



Health Matters



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Objectives of this workshop...

- Participants will be made more aware of the various health issues that children may face when adopted internationally.
- Participants will be made more aware of support and resources available to them.

MEDICAL INFORMATION FOR ADOPTIVE PARENTS

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Disclaimer

- The information contained in this presentation is for informational and educational purposes only. While it is based on professional advice and expert opinion, it does not represent a therapeutic recommendation or prescription. All decisions which may impact your health should be discussed with your physician.
- If you are under the care of a physician or are taking medication, consult your physician before changing or discontinuing any medication or current medical treatment. Implementing new items may alter your medication needs. Adjustments of prescribed medications should only be done under the direct supervision of your physician.

Agenda

- Preparing for travel
- Immunizations
- Common pediatric infections
- Post-travel screening

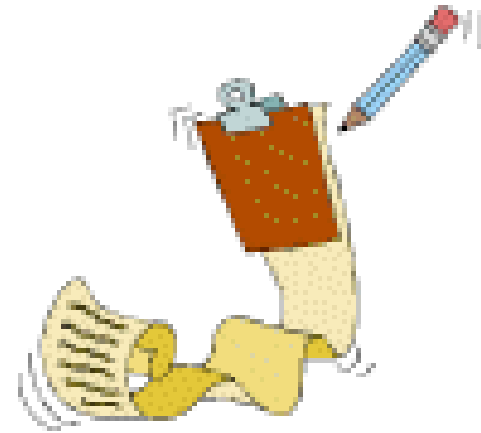
Preparing for Travel



- It is important to be prepared to meet your own basic medical needs when traveling abroad
- Most major cities in Southeast Asia and China have good private health care facilities that provide up-to-date care for foreign travelers
- Simple first aid measures can obviate the need to seek outside medical help

Checklist of Supplies

- Alcohol wipes
- First aid kit
- Antibiotic ointment
- Thermometer
- Lubricant
- Sunscreen
- Insect repellent with DEET
- N-95 mask and sterile gloves



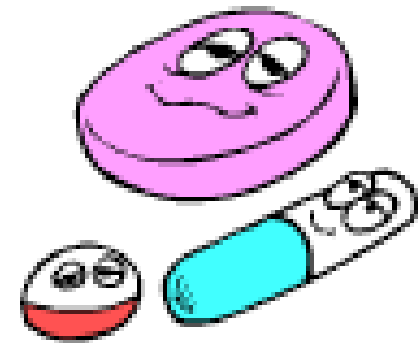
Medications

- Tylenol (adult and pediatric)
- Motrin (adult and pediatric)
- Benadryl (adult and pediatric)
- Stomach medications
- Imodium and Pepto Bismol
- Zinc oxide and Clotrimazole cream
- Hydrocortisone cream
- Nix and Kwellada



Medications continued

- Polysporin eye/ear drops
- Salinex nasal drops
- Gastrolyte packages
- Glycerin suppositories
- Epipen
- Gravol



Antibiotics



- Anti-diarrheal agents; Cipro or Septra
- Ear infections; Amoxil
- Cough/Chest infections; Biaxin tablets and oral suspension
- UTI; Cipro or Septra
- These medications are generally safe and well tolerated by most people
- However you should consult your physician prior to travel and discuss the need for such medications



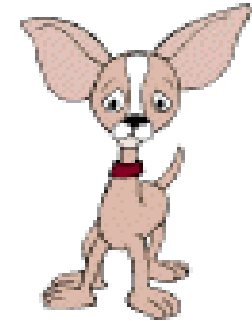
- Remember that physicians are not supposed to write prescriptions for patients that they have not met!
- Many physicians, however, will accommodate these requests

Immunizations



- Visit the CDC site at www.cdc.gov for up-to-date travel advisories and immunization recommendations
- I will briefly review the immunizations that are recommended for travel but please review these with your physician prior to travel
- Complete any required immunizations at least 4-6 weeks prior to travel

Southeast Asia, China & Korea



- Hepatitis A
- Hepatitis B
- Typhoid
- Japanese Encephalitis (only in outbreak situation, extensive rural travel or prolonged visit)
- Rabies (only if in contact with wild animals) Remember that in the rest of the world the most common source of rabies infection are wild or stray dogs. **DON'T PET the dogs!!**
- Tetanus/Diphtheria should be up to date
- If you have never had measles a booster is required if you have had primary Measles/Mumps/Rubella series

Africa and HIV

- South Africa, HIV/AIDS, 5.5 million people with HIV
- 240,000 children
- Rate of prevalence in adults is at 18.8%
- No data on prevalence of HIV/AIDS in Ethiopia

HIV testing in Children

- Children less than 18 months of age require and HIV DNA PCR test on two separate occasions at least two months apart
- For children older than 18 months an HIV antibody test (ELISA) with a Western Blot test is adequate
- Children less than 18 months of age will can acquire passive antibodies up to 15 to 18 months of age from their mother

Ethiopia

- Yellow fever vaccination recommended
- No risk of malaria above 2000 metres, Addis Abbaba is malaria free
- Endemic diseases include meningococcus, typhoid, yellow fever, rift valley fever, polio
- Appropriate precautions make trip low risk

South Africa

- Yellow fever vaccination recommended
- Malaria prophylaxis recommended, *P. falciparum* and chloroquine resistant
- MDR and XDR TB both prevalent in South Africa, TB skin testing important
- Consider vaccine for typhoid fever
- Other common infectious diseases

India

- Vaccines for India, yellow fever and routine vaccines
- Check with CDC or WHO website for malaria recommendations
- Unusual infection, chickengunya, rarely fatal and transmitted by mosquitos, presents with fever, rash and joint pain
- Again, typhus, meningococcus, and other risks should be assessed by the individual in consultation with their physician

Immunization continued

- Malaria



– Thailand, only in rural areas next to Cambodia, Laos and Burmese borders



– China, not in urban areas, only in rural areas



– Korea, only in the DMZ and rural areas of two northern provinces

- Remember mosquitoes most frequently bite at dawn and dusk
- DEET insect repellants are effective



Bird Flu

- There have been over 200 cases and more than 130 deaths worldwide
- No new cases in Vietnam
- There have been cases in China in provinces that CB has gone to
- Current hotspot is Indonesia

Bird Flu continued

- No vaccine
- Caused by H5N1 bird influenza strain
- You should be up-to-date on your influenza (flu) vaccine
- Avoid poultry farms and bird markets in China, Thailand or Korea
- Wash your hands frequently
 - Carry alcohol wipes
- Limited cases of human to human transmission

Pediatric Infections

- Diaper rash
- Eczema
- Allergic reaction
- Lice/Scabies
- Pink eye
- Otitis Media (ear infections)
- Upper Respiratory Infection
- Pneumonia
- Gastroenteritis
- Fever
- Constipation



Gastroenteritis



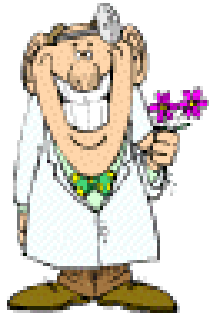
- Presents with vomiting and diarrhea
- Oral rehydration is the key
- Avoid drinks such as fruit juices
 - They are higher in sugar and will cause diarrhea to become worse
- Watch for signs of dehydration
 - Including loss of tearing, lethargy, pale and not wetting diapers
- High fever or blood in stool should receive medical attention

Otitis Media (ear infections)

- Common infection in children
- Usually presents with pain and fever
- Treatment for most children over the age of 2 is simple Tylenol/Ibuprofen in adequate doses
- Under the age of 2, antibiotics are still the primary treatment choice

Fever

- The most common reason fever doesn't go down is inadequate dosing
- Most directions tend to under dose children
- The average dose for a child is
 - 15mg/kg of acetaminophen, or
 - 10mg/kg of ibuprofen
- Acetaminophen comes in dropper of 80mg/ml or elixir as 160mg/ml
- Ibuprofen comes as 40mg/ml dropper or 100mg/ml elixir



Post-Travel Screening

- Let your own doctor know your plans; advise that you will be bringing in your child for post-adoption screening
- This will allow your doctor time to read up on the subject and make him/her look good when you arrive
- Be prepared to bring information to your doctor to help in the process



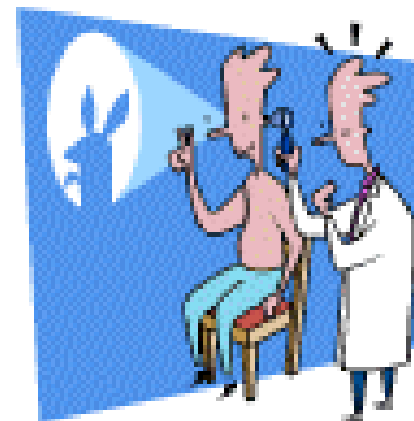
Post-Travel Screening

- There may also be pediatricians in your area who have experience in international adoption screening
- Resources including international adoption clinics can provide consultation or provide information to your doctor
- Please see Dr. Welsford's excellent handout for more information

Blood, Urine and Stool Tests

- Hemoglobin
- Hep A, B, and C screening
- HIV screen
- VDRL
- TSH
- Rickets evaluation
- Stool for O and P, C and S
- TB skin testing
- Urine protein screening

Additional Tests



- Start childhood immunization schedule
- Hearing and vision testing
- Dental check up
- +/- developmental and speech assessment if required or suspected
- Don't be afraid to question your physician; any reasonable physician doesn't mind reasonable inquiry
- **Don't be a spectator** -- become involved in your child's health and ensure the proper screening tests are done

Questions?

Thank You!

