

New Directions For Women – cable TV program

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Vaccines: Possible Questions

## INCIDENCE OF AUTISM

Has it been going up? How many children per live births? Has there been evidence of differences among ethnicities in this country? Does it differ in other countries?

Has the definition of autism been expanded? Have the diagnostic criteria been loosened?

Does the increase reflect better detection or a real increase in the disorder itself?

Do prenatal screenings indicate the possibility of autism?

## WHAT CAUSES AUTISM?

When we don't know what causes it, how can we say we know what doesn't cause it?

Has there been a study comparing children who have and have not been vaccinated? For instance, have there been retrospective studies using the children who were in the class action claim group?

Has there been a study of children who have regressed after receiving vaccines? Do these cases represent a cause and effect relationship or tragic coincidence?

Have there been recovered children? Has there been a study of them?

How many vaccines are given and over what period of time (from what age to what age)?

## VACCINES

Is the concern about a specific vaccine?

Or the number of vaccines? Or the number of vaccines at any one time?

Or the schedule of vaccines? What determines the schedule?

What would be the risk/benefit if they start later? Or if they were more spread out? Or if we reduce the amount of live vaccine?

The studies that show no association between vaccines and autism have been done on the measles/mumps/rubella vaccine. Have any such studies been done on other vaccines?

Are there vaccines that show evidence that they are not harmful?

Is there a child's age when you feel the problematic vaccines are more likely to be safe?

Are there other conditions besides autism that show evidence of being affected by vaccines? Which ones? Which vaccines?

Is there ongoing research that will help parents and physicians to better identify subgroups of children who may react poorly to vaccines?

What are the dangers of parents opting out of vaccines for their children? Are there some vaccines in which the opting out poses a really significant risk of disability or death?

## OTHER POSSIBLE CAUSES

It is true that the number of vaccines and their schedules have increased in the last 30 years, but so have several other factors:

- toxins from pollution, (air, food, water),
- household agents,
- prescribed medications,
- drugs legal and illegal taken by parents and even grandparents,
- exposure to drugs or medication or supplements prenatally,
- parents who are older:

Is anyone examining these possibilities for causes?

What are other possible causes? Why is there so much focus on vaccines?

Is our extreme focus on one possible contributor distracting us from looking at others? Is it distracting us from looking at possible treatments?

Is there evidence that there might be an underlying vulnerability, medical or genetic?

Have studies of families and twins indicated that genetic factors might be involved?

What is the position of various associations, especially Autism Speaks?

What evidence would convince you that your conclusions are not valid? What kinds of research would you need?

<http://www.cispimmunize.org/fam/mfisherletter.html>

This op-ed was in response to a 6/08 article written by Charlotte Vandervalk (R-Westwood, NJ, 39th Legislative District) questioning the safety of vaccines: [www.northjersey.com/opinion/moreviews/20005449.html](http://www.northjersey.com/opinion/moreviews/20005449.html)

Dear Editor:

It is astounding to read such inaccurate statements from Charlotte Vandervalk, an assemblywoman! The editorial, "Vaccines – Shots in the Dark?" does an injustice to both children and physicians. Every vaccine undergoes extensive safety testing before it is even considered for licensure, let alone for general use. Studies on every aspect of the vaccine must be completed - first in the laboratory and then in a small number of people and then in larger numbers of people. When the vaccine has been proven to be both safe and effective, the pharmaceutical company submits an application for licensure to the Food and Drug Administration. All of the data are reviewed and a committee decides if there is indeed enough information to recommend licensure. Consideration is given to the disease to be prevented, the vaccine safety, and the ability of the vaccine to prevent disease. If, and only if, the vaccine is both safe and effective is it licensed.

But that is not the end of safety testing. In fact, additional studies are started after licensure and the prior studies are continued to look for longer term effects. There are specific studies for each vaccine and there are ongoing databases which are constantly reviewed to determine whether children from eight large managed care organizations who received vaccines have any problems that would suggest there might be an unexpected problem related to that vaccine. An additional six research centers are devoted to study the basis of adverse events. In addition, private and medical school-based researchers throughout the country have individual studies, multicenter studies, and research related to vaccines and the diseases they prevent.

With regard to combination vaccines, Ms. Vandervalk is again totally wrong. Before any combination vaccine is licensed, it must be studied and the majority of the studies are in fact double blind studies of both safety and efficacy. Measles, mumps, and rubella vaccines were all first single vaccines; they were combined to decrease the number of injections required to protect a child. Before the combined product was licensed, it underwent multiple studies. Even if the immunizations are not combined in the same injection, the vaccines are studied when given singly or in combination. Again, most of the studies are blinded. All the studies involve safety as well as effectiveness.

Now let me address the 4,800 families who have submitted claims regarding vaccines and autism under the Childhood Vaccine Injury Act. This act and our system were created to ensure that families could receive compensation for vaccine injury. The reason these cases have not been resolved is that there is no scientific evidence linking vaccines and autism. In fact, the scientific information has been extensively studied by multiple groups and no link exists. Simply stated, vaccines do not cause autism.

There are indeed a variety of chemicals in vaccines, just as there are in any biological product or medication. To go over Ms. Vandervalk's list: aluminum is there because it dramatically increases the ability of many vaccines to stimulate the person to make antibody (the protein in your body that can protect you from disease); mercury was there as a preservative to keep the vaccines sterile (note that now most but not all vaccines are produced as single doses so the need for the preservative is much less); formaldehyde is used to detoxify certain vaccine products; latex rubber is in the stopper of some of the vials.

Do unvaccinated people cause a risk to the rest of society? Of course they do. The older generation you describe no longer contains those who died of the now preventable diseases. And yes, you are spreading epidemics – each year there is an epidemic of influenza; there are more cases yearly of influenza in every city and town than the whole worldwide epidemic of SARS. Furthermore, we have been unable to eliminate whooping cough because older people are not protected; they get this cough illness and they spread it to others. Unfortunately, most of the time that coughing adult is not aware of the fact that they have whooping cough; so they spread the disease without knowing.

The Amish people in Pennsylvania do get vaccinated. Why? Because they have experienced outbreaks of polio and they remember. In every country of the world where immunization rates drop, outbreaks have followed: Japan, Sweden, Great Britain and Ireland to name a few. The recent outbreaks of measles in San Diego, Arizona and Long Island are the result of travelers from Switzerland and Israel. Numerous other measles outbreaks came from India and China. The world is not free of measles, polio, hepatitis B virus, hepatitis A virus, diphtheria, tetanus, mumps, rubella, pertussis, rotavirus, varicella, influenza, human papillomaviruses, *Haemophilus influenzae* type b, *Streptococcus pneumoniae*, or *Neisseria meningitidis*; however, in New Jersey, we can protect our children from these pathogens.

The American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all believe that immunizations should be given to all children unless there are medical reasons not to do so. We care about your children and we care for your children.

Margaret C Fisher, MD is a pediatric infectious disease specialist; she practices in Monmouth County. She is the Vice President Elect of the New Jersey Chapter of the American Academy of Pediatrics and the Chair of the Section of Infectious Diseases of the American Academy of Pediatrics. She invites you to view the websites of the Academy ([www.aap.org](http://www.aap.org) and [www.cispimmunize.org](http://www.cispimmunize.org) ) and of the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov) and [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)).