Recommended Screenings

(University of Minnesota - http://adoption.umn.edu/postadoption/screening-protocols)

Initial visit

Stool

1. **Ova and parasites.** 3 early-morning stools separated by 24 hours.
2. **Giardia-specific antigen**. 1 early-morning stool.
3. If child has bloody diarrhea, consider ***Shigella, Salmonella, E. coli 0157 and Campylobacter*** stool studies. Recheck stool 2-3 weeks after completion of treatment.

Clean catch or bag urine

- ***Schistosoma haematobium*** should be considered in the older IA who has asymptomatic hematuria if the country of origin is located in West Africa (where prevalence rates of S. haematobium can exceed 90%). Screen with a midday urine for microscopic examination.
- **PCR for *Chlamydia trachomatis* and *Neisseria gonorrhea*** with at-risk history for sexual abuse.

Blood

1. **Hemogram**. Include red blood cell indices and white blood cell differential
2. **Iron studies**. Ferritin, serum iron, iron saturation, CRP
3. **Vitamin D, Ca, Phos**. 25 OH total vitamin D
4. **Hb electrophoresis** for all children from the African continent and children from Asia at risk for thalassemia
5. **Thyroid stimulating hormone, free thyroxine**
6. **G6PD**. Areas where G6PD is common or if prescribing primaquine
7. **Hepatitis A Ab**. If positive, then hepatitis A IgM antibody
8. **Hepatitis B** surface antigen. If positive, then referral to Peds GI
9. **Hepatitis B** core antibody
10. **Hepatitis B** surface antibody
11. H**epatitis C antibody**. If positive, then hepatitis C RNA by PCR and possible referral to Peds GI
12. **HIV types 1 and 2 antibodies**
13. **RPR, VDRL** or **Anti-treponemal EIA**
14. **Newborn metabolic screen**. For infants (0 to 12 months)

15. **Malaria**. Thick and thin smears for malaria parasite for all children from endemic areas: sub-Saharan Africa, Ethiopia, India, Haiti. Check CDC website if uncertain.
16. **Lead**.
17. **Diphtheria anti-toxoid antibody**. All children over 9 mo old, with or without documentation of vaccination, should be tested for antibodies. Most children received the primary series of DPT, OPV and measles. Pertussis antibody titers do not correlate with immunity.
18. **Tetanus anti-toxoid antibody**. All children over 9 mo old, with or without documentation of vaccination, should be tested for antibodies. Most children received the primary series of DPT, OPV and measles. Pertussis antibody titers do not correlate with immunity.
19. **Poliovirus types I, II and III neutralizing antibody**. All children over 9 mo old, with or without documentation of vaccination, should be tested for antibodies. Most children received the primary series of DPT, OPV and measles. Type III does not correlate with immunity, so types I and II should be relied upon for indication of immunity status.
20. **Varicella**. For children with history of infection or immunization
21. **Measles, mumps and rubella antibodies, Hib antibodies**. If MMR and Hib vaccines are documented

Tuberculosis screen

- TST and QuantiFERON for all children under 5 years of age
- QuantiFERON for all children 5 years and older

Six months after initial visit

- **Hepatitis B surface antigen and antibody** only if both were negative at the initial visit
- **Hepatitis C antibody**
- **HIV types 1 and 2 antibody**
- **Iron studies** (as listed for initial visit) and **hemogram**
- **Vitamin D** 25 OH total vitamin D
- **Growth IGF1 and IGF BP-3** (if inadequate catch-up growth between first and second time periods)
- **TST and QuantiFERON** for all children under 5 years of age
- **QuantiFERON** for all children 5 years old or older (if initial TB screen was negative