

International adoption

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Canadian families have been adopting children internationally at increasing rates over the last 10 years with over 2,000 international adoptions annually. Most of these children are healthy. However, the majority are from countries and/or social situations with increased risks for specific infectious diseases acquired at birth or in the first years of life and where routine immunization is incomplete or inadequate. A one-time survey was included in the September 2005 CPSP mailing to determine the experience of Canadian paediatricians with children adopted internationally and their knowledge about current recommendations for screening these children for infectious diseases.

Responses were received from 665 (27%) of the 2,500 CPSP participants. Sixty-one percent (61%) of respondents cared for a child who had been adopted internationally within the previous two years. Among these, 59% cared for less than five children adopted internationally, 27.5% for five to 10 and 13.5% for more than 10. Screening frequency varied with disease: 79% had screened for hepatitis B, 73% for HIV, 71% for hepatitis C and tuberculosis, and 67% for syphilis. Together, these paediatricians identified 30 confirmed cases of hepatitis B, four of hepatitis C, four of syphilis, three of HIV and 111 infected with tuberculosis.

Knowledge about screening methods varied significantly and there were important gaps in knowledge, especially for hepatitis B. Contrary to expert recommendations, 35% of respondents indicated they wouldn't perform a tuberculosis skin test if the child had received a BCG vaccine.

The majority did not know that repeat screening is indicated six months after arrival in Canada for hepatitis B and C and HIV and within three to six months of arrival for tuberculosis. Most would consider repeating vaccinations but with incomplete knowledge about which serologic tests can be used to determine the need for this. However, an important minority (6%) would never revaccinate and seemed unaware of studies indicating that 20–40% of internationally adopted children lack immunity on serological testing to diseases against which they were reportedly vaccinated. There were no significant differences when analyses were restricted to those who had seen an internationally adopted child within the previous two years.

The majority of Canadian paediatricians who responded to the survey had recent experience with children who were adopted internationally. However, survey results point to a need for increased professional education to assist physicians caring for these children. Gaps in knowledge and practice may be leading to under-detection of conditions such as hepatitis B, hepatitis C and tuberculosis, putting children and their contacts at risk.

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