

What Your Doctor Needs To Know

By Joanne Schnurr

A surprising number of pediatricians and family doctors are not following recommended guidelines in testing internationally adopted children for infectious diseases. That's putting the health of children and families at risk.



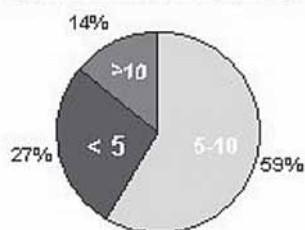
Last year, Dr. Margaret Lawson, the volunteer medical consultant for the Children's Bridge, teamed up with specialists from several other medical centers to determine the experience of Canadian pediatricians in caring for internationally adopted children and to examine their screening practices in detecting infectious diseases.

Canadian families adopt more than 2 thousand children internationally each year. Most of these children come from areas with increased risks for certain diseases.

"The impetus for our survey came from pediatricians and specialists who work in the area of international adoption," says Dr. Margaret Lawson. "Over the last number of years, we've observed that referring physicians had gaps in knowledge with respect to internationally adopted children and screening of infectious diseases."

In September of 2005, a one-time survey on international adoption was sent to 2500 pediatricians through the Canadian Pediatric Surveillance Program (CPSP). About one-third responded. Of those, the survey indicated the majority of pediatricians (73%) had seen internationally adopted children within the last two years, which was contrary to what the CPSP believed to be the case.

Qn: How many internationally adopted (IA) children have you seen over the past 2 years?



	# Confirmed Cases*
Hepatitis B	30
Hepatitis C	4
HIV	3
Syphilis	4
TB Infection	111

*total number of cases seen by all respondents over previous 2 years

The survey focused on five infectious diseases: Hepatitis B and C, HIV, Syphilis and TB, and their frequency in internationally adopted children. Over the previous 2 years, the pediatricians had seen 30 confirmed cases of Hepatitis B, 4 of Hepatitis C, 3 of HIV, 4 cases of Syphilis and 111 cases of TB infection.

For Hepatitis B, seventy-nine percent of respondents said they screen all internationally adopted children on arrival, which is the Red Book recommendation. But one in five indicated they do not, or only do selective screening. And a full three-quarters of pediatricians surveyed saw no need to re-test.

"That indicates the majority don't realize that you must test six months after arrival in Canada to definitely rule out Hepatitis B," argues Dr. Lawson. "If the child was infected within 4 to 12 weeks prior to arrival, she could test negative initially."

For Hepatitis C, again there was selective screening with 71% indicating the need for it.

"I would bet the majority who are doing selective screening trust the testing in the birth country," says Dr. Lawson, "unaware that the child could still have Hepatitis B or C even though she had tested negative in the birth country." The Red Book recommendation is to screen for Hepatitis C in all children from high-risk countries such as Asia and Eastern Europe. Lawson says the majority of internationally adopted children come from those regions.

The Red Book recommendation on HIV is to screen all internationally adopted children. Canada requires that of children from China, and tests are currently done at the International Medical Clinic in Beijing. 27% of pediatricians say they do not screen for HIV on arrival.

Even more (33%) do not follow the recommendation to screen all internationally adopted children for Syphilis.

And despite the high prevalence of TB in these countries, 29% of pediatricians surveyed indicated they wouldn't screen all children on arrival. Of those who do, 95% chose the appropriate test, the skin test. However, 35% of pediatricians said they would not test for TB if the child had been vaccinated prior to arrival. Dr. Lawson says these

CONTINUED ON PAGE 15

NEEDS TO KNOW CONTINUED...

doctors are putting children at risk of serious complications because of their lack of knowledge. She knows of one travel group of 8 children whose family doctors and pediatricians had initially advised against testing because the children had been vaccinated in China. Half the group tested positive for TB, requiring treatment.

Dr. Lawson says the pediatricians' gaps in knowledge and practice may be leading to under-detection of infectious diseases, putting children and their contacts at risk. There's a concern that those gaps may be even further pronounced among family doctors.

"Family doctors and pediatricians may not have all the information you think," says Dr. Lawson. She recommends taking the medical letter provided in the Children's Bridge Resource Binder to the family doctor or

pediatrician, and insisting that the recommended tests be carried out.



The Bridge also suggests checking their website for updated medical recommendations.