

# Brief Introduction to Hepatitis B for Parents of Adopted Children

by Sarah Jane Schwarzenberg, MD

## What is hepatitis B?

Hepatitis B is a viral infection of the liver. Most of the time, adults who become infected with hepatitis B recover fully after an illness that may be either very mild or very severe. Children from areas where hepatitis B is common (Africa, Asia, and Eastern Europe) are frequently infected with hepatitis B early in life when it is more likely that it will become a chronic infection. Some chronically infected people will develop cirrhosis (liver scarring), liver failure, or liver cancer from hepatitis B. They can also transmit the virus to others.

## What tests should be done if my child was adopted from an area where hepatitis B is common?

Families adopting children from areas where hepatitis B is common should have their children tested as soon as possible after arrival in this country. Tests done in the country of origin may not be reliable. Ideally, this would be done as part of a comprehensive evaluation by a clinic specializing in the unique health needs of adopted children. Hepatitis B tests that might be done include:

- **Hepatitis B surface antigen (HBsAg) and hepatitis B “e” antigen (HBeAg)**  
If either of these is positive, the patient is infected.
- **Hepatitis B surface antibody (anti-HBs or HBsAb)**  
If this is positive, the patient had hepatitis B in the past or was vaccinated with hepatitis B vaccine.
- **Hepatitis B core antibody (anti-HBc or HBcAb)**  
If this is positive, the patient has had exposure to the hepatitis B virus.

*In some cases, another series of these tests six months later may be necessary to determine if the patient is chronically infected.*

Other tests that may be performed include tests for other hepatitis viruses, tests to determine the degree of liver injury (liver enzymes), and tests of nutrition and liver function.

## If my child has hepatitis B, what do we do next?

If a child is determined to be infected with hepatitis B (whether the infection is known to be chronic or not), it is essential that any family members or friends (including children) with intimate contact with the child be immunized against hepatitis B. This is especially urgent if the infected child is less than one year of age. Even the best disease prevention measures may fail when contact is close and loving. It is better to immunize these close contacts against hepatitis B than

**Families adopting children from areas where hepatitis B is common should have their children tested as soon as possible after arrival in this country.**

to have them afraid to lavish affection on the child. Your child's physician can help you decide who needs immunization. If an unimmunized person is exposed to blood infected with hepatitis B virus, a physician should be notified immediately to initiate measures to prevent the exposed individual from developing the disease.

Hepatitis B is transmitted via blood and body secretions (not urine or stool). Families need age-appropriate counseling on prevention of disease transmission at the time of diagnosis and at intervals throughout the child's life, with special emphasis on the risks of sexual transmission as the child approaches adolescence.

If the child is found to be chronically infected, lifelong follow-up to detect the development of liver disease is important.

Families should receive information on the expected course of the disease. This can usually occur on routine annual visits to the child's physician. A child who already has significant liver disease may need referral to a pediatric gastroenterologist to determine the degree of injury and whether any treatment is indicated. There is no specific therapy that will “cure” hepatitis B. There are several licensed antiviral drugs used to

suppress disease activity in some patients with liver disease, but they should only be administered after consultation with a pediatric gastroenterologist. In addition, patients with severe liver disease should have aggressive nutritional management tailored to the specific deficiencies that develop in patients with liver disease.

## Summary

Hepatitis B is a complex disease that raises problems for both the child and his or her family. This article provides only an outline of the issues. Parents of children who are healthy but chronically infected will need information and immunization, and their children will need good medical follow-up. Children who have significant liver injury will also need careful medical management. In short, prospective parents of children with hepatitis B should seek out health care providers with expertise in this disease.

## Resources for Parents

**International Adoption Clinic** (health professionals with expertise in medical problems unique to children adopted from foreign countries): MMC21, 420 Delaware St. SE, Minneapolis, MN 55455, (612) 624-1164, [www.peds.umn.edu/IAC](http://www.peds.umn.edu/IAC)

**Pediatric Gastroenterology, Hepatology, and Nutrition Division**, University of Minnesota (physicians with expertise in liver disease in children): MMC185, 420 Delaware St. SE, Minneapolis, MN 55455, (612) 624-1133, [www.med.umn.edu/peds/gi](http://www.med.umn.edu/peds/gi)

**Parents of Kids with Infectious Diseases (PKIDS)**, (877) 557-5437, [www.pkids.org](http://www.pkids.org)  
**Immunization Action Coalition (IAC)**, [www.immunize.org](http://www.immunize.org)  
[www.vaccineinformation.org](http://www.vaccineinformation.org)

*Dr. Schwarzenberg is a pediatric gastroenterologist and an associate professor in the Department of Pediatrics, Division of Gastroenterology and Nutrition, University of Minnesota. She is a featured speaker at national adoption meetings for parents on issues related to hepatitis B. She is also a member of the Immunization Action Coalition Advisory Board.*

[www.immunize.org/catg.d/p4150.pdf](http://www.immunize.org/catg.d/p4150.pdf) • Item #P4150 (7/08)