Recognize that antibody tests to some vaccines are available to assist in evaluation of immunization status of an internationally adopted child who has a history of questionable medical care.*
Question of:
- Potency
- Storage
- Response (malnutrition, etc.)
- Schedule

Committee on Infectious Disease of AAP: written records may be accepted if:
- Number of doses
- Interval between doses
- Age at immunization
  are all appropriate

Antibody testing: tetanus, measles, varicella, hepatitis B, diphtheria, polio
You are the pediatrician to a family who is anticipating adopting a child from Vietnam. The family comes to you for a pre-adoption visit to discuss specific concerns and issues that should be addressed both before the child arrives in the United States and after. You recommend that all family members in the adoptee’s future American home receive the following (when age-appropriate) vaccinations:

A. Immunizations for measles, hepatitis A, and hepatitis B
B. Immunizations for diphtheria, hepatitis A, and hepatitis B
C. Immunizations for pertussis, measles, and hepatitis A
D. Immunizations for HPV, measles, and hepatitis B
E. Immunizations for *Haemophilus influenza* type B, hepatitis B, and measles


General Recommendations on Immunization: Recommendations of involved. Approximately 22,000 children join a family in the United States by international adoption each year. It is estimated that only 20% of internationally adopted children have no special medical or developmental concerns, whereas 60% have a mild to moderate problem and 20% a severe problem. Medical problems may range from congenitally acquired issues such as cleft lip and palate, congenital heart disease, and orthopedic problems to nutritional deficiencies and infectious diseases. Substance exposures, malnutrition, infections, and stress experienced by the birth mother may have an important impact on the child.

A preadoption visit with the pediatrician is helpful. Some families may be able to bring a dossier of medical information with a photo or video for review before proceeding with the adoption. Pediatricians can review medical records from the home country, keeping in mind that these records may be incomplete, incorrect, or even falsified. Other families will travel to the assigned country to meet their child in the orphanage or nearby hotel without medical pre-review.

The pediatrician can assist the family by checking on country-specific risks and concerns (eg, human immunodeficiency virus [HIV] rate, immunization quality, typical infections). The pediatrician also should recommend that family members and household contacts be protected by vaccine coverage against measles, hepatitis A, and hepatitis B.

Once the child arrives, a comprehensive unclothed physical examination is needed, paced at the child’s comfort
QUESTION 11

You are meeting a child in your clinic who was recently adopted from Russia. She appears to be about 6 years old and has been living in an orphanage in Russia since she was born. Her adopted parents have very few medical records for their new daughter and no birth certificate. The MOST important reason to assign a birth date to this child is:

A. So her family can celebrate her birthday annually
B. So her exact vaccination schedule can be determined
C. So her growth can be monitored accurately on a growth chart
D. So her parents can place her in the appropriate classroom/grade at school
E. So her friends and peers don’t make fun of her for not having a birthday
attention to vital signs and growth parameters (use of ethnically oriented growth curve if available); general observation to evaluate for signs of a genetic disorder or syndrome; skin evaluation for signs of infection or past abuse; genitourinary examination, including the anus, to look for evidence of abuse or genital cutting; and attention to neurologic findings.

Appropriate screening tests should be performed for the following: (1) infectious diseases as recommended by the Red Book (HIV, syphilis, hepatitis B, tuberculosis, and stool pathogens [Giardia, Cryptosporidium]) with sexually transmitted disease screening for sexually abused children and sexually actually received the vaccines and uncertainty about the quality of the handling of the vaccines and whether they were refrigerated appropriately. Immunization options include revaccination and, for older children, antibody testing when available (eg, tetanus, measles, varicella, hepatitis B). For most vaccines, revaccination to achieve age-appropriate vaccination status is favored over serologic testing.

Children adopted internationally should be screened for vision, hearing, and dental issues, with appropriate referrals made when there is a concern. Referral to an early childhood intervention program (birth–<3 years) or to the local school district (≥3 years) often is

The age determination of an adopted child may not be accurate, as the exact birth date may be unknown, and there are no absolute or reliable tests to verify age. The most important reason to assign a birth date is for school placement. Adoptive parents may delay establishing the birth date for up to 12 months to allow time for observation and possible developmental catch-up from improved nutrition. Adjustment issues are common, and adopted children may regress, withdraw, or experience feeding problems with the relocation to a new family and a new culture. Understanding and support on the part of the family and the pediatrician are important to address these issues.
**QUESTION 10**

The *most* effective precaution against transmitting infection is:

A. Employing hand hygiene

B. Using bleach to disinfect

C. Wearing a gown

D. Wearing a mask

E. Wearing eye shields
A 6-YEAR-OLD FEMALE WELL-CHILD CHECK. WELL CHILD.

What isolation/precautions would you use?
STANDARD PRECAUTIONS

Know the recommendations for standard precautions:

- Indicated in the care of ALL patients
- Hand Hygiene before and after each patient contact
- Personal protective equipment (PPE) as indicated
- Gloves
  - Contact with body fluids
  - Contact with potentially hazardous infectious material
What isolation/precautions would you use?
WHAT TYPE OF PRECAUTIONS?

Contact precautions

What is required?
- Gloves
- Gown

Other organisms that indicate contact precautions?
- Enteroviruses
- Respiratory syncytial virus
- MDRO’s
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

4. **GLOVES**
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
NOW REMOVE YOUR PPE APPROPRIATELY...

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 2

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

- While removing the gown, roll or fold the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
Identify when contact precautions are required

Know the recommendation for contact precautions and how these differ from standard precautions
3-YEAR-OLD FEMALE RECENTLY ADOPTED FROM INDIA WITH BLOODY SPITUM CONCERNING FOR TUBERCULOSIS

What isolation/precautions would you use?
WHAT TYPE OF PRECAUTIONS?

Airborne precautions

What is required?
- Negative pressure room
- N-95 or similar sealing mask
- Gloves*
- Gown*

Other organisms that indicate airborne precautions?
- *Mycobacterium tuberculosis*
- Measles
- Varicella
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. **MASK OR RESPIRATOR**
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. **GOGGLES OR FACE SHIELD**
   - Place over face and eyes and adjust to fit

4. **GLOVES**
   - Extend to cover wrist of isolation gown
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:**

1. **GOWN AND GLOVES**
   - Gown front and sleeves and the outside of gloves are contaminated!

2. **FACE SHIELD**
   - Remove correctly with hands that are not contaminated

3. **MASK OR RESPIRATOR**
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

4. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

   OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

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CDC

CS250672-E
Identify when airborne precautions are required

Know the recommendations for airborne precautions and how these differ from standard precautions
7-YEAR-OLD HEME ONC PATIENT ON 4-WEST WITH PARVOVIRUS B-19

What isolation/precautions would you use?
WHAT TYPE OF PRECAUTIONS?

Droplet precautions

What is required?
- Surgical mask
- Gloves*
- Gown*

Other organisms that indicate droplet precautions?
- Adenovirus
- Streptococcus pyogenes
- Influenza
- *Neisseria meningitidis
Identify when droplet precautions are required

Know the recommendations for droplet precautions and how these differ from standard precautions

Understand that office and hospital staff should receive an annual influenza immunization
TOTAL SPECS 39!!!