



Microbe Monthly

Communicable Disease Report

March 2010

El Paso County Department
of Health & Environment

Communicable Diseases in International Adoptees

More than 20,000 internationally adopted children arrive in the United States every year. These children are adopted from countries that have various types of endemic infectious diseases and adoptees may enter the U.S. without adequate medical history or immunization records.

Following the earthquake in Haiti, the U.S. Department of Homeland Security and Department of State allowed children already in the process of being adopted by U.S. families to arrive in the U.S. under a humanitarian parole policy. Due to the earthquake, most of these children received little medical screening before arriving in the U.S.

Recently in Colorado, Haitian adoptees have been diagnosed with diseases including *Haemophilus influenzae* serotype b (Hib), hepatitis A, giardiasis, and shigellosis. Giardiasis is common in international adoptees and easily treated. However, hepatitis A and Hib pose a greater threat to these children and close contacts in their new families, and those diseases require public health investigation and implementation of control measures such as post-exposure prophylaxis of contacts.

These cases underscore the importance of thorough medical screening for adopted children from Haiti and other countries upon arrival to the U.S. The Centers for Disease Control and Prevention (CDC) provides guidelines for physicians evaluating international adoptees in Chapter 7 of the Traveler's Health Yellow Book, available at: wwwnc.cdc.gov/travel/yellowbook/2010/chapter-7/international-adoptions.aspx.

Briefly, the CDC and the American Academy of Pediatrics recommend screening for:

- **Gastrointestinal parasites** have been found in up to 51% of internationally adopted children; giardia is most common.
- **Hepatitis A** serology has proven useful in identifying young infants or children from a hepatitis A virus-endemic area who may be acutely infected but asymptomatic and shedding virus, with the potential to infect others.
- **Hepatitis B** surface antigen has been reported in 1 – 5% of newly arrived adoptees, depending on the country of origin and the year that the study was conducted. The hepatitis B virus (HBV) is transmissible within the new household.
- **Hepatitis C** serologic screening is recommended for children from China, Russia, Eastern Europe, and Southeast Asia.
- **HIV** testing using HIV DNA PCR will confirm the diagnosis of HIV in infants or children. Clinical symptoms of malnutrition, long-term institutionalization, and acquired immunodeficiency may overlap, but positive HIV antibodies in children <18 months of age may reflect maternal antibody, not infection.
- **Malaria** smears should be obtained on all children arriving from areas endemic for malaria and for any newly arrived child with a fever.
- **Tuberculosis** in internationally adopted children are at four to six times the risk for tuberculosis than U.S. born children.
- **Eosinophilia** in children experiencing counts of >450 cells/mm³ may warrant further evaluation. Evaluation may include testing for parasites that can migrate through tissues and filarial worms such as *Strongyloides stercoralis*, *Toxocara canis*, *Schistosoma* species, *Ancylostoma* species, and *Trichinella spiralis*.



El Paso County Disease Trends

In February 2010, 41 communicable disease cases were reported and investigated: campylobacter (1), cryptosporidiosis (2), giardia (6), haemophilus influenza (1), chronic hepatitis B (6), invasive pneumococcal disease (5), malaria-foreign acquired (1), pertussis (1), Salmonella (3), shigella (1), varicella (8) and viral meningitis (6). No confirmed or probable hospitalized influenza cases were reported in February, leaving the total of cases since 8/30/2009 still at 186.

Hot Topics—State and National

Presumptive Abortive Human Rabies - Texas, 2009 :

An adolescent presented with encephalitis of unknown etiology. Workup was negative until medical history revealed a bat exposure 2 months before illness. Two weeks after symptom onset, antibodies to rabies virus were detected in patient's serum and cerebrospinal fluid by indirect fluorescent antibody test. No rabies virus or antigens were detected in saliva or nuchal skin biopsy. Although the patient required multiple hospitalizations and follow-up visits for recurrent neurologic symptoms, the patient survived without intensive care. No alternate etiology was determined and **abortive human rabies** (defined in this report as recovery from rabies without intensive care) was diagnosed.

Public education should emphasize avoiding exposure to bats and other potentially rabid wildlife and seeking prompt medical attention after exposure to such animals.

To view the full report: www.cdc.gov/mmwr/preview/mmwrhtml/mm5907a1.htm

Contact Information

CD/TB Program

Weekday Hours (M-Th)* (719) 578-3220

After-Hours Emergency (719) 385-9622

Immunizations

(719) 578-3272

Environmental Health

(719) 575-8636

*Note: Health Department regular hours are Monday—Thursday, 7 a.m. to 6 p.m.

Colorado Department of Public Health and Environment

Weekday Hours (M-F) (303) 692-2700

After-Hours (303) 370-9395