Public Comment in Response to a Request for Information (Federal Register of January 2, 2009) by the National Vaccine Program Office

Includes comments received by

February 2 2009, 5:00pm EST

Comments are organized by organization/individual and then chronologically in order of receipt.

Although our notice soliciting comments provided that all information would be made public, we have chosen to remove individual commenters' and their children's names and contact information from comments. We are doing this because potentially sensitive individual medical information was included and some commenters may have been unaware of the potential for disclosure (despite the fact that this was explicitly stated in the Request for Information). If the NVAC Vaccine Safety Working Group wishes to contact any of the commenters, Kirsten Vannice will contact the individual for permission.

ORGANIZATION COMMENT #1: Age of Autism

Good morning. I am writing as the mother of three GIRLS with autism, ages 14, 12 and 8. My children have documented mitochondrial dysfunction – per tens of thousands of dollars in testing through The Cleveland Clinic with Dr. Marvin Natowicz and Dr. Bruce Cohen. This dysfunction is subtle – in fact, were it not in three kids with severe developmental delays, Dr. N. says he'd never even have taken note of it.

Mia, Gianna and Isabella will require full time care throughout their lives. Their father and I will never be able to retire – not will we be able to care for them financially.

Autism is a horrible handicap. It is not a gift. It is not special. It is life threatening.

We need to determine the role of vaccines in autism. Independently. Outside of CDC. It makes no sense to ask the fox to purchase the locks on the henhouse.

I implore you – before our country goes broke caring for the tens of thousands of children with autism – we MUST find out if we are CREATING their autism, in addition to searching for a cure.

I thank you.

Yours in health,

Kim Stagliano
Mom to Mia, Gianna and Bella.

Kim Stagliano
Managing Editor: Age of Autism dot com
kimstagliano dot blogspot dot com
huffingtonpost dot com/kim-stagliano
(There, that should fool my spamblocker!)

ORGANIZATION COMMENT #2: Bedrok Community

Hi....thank you for letting our voices be heard. I'm sure you will see similar stories over and over: I promise you these are not coincidental.

My first child received a DTaP and an MMR shot at 15 months. He had been sick often that winter so the doctor told me it was important to get him up to date. Within a week of the vaccine he quit talking and socializing; the months to come other odd behaviours started to emerge. I expressed to our pediatrician at about 18 months that my son had met all his milestones according to his chart that I had always seen in his office but at 18 months he had not. He brushed me off and asked me if everything was fine with my marriage. A few months later I asked for speech therapy and he would not order the service until 24 months. Later when we did start speech therapy and baby evaluations and myself starting to search for information outside my pediatrician I figured out he was autistic. It was almost a year's wait for a developmental pediatrician appointment.

I tried to disbelieve that the vaccines were the cause. I think I wanted to always trust my doctors and do everything they said. I became pregnant with a second child so I was under a big responsibility to do some of my own research. I could not burdon myself or society with another autistic child. What I found is that I took a chiild with a compromised immune system and loaded him up on too many live virus, mercury, and other toxins at once. My child was sick a lot with ear infections, colds, and an asthmatic type condition. After doing my own research I found that the studies that my pediatrician so preciously held sacred were tainted by money greedy people had been slanted to be favorable for them. A good analogy to compare these studies is to say that because your risk of cancer does not increase if you smoke one pack of cigarettes a day vs. two packs that it does not cause cancer. A simple population based study is what I think is proper but the door is shut everytime this is brought up.

Why can't we just vaccinate for the important things? Go back to the 1984 schedule when autism was just 1 in 10,000; not 1 in 165 as it is today. How is okay for the CDC to lie to us about how many people die of the flu every year. They actually bind two lies together. It was probably five or six years ago; I checked their facts. The news said that the CDC reported 64,000 deaths from the flu the previous year. I looked it up and it was 1,600. I also looked further and found that always the person had some other life threatening illness and the flu laid them to rest. I joke that they meant to say that 64,000 men felt like they were going to die when they got the flu. Has any doctor ever told a new parent that their is a chance that their child will never leave the hospital because they might die from the Hep B shot? I doubt it. Why can't it be suggested that the mother be checked Hep B and if she comes up clear then hold off vaccinating until they have other care takers. The baby does not even have an immune system. I really think this borders on criminal. The vaccine has never been tested on anything younger than 5 years of age. Why is this okay?

Please, I beg, do not shut the door on research. You have an opportunity to do the right thing and stop this horrible epidemic of autism. Be a hero and don't be seen as the coward in years to come. I tell you this with a heavy heart. This administration has a lot of cleaning up to do and it's not just with the vaccines. I keep you all in my prayers.

Sincerely,

Diane Farr
founder Bedrok Community
hope, support, and education

ORGANIZATION COMMENT #3: Georgetown Medical Center Alumni Association Hongkong Branch Ltd.,

Commentary Submission in Response to The National Vaccine Program Office (NVPO)'s soliciting for public comment on the Centers for Disease Control and Prevention's Immunization Safety Office (ISO) draft Scientific Agenda Recommendations ; April, 2008 :

Summary:

Different emphasis from European states was put on vaccine preventable disease program including vaccine practice safety and vaccine policy objectives which are outlined with illustrations in the discussion of their practice of measles control and elimination vaccination programs in nations like Denmark, Italy, Netherlands, Poland and EU as a region.
WHO EU Region has delivered a strategic plan for member states to follow which include:
-achieve and sustain very high coverage with two doses of measles vaccine
-strength surveillance systems, and
-improve availability of information on immunization
In Italy, the emphasis was out into increasing coverage.
In the Netherlands, focus was put onto increasing predictability on various level of susceptibility via surveys on measles antibodies usage. While vaccination schedules were adjusted to match with the incidences during epidemic year.
In Poland, risk factors such as failure to identifying symptoms of measles, according to WHO guidelines remained a concern in vaccine data analysis.
Overall, EU regional vaccination policy in the measles disease prevention and elimination put practice focuses on: increase in coverage; set up supplementary immunization activity program for higher risk population groups; elimination of congenital rubella via ensuring protection of women of child-bearing age and improving valid information for both health professionals and the public on immunization risks.
Future EU vaccination measures on measles elimination and prevention include national plans to be developed emphasizing contact tracing of cases, laboratory diagnostic procedures and active and timely interventions for Denmark; a campaign to catch-up for children of primary school for Italy, confirmation of vaccination program as the most effective means of preventing measles disease and its complications for the Netherlands; more surveillance on both confirmed and suspected measles cases for Poland plus strengthening of overall routine immunization services and protection of susceptible individuals for the disease for all states in the EU region. In the end, the level and degree of vaccination safety , effectiveness and nature of policy depends on the state or federal nation's economic, social, health and governance diversity as well as the kind of health system adopted as exposed in the following parallel illustrating discussion between US and EU regions. (US Reference Source**:**Section 3: 5-Yr. Research Needs Subsection B- Vaccines and Vaccination Practices Centers for Diseases Control and Prevention's Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 32-33)

Introduction:

World Health Organisation has released strategic plan for European region with the objective to interrupt the indigenous transmission of vaccine preventable disease

(of measles) by the year 2011. EUVAC.NET was therefore created in 2000 following Decision of the European Parliament and Council that set up a community network for the epidemiological surveillance and control of communicable diseases.
In practice, in WHO European Center, in Denmark, measles data are received monthly by email from each of the central surveillance institution (including those from participating countries). The case definition used follows the WHO recommendations and a data set of 23 variables is entered into a database for epidemiological investigation. Data has been collected from the 15 Member States together with Malta, Norway, Iceland and Switzerland (after May 1, 2004). After the data had been validated , they are sent to the CISID database at the WHO Regional office for Europe. In 2000, US parallel health authority and organizations introduced a similar Vaccine Saftety Datalink Project and it was put into practice for population based surveillance in 2006. In US, the related infra-structure included Vaccine Safety Office under Center of Diseases Control and Prevention in collaboration with 8 Managed Care Organizations. The epidemiological methodology used focused on Vaccine Adverse Event detection while the investigatory methods of Rapid Cycle Analysis(RCA) was adppted followed by RCA Co-ordinating Centre Analysis. Other methodologies included diagnostic tests of Sequential Probability Ratio tests in both clinical and laboratory trials.
(Source : Section 2: Vaccine Safety Public Health and Clinical Guidance Capacity
Subsection C: Epidemiologic and Statistical Methods for Vaccine Safety: Centers for Diseases Control and Prevention's Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 12-14)

Illustration and Discussion:

On the EU parallel:
This is an EU surveillance network for the vaccine-preventable infectious diseases (ID) measles and pertussis, with the emphasis on epidemiological and laboratory surveillance methods. This will be followed by 3 contributions from specific countries: an accession country, Italy and the Netherlands.
In each of 3 presentations, the present situation regarding the epidemiology of measles, the surveillance method(s) used and the vaccination policy and practice will be outlined.

The WHO has released a strategic plan for the European region with the objective to interrupt the indigenous transmission of measles by the year 2010.
EUVAC.NET was created in 2000 following the Decision of the European Parliament and Council to set up a Community Network for the epidemiological surveillance and control of communicable diseases.
EUVAC. NET is co-ordinated by Statens Serum Institut Denmark with the aim of Epidemiological surveillance and control of vaccine-preventable infectious diseases, beginning with measles.

Measles data are received monthly by email from each of the central surveillance institutions in the participating countries. The case definition used follows the WHO recommendations and a data set of 23 variables is entered into a database for epidemiological investigation. Data has been collected from the 15 Member States prior to May 1st 2004 together

with Malta, Norway, Iceland and Switzerland. Validated data is forwarded to the CISID database at the WHO Regional Office for
Europe.
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US Vaccine Safety Priority Scientific Areas:

‘1) Improving near real-time surveillance methods
To address the problem of timeliness for vaccine adverse event (VAE) detection, VSD investigators developed the rapid cycle analysis (RCA) project, which takes advantage of the ever-improving computational capacity at the MCOs.
The development of RCA means that vaccine safety issues can be addressed in a continuous or periodic fashion and represents a critical addition to VSD’s capacity to assess vaccine safety, which now ranges from surveillance to analytical investigations.
RCA has advantages over passive surveillance programs and it includes denominator data. Also, RCA studies use the electronic data to identify a presumptive association between a vaccine and pre-specified outcomes for further elucidating the relationship between the exposure and the outcome. Furthermore, VSD investigators have designed the sequential probability ratio test (SPRT). A refinement, termed the maxSPRT, permits a more flexible composite alternative hypothesis compared to SPRT which required the investigator to specify a specific hypothesis.

2) Overcoming limitations of conventional epidemiologic designs
VSD investigators have been evaluating and continue to explore epidemiologic study designs. The risk interval and SCCS designs are best suited for acute onset events occurring after vaccination (Glanz, J Clin Epidemiol, 2006). In the risk interval design, the incidence rates for risk periods (usually a relatively short period immediately after vaccination) are compared to rates in non-risk periods among those who are vaccinated (ditto). In the SCCS, the probability of an adverse event occurring during a specified risk period is compared to the probability during the control periods for the same person, adjusting for baseline risk (ditto).

(Source : Section 2: Vaccine Safety Public Health and Clinical Guidance Capacity
Subsection C: Epidemiologic and Statistical Methods for Vaccine Safety: Centers for Diseases Control and Prevention’s Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 12-14)

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On the EU parallel:

Denmark and WHO Regional Office:

Results:

The distribution of notified measles cases varies considerably among the participating countries. Some countries report incidence rates indicating a near-elimination situation. Measles are reported in both children and adults with most cases however,
in the 1-9 year age group. Most cases are reported to occur in the first half of the year particularly during late winter and early spring. While the general quality of data collected has

improved and many participating countries are regularly reporting data,others still need to have such reporting in place.

Italy:

Measles remains the most deadly vaccine-preventable childhood disease. In 2000, it is estimated to have caused over 30 million illnesses and 770,000 deaths. In the WHO European Region, these figures were 969,000 illnesses and 7000 deaths.

The WHO European Region has developed and is implementing a strategic plan for measles and rubella that includes the following key strategies:
-achieve and sustain very high coverage with two doses of measles vaccine;
-strength surveillance systems; and
-improve availability of information on immunization.

In Italy, since 1985 was evaluated the option of the introduction of a compulsory vaccination for children by law, but because of the weakness of the political system it was impossible to practise this way. In this political moment there is a refusal to the compulsion to vaccination, so it is necessary to achieve a wide voluntary compliance from the population. Although a slow increase of the coverage in the last years, in Naples and in Southern Italy there was a large epidemics during 2002 with almost 30,000 cases of illness, hundreds of hospitalisations and some deaths.

Netherlands:

Methods: To describe the epidemiology of measles, a case register was set up during the last epidemic, in 1999-2000. Data from a serological survey on measles antibodies were used to predict susceptibility levels and the number of cases during the epidemic year with adjusted vaccination schedules compared to the current one (two doses of measles, mumps and rubella (MMR) vaccine at 14 months and 9 years)

Poland

Methods:

Summaries of vaccination coverage are collected by local Health Dept.s from health providers. Individual case reports are filled by physicians and send to local Health Departments. Immunisation summaries and case reports are analysed at National Institute of Hygiene, Warsaw. Summaries of cases are sent to WHO Regional Office on a monthly basis. An analysis of the measles incidence, vaccination coverage, and surveillance indicators for the period 1991-2003 at national and regional levels was performed.

EU Region:

All 25 countries in the European Union and 48(92%) of 52 countries in the WHO European Region use measles and rubella vaccines in their childhood immunization

programmes; 45 (87%) combined vaccine, mostly MMR. All 52 countries have national two-dose measles vaccine programme. However, recent measles outbreaks in some western European countries demonstrate that this diseases remains an important cause of vaccine-preventable morbidity and mortality. Limited surveillance for rubella and congenital rubella syndrome do not provide an accurate estimate of the burden of these infections, although the measles outbreaks likely indicate inadequate protection against rubella. The recently published Strategic plan for measles and congenital rubella infection in the WHO European Region identifies six key strategies for meeting the 2010 targets of interrupting indigenous transmission of measles and preventing congenital rubella infection, as measured by less than one case of congenital rubella syndrome per 100,000 live births.

These strategies include: achieving and sustaining very high coverage with two doses of measles vaccine through high-quality routine immunization services; providing a second opportunity for measles immunisation through supplementary immunization activities. (SIA); using the opportunities provided by SIA to target populations susceptible to rubella; ensuring protection to women of childbearing age against rubella; strengthening surveillance systems; and improving the availability of high-quality, valued information for health professionals and the public on the benefits and risks associated with immunisation.

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US Goals:

'Because the RCA is a new and critical VSD activity, substantial research in multiple areas is both ongoing and planned that will more fully elucidate the capabilities and limitations of the RCA approach. Areas that need investigation and VSD investigators are working to implement the self-controlled case series (SCCS) method into the RCA.
(Source : Section 2: Vaccine Safety Public Health and Clinical Guidance Capacity
Subsection C: Epidemiologic and Statistical Methods for Vaccine Safety: Centers for Diseases Control and Prevention's Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 12-14)

US Secondary Goals:

'2) Overcoming limitations of conventional epidemiology
A goal of ongoing and planned VSD research is to identify and explain key factors that influence the performance of the case series method such as modifications of the SCCS to improve its capacity to adjust for confounders and time-varying covariates (e.g., seasonality), (Fireman, 2007); timing and placement of the risk windows relative to the exposure; the effect of validity with which it can be assessed within VSD's near real-time surveillance activities plus vaccination variables such as timing of vaccination and simultaneous vaccinations. (Source : Section 2: Vaccine Safety Public Health and Clinical Guidance Capacity Subsection C: Epidemiologic and Statistical Methods for Vaccine Safety: Centers for Diseases Control and Prevention's Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 12-14)

On EU Parallel:

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Denmark :

Goals and Results:

The distribution of notified measles cases varies considerably among the participating countries. Some countries report incidence rates indicating a near-elimination situation. Measles are reported in both children and adults with most cases however, in the 1-9 year age group. Most cases are reported to occur in the first half of the year particularly during late winter and early spring. While the general quality of data collected has improved and many participating countries are regularly reporting data, others still need to have such reporting in place.

Italy:

Results and Goals:

Most recent reports on the children coverage by measles vaccination show a mean value for the Country equal to 76.9%, with a range coming from 54.9 for Calabria to 89.6% for Tuscany Regions. Recently the Nation-Regions Council approved the elimination plan of measles, which fix the target of elimination of measles within 2007.

The intermediate objectives are the follows:
-within 2003 the goal is to improve the surveillance systems;
-within 2004 all Regions must achieve 85% coverage rate for children aged 2 years;
-within 2005 and 2006, respectively, the coverage rate would be 90 and 95% for the subjects of the mentioned groups of age.

Netherlands:

Objective: to describe the epidemiology of measles in the Netherlands, a country with overall high vaccine coverage (95%) but also with clusters of unvaccinated individuals, and to investigate which vaccination schedule would best protect the vaccine-accepting population.

Result: In 1999-2000, 3292 cases were reported ; 94% of the affected patients had not been vaccinated. Only 1 percent had received 2 doses of vaccine. Three patients died and an estimated number of 157 (95% CI, 145-179) patients were hospitalised. In total, 16% of reported patients had complications. Unvaccinated individuals were 224 times (95% CI, 148-460 times) more likely to acquire measles than were vaccinated individuals: the relative risk increased with decreasing vaccine coverage in the respective municipality. Herd immunity outside unvaccinated clusters was high enough to prevent further transmission.
Dropping the age of the second MMR vaccination will prevent considerably more cases in the long term than an extra early measles vaccination or dropping the age of the first MMR vaccination.

Eastern Europe- Poland

Objective: to describe the epidemiology of measles in Poland in a historic perspective. To discuss the performance of the measles eradication program in Poland, including the immunisation performance, and implementation of surveillance system. Measles cases have been reported in Poland since 1919. The first dose of
measles vaccine for children aged 13-15 months was introduced in 1975, and the second dose of the vaccine at the age of 7 years was introduced in 1991. Reports
on suspected measles cases and their serologic confirmation were introduced in 1999.

Results:

The number of registered measles cases decreased from 196.109 in 1973 to 48 in 2003. Since 1991, the vaccination coverage systematically improved . The percent of 3-year old children vaccinated with the first dose at country level increased from 93.5 % in 1991 to 97.5% in 2003. the percent of 8-year old children vaccinated with the second dose at country level increased from 46.9% in 1991 to 96.8% in 2003.

The performance of immunisation at regional level improved in the period 1991-2003 and since 1998 was maintained at a constantly high level. The number of reported
cases was decreasing, which was related to the insufficient detection of suspected febrile rash illnesses, required by WHO guidelines. The total number of suspected
and confirmed cases reported decreased from 112 in 1999 (88.4% confirmed) to 55 in 2003 (87.3% confirmed). The timeliness of reporting was analysed . The median number of days between rash onset and serum sample collection increased from
9.5 in 1999 to 11.0 in 2003. The median number of days between first visit and reporting to local Health Dept. decreased from 7.0 to 4.0 days.

EU Region:
While the WHO European Regions has previously had targets for measles and rubella, the Region's diversity economically, socially and with regard to health systems and governance have posed significant challenges to the achievement of the targets.

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ease of measles incidence in Poland in the previous 30 years, the implementation of the measles eradication program faced numerous difficulties. The excellent vaccination coverage led to the reduction of measles cases and deaths. The surveillance of confirmed and suspected measles cases was insufficient, if referring to the WHO indicators.

EU Region : EU– in 2010
Current progress among most of the
52 Member States towards meeting the 2010 targets will hopefully increase pressure on a few western European countries to strengthen their routine immunization services and protect susceptible individuals from these diseases.

References:

Glanz JM, McClure DL, Xu S, et al. Four different study designs to evaluate vaccine safety were equally validated with contrasting limitations. J Clin Epidemiol. 2006;59(8):808-818.
Fireman B. Pers. comm.; 2007.
Section 2: Vaccine Safety Public Health and Clinical Guidance Capacity Subsection C: Epidemiologic and Statistical Methods for Vaccine Safety: Centers for Diseases Control and Prevention's Immunisation Safety Office Scientific Agenda Recommendation (Draft) for National Vaccine Advisory CommitteeWorking Group, April, 2008; p. 12-14
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ORGANIZATION COMMENT #4: Autism Speaks

January 25, 2009

National Vaccine Advisory Committee
National Vaccine Program Office
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 443-H
Washington, DC 20201

Dear Members of the National Vaccine Advisory Committee:

This letter concerns the Center for Disease Control and Prevention's (CDC) Immunization Safety Office (ISO) draft scientific agenda that identifies vaccine safety issues for scientific study over the next five years. We understand that the draft agenda is currently being reviewed by the National Vaccine Advisory Committee (NVAC), which is responsible for coordinating and ensuring collaboration among the Federal agencies involved in vaccine and immunization activities, including the National Institutes of Health. The committee has requested input from community stakeholders in three broad areas: (1) concerns about vaccines and immunization safety, (2) comments on what values and factors are considered most important in prioritizing scientific research, and (3) what scientific issues should be included in the ISO scientific agenda. We will address each of these areas below.

Concerns about vaccines and immunization safety

As the nation's largest autism advocacy organization whose mission is to promote autism awareness, increase services, and fund biomedical research on the causes, prevention, treatments, and cure for autism, Autism Speaks has a strong stake in the priorities set forth in the ISO scientific agenda on vaccine research. Over the past decade, parental concerns, both in the general population and the autism community, over the possible link between immunization and increased risk for autism spectrum disorders (ASD) have only increased despite concerted and persistent efforts by the medical community to reassure the public about the safety of vaccines. Indeed, recent research suggests that approximately 28% of parents in the general population feel doubtful about vaccines, with close to 20% choosing to delay or refuse vaccinations for their child (Gust et al., *Pediatrics,* 2008). The percentage of parents who are delaying or refusing to vaccinate their children means that the U.S. is alarmingly below the recommended 85-90% "herd immunity" levels that are an important component of protecting our society against communicable diseases.

As outlined in Autism Speaks' policy statement posted on our website (see http://www.autismspeaks.org/policy_statements.php), we are "committed to the health and well-being of all children. As such, we support the programs that ensure the public health, including an effective and safe immunization program designed to prevent major diseases." It is Autism Speaks' position that the best way to ensure that parents are confident in the safety of our vaccine program and, at the same time, protect the minority of children who may be at increased risk for serious adverse effects of vaccinations, is to foster collaborative, trusting relationships among the general public, the medical and scientific communities, and the federal government whose mandate it is to conduct research on the safety of vaccines. Studies reveal that the key issue identified as contributing to parental willingness to have their child vaccinated is having a trusting relationship with the medical community, including their own physician (Benin et al., *Pediatrics*, 2006). Autism Speaks' position is that the most effective means of establishing trust between the general public and the medical community is to directly and immediately address the on-going questions that parents have regarding the safety of vaccines. Even though studies addressing safety require time and resources, the willingness of the government to quickly address these questions will install a sense of trust, respect, collaboration, and transparency.

Values and factors considered most important in prioritizing scientific research

We believe that the question of whether immunization is associated with an increased risk for ASD is of extremely high priority. We reference here the criteria with which the CDC itself establishes priorities for research, as described in the draft scientific agenda:

Criteria for prioritization (see pg. 42, CDC ISO draft scientific agenda):

1. Clinical severity of the adverse event in terms of seriousness and duration.

   ASDs are a group of severe developmental disabilities characterized by lifelong impairments in communication and social interaction. Many individuals with ASD never speak or live independently, have severe cognitive disabilities, and suffer a wide range of associated medical conditions. In the past several years, the prevalence of ASD has increased dramatically, underscoring the potential role of environmental factors in its etiology. Currently, ASD is a highly prevalent disorder, estimated to occur in 1 out of every 150 individuals. The total annual societal per capita costs of caring for and treating a person with ASD in the U.S. is estimated to be $3.2 million and approximately $35 billion of the entire birth cohort of people with ASD (Ganz, *Archives of Pediatric and Adolescent Medicine*, 2007).

2. Biological plausibility

   The causes of ASD remain poorly understood, but it is generally agreed that both genetic and environmental factors play a role in the etiology of ASD. It is well established that there

are connections between the immune system and brain development, with neuroimmune interactions persisting throughout the lifespan. Recent studies point to a key role of the immune system in the biology of ASD, raising questions about the effects of the significant immune challenges associated with vaccinations, particularly when delivered in combination and early in life. Among the immune abnormalities found to be associated with ASD are abnormal cytokine profiles, decreased lymphocyte numbers, decreased T cell mitogen response, and an imbalance of immunoglobulin levels (Ashwood et al., *J. Leukocyte Biology*, 2006;). Abnormalities in the expression of immune-related molecules such as cytokines in the brain and cerebral spinal fluid have been documented in individuals with ASD, suggesting that ASD is associated with chronic neuroinflammation (Vargus et al. *Annuls of Neurology*, 2005; Zimmerman et al. *Pediatric Neurology*, 2005). Other studies highlight the impact of maternal immune challenge on the fetal brain and potential pathological consequences on brain and behavioral development (Patterson, *Behavioral Brain Research,* 2008*)*. Still other studies point toward subgroups of children with ASD with genetic vulnerabilities than can amplify the adverse effects of environmental exposures, including vaccinations, on brain development and function (Pessah et al., *Neurotoxicology,* 2008). The question of whether the genetic and immune vulnerabilities contribute to increased risk for adverse effects of vaccines, including fever, seizures, and ASD, has not been well studied.

In addition to abnormalities of the immune system, ASD has also been found to be associated with inherited metabolic diseases (Manzi et al. *J. of Child Neurology*, 2008), including mitochondrial disease (Weissman et al., *PLoS ONE*, 2008). There is a need to describe the nature and prevalence of vaccine adverse events in children with metabolic disorders and assess risk factors for these events.

3. Population exposed to the vaccine

The vaccines of concern are recommended for all children below the age of two years.

4. Level of public concern

Studies show that when parents are unsure or refuse to vaccinate, the most common reason for parents' doubt about vaccines is a concern about safety and adverse effects (Gust et al., *Pediatrics*, 2008). Cases of measles in England and Walesa, where there is a high level of parental concern about the safety of the MMR vaccine, are the highest in 13 years (Kmietosicz, *British Medical Journal*, 2008). Clearly, it is crucial that parental concerns are addressed so that confidence in the safety of vaccines can be increased.

5. Feasibility of designing and implementing study

Studies that can address the current questions raised by parents are feasible. Clinical studies of individuals with ASD can address whether certain metabolic conditions associated with ASD are correlated with increased risk for serious adverse effects. Case-control studies

and randomized clinical trials can be conducted to address whether there are differences in adverse effects associated with a combination vaccine versus individually administered components (e.g. Guerra et al., *Pediatrics*, 2009). Studies of infant siblings of children with ASD, who are at higher risk for developing the disorder, offer an opportunity for studying gene-environment interactions. The National Children's Study is examining the influences of a wide range of environmental and genetic factors on risk for health outcomes. This resource can provide another means for studying whether vaccines are associated with increased risk for neurodevelopmental disorders in subsamples of the general population.

6. Adequacy of current scientific knowledge

As mentioned in the draft scientific agenda, many key questions have not yet been adequately addressed. Many of the studies to date have relied on data from the Vaccine Adverse Effects Reporting System (VAERS). While this system has clear strengths such as its broad coverage, it nevertheless has substantial limitations (Ellenberg and Braun, *Drug Safety*, 2002). Because the system relies on passive self-report, a major limitation is under-reporting such that only a small fraction of adverse events are reported. Furthermore, events that occur weeks following vaccination are less likely to be reported than those that are proximal to the vaccination. This limits information on non-acute events, such as neurocognitive sequelae, whose onset may be delayed. Information that is essential for determining background incidence of adverse events is not readily available. The calculation of age-specific adverse event rates is not possible, for example. It is crucial that the quality of data in VAERS be improved. Specific questions regarding the prevalence of seizures, loss of language, regression, ASD, and other neurocognitive outcomes need to be added. Standard adverse effect recording needs to extend beyond the traditional 4 week time period. This will require improvements in the VAERS infrastructure; currently, less than 20 percent of reports to VAERS are electronic, making data management and analysis difficult. The inclusion of a full family medical history in the VAERS would allow identification of subgroups that may be genetically or medically vulnerable to adverse effects of vaccines. Ideally, collection of biomaterials, including DNA, would allow the VAERS to identify genetically vulnerable subgroups. Many fundamental questions have not been addressed, such as whether the use of combination vaccines confers increased risk for adverse events and whether there are subgroups in the general population that are more vulnerable to serious adverse effects of vaccines, including ASD.

7. Potential to influence clinical practice/vaccination policy

Such research could have wide-ranging effects on clinical practice/vaccination policy. For example, it could allow pediatricians to identify subgroups of children who may benefit from a different vaccine schedule or for whom careful monitoring of adverse effects is warranted. Ideally, by continuing to conduct rigorous scientific research that addresses

parents' ongoing questions about vaccine safety, parents will develop increased confidence in the medical community and vaccines, be more likely to have their child vaccinated, and improve health outcomes for all children.

Scientific issues that we believe should be included in the ISO scientific agenda

The following are questions, many of which are currently included in the ISO scientific agenda, which we view as high priority:

1. Is exposure to thimerosal associated with increased risk for ASD? Some well-designed studies that address whether thimerosal is associated with increased risk of neurocognitive impairments, such as Thompson et al. study (*NEJM*, 2007), excluded children with a diagnosis of ASD, as well as children who were born prematurely. Prematurity has been shown to be a risk factor for ASD (Limperopoulos et al., *Pediatrics,* 2008). Two studies are currently being conducted (VSD and CDC) examining whether thimerosal is associated with ASD, including regressive autism.

2. Is immunization associated with increased risk for neurological sequelae in children with certain metabolic conditions, including mitochondrial disorders? Research has shown that children with metabolic disorders, including mitochondrial disorders, may experience neurological decline when physiologically challenged. There have been reports of metabolic crisis after receiving vaccinations (Yang, *Pediatric Neurology*, 2006; Brady, *Pediatrics*, 2006; Kingsley, *Pediatrics*, 2006).

3. Is the combination measles, mumps, rubella, varicella (MMRV) vaccine associated with increased risk for febrile seizures and if so, are there other clinically important sequelae? As noted in the draft agenda, preliminary results from a VSD study underway found that children aged 12-23 months who received MMRV vaccine were about 2 times more likely to have febrile seizures during the 7-10 days after vaccination than children who received separate MMR and varicella vaccines at the same visit (CDC MMWR, 2008). In a population-based study, there has been a report of an increased risk for ASD after infantile seizures during the first year of life (Saemundsen et al., *Epilepsia,* 2008). In February 2008, the Federal Advisory Committee on Immunization Practices reversed its previous position of recommending the MMRV over MMR and varicella vaccines (CDC, MMWR, 2008). Simultaneous vaccination is not well studied at the time of licensure. As pointed out in the ISO report, under the current infrastructure, prelicensure studies do not assess safety of two unlicensed vaccines administered simultaneously.

4. What are the potentially clinically important outcomes related to post-immunization fever? Fever after vaccination is common and can induce seizures in vulnerable children (Kohl, *CID*, 2004; Dale, *ACIP Medicine*, 2008; Brady, *Pediatrics*, 2006). As mentioned above, in a population-based study, there has been a report of an increased risk for ASD after infantile seizures during the first year of life (Saemundsen eta l., *Epilepsia*, 2008).

There have been anecdotal reports from parents of children with ASD that their child experienced high fever directly after immunization. There needs to be careful study of the pathophysiology and clinical consequences of fever after vaccination, including a possible association with ASD.

5. What is the relationship between specific rare genetic mutations associated with ASD and risk for serious adverse effects of vaccination? For example, a recent study identified mutation in a sodium channel gene in children who developed encephalopathy after pertussis vaccines, suggesting that genetic factors may influence the risk for neurological deterioration after vaccination (Berkovic, *Lancet Neurology*, 2006). In several studies, a susceptibility locus for ASD has been mapped near a cluster of voltage-gated sodium channel genes on chromosome 2 (e.g. Shao et al., *American J. of Human Genetics*, 2002). Furthermore, mutations in SCN1A have been observed in ASD families (Weiss et al., *Molecular Psychiatry*, 2003). Research examining the association between ASD susceptibility genes, including SCN1A, and adverse effects of vaccination is clearly needed.

6. Finally, there are four special populations which we view as high priority for assessing the risk of serious adverse effects of vaccinations:

   a. Premature and low birth weight infants. There has been an increase in the number of premature and low birth weight infants in the US. Furthermore, prematurity has been found to be a risk factor for ASD (Limperopoulos et al., *Pediatrics,* 2008). There is a need to understand the immune response and prevalence and nature of vaccine adverse events after vaccination in infants who were born prematurely or with low birth weight.

   b. Pregnant women. As noted in the ISO report, pregnant women are usually excluded from vaccine trials and data on vaccine safety during pregnancy are lacking. ACIP recommends that pregnant women routinely get vaccinated from influenza. What are the risks? The offspring of women who experience infection during pregnancy have an increased risk for ASD and schizophrenia (Brown, et al. *Archives of General Psychiatry*, 2004). Evidence indicates that the maternal immune response, rather than infection of the fetus, is responsible for the increased incidence of schizophrenia and ASD in offspring of mothers who experience infections during pregnancy (Patterson, *Neuropsychopharmacology*, 2005). The effects of maternal immune activation via influenza vaccination during pregnancy on the offspring of vaccinated women are presently unknown.

   c. Children with inborn errors of metabolism. Children with metabolic diseases are at higher risk of health complications from diseases that are prevented by immunizations (Brady, *Pediatrics*, 2006; Kinsley, *Pediatrics*, 2006). However, as noted above, there is a need to describe the nature and prevalence of vaccine

adverse events in children with metabolic disorders and assess risk factors for these events.

d. Infant siblings of children with ASD. Siblings of children with ASD are at much higher risk for ASD than the general population. Estimates of risk rates range from 3-7%, with recent prospective studies reporting even higher rates (Bryson et al., *J. Autism Devel. Disorders*, 2007). Are infant siblings at higher risk for adverse effects of vaccination? This question is of great concern to parents of children with ASD; a recent report indicates a disturbing trend of reduced uptake of vaccination in younger siblings of children with ASD (Kuwaik et al., *Pediatrics,* 2008). Approximately 73% of parents were reported to refuse to vaccinate their younger siblings with the MMR vaccine, for example. Thus, it is crucial that questions regarding the safety of vaccines for younger siblings be addressed.

Autism Speaks believes that a fruitful strategy for moving forward would be to establish a working group comprised of key representatives of the stakeholder, medical, and scientific communities and the federal agencies involved in vaccine safety research. The goal would be to work collaboratively to review and prioritize the scientific questions that need to be addressed in light of the most recent scientific findings and public concerns. Issues to be addressed include what scientific questions can be feasibly addressed given current knowledge, resources, and infrastructure and what are the additional resources that are needed to address questions of high priority? Discussion and consensus regarding how results of scientific studies should be interpreted and inform future public policy and practice would also be helpful.

We greatly appreciate the opportunity to provide input on the CDC ISO draft scientific agenda for vaccine safety research. In this letter, Autism Speaks has described significant concerns and remaining questions about vaccine safety we consider to be most important, not only for the CDC's scientific agenda, but for the federal government as a whole. The past decade has witnessed increased polarization and diminished respect and trust between the autism parent community and the medical establishment. As a result, families of children with ASD and the general public are suffering the consequences of parents' lack of confidence in our nation's vaccine program. Establishing and maintaining a trusting relationship and providing answers to parents' questions cannot be achieved by one set of studies addressing one set of questions, but rather it will require an on-going process of scientific discovery as medical science continues to uncover individual differences that predict differential responses to vaccines and other medical interventions. We need to embrace our obligation to address new questions with an open mind, adequate resources, and renewed commitment.

Sincerely,

Geraldine Dawson, Ph.D.
Chief Science Officer
Autism Speaks

ORGANIZATION COMMENT #5: Active Healing, Inc.

Dear To Whom It May Concern,

As a professional working with autistic individual for over 15 years I find it very disconcerting that my government is disingenuous in its research on the autism / vaccine correlation. Now is the time to spend concerted effort at looking at the effects of simulatenous vaccination before licensure. In addition, I think that *"Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]."* As stated on page 17 is a human rights violation. Is my government experimenting with our children?

In health,
Sargent L. Goodchild, Jr.
Exec. Director
Active Healing, Inc.
www.activehealing.org
978.525.3608

ORGANIZATION COMMENT #6: Interagency Autism Coordinating Committee

To: The National Vaccine Advisory Committee (NVAC) Vaccine Safety Working Group

From: The Interagency Autism Coordinating Committee

Re: IACC Public Comment on the NVAG Vaccine Safety Working Group Scientific Agenda

The Interagency Autism Coordinating Committee (IACC) appreciates the opportunity to comment on the NVAC Vaccine Safety Working Group Scientific Agenda. The IACC has been established in accordance with the Combating Autism Act of 2006 (P.L. 109-416), and is governed by the provisions of the Federal Advisory Committee Act. The IACC coordinates all efforts within the Department of Health and Human Services (HHS) concerning autism spectrum disorder (ASD). One of the purposes of the IACC is to facilitate the efficient and effective exchange of information on ASD activities among the member agencies and public members. As a part of its charter, the IACC develops and annually updates a strategic plan for the conduct of, and support for, ASD research, including proposed budgetary requirements.

Following the release of the IACC draft strategic plan for ASD research for public comment in August 2008 the Committee received 148 responses that reflected, among other topics, differing views on the potential role of vaccines as a contributing factor for ASD. Some are convinced by current data that vaccines do not play a causal role and argue against conducting further research when many other potential environmental factors remain to be explored. Others believe that prior studies of the possible role of vaccines in ASD have been insufficient and argue that investigation of a possible vaccine/ASD link should be a high priority for research. A third view urges shifting focus away from vaccines and onto much-needed attention toward the development of effective treatments, services and supports for those with ASD.

In order to address public concerns regarding a possible vaccine/ASD link, it will be important for the IACC to engage the National Vaccine Advisory Committee (NVAC) in a mutually informative dialogue. Whi1e the IACC roster comprises experts in various areas of ASD research, it needs to solicit additional expertise in the area of vaccine safety. The IACC has invited Bruce G. Gellin ,M.D., M..P.H., Director of the National Vaccine Program Office, Office of the Assistant Secretary of Health, to speak to the committee about the NVAC's activities. The NVAC comprises experts in vaccine safety; however, it may not be attuned to the specific concerns and issues raised by people and families affected by ASD. Communication between the IACC and NVAC will permit each group to be informed by the expertise of the other, enhance coordination and foster more effective use of research resources on topics of mutual interest. Examples of such topics include: studies of the possible role of vaccines, vaccine components, and multiple vaccine administration in ASD causation and severity through a variety of approaches; assessing the feasibility and design of an epidemiological study to determine whether health outcomes, including ASD, differ among populations with vaccinated, unvaccinated, and alternatively vaccinated groups; and investigating the reasons as to why some sub-groups may be a higher risk for vaccine injury and how to identify such risk factors.

Thank you again for the opportunity to submit comments to the NVAC Vaccine Safety Working Group. The IACC looks forward to the opportunity for collaboration and greater coordination between the two committees.

Sincerely,

Thomas Insel, M.D.
Chair, IACC
Director, National Institute of Mental Health, NIH

ORGANIZATION COMMENT #7: Age of Autism

Dear Sir/Madam:

I must strongly urge you to conduct appropriate research on the effects of multiple vaccinations in our young children. I saw my 18 month old son go mute for 12 days following his vaccination. He was rescued only by the quick implementation of the gluten/casein free diet.

Sadly, his sister who by that time was 4 years old, was not helped by such intervention and remains severely autistic, as well as having seizures. It is incumbent upon you to protect children as we are now dealing with a condition which is 20 times more prevalent than polio ever was.

All the best,
Kent Heckenlively
Legal Editor, Age of Autism

ORGANIZATION COMMENT #8: SafeMinds

January 26, 2009

NVAC Vaccine Safety Working Group VIA EMAIL: vaccinesafetyRFI@hhs.gov

Re: Public Comment - CDC ISO Draft Scientific Agenda

Dear Committee Members:

On behalf of the autism community concerned about environmental causation in autism, we would like to register several concerns with the current draft of the CDC's ISO Scientific Agenda, as there are several notable gaps in content that require redress.

Specifically, the ISO Scientific Agenda does not include research to evaluate the relationship between receipt of vaccines and development of autism among the subgroup that experienced post-vaccination regression or exacerbation of symptoms. Deference to a narrow interpretation of the Institute of Medicine's 2004 report, considering that it is outdated, suffers from numerous methodological flaws, and has acknowledged limitations and conflicts of interest, is an inappropriate rational to reject a causal relationship between vaccination and autism and further research. Additionally, the CDC's Italian study, which we only received a few hours ago, did not compare children exposed to thimerosal to children who were not exposed, which, as the lead author admitted, "could have improved the study." In essence, the Italian study compared potentially mildly toxic exposures to moderately high toxic exposures and employed a vaccination schedule dramatically different from that used in U.S. This issue, combined with a baseline autism prevalence rate that is dramatically lower than that of the U.S., begs the question of whether this study is even valid or able to be generalized to American children. Even so, we note that yet another study has identified a dose-response relationship between thimerosal and tics which are associated with learning difficulties. Once again, valid science that refutes the potential link between exposure to thimerosal and regressive autism has not been conducted.

Additionally, the ISO Scientific Agenda needs to clearly focus on a critical issue that is undermining public confidence. Specifically, research on the effect of the vaccination schedule as a whole --- the administration of multiple vaccines simultaneously and over a compressed period of time --- and whether such a practice is related to increasing and diverse health problems in children is urgently needed. Determining health outcomes arising from exposure to multiple vaccine toxicants (e.g. mercury, aluminum, formaldehyde, antigens, etc.) is necessary and will require a comprehensive study of vaccinated vs. unvaccinated populations to assess the long-term health effects associated with vaccines. This is a study that CDC's former Director, Dr. Julie Gerberding, has stated could and should be done. Yet these studies are not on the agenda.

Although not directly related to the content of the ISO Scientific Agenda, but nonetheless relevant to the issue at hand, we note that the most recent refusal to conduct vaccine-autism research came from the NIH Interagency Autism Coordinating Committee (IACC) which is charged with creating a national autism research agenda inclusive of the investigation of vaccines and their components in relation to autism. During their most recent meeting, and in a departure from FACA procedure, government representatives engineered a revote on previously approved vaccine-autism research. Just prior to the revote, the IACC Chairman and NIMH Director, Dr. Insel, acknowledged existing conflicts of interests, due to the over 5,000 lawsuits pending against the Federal Health and Human Services agency (HHS), of which CDC is a member, alleging vaccine-induced injury and regression resulting in autism.

This acknowledgement is appreciated by the autism community, as it confirms what we have long known. These conflicts are extensive and include the CDC's on-going conflicts of interest with vaccine

manufacturers; CDC's vested financial interests by owning vaccine patents; and lopsided vaccine-safety research funding when compared to the billions of dollars spent by CDC to fund vaccine development, as well as purchase vaccines and promote vaccine uptake. These conflicts prevent the CDC and other HHS agencies from objectively conducting safety monitoring and oversight of the national vaccination program. As a result, it requires developing a new and independent mechanism to protect the health and safety of the American people. Independent entities must be identified for this research effort in order to respond to growing public concern and lack of confidence and trust in the Federal agencies and staff responsible for vaccine safety.

While we acknowledge that vaccination has contributed to a decline in some infectious disease rates, it is imperative that vaccines do not also have unintended effects that contribute to, or trigger, other disease states in vulnerable individuals. The vaccination schedule has been expanded dramatically since 1985. The schedule has not been rigorously tested to assess long term effects on effectiveness and safety. Individual vaccines have not been tested adequately on susceptible subgroups (for example, no true control/unexposed groups, small sample sizes, short term follow up, only healthy infants enrolled). Vaccines are perhaps the most widely consumed of all medical products and must continually be subjected to rigorously conducted science to determine what, if any, long-term adverse effects are associated with such a widely employed practice.

The current state of vaccine research, due to numerous research gaps, cannot accurately quantify the complete risks and benefits of vaccines required as a prerequisite to informed consent. As such, we request that a moratorium be placed on expansion of the current schedule; removal of thimerosal from all vaccines on the current schedule; and the creation of an independent entity to conduct the vaccine-safety research to close existing gaps.

Sincerely,

Theresa K. Wrangham
President

ORGANIZATION COMMENT #9: Maryland Coalition for Vaccine Choice

Maryland Coalition for Vaccine Choice

PO BOX 4201

Annapolis, MD 21403

To: CDC - vaccinesafetyRFI@hhs.gov

Re: Vaccine Safety

January 28. 2008

Dear CDC,

I am writing you concerning vaccine safety. There is an expression, "The road to hell is paved with good intentions." Before my child was born concerns regarding vaccines did not come up. It was only after that I wanted to learn more that what I was told in my 10 minute Doctors appointment and a flyer they gave me about the diseases and vaccines.

By law, as stated on your website,"Parents must be informed. The Centers for Disease Control and Prevention believes that parents should be fully informed about the risks and benefits of vaccination by talking to a trusted health care provider. By law, parents, guardians, or patients must be given information in writing about the risks and benefits of vaccination before a vaccine is administered. " A single piece of paper is not informed consent and in many cases is given to parents after their children are injected.

I was amazed to look back at my vaccine records and what you are recommending each child to get now.
In 1974 I was given 6 doses of 4 vaccines before I was 4 years old. That is it. Today children are given 69 doses before 18, 48 doses before 6. My daughter had 22 doses by 6 months. We are overdosing our children in the name of public health, yet in general their health today is worse.

Parents all over the country are loosing trust in the establishments motivation and intent to safeguard public health. Something needs to be done and the CDC and other organizations need to stop dragging its feet. It is time to do the right thing.

-Vaccine Safety research must be taken away from all government agencies and other entities with special interests. There needs to be unbiased independent studies. Currently vaccines are not compared to a control group ever. The only thing close is the Amish population.

-Any ethical and legally sufficient vaccine safety agenda must begin with a comprehensive and ongoing review of the health outcomes of fully vaccinated verses unvaccinated children, both prospectively and retrospectively. There is nothing about this in the CDC draft agenda. Only with such a study can the
costs of both acute and chronic vaccine-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focused on how to fix vaccines, the schedule, screening for susceptibility. The vaccination schedule cannot be one size fits all.

-The debate over safety is not "parents verses science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines. Parents that choose to be selective, delay or not vaccinate at all are some of the most educated people on the topic and are choosing to do what is best for their children based on their individual family health history and circumstances.

-No more forced drugging. No more mandates. The CDC should give information on what is available in regard to vaccinations, but not force it. People have the right to choose what medical interventions they believe are best for them. People seek out Doctors to consult with not scare them. Doctors need to be more informed and educated on the topic as well. The belief system of vaccinations is flawed and the overdosing of our children is malpractice.

-The US mandates more vaccinations than any other country in the world. Yet our state of health is in decline. 1 out of 2 Americans suffers from a chronic health condition. Are vaccinations solely to blame, no. However, with the known side effects to vaccination and the amount now given to our children and more being targeted to adolescents and adults begs the question; Have we traded diseases for chronic health conditions?

- Vaccinations only give temporary immunity at best and are not 100% safe or effective. This is a fact.

- Offer alternatives to disease prevention that do not have deathly or detrimental side effects. Education and options are a powerful thing. Clean water, healthy non-processed and non-GMO foods, sanitation, alternative medicines etc.

We hope that very soon the CDC and other organizations will see that mass vaccination is not the magic drug for public health. We urge you to take expedited action on this issue to benefit the overall health of the American people, especially our children.

Respectfully,

Cassandra Alls

Maryland Coalition for Vaccine Choice

Founder and Parent

*****

Maryland Coalition for Vaccine Choice
Educate Before You Vaccinate.
http://mdvaccinechoice.wordpress.com

ORGANIZATION COMMENT #10: American Academy of Pediatrics

Via Email

February 2, 2009

National Vaccine Program Office
Department of Health and Human Services
200 Independence Avenue, SW., Room 443-H
Washington, DC 20201

Attention: Vaccine Safety RFI

To Whom It May Concern:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults appreciates this opportunity to submit comments on the draft of the Centers for Disease Control and Prevention's Immunization Safety Office Scientific Agenda.

General Comments:

The recommendations in the draft of the Centers for Disease Control and Prevention's Immunization Safety Office (ISO) 5 year Scientific Agenda, submitted April 11, 2008 to the National Vaccine Advisory Committee (NVAC) for review, are well thought out and comprehensive. They have evolved through a careful development process, which has included internal and external input and reviews. We believe that the division of the recommendations into three major areas of research activities, as outlined, is appropriate.

As a first priority, it is necessary to continue to strengthen and improve, as well as adequately fund, the required core ISO scientific activities. Necessary core activities include case definition, surveillance, epidemiologic analysis utilizing statistical methods, rapid analysis of surveillance data, the establishment of necessary population bases upon which hypothesis-generated studies can be performed, and the evaluation of individual patients who experience rare or serious adverse events to determine causality, identify genetic predisposition, and establish biological mechanisms. The recommendations in this area are appropriate. They enable the needed enhancements in the seven areas of vaccine safety public health and clinical guidance capacity planned for in the research agenda. They also provide ISO with the ability to respond to emerging issues.

The 5 year research plan includes investigations of important vaccine-related safety questions, of specific vaccines and vaccination practices, of special populations and of clinical outcomes. This

agenda is comprehensive and includes the important safety questions related to vaccines in use today.

Specific Comments (Provided in order of page numbers):

(1) Page 4: Responding to vaccine safety emergencies is critically important. However, there are several topics that are not included and should be studied such as, vaccine hesitancy, cocooning (protecting infants by immunizing older children and adults), and an emphasis on the impact of adult immunization on children and childhood immunization on adults.

(2) Page 6 (Box 2 – G.): *Enhance vaccine safety public health and clinical capacity in 7 areas*: "widely disseminate clinical guidance" is mentioned, but this should incorporate adult education theory and technology to move beyond knowledge acquisition.

(3) Page 8: The Health Level 7 (HL7) messaging standard should be used to improve, through automation, VAERS reporting. The CDC funds several Centers of Excellence in Public Health Informatics. All centers have expertise with HL7 messaging (and other types of secure communication). The CDC could issue Request for Applications (RFAs) for these Centers of Excellence in Public Health Informatics to address VAERS reporting.

(4) Page 9 (# 3): The Academy recommends adding "dissemination" to this priority scientific area. It will now read as: “Improve surveillance, evaluation, and dissemination of VAERS data.”

(5) Page 11: The Quality Improvement (QI) efforts that are outlined are important, especially establishing the "why" for specific patterns of vaccine uptake and administration.

(6) Page 15: The draft document discusses collecting a variety of samples from children with adverse events following immunization including serum, Peripheral blood mononuclear cells (PBMCs), cerebrospinal fluid, urine, tissue samples, and DNA samples. Identification and analysis of control samples is critical to interpretation of the genetic basis for adverse events following a specific immunization. There is not much discussion about collection of these samples from control children. Identification of controls is further complicated by the administration of multiple vaccines simultaneously. Because of the administration of multiple vaccine, it may not be clear which vaccine (if any of them) may be responsible for the adverse event.

(7) Page 16: Algorithms are practical tools to guide clinicians, but how these should or could change physician behavior is valuable to include.

(8) Page 20 (Priority Scientific Area #4): *The genomics of wheezing and variable immune response after influenza vaccination in children 6 – 59 months of age* - Will this distinguish adverse reactions to both LAIV and TIV?

(9) Page 23 (last bullet): *Translation and dissemination of the Brighton Collaboration case definitions into practice* should be highlighted and linked with rapid cycle analysis.

(10) Page 25 (line 1): *Providing vaccine safety guidelines will improve the CDC's surveillance programs, enhance its public health mission, and contribute to the HHS strategic goal of personalized healthcare*. Beyond the guidelines themselves, technology, adult education theory, and health literacy should be considered and incorporated.

(11) Page 34 (C-I) Special Populations: A focus and more information is needed on immunizing women during pregnancy. There is an acute need to evaluate use of Tdap, HPV, and meningococcal vaccines, since these are new vaccines recommended for use in the adolescent population. Pregnant adolescents are immunized (usually inadvertently) without safety data. Often pregnant adolescents will not receive vaccines because of safety concerns and no data.

(12) Page 34 (C-II) Special Populations: Other than premature and low birth weight infants, specific cohorts in the pediatric population are not identified. The Academy recommends to explicitly include commonly linked groups including children under 2 years of age, mother-infant dyads, as well as common approaches such as the adolescent platform or cocooning (protecting infants by immunizing older children and adults).

(13) Page 37 – 39 (Table 3D – Clinical Outcomes): The AAP acknowledges the important inclusion of clinical outcome background information in the draft agenda. The AAP suggests NVAC consider the addition of educational outcomes. Educational outcomes along a continuum (i.e., patients/families/communities to providers/healthcare systems) at all levels may fit in Table 3D, as they are enmeshed with clinical outcomes.

(14) Page 42 (#4, Level of public concern): The broader concerns of parents and patients should be expanded to include concerns of all types of health professionals and healthcare systems.

(15) Research priorities should focus on serious adverse events following immunization and not on children with fever and local reactions.

(16) Addendum - B-VII - Off-label use of vaccines: This is an important topic. Use of Rotateq and Rotarix is a current example of a recommendation for use of vaccines on an off-label schedule. The AAP is interested in seeing the development of the background data and listing of the needs for studies to address age groups and special populations for which off-label use is occurring.

(17) The AAP recommends that vaccine adverse events in rural areas in contrast to more populated areas (suburban, urban) be explored. The Vaccine Safety Data-link sites are from populated areas, the Clinical Immunization Safety Assessment (CISA) sites are at major vaccine research centers and, VAERS is a passive reporting system. VAERS forms may not be completed at the same rates from patients who may not have a primary healthcare provider (families in many rural areas may not have access to a regular provider). The ISO document covers many areas, including genomics, but AAP encourages addressing areas with reduced population density/rural populations.

(18) Combination vaccines/interchangeability: Due to the number of available vaccines and combination vaccines, pediatricians and other health care professionals are faced with decisions

about giving the vaccines they have in their office to children who have received one or more doses of other vaccine formulations. Research is needed to determine the interchangeability of some of the newer available products and the safety of additional doses of some of the components.

The AAP appreciates the opportunity to provide these comments on the April 2008, draft of the ISO 5 year Scientific Agenda. Through our AAP members on the National Vaccine Program Office and liaisons to the CDC Advisory Committee on Immunization Practices, AAP will continue to help develop and prioritize the research agenda for issues related to the use of vaccines in infants, children and adolescents, in pregnant women, and in adults to prevent at-risk pediatric patients from exposure to vaccine preventable diseases.

Sincerely,

David T. Tayloe, Jr, MD, FAAP
President

Joseph A. Bocchini, Jr, MD, FAAP
Chair, Committee on Infectious Diseases

INDIVIDUAL COMMENT #1

Ashland Vaccine Safety Meeting January 10, 2008

Recommendations for a Vaccine Safety Research agenda

prepared by: [Name deleted]
[Contact information deleted]
Medford, OR 97504

A Brief Overview of Vaccination Safety: An informed parents perspective

Vaccine Safety has been a farce. It doesn't exist. The vaccination industrial complex does not and has not allowed it to function except in name only. The CDC shares significant blame with other segments of this cartel, either by deliberate sabotage of efforts to address real or perceived conflicts of interest (i.e. Neal Halsey, Dan Salmon, 2004 Blue Ribbon Panel) within the National Immunization Program (NIP), secret meetings to discuss disturbing findings of vaccine-induced illness (i.e.Simpsonwood Conference), relying on methodically flawed epidemiological research to make vaccination-induced illness disappear(....too many to list), or impeded access to the VSD data sets to independent researchers, not affiliated with the vaccination industrial complex, (Geier and Geier).

The Vaccination Adverse Events Reporting System (VAERS) is a passive system which captures 5-10% of adverse events. Who would trust a system which doesn't collect 90% of the available data. VAERS is a failure!

For over two decades the vaccination industrial complex has turned a deaf ear to the concerns of parents and parent groups about vaccinations adversely affecting the health of children, or taking their lives. The National Childhood Vaccine Injury Act of 1986, was viewed by many parents as a vital component of the vaccination system to address vaccination-induced injury, illness, or death. It also has been a gross failure with rejecting 2 out 3 injury claims from vaccination. Parents have to fight the proverbial battle of David vs Goliath. Shortly after its enactment, the first thing Dr. Donna Shalla did was to eliminate hypotonic, hyporesponsive episodes following vaccination as a symptom that child was not faring well from his or her vaccination. More children could now be denied claims of injury or adverse effects. One more chance, a missed opportunity to recognize that too many children may suffer adverse effects from their routine vaccinations.

Hear no injuries, see no injuries, speak no injuries, and by God, award no injuries.
Vaccination Safety is a Myth, a fairy tale from fantasy land.

Creating the illusion of Vaccine Safety begins in Clinical Trials

Vaccination clinical trials, many of which are conducted on participants in poor developing countries (a major ethical problem in and of itself) do not truly use a placebo controlled trial. Often the placebo group is vaccinated with another experimental vaccine. Where's the good science we learned in basic science class in elementary school? All to often the trial uses the adjuvant, as the placebo, thus masking the potential adverse effects from the adjuvant alone, or

deliberately intending to hide it? Comparing reaction rates with this design is worthless and unscientific.

Vaccine Safety: The CDC's 2008/2009 initiative

Why should anyone believe the CDC is behaving any differently in 2008/2009 than its 20+ year track record? Your not off to a good start. You could have, but didn't, appoint knowledgeable vaccination professionals such as Mark Blaxill of Safe Minds and Barbara Loe Fisher of NVIC to help steer the course (at the highest level) of vaccine safety research to fill the massive gaps in scientific understanding of what 48 doses of 16 vaccines are doing to our children's health. This missed opportunity to convey the seriousness of this long overdue scientific effort could undermine the validity and perception of this effort!

Minimum areas of research:*

1. **Begin a full-scale investigation** into all potential environmental causes of autism and related neurologic and biological disorders. Broaden this investigation to to address the increasing numbers of children with immune and neurological dysfunction, including learning disabilities, attention deficit disorders, asthma and diabetes.
2. **Design and Launch a comprehensive surveillance system** aimed at quantifying the incidence rates, trends and costs to society for chronic diseases and disabilities in American Children.
3. **Re-structure CDC vaccine program funding priorities** to commit funds for independent research into the biological mechanisms of vaccine injury and death, including research into genetic and other biological factors which put some individuals at greater risk than others for suffering vaccine adverse events.
4. **Launch a comprehensive audit of the safety** of the newly expanded vaccine program, comparing the incidence of chronic disease and disability in the high, low, and zero vaccine exposure populations.
5. **Maintain and expand independent researcher access to government** vaccine risk assessment data resources such as the Vaccine Safety Datalink and the Vaccine Adverse Event Reporting System.
6. **Remove vaccine risk assessment and vaccine safety oversight responsibilities from the CDC and FDA** and place them in a separate federal agency, with direct oversight and accountability by parents and parent groups.
7. **Charge the new federal agency with responsibility** to investigate vaccine adverse reactions and provide necessary resources for a comprehensive re-assessment of long term health outcomes of alternative childhood vaccination schedule.
8. **Reconstitute the current leadership** of the NIP to include outside scientists with no previous involvement in vaccine development, regulation, policy making, or promotion.
9. **Begin a study in primates** (the closest to humans) to replicate the current vaccination schedule and analyze for all biologic, biochemical, neurological, immune, developmental changes.
10. **Mitochondrial disorders** maybe an underlying contraindication to using the current vaccination schedule. As a precautionary move and in the spirit of informed consent, the

public needs to be immediately aware of this possibility.

The above recommendations need to be implemented on an expedited time-line. This represents robust research and policy change agenda, that even if implemented immediately, some out comes will not be available for 5-10 years.

The enormous deficiency in scientific knowledge and understanding of what is happening to an unquantified number of our children, represents the moral imperative of our time.

For this reason the following additional policy changes are necessary:

1. **No further vaccination mandates should be implemented on the state level until the full Safety Research and Policy agenda has been completed and comprehensively analyzed.**
2. **Merck announced on December 24, 2008 its intentions to suspend sales of its monovalent measles, mumps, and rubella vaccines. The CDC should persuade Merck that this manufacturing decision is unwise at this time until all the research and policy changes regarding vaccine safety have been completed.**

Message to the CDC:
The ball is your court,
but we are watching.

Respectfully, but not entirely trusting,

[Name deleted]

* Most of the minimum areas of research were extracted from the Atlanta Manifesto, by Barbara Loe Fisher and Mark Blaxill. My thanks to them for their dedication and pursuit of justice and health for our children.

INDIVIDUAL COMMENT #2

Public Comment for The NVAC Vaccine Safety Working Group on the CDC ISO draft Scientific Agenda
"The comments being sought include people's concerns about vaccine safety; their values — why some concerns may be more important than others; specific suggestions on the scientific agenda; and any other information, including personal stories."

Thank you for accepting comments from the public

There are two distinct issues concerning vaccines in the United States. They are, vaccine safety and health freedom. Neither should be arguable in this country, but concerned citizens are brought to the debate nonetheless.

Safety:
If vaccines were always safe, there would be no debate on that front. The reality of the monetary rewards given to victims of vaccine damage should put that argument to rest. This issue enjoys no rest because the mainstream scientific community has yet to discover or accept the true cause of damage and the true cause of the declining health of our young population.

Freedom:
If American citizens could exercise true freedom to choose their preferred modality of fostering and maintaining their personal health, this too would not be debated. The debate rages when parents witness declining health in one of their vaccinated children and good health in their unvaccinated offspring. If it was as simple as choosing one cold remedy over another, these parents could freely choose not to vaccinate and would not enter the debate. However, the pressure to maintain the status quo on vaccination recommendations is the very thing that proves there is no true freedom in health care.

What government can do:
The government can cool both debates two ways. Allowing unrestricted freedom to choose different forms of health care and to perform studies comparing totally unvaccinated children to vaccinated children in an atmosphere using basic research guidelines, free of conflict of interest.

INDIVIDUAL COMMENT #3

PLEASE PLEASE PLEASE look into acetaminophen use in conjunction with vaccines! Epidemiological studies aren't picking up a causal relation between vaccinations and autism, because there haven't been ANY studies that factor in the use of antipyretics. NONE!

THIS IS VERY IMPORTANT!!!!

Acetaminophen is the most overused drug in this country, and few really understand just how dangerous it really is, even many physicians, since it is often suggested that it be administered BEFORE vaccinations, even though there is NO scientific evidence that this practice is safe or effective.

Acetaminophen depletes glutathione, which is something you don't want to be doing when you are giving a child a vaccine, since glutathione helps to process the contents of the vaccine.

Preliminary studies are already linking acetaminophen to higher rates of asthma.

A study like this could possibly lay this issue to rest for good, as well as lead to new treatment options.

INDIVIDUAL COMMENT #4

My five year old son has autism. I am planning on becoming pregnant again and was tested for the MTHFR gene. I am positive for one copy of the C677T mutation. I will probably have my son tested as well and the new baby. What effects do vaccines have on individuals, especially children, with this mutation? Aren't they less able to detox certain ingredients in vaccines that shouldn't stay in the body?

INDIVIDUAL COMMENT #5

To Whom it May Concern:

My baby and I were injured by vaccines in 2007. I am appalled to find the lack of informed consent within the medical community with regard to vaccines. If our doctors and nurses had only read the package insert associated with our vaccines, they would have known that a person suffering from severe preeclampsia should NOT be vaccinated - the risk was too great. They also would have not dismissed my baby's high-pitched screaming over the course of 3 days too. He also would have never received more vaccines which neurologically damaged him further.

Informed consent should be required by law and punishment enforced if not practiced - particulary the risk associated with live-virus vaccines and risk of transmission to others.

Thank you,

[Name deleted] from NH

INDIVIDUAL COMMENT #6

To whom it may concern:

I would like to add my voice to the thousands of families screaming for better accountability and safety practices for our national childhood vaccination program. We have been told numerous times that "the question has been asked and answered" (that vaccines have nothing to do with the onset of autism), and yet I know that to be untrue. From production of the vaccines (thimerisol still used in production, but somehow filtered out before packaging - and yet the CDC has no idea how that is done!), to administering sometimes (15 month visit) 5 live virus vaccines at a time, because the vaccine schedule is so overcrowded. It was during this visit that my son was injured. From the day he was given MMR, Varivax and HiB at the same time, he has never been the same. It is now 3 years later, and he is just learning to talk again. I say again, because he was a very precocious child before that "well" visit to our pediatrician. He spoke, he smiled, he waved, he ate anything we put in front of him, he slept through the night, and he was healthy. After that visit, he immediately stopped eating everything but 4 foods (all carbs, with an incredible addiction to milk). He never had a solid bowel movement again, he vomited in his bed nearly every night, and then he started losing his words. Our pediatrician blamed a string of intestinal viruses until it became clear that there was something wrong with our son behaviorally. When the behaviors kicked in (around 2 years old), the autism diagnosis was trotted out and all the physical symptoms were promptly forgotten. Since then my husband and I have fought a constant battle to recover our son, and our hard work is paying off. The funny thing is, he never got better until we started treating him medically. His immune system (how coincidental!) is in utter chaos. He is able to produce antibodies to antigens, but is unable to produce natural killer cells to rid his body of the antigen. His measles titers (3 years after vaccination) are 4x higher than necessary (that is 400%), rubella titers 3x higher, but no mumps immunity at all. He has a chronic HHV-6 infection, and his allergies are legion. Either our son had an autoimmunity issue before vaccination (it was assumed that he was healthy without all that "unnecessary" proof),or it was caused by so many live viruses at once overwhelming his immune system. Why is it left up to parents to figure out what happened? Where are the doctors who deal with the aftermath of a vaccine reaction? Why must his recovery come at my expense, and his special education come at the expense of taxpayers?

Please, I am begging you, listen to the parents who tell you something happened after vaccination to their babies. I was never (and still am not) anti-vaccine. But I have come to discover that the expansion of the childhood vaccine schedule was done without appropriate safety testing. The CDC was apparently more concerned with the financial health of pharmaceutical companies than the physical health of our children, and allowed our children to become unwilling participants in a national experiment. If something is not done soon to make sure these vaccines are safe in combination with each other, your committee will be remembered by history as the people who allowed the neurological destruction of a generation of American children. Your grandchildren will have to pretend that they are not descended from you, that is assuming that they will have the cognitive ability to understand what grandparents are.

[Name deleted]
mom to [Name deleted], vaccine-injured at age 16 months

INDIVIDUAL COMMENT #7

To Whom It May Concern,

I am the mother of a seven year old little boy, who at the age of 4 was diagnosed with "autism". My son was not born with autism. My son regressed before our eyes, and the eyes of family and friends, after vaccinations he received between twelve and eighteen months of age. Prior to his regression, my son was developing normally, perfectly. After his regression he was a a shell of his former self. He started having diarrhea (like nothing I've ever seen before- I'm the mom of three and aunt to six, so I've seen some serious poop). My son had explosive, horrific diarrhea for 3 solid years. No doctor could ever determine what the problem was - no doctor even bothered to look. My son's immune system was shot. He then developed seizures and migraines. He lost his speech and eye contact. He was a behavioral nightmare. He was toxic in aluminum (upon checking the CDC website I learned his vaccines were loaded with aluminum).

My son was stolen from me. My beautiful boy, taken without any warning of what was to come.

I vaccinated my children because I believed vaccines were safe. I was wrong. As I began to research my son's problems, I discovered that he was not alone. The number of children injured by vaccines is ridiculous. I believe at last count one in ever 67 children is diagnosed with an autism spectrum disorder. One in sixty seven. Yet we continue to force vaccines on children - and worse, we don't even have proof of their safety and efficacy.

The very organization responsible for determining the vaccine safety, promotes vaccines - and even receives money from vaccine manufacturers. This is wrong. Vaccine safety should not be determined by the same group who decide which vaccines make it to the vaccine schedule.

I believe it is of the utmost importance that our country IMMEDIATELY begin investigating vaccine safety; but said studies MUST be conducted and monitored by outside parties - groups not receiving money from vaccine makers, nor anyone responsible for deciding which vaccines will go on the schedule.

First and foremost, a vaccinated vs. unvaccinated study MUST be conducted - both prospectively (no ethical concerns here because families choose the unvaccinated category according to state law exemptions), and retrospectively. Why has this type of study not been initiated to date? We have large populations of unvaccinated populations in our country.

When problems are found, and they will be, further studies should be conducted which would focus on how to improve vaccine safety and the current vaccine schedule. But most importantly, we must determine an effective screening process for determining susceptibility to the toxins and live viruses contained in our current vaccines.

I am an autism/vaccine safety advocate. I speak to many parents, families, teachers - some directly affected by vaccine induced autism, some who know someone affected, some who just hear the rumblings of a million families. The American public is scared. Public confidence in vaccines and in the

CDC's ability to keep our children safe is at a tipping point. More and more parents are walking into doctor's offices asking for alternative vaccine schedules or no vaccines at
all. THAT is what is most scary to me. Our government needs to get
on this - restore public confidence by PROVING WITHOUT A DOUBT THE SAFETY AND EFFICACY OF OUR CURRENT VACCINE SCHEDULE AND ALL VACCINES.

This debate is not over. No, it has only just begun. Our numbers are growing and we will be heard. You cannot deny the damage that has been done. You cannot allow these children to be cast aside in the name of protecting the herd. Every single body is different. What affects one person may not affect another. We all know this. So how can anyone say, with a straight face, that vaccines are safe for everyone. It is absurd. It is a tragedy, a crime against humanity...
worse, a crime against an entire generation of children whose parents were simply trying to do the right thing by vaccinating them, only to end up with a fate worse than death - a child stolen from them.

I will leave you with words from the CDC in the NVAC document:
CDC concedes on page 33 that "[u]sually simultaneous vaccination is incompletely studied at time of licensure." And this one on page 17:
"Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]."

Please help us keep our children safe.
[Name deleted]
[Name deleted]'s Mom
charlieinwonderland.com

INDIVIDUAL COMMENT #8

As a parent of an autistic son, who has done nothing but study & research this dreadful affliction since his diagnosis in 2001, I can state without hesitation that vaccines were the main culprit. Consider these facts: there was NO autism epidemic until the CDC tripled the amount of vaccines given to infants, that vaccines have ONLY been studied individually, NEVER in the combinations given, that large populations such as the Amish or large holistic medical practices such as HomeFirst (23,000 members) who do not routinely vaccinate have virtually NO autism (as well as far less asthma & allergies), that NO creditable study has EVER been done of vaccinated vs. unvaccinated, that the former head of NIH Dr. Bernadine Healey has openly stated that these studies have to be done and the prior research stating there is no causal link between vaccines and autism is deeply flawed. My son was developing normally, meeting all his milestones until he was vaccinated & by 18mos began to lose his language & social skills. I have heard time & time again from parents of autistic children that their children did the same after vaccination. I know immunizatiion is the sacred cow of the medical industry and a large moneymaker for the pharmaceutical industry as well as pediatricians, but don't you believe children's health should come before financial gain?

It's time to take your head out of the sand & do the right thing. Proper studies by independent qualified researchers MUST be done before we lose an entire generation.

Sincerely, [Name deleted]

INDIVIDUAL COMMENT #9

I'm not certain that any of the 7 vaccines my son received on April 18, 2007 caused his autism. I'm not a scientist, I have run no clinical trial, no study, I just know that after his vaccines he regressed immediately into ASD. All the classic signs and symptoms. From a little boy that played catch, spoke, laughed, loved, and made eye contact to little more than a shell of what he was a month earlier.

Since his diagnosis he has made remarkable improvements thanks to the dedicated therapists and doctors who have been treating him, however he is still not a "typical" little 3 year old, he is developmentally delayed by a year or more.

There are some indicators from blood work that his immune system was not intact the day he received his shots so perhaps that was the reason, or who knows what regarding ProQuad and it's problems, of course it was taken off the market the same month my son received it, maybe he was genetically predisposed to it but by all studies of his DNA and genes we found no mutations or any irregularities.

Pretty much every one of the doctors are in agreement that his problems are viral.

To me vaccines are dangerous and at the very least should be cautiously administered to well babies. Parents should not be told that they pose no harm or risk when the FDA and CDC have studies showing complications and injury, however few.

For the betterment of society I understand the need to have people vaccinated, but I just wish my son would have escaped it.

Give us a study so everyone will know what the truth is. Our children and yours depend on it.

[Name deleted]
Wrightsville Beach, NC

INDIVIDUAL COMMENT #10

My name is [Name deleted]. My husband, [Name deleted], and I have an 11-year-old son, [Name deleted], diagnosed with autistic spectrum disorder.

My son's vaccine injury started just prior to conception. In 1996 when I told my OB/GYN my husband and I wanted to start a family, she immediately gave me a blood test to measure my rubella titers. The results came back negative and therefore, according to the doctor, I wasn't immune to rubella, even though I had the vaccination previously. She advised me to get an MMR vaccine (an individual rubella vaccine was not available) and wait three months before trying to conceive. I took her advice, got the MMR vaccine, and waited four months before conceiving our son. I did not question her advice, as she was my doctor.

At birth (Cesarean Section) [Name deleted] had to spend a few days in the NICU due to some respiratory problems. He also was lower birth weight than expected, at 5 pounds, 14 ounces. (I attribute this to the fact that he gestated with the live viruses from the MMR that I received prior to conception.) Even though he was not 100 percent healthy and in the NICU, the hospital still gave him the HepB vaccine, which at the time (1997) included thimerosal, as well as other toxins. He then went on to receive all his vaccinations according to the American Academy of Pediatrics schedule. He was diagnosed with autism in March of 2000.

Upon [Name deleted]'s diagnosis of autism, I began doing research and came upon the work of Dr. Edward Yazbak. He has conducted studies of women who received the MMR vaccine immediately prior to pregnancy, during pregnancy or immediately following delivery, and their children were subsequently diagnosed with autism. (His study reports entitled "Autism: Is There a Vaccine Connection? Comments on Vaccination and Pregnancy" can be found at www.vacinfo.org/researchers.htm) I contacted Dr. Yazbak at that time and he added my case to his studies.

Our country needs unbiased, independent vaccine safety studies. Our country, and the world for that matter, has a very sick generation of children on our hands. Children are our future. This epidemic must end. Please conduct vaccine safety studies that will get to the truth of the matter so adjustments can be made to the vaccine schedule, to the vaccines themselves, and also to recommend appropriate testing to determine who may be susceptable to vaccine injury.

Thank you for your time and attention.

Sincerely,

[Name deleted]
[Contact information deleted]
Lansdale, PA 19446

[Contact information deleted]

INDIVIDUAL COMMENT #11

Hello,
My name is [Name deleted] and I am writting you because my son stopped speaking for 10 months after the routine 18 month vaccinations which we delayed till after 20 months. He now has a diagnosis of Autism Spectrum Disorder. He had been developing normally up until then and when this happened we have been doing everything within our power to try and heal his body. He is almost 5 and we have spent 1,000 on various therapies and it has almost bankrupted our family. Please do something to change the vaccination schedule so that more children will not be hurt by it. I do understand that vaccinies have done great things to erradicate horrible illnesses but Autism is really awful too.

Sincerely,
[Name deleted]

INDIVIDUAL COMMENT #12

Hi,

When I was pregnant, I remember filling out paperwork that required medical history information on my family. I filled out that my mother has lupus, my mother-in-law has lupus and epilepsy. I never thought much about how that would affect my first born, as my husband and I are the healthiest people we know.

Fast forward to my son's birth, Sept. 24th, 2000. He received a HepB shot in the hospital. At the time I had no idea that: 1) This was a sexually transmitted disease that can also be transmitted by needle sharing. 2) the only way for my son to get it was if I had it, and I had been tested for it by my OB/GYN (negative!) 3) He would get 3 more HepB shots because the pediatrician made a practice of starting the 3 shot series over in the office, just to be safe in case the one in the hospital had not been administered 4) It was filled with 25 mcg of thimerosal, as would be the 3 that would follow. 5) possible side effects include encepholopathy and 6) it would be found in later years that the effects of this series of shots would wear off sometime between age 9 and 15.

He was fully vaccinated through the age of 2 1/2. At the age of almost 3, he was diagnosed with autism. He had several bouts with yeast issues and other that was NEVER sick (over-active immune system).

Immediately at diagnosis, I found out about special diet and treatments for the damage that the full vaccine schedule had on his body. He was medically diagnosed with encepholopathy, mercury/heavy metal toxicity, and leaky gut syndrome. He has been treated with special diet, many many supplements, IV chelation, hyperbarics. Never a prescription drug intented for ADD/autism/bipolar.

Today he is 8 years old. He has gone from a violent, non-verbal child who had constant diarreha, to a fully functional 2nd grader who suffers from enough social inappropriatness to be diagnosed with Asperger's Syndrome.

I know (and his pediatrician agrees) that this child is vaccine-damaged. No one cared enough about him to look at his family history of autoimmune disfunction. Your one-size-fits-all vaccine schedule took away his childhood and could possibly haunt him forever. I see it everyday, in the stores, on the streets, in my children's schools. You are doing severe damage to today's children. Why did my child need 4 HepB vaccines by 6 months old? Why did my child need 4 shots in one day at 2 months, 4 months, and 6 months? It is all so mind-boggling to me. I know of NO safety data to prove that 4 shots in a day to a 2 month old is safe. So how can you do this?

Sincerely,
[Name deleted]
Savannah, GA

INDIVIDUAL COMMENT #13

The CDC has not studied the effect of the 4-5 vaccines that babies currently receive at Dr. appts. Babies and toddlers never receive only 1 vaccine per visit! My baby received 7 in one day and has sick for weeks. The effect of so many combined viruses and the toxic adjuvants must be studied regarding the effect on babies central nervous systems.

[Name deleted]
NY NY

INDIVIDUAL COMMENT #14

The attempt by the CDC and AAP to promote the concept that thimerosal containing vaccines are safe for all but those with "underlying mitochondrial disorder" is similar to the previous attempt to label autism as a genetic disorder. This attempt is geared to place research funds into areas other than looking at vaccines in general and thimerosal in specific as the cause for the recent increase in autism.

We need to push for academic funding to do an epidemiological study not controlled by the CDC or AAP on the diseases and illnesses between the vaccinated and non-vaccinated populations. The CDC and AAP refuse to do this for reasons unknown, but most likely fear of the facts that may be found which may even involve more than autism causation --- like whether or not the flu vaccines work, or any possible relationship between early vaccines and asthma rates.

It appears as if no governmental agency or body can understand the importance of the vaccinated versus non-vaccinated study to the welfare of our children and the overall cost of encompassing medical treatments in the USA. However, in my opinion, the CDC is impeding this due to the fear of a handful of bureaucrats who played an important role in implementing the CDC mandated vaccine program. In my opinion, the AAP does not support such a study due to the implications that forcing patients to follow the CDC mandate through pediatric programs has caused a major epidemic in our children and the loss of financial benefits presented by a forced well baby visits system.

What I am proposing, along with many others, regarding the study of vaccinated versus non-vaccinated populations represents straight-forward scientific logic. The fact that the major medical agencies and associations refuse to do this and insist on spending millions on genetic or mitochondrial disorder research suggests a force is working hard to prevent such a study -- perhaps because they already know the answer. I would heartily promise to quite hammering vaccines if a reliable USA-located academic institution was assigned the task to evaluate the vaccinated versus non-vaccinated populations and found no harmful effects of our vaccination program. The recent report from Manitoba, Canada, on an approximate 5% versus 16% asthma rate on adolescents receiving thimerosal containing DPT at 4 months versus 2 months of age, respectively, tells us that there is a lot about the various aspects of the mandated vaccine program that science does not understand at this time. A comprehensive study of the vaccinated versus the non-vaccinated followed by the design of global monitoring of identified "vaccine risk factors" would provide the basis of implementing a much safer vaccine program.

Everyone should be aware of the fact that most of the epidemiological studies routinely quoted by the CDC, AAP and others as showing no connection between vaccines with thimerosal and autism were funded by the CDC, done by non-USA citizens, mostly done in Europe by individuals involved in producing thimerosal containing vaccines and on populations where the autism rate was more than 13 times less than in the USA. Interestingly, three of the epidemiological studies most quoted by pediatricians as proving thimerosal safety actually showed that thimerosal removal led to an increase in autism; in one, this increase was about 20 fold. To report that decreasing exposure to a potent neurotoxin like thimerosal increased any

specific neurological disease is ridiculous. Perhaps this is why the countries where the data was collected (Denmark, Sweden, England) and the reports filed have not followed the conclusion of the authors and still maintain thimerosal removal from pediatric vaccines. In my opinion, only our CDC and AAP give any scientific credence to the obviously low quality epidemiological studies done by these Danish, Swedish and English researchers who had obvious vested interests in the outcome. Again, this begs the question why our government does not fund a major epidemiological study on vaccinated versus non-vaccinated American children done by a prestigious American university!

I can only imagine the embarrassment to some professional groups when the American public finally finds out that the autism epidemic was brought to light through considerable efforts by the mothers and fathers of autistic children, and not the government agencies or medical organizations that should have been in the forefront of recognizing this disaster. Where was the CDC, AAP, AMA, our neurological associations, etc. when the epidemic was in its early stages? I was involved in the autism issue starting in 1998 because of parents of autistic children, and what I distinctly remember was a flat denial by many of our aforementioned medical groups that an autism epidemic even existed. The very fact that we are having the CDC, who in my opinion caused the autistic epidemic through their mandated vaccine program which was not evaluated for safety, still involved in determining the cause of the autism epidemic is a failure of our government and our national medical programs. During the upcoming elections we have the opportunity to use our voting privileges to elect officials that will push for a complete evaluation of our national vaccine program. I strongly suggest that making foundation research based on vaccinated versus non-vaccinated populations regarding the autism/vaccine safety concern should be a major campaign issue.

This was written by BOYD HALEY and sums up my opinion nicely
[Name deleted]

INDIVIDUAL COMMENT #15

As parents of a 9yo boy with ASD, these are some of the topics we believe need to be addressed and are not currently included in the CDC's Vaccine Safety Agenda:

Thank you.

[Name deleted]
[Name deleted]
[Contact information deleted]

1. Vax safety research must be taken away from CDC [as with all other "safety" agencies in DC] because you would never expect the "cheerleaders" to assess the safety of the products they promote.

2. Any ethical and legally sufficient vax safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vax vs. unvax children, both prospectively [no ethical concerns because families choose the unvax category according to state law exemptions] and retrospectively. There is nothing about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vax-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focussed on how to fix vax's, the schedule, screening for susceptibility, etc.

3. The recent addition and deletion of vax research from IACC's autism strategic plan.

4. The studies purporting to clear vaccines of any association have severe methodological flaws that in some cases amount to scientific fraud. Example: the dimunition of the Verstraeten data to produce the desired outcome.

5. The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines.

6. Autism research gets little mention in the 64-page draft document. In particular, citing IOM '04, no new research is proposed. Autism is noted is a possible clinical outcime, but the draft simply says:

".. In 2004, the IOM concluded that the evidence 'favors rejection of a causal relationship' between MMR vaccine and autism and thimerosal-containing vaccines and autism (IOM, 2004). .. VSD is conducting a thimerosal and autism case-control study (in progress). The chief aim is to determine if exposure to thimerosal in infancy (through 7 months of age) or in-utero is related to development of autism. A secondary objective is to evaluate whether exposure to thimerosal in infancy is related to a subclass of autism predominately associated with regression. .. CDC has funded a study in Italy comparing children who previously received thimerosal-containing or non-thimerosal-containing DTaP vaccines; the authors submitted a manuscript for publication."

We do not believe the above referenced Italian study is sufficient and studies suggested in #1 are required.

INDIVIDUAL COMMENT #16

With the ever-expanding list of "required vaccines" (which I think is at a state of over-kill, there are many things you can do to "clean up" and re-store some public trust. And restore public trust you must. I don't even have a child with autism and I am appalled at the schedule! I chose to minimally vaccinate my son and I am extremely happy with my choice. I work in the education field and see so many children with ADHD, learning disabilities, autism and aspergers and seizures that it's crazy'
Hep b at birth? Chicken pox? Now Rotavirus? YOu have to be kidding.
You need to get real with safety studies and not use things like aluminum in the placebo (just saline, please).
For that matter, you people at the CDC should not even be the ones to assess safety due to conflict of interest.
I have heard that the Vaerstraten study was very much doctored to show no link to autism.
Even more importantly there needs to be a randomized, double blind study comparing vaccinated to unvaccinated populations for all the above problems-believe me, we the public, are aware that all these vaccines may be causing more chronic health problems than they are helping. It certainly seems that way. Have you heard of a study out of the U. of Manitoba--directly linking the timing of dpt with asthma development (admittedly the old dpt).
Pulbic trust in the vaccine program is gone. Now the FDA is under scrutiny. IACC deleted vaccine safety from its agenda. This is all a disgrace and you can do much to improve. There is LOTS of room for improvement.
Vaccines darned well should be studied in combination cause that's how they give them at the office.
[Name deleted]

INDIVIDUAL COMMENT #17

Driving down a major highway in Austin last week I noticed a billboard that stated "Vaccines are like hugs, you don't want to miss one!". After seeing the billboard I promptly looked over at my oldest son sitting next me and noted that for him and many others vaccines were definitely not like hugs. Hugs make you feel good, they help lift your spirits and give you a sense of love and acceptance. Vaccines have changed the course of my son's life and not for the better. I realize that this department is receiving thousands of emails on this topic so I'll keep this short but our story is the same as thousands and thousands of other parents in this country. My son was born premature, he was injected with the overloaded schedule of vaccines encouraged by the CDC, and now suffers severe health issues and environmental damage that will affect him his entire life.

How is it that vaccines are continuously added to the pediatric schedule but not tested in combination with one another? How is it that the additives that are known neurotoxins be allowed into our vaccines? How it is that thousands of parents are asking for help to heal our children and we are ridiculed? Our children are letting us know that they cannot handle the vaccine schedule as it stands today.

In order to get to the bottom of the chronic illnesses plaguing our children we must do testing by independant organizations that do not have a financial stake in the outcomes of such studies. We need a complete and well thought out study comparing vaccinated vs. unvaccinated populations and health outcomes.

My son has an immune disorder known as Hypogammaglobulinemia. In the literature for this disorder it clearly states that people suffering this condition should not receive live virus vaccines due to immune deficiency yet my son was never tested before being injected. He received 8 live virus vaccines before the age of 2. It now takes a $6000 a month medical procedure (IVIG) in order to keep him healthy. Why is that?

We hope for a better future for our children and for the next generation.
Thank you,
[Name deleted]

INDIVIDUAL COMMENT #18

My name is [Name deleted] and I encourage that thorough research is conducted on all vaccine safety and I personally would make the priority childhood vaccinations. There is so much media coverage on this topic and frankly parents are confused and don't know who to trust on this topic. Do they trust their gut, the government, celebrities, celebrity doctors or their pediatrician? My daughter [Name deleted] is affected by autism which I feel is an adverse reaction to the environment including vaccinations.

Regards,
[Name deleted]
[Contact information deleted]

INDIVIDUAL COMMENT #19

To Whom It May Concern,

This is in regards to the CDC vaccine safety agenda. I am a young mother to 3 little ones, thankfully none with autism. I realize how easily it could have been, there were 3 children with regressive autism in my oldest daughter's kindergarten class last year. Here, in one of the lowest populated states - North Dakota, where the air is cleaner than much of the nation and the pace is oh so much slower, here we have a BIG PROBLEM just like the rest of the US. When I asked all the parents of these children what they thought caused it, they ALL said it was vaccine related.

I don't think all cases of autism are caused or triggered by vaccines, but many are. The studies that are always referenced in order to "prove" that vaccines don't cause autism are either flawed, have conflict of interest, or, if actually read, don't show "no link". The studies that do show a relationship have data that are changed (Verstraaten) or ignored.

I don't need a study to believe in parents in my very own community.

I'm sure there are other environmental factors that link to autism. The chemicals, toxins and pollutants in our world aren't being reduced, just growing by the minute. The astronomical amount of drugs being produced and marketed to us is insane. Soon, if not now, we'll all be consuming all of these medicines, as they are ever increasing in our water supply.

When I trusted enough to have my little ones vaxed I knew enough to ask for thimerosal free shots. The nurses reassured me that vaccine manufacturers no longer made vaccines with thimerosal in them, don't worry there's none in our clinic. Oh, but once I started researching myself I found that not to be the case. As for the shots with just "trace" amounts of mercury, we could not drink one as the levels of mercury in that trace amount are above toxic level for drinking water. The flu shot and tetanus boosters as have much more than that. Needless to say, I no longer trust any of it, as I have put in thousands of hours of research into vaccines by now.

Why would I trust the CDC with my children, anyway? Just before I did research on the vaccines I learned of the CDC not disclosing (and I believe covering up) the toxicity of the FEMA trailers used for many months by the displaced families of Katrina. I watched the testimony of one family in tears, how the mother watched her children, husband and herself all get sicker by the day while living in the trailer deemed safe by the CDC. They didn't question until it was too late. Neither did many other families. I will learn from them, and from all of the families saying "Vaccines injured my child".

I watched a recent episode of The Doctors with the president elect of the AAP who agreed with Dr. Jay Gordon, that indeed vaccine safety needs to be studied more.

Do the Vaccinated vs. Unvaccinated study for crying out loud!

The CDC should not be responsible for promoting vaccines. It's everywhere, you know. When I go to my email website I am bombarded with All Kids age 11-18 GET THE MENINGITIS SHOT (of course no one would wish meningitis on anyone, but the #'s of kids that die from this are SSSSOOOOO low, but every kid get this, even if they could have a reaction from the shot itself?????) When I sign up for school I read that my kids MUST BE CAUGHT UP ON VACCINES (even though we can opt out with an exemption form-guess they just don't really want us to be aware of that). When I watch tv the commercials claim that my daughter should be ONE LESS - GARDISIL (but what they don't say is the fact that this vaccine has the most adverse reactions reported than any other vaccine on the market-so let's just approve it for boys while we're at it.) When I listen to the local nightly news, I am given inflated numbers on flu deaths in our state (I have verified this) and how now, most people SHOULD GET THEIR FLU SHOT, unless you are a non pregnant adult between 19-49 or a baby less than 6 months. (But they don't mention how many years the flu vaccine has proven to be ineffective because it's the wrong strain) and oh I could go on and on. Oh, what I meant to say is the CDC is promoting AND doing safety studies.....HELLO!!! Is that the best we in America can do for our children?????

I recently found out that the IACC's autism strategic plan included funding for research on environmental causes for autism, but at the last minute a surprise meeting was held and a vote put the kabosh on that. Some day in the not so distant future, our children will look upon these last 20 or so years and wonder why we, WE hadn't learned from our past. This is certainly not the first time that medicine has hurt people, but the way in which we continue to close our eyes to the children being harmed today is inexcusable.

Sincerely,

[Name deleted]

INDIVIDUAL COMMENT #20

To Whom It May Concern:

We have a 4 1/2 year old child who was showing signs of asperger's. He was not interacting with other kids his age and had severe behavioral problems. We finally found a biomedical doctor for him. We just ran a mercury test on him and he had the highest levels of mercury our doctor has ever seen. I received 3 rhogam shots with him while I was
pregnant and he received 7 mercury filled shots before he was even 4 months old. My child was born in Africa and received the shots the U.S. used to give in the 1990's. After we came home to America he received 3 more flu shots and every other shot he was supposed to have. I guess my question is that pediatricians seem so sure of themsevles that vaccines are safe, but they said the same thing in the 90's and they were wrong. If [Name deleted] has some type of problem getting rid of mercury out of this body then I would assume there are others that have a problem getting rid of the aluminum injected in their bodies. There is a little girl in our church who was normal and healthy. Then the night of her 6 month shots she started having seizures. She is almost 4 and still has seizures and very little language. Now the government is paying for lifetime medical treatment for her. They know she was vaccine injured and are still saying vaccines are safe???? I have a friend who is a teacher and she has 5 asperger's children in her classroom! These children are proof that something is not right here. If I were in charge I would have every child on a delayed vaccine schedule (Bob Sears) until more research can be done on the safety of these vaccines. Right now Asperger's and autism are a much greater threat than any of the diseases we are vaccinating for. I think Bernadine Healy is right....no one has ever studied the population that is getting sick. Just taking a peek into my child's own body he was definitely vaccine damaged. Please do something now before more children are hurt!!!!! We can't waste anymore time!!

[Name deleted]
Olive Branch, MS

INDIVIDUAL COMMENT #21

Hello,

Please tell the CDC to stop lying. This would be a good start. Faith and trust are the cornerstones of a good vaccine program.

Specifically, the CDC cannot say “vaccines do not cause autism” because the studies they refer to when saying this only compare vaccinated children to other vaccinated children. It is analogous to comparing smokers that smokes one pack per day with smokers who smoke two packs per day; finding that their rates of cancer are the same, and concluding that cigarettes do not cause cancer. There need to be true control groups when conducting these studies.

I do not think you will be “listening” to these public emails. I hope I am wrong. If you would like more info, please contact me.

Sincerely, [Name deleted], father to [Name deleted], who is recovered from vaccine induced autism.

INDIVIDUAL COMMENT #22

The NAVC needs to make it mandatory that the CDC back up to a time before side effects of vaccines became common and chronic because vaccines were not properly tested before licensure.
-mandate that the CDC recommended vaccine schedule be that of 1970 (given in single doses only) for precautionary purposes. Then test the vaccines that have been added since 1970 such as varicella and the flu shot (vax vs. unvax and continued studies pre and post vax (recording cummulative health effects whether proven caused by vaccine or not)).
-Stop the families from having to pay for the adverse effects of vaccines (burden should be on the manufactures). It is the only way to gain safety of product.
-Reduce price of vaccines and prevent pharma. companies from marketing to the government, hospitals, schools, children, pregnant woman, politicains, animals, and doctors. Prevent pharma. comp.s from paying doctors incentives for number of people vaxed. The incentive paid should be to vax safely not in a totaltarian way. Incentives should be paid for checking history records for conditions that counter-indicate vaccination as the Dr. is doing more work and preventing chronic injury leading to cost saving and holistic health.
-Admit that we are facing a matter of national security as The Pharmaceutical Industry as a country is stronger, more powerful, and richer than our own. It has become a real threat when Pharmaceutical Companies relinquished responsibility of the health effects of their products and obtained their product mandation last year.
-require shift from preventative back to holistic medicine to counter damage done by over vaccination.
-Get rid of the "All Or None" vaccination agenda (ie...ECBT) and focus on the safety of one's child.

Thank You For Your Consideration,
Parent to two beautiful fully vaccinated children

INDIVIDUAL COMMENT #23

To Whom It May Concern;

I am the Father of 4 wonderful children. One of whom was diagnosed with Pervasive Developmental Delay at the age of approximately 18 months. My beautiful baby girl who was playing peekaboo with me and was beginning to babble suddenly stopped laughing and would no longer look at me or my wife. I was in denial for a long time, especially after our Developmental Pediatrician came back with test results showing that our daughter had 3x the allowable amount of Mercury for an adult in her system. We asked where this possible could have come from, our Doctor stated very frankly "from her vaccinations". It goes without saying that we were speechless, and out lives have not been the same since.

The CDC should not be responsible for promoting vaccines, nor should they be permitted to fund studies showing vaccine safety. This is a direct conflict of interest, and I don't understand how it cannot be viewed as a violation of Ethics.

No further proof should be required then from the words of Dr David Johnson from the "Simpsonwood Meeting" that took place in 200 to discuss Mercury in vaccines.
"This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available. I do not believe the diagnoses justifies compensation in the Vaccine Compensation Program at this point. I deal with causality, it seems pretty clear to me that the data are not sufficient one way or the other. My gut feeling? It worries me enough. Forgive this personal comment, but I got called out a eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation, and I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meantime I think I want that grandson to only be given Thimerosal-free vaccines."

It shocks me that this was known nearly 9 years ago and here I sit today, appalled that there is a story in the Washington Post once again declaring the safety of vaccines that contain Thimerasal. I'm sorry, but my 7 year old daughter who cannot speak, use the restroom, or dress herself tells me an entirely different story.

Thank you for time,

[Name deleted]
Haymarket, VA

INDIVIDUAL COMMENT #24

To the NVPO, on behalf of the NVAC Vaccine Safety Working Group:

Here is my input on research related to vaccine safety. I am the mother of an autistic son, and I watched him regress after each vaccination. Initially, he developed a seizure disorder, then developed cognitive and language delays, and finally he was diagnosed with autism. Hundreds of thousands of dollars later, after trying almost every educational, therapeutic, biomedical, and pharmaceutical intervention out there, I still have a severely impaired son. For example, during one period of his life he hit himself and others hard and often, causing serious bruising. He would yell for hours in the middle of the night, for weeks on end, at the top of his lungs. Knowing what I know now, if I could go back, I would not vaccinate my son or my daughter (who is neurotypical). I have totally lost confidence in the CDC and the safety of the vaccine schedule. I am a committed, highly educated parent (B.A., MA., J.D.) and I have researched the vaccine issues thoroughly. I have read the technical and scientific literature on both sides and I have enough training in statistics to recognize flawed studies when I see them.

Here are my specific suggestions:

1) **Concerns about Vaccines and Immunization Safety.**

In the last 20 years, the number of vaccines administered to children has skyrocketed. Yet children are not healthier. 1 in 150 children is diagnosed with autism, and 1 in 6 children is diagnosed with a learning disability. I have spoken to pediatricans who have practiced for decades and teachers who have taught a generation. Every long-term practitioner I have spoken with has remarked on the increase in children with neurological problems. Better diagnosis may account for some of the increase in diagnosis. It cannot explain all of it. Additionally, rates of childhood asthma, allergies, juvenile diabetes have increased dramatically. Why is the most vaccinated generation the sickest?

I think children today receive too many vaccines, too soon (really, Hep B at birth!) Vaccines also have too many additives that are not proven to be safe. Thimerosal was supposedly removed from vaccines, but "trace" amounts are still used in processing. However, neither the FDA nor any other agency actually monitors how much thimerosal may be removed or left in vaccines. Mandatory childhood flu shots still contain thimerosal. Booster shots in adolescence contain thimerosal. No other area of medicine is "one size fits all." Vaccination should be individualized and toxic ingredients should be removed from all vaccines.

2) **Factors to Consider in Prioritizing Research.**

There are three studies that need to be done: (a) a study of vaccinated vs. unvaccinated kids; (b) studies to determine which subgroups of children might be particularly

vulnerable to vaccine damage (e.g. mitochondrial disorder as seen in Hannah Poling); and (c) studies to determine the safety of multiple, simultaneous vaccine administration. None of these studies have been done and all of them are critical.

Finally, I am appalled that the CDC, and other governmental health organizations, appear to be unconcerned that we have an autism epidemic -- and even argue about whether there is an epidemic! We need this research done yesterday.

Sincerely,

[Name deleted]
[Contact information deleted]
Hyattsville, MD 20783

INDIVIDUAL COMMENT #25

Hi... I have a degree in Elementary Education. I am also a wife and a mother to three boys.

I am appalled at the CDC's scheduling of vaccinations along with the fact that they do their own research. There needs to be some accountability on the safety agenda beginning with a comprehensive and ongoing reviews of the health outcomes of children who and children who are not vaccinated.

CDC is constantly putting forth the image that one must vaccinate their child or potential death will occur. This is simply not true and leads me to believe that CDC is involved in providing the public with false information. CDC refuses to perform the proper safety studies and in return we have mass produced vaccinations filled with toxic poisons to fill our children's bodies. This is not to mention that our children's immune systems are being damaged by the millions. In return, we are creating a society with weakened immune systems because of the scheduling of vaccinations.

Therefore, it is no surprise that many people are opting to refuse vaccinations. I believe Vaccinations are one of the greatest things to mankind. However, the irresponsibility and greed that is involved could possibly make it one of the most detrimental things to mankind.

Sincerely,
[Name deleted]

INDIVIDUAL COMMENT #26

To Whom It May Concern,

This is in regards to the CDC vaccine safety agenda.

I have a child with autism and would like to see the following issues addressed:

1. Vax safety research must be taken away from CDC [as with all other "safety" agencies in DC] because you would never expect the "cheerleaders" to assess the safety of the products they promote.

2. Any ethical and legally sufficient vax safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vax vs. unvax children, both prospectively [no ethical concerns because families choose the unvax category according to state law exemptions] and retrospectively. There is NOTHING about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vax-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focussed on how to fix vax's, the schedule, screening for susceptibility, etc.

3. The recent addition and deletion of vax research from IACC's autism strategic plan.

4. Public confidence in vaccines is at a tipping point. CDC's has substituted a "vaccinate or die" campaign for the basic science required by ethics and law.

5. The studies purporting to clear vaccines of any association have severe methodological flaws that in some cases amount to scientific fraud. Example: the dimunition of the Verstraeten data to produce the desired outcome.

6. The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines.

7. See the Fed. Reg. notice for other comment ideas.

Autism research gets little mention in the 64-page draft document. In particular, citing IOM '04, no new research is proposed. Autism is noted is a possible clinical outcime, but the draft simply says:

".. In 2004, the IOM concluded that the evidence 'favors rejection of a

causal relationship' between MMR vaccine and autism and thimerosal-containing vaccines and autism (IOM, 2004). .. VSD is conducting a thimerosal and autism case-control study (in progress). The chief aim is to determine if exposure to thimerosal in infancy (through 7 months of age) or in-utero is related to development of autism. A secondary objective is to evaluate whether exposure to thimerosal in infancy is related to a subclass of autism predominately associated with regression. .. CDC has funded a study in Italy comparing children who previously received thimerosal-containing or non-thimerosal-containing DTaP vaccines; the authors submitted a manuscript for publication."

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ô¿ô

[Name deleted]
[Contact information deleted]

INDIVIDUAL COMMENT #27

To Whom it May Concern:
I am a father of an 8-year old with autism and suggest the following be part of your scientific agenda. All studies should be performed by independent groups who have no investment tied to the outcome of the studies. Also, all studies should reveal the truth, no matter what the consequences are to the parties involved.

- Study vaccinated vs. unvaccinated children
- Consider no vaccines before the age of 2 and go back to the vaccine schedule of the 80's.
- There should be no such thing as "trace amounts" of thimerosal or any preservative in any vaccine. Any distinction made by health officials between the "types of mercury" found in some vaccines and justifying their safety is insulting. No one would knowingly ingest mercury of any kind.
- The notion that any parent would "make up" symptoms their child is experiencing for the sake of monetary gain is proposterous. I'm trying to figure out how my not ever being able to retire because I need to support my child my whole life is providing me wealth.
- Explain to the autism community why vaccine research was pulled off the table at the last minute after it was already approved by the IACC, part of the Combatting Autism Act.
- The Obama administration has proposed a transperency of governement and government functionality. What better place to start than with the Autism epidemic facing our country today.

Thank you for listening.
Sincerely,
[Name deleted]
South Bend, IN

INDIVIDUAL COMMENT #28

Do you honestly expect a government agency or any company for that matter to police itself?

Here is a quote from your own document:

"Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]."

If that is factual, then why was our granddaughter given an array of vaccines .. spiked with mercury and lead to conserve shelf life, I might add.

Our granddaughter has been deluged with diagnoses, physical rehab over 7 years, with minimal hope of complete recovery.

She has been severely brain-damaged because of negligence.

[Name deleted]
[Contact information deleted]
Marquette, MI 49855

INDIVIDUAL COMMENT #29

To Whom it may concern,
If your family or someone you know has not been affected by Autism you are very lucky, but if things continue as they are it is only a matter of time till you are personally affected.
Our son was born in 1992, he developed right on schedule, he was fully immunized and regressed into Autism. 14 years of constant intervention and he is verbal and a great young man. But he does not work at grade level, will probably never drive a car, may never have a meaningful job, may never marry. Something stole the live he was meant to lead. It is your job to investigate epidemics, so get busy.
The CDC must investigate vaccine safety. As a taxpayer I expect the CDC to CONTROL DISEASE,not protect vaccine patent holders.
All kids are not the same. Why has there been no study to see if multiple vaccines in one office visit is safe? Why are parents not even made aware of this?
More education needs to be given to Doctors, Not one medical professional ever told us that our son should not get vaccinated while he was ill, or on antibiotics, or on Asthma meds.
Please do your job and protect Americas future, our kids. 1in150 Kids is not ok.
The CDC should be on the front lines protecting our kids instead of being influenced by Pharmaceutical companies.
The CDC should be on the front lines to stop all TV and Radio advertising for Pharmaceutical products.
Thank you
[Name deleted]
1 in 150 American children are affected
by AUTISM, including our son [Name deleted].

Believe

INDIVIDUAL COMMENT #30

I want to know if vaccines caused my child to have Autism. I want to know if his genetic heritage or something else put him at greater risk for vaccine injury. I have three other children I will not vaccinate until this question is answered conclusively and preventive measures are implemented by the medical profession.
WE NEED REAL VACCINE RESEARCH DONE BY PEOPLE WE TRUST TO NOT HAVE A CONFLICT OF INTEREST.

How dare you ignore what the Autism Communities wants you to do. You represent us taxpayers.

I called in and listen to the first meeting. I was busy taking care of my son with Autism during the second meeting. The moment I trust you, based on what I heard in the first meeting, you betray me.
Is that why we still don't know what is causing Autism. Do you know how severe our children are and you are counting on it for us not to pay attention.

That ends for us. YOU will hear from us now.
We need the answers.....

[Name deleted]

INDIVIDUAL COMMENT #31

In 2004 at 18 months, my son received 10 immunizations all at once. I was concerned and asked the public health nurse if there was mercury in the vaccines. She said they don't use that anymore.

[Name deleted] (my son) ran an extreme fever and was nauseous and sick for a couple days after the vaccines. I was very concerned, but luckily my sister's a pediatrician so I had her to call on. She didn't come see him, but reassured me that everything would be OK. She had a lot of interaction with him his couple years of life and was very surprised to hear that he had been diagnosed with autism spectrum. It couldn't be, she had so much facial interaction with him. But he had changed by the time his second birthday came around.

I often took [Name deleted] in to get his well baby check ups when he was sick anyway, figured I'd kill two birds with one stone. He had series after series of antibiotics for sinus infections and finally I put an end to that when a teacher (autism specialist) told me to try nasal saline spray. He hasn't been on antibiotics since.

I cured his asthma by taking him off milk and dairy.

I'm convinced that vaccines played a part in my son's autism. He's doing so well with the bio-medical treatments. Subtle changes seen through the documentation. He had subtle changes with the behavior modification treatment too, but they never "stuck".

I'm one of the lucky ones, my son is high-functioning and reading four years above his level.

INDIVIDUAL COMMENT #32

Dear Sirs

You are asking the general public about their thoughts on the current vaccine program. Here are my thoughts and my distress.

I was a vaccine believing mother, I did my duty, for the call of eradicating diseases thought to be dangerous and life threatening. Now I am faced with the fight of my life, trying to convince YOU professionals, that vaccines have caused, initiated, worsened the autism epidemic. I have two counted in that epidemic. They were born in the early eighties, to later eighties. I witnessed horrifying reactions, one with a DPT shot (VAERS listed as one of the hot lotts for highest deaths and maimings), in my son, who raged with fever of 105, convulsions, high pitch screaming with disorientation for many days. Within weeks, his language was lost, and he began to have within a year, seizures/leg tetany. Because I thought that P was the problem in DPT, I took out that part of the vaccine component, and continued to vaccinated my subsequent children, still believing, that YOU professionals, knew what you were talking about, and fully disclosed to ME, that they were safe and effective. Unfortunately, this advice led to my last child having an extreme MMR reaction, with rashy bottom, diahrreah, fevers of unknown origins, resulting in loss of language, even muscle tone, by the time she was one and a half. This also resulted in autism. My other two children, though not autistic, have numerous autoimmune problems, and one child has severe ADHD.

We have done scopes into their gut, and retrieved tissue, that they both still have the Measles STRAIN vaccine on peyers patches. This resulted in extreme wasting, diahrreah to intermittent constipation-a true IBD disease. We have done neuroinflammation markers (IL-B10), and their brains to be extremely inflammated. They both have marginal to extreme mitochondrial issues (OXPHOS/LACTACE PYRUVATE RATIOS), not unlike HANNAH POLING, who just won in vaccine court, which suggested that an underlying mitochondrial dysfunction or disorder, may predispose children to vaccine reactions, which further damages the brain by oxidative stress. Both of my children, also have Complement C4B anulle, meaning, they don't have the means to deal with injectable viruses or bacteria, on a correct level. And on that note, many ACIP members have recommended the use of antipyretics during vaccine fevers. IS THIS CAUSING AUTISM? (www.rollingdigital.com/autism)? Certainly, most mothers I talked to, used this drug even before the vaccine hit their child's skin.

Both of of my children have seizures, both of them have severe methylation defects, both of them have immune dysregulation and antibodies to myelin basic protein (said to be the target organ for autoimmune mimicry by measles, detected in three labs, SINGH et al), and both have antibodies to NAFP, *(neural axon filament protein), to catecholimines and various neurotransmitters. MRI shows atrophying of cerebellum, something we can chaulk up to inflammation, use of AED's, and severe oxidative stress. They also have thyroid disease, which is also another target organ of vaccine injury. ON SPECT SCANS, their brains are sevrely hypoperfused (loss of blood flow), inflammated, toxic, non functioning in several areas. This includes myself. They both also have lyme disease tick born disease (which is often sexually transmitted)/placentally - see www.liafoundation.org), which is said to be the predisposition to injury, due to the fact that it creates a high state of oxidative stress and glutathione block, which is necessary for them to deplete metals out of their system. They had no such ability. In fact, their metals were off the charts when prompted by DMPS IV challenges.

A background of injury/illness or concerns of illnesses (ear infections one after another) could have been suggested to me, as a wait and see approach, instead of GUESSING GAMES, of which the the ACIP members think is not necessary, even in chidlren with severe B and T Cell deficiency, Severe IgA deficiency (viruses love people like this) Common Variable Immune Deficiencies (which often kids with autism possess) such as in the case of AIDS. My kids also have Hyper IgE, of which I found out later, is a MARKER, that a child could be unable to handle vaccines. Upon that subject, I made it a point to write a standards at www.voicesofsafety.org in which we called to try to vote on public standards, and the ACIP members had no cooperation. This is the level of concern of this epidemic.

It is evident to me, that the only thing vaccine corporations want, is our money, not our health, not the absence so called of innocuous childhood diseases taken care of handily by mega High VIT A, C, Cod Liver oil, and other adjuncts. I do believe that an unvaccinated population poses NO risk to the vaccinated (else, do the vaccines work?), in fact, it would show purely, that which population has the most autism, ADHD, Allergies, Seizures, Obesity, Autoimmune Thyroid diseases, Asthma and even Diabetis. Throwing the herd immunity card is unscientific. I do believe medical freedom, from this experiment, is a certainty of the level of freedoms we have or don't have still in our possessions. Would this not be a fascinting study? More than a study, a witness, of what vaccines have done commonly to our population? Yet the pseudo concern committes ISAAC, just dropped any mention of studying vaccines in total. Combating autism, I think not....? The rise in autism, along side childhood cancers is staggering. In fact, the MIND institute UC DAVIS, just came out with the proclamation, that autism is due to TOXINS in our environment, and pathogenic viruses and bacteria, not better diagnosing.

The mechanisms of autoimmunity are ill-elucidated, **the role of pre-existing risk factors including genetic predisposition** and environmental factors is largely accepted however, and one of those studies which suggested this, suggested that an autoimmune favor genetically, added AT THE TIME with a toxin, such as mercury or other neurotoxins in vaccines (formaldehyde, polysorbate, MSG derivatives), could in fact, INITIATE the autoimmune attack against tissues. Certainly, it does not help the TH1 and TH2 balance, nor does it help with other immune markers. When upon further examination, most seizure disoreders are caused by dysregulation of immune cells and inflammation in the brain due to toxins and viruses and bacteria? This is a no duh...

There is another very important issue reported in studies that is evidently being largely ignored as regards long-term vaccine effects and safety. There is obvious evidence that in the lab, continuous immortal cell lines react differently between one type of animal species and another. As an example, tissue from one species will allow the immortal cell to induce a cancerous change more quickly, in comparison to tissue from a different species. These results then beg the following questions. How extensively have these continuous cell lines been tested on human tissues, and would the results vary from one type of tissue to another? And what happens over the long term if an immortal cell from a vaccine culture makes its way into the final vaccine product, does it keep dividing in the human body? Another scenario might suggest the tumor-promoting portion of its DNA inserting into a viral genome, which then gets injected
into the bodywhat happens at that point? And so, why do I make this point? Because we also tested positive for SV-40, this includes me and my husband, my children, my mother and father, and my siblings.

The dirth continues, for we also have MYCOPLASMA FERMANTENS in our bodies, everyone of

us. It is said, that 6% of our childhood vaccine series, are contaminated. "The current Fed. Regs., Title 21 states that **"each pool of virus used in vaccine preparation shall be tested for the presence of Mycoplasmas. Only when the virus pool shows no evidence of Mycoplasmas is the viral pool considered acceptable for vaccine manufacture**." Unfortunately the **Code for detection of mycoplasma contamination is based on the culturing of viable mycoplasma. This Criteria does not exclude** mycoplasma fragments or antigens. Past experience found mycoplasmas remained attached to cells causing frequent failures to isolate viable cultures from tissues. When investigators learn more about mycoplasma properties they will know that it's **their combined cellular antigenicity in the host's immune system that in itiates pathogenicity. Later, when adverse reactions to vaccines were being reported, we looked for possible mycoplasma contamination**.". End Quote. Are you looking, where are the studies in autistic children that have this? Dr Garth Nicholsen found that 58% of children with autism, have Mycoplasma bacteria in their bodies. SIR, do you believe this is the legacy of our GREAT VACCINE NATION?

Dr Robert Mendelsohn, M.D states "It is a difficult task really to deviate from the ritual just like getting out of the church. There is no definite science at all behind the vaccine propaganda. Every benefit they told you about vaccines are accrued with the doctors while the patient runs the risks. But be very cautious on how they focus their attention on the mercury in vaccines. It is just a smokescreen to hide the enormous horrors of vaccines. Some anti-vaccine groups are actually riding the propaganda to make vaccines "green", which is an utter impossibility and amiss. They cannot make a poison "green". The only way to a healthy body is by creating "health" and not building "defenses". The Medical companies and doctors unfortunately, will allow this to happen until everyone of us is stricken with debilitating or chronic diseases. And what's even more peculiar is that this same group of victims will turn to their doctors for treatment. Having said that, it is just right to get out of this Church of Modern Medicine and never look back"..

Unfortunately, I still look back and beat my chest to raw, for the things I trusted in. I never thought to question, if my child, was going to react favorably, it was assumed. I was never tested, asked questions about our background autoimmune troubles, was never listened to, and now, I am suppose to shut up and suck it up? At minimum, a list of contraindications should be enlarged, biological markers for autism tested before you even dare to put a vaccine into a child. Better than that, how about quit the whole paridigm all together? I would have LOVED measles showing up on my kids, for they would have had lifetime immunity, AND HEALTH.

The VEARS standards to report injury (by the way WRITTEN by the pharmaceutical companies, fox guarding the henhouse)...dont fit. This happened 11 days to two weeks after the vaccine in my children. I am in limbo. I am in the land of what the hell went wrong? I found out, and got real. The realness of injury lives today, and will live on, when I am gone, where the government themsevles, will have to suck it up and take care of my chidlren. This growing list of children, who will become adults, is going to hamper the stability of SSI and support systems-if not already, the evergrowing weak economy. Does anyone see this trouble I have seen? I don't think we can look away from this disaster of 1-68 children. In my own state, Oregon, there is way more than that number. What will it have to take, for our government to listen to the mothers and fathers of this land, who have been robbed of their prescious children?

Sincerely-
[Name deleted]
Beaverton Oregon

All I am asking, is for some thought to this. I am asking for the entire program to be revamped. That Obama will see through this non transparency, and protectionism, and see for the poignant questions we parents ask. NO, we don't see coincidence, we see evidence. We see evidence of injury.

. “An observant parent’s evidence may be disproved but should never be ignored” —Lancet 1:688, 1951, Anonymous

INDIVIDUAL COMMENT #33

Sir

I am the proud grandfather of a lovable nine year old, nonverbal boy who "regressed" and was diagnosed autistic just prior to three years of age. Admittedly, our family has no scientific evidence to prove our little guy's "regression" was "caused" by the numerous vaccines he received, the majority of which contained thimerosal, a mercury based preservative then commonly found in children vaccines. Unfortunately, in the six plus years since his "regression", public health officials have given our family no scientific evidence that would "rule out" that possibility. Instead, they continue to deny any possible "link" between my grandson's mercury tainted vaccines and his regression...with a statement they have no "scientific evidence that vaccines cause autism".

With all due respect to these public health agencies, that is "sophistry", not "science". Having "no evidence to rule out any link between vaccines and autism"... ought not be considered the same as having "evidence that "rules out" that possibility".

In any event, for at least a decade now, parents have pleaded with public health officials to conduct an independent, scientific study of "vaccinated vs. unvaccinated" populations to ascertain, once and for all, if BOTH populations have suffered the same, inexplicable chronic autoimmune diseases.

Common sense suggests such a study should be the highest priority of public health officials desperate to prove their vaccines are as "safe and harmless" as they insist they are. Instead, for a decade, public health officials refuse to support pending federal legislation that seeks to fund such a study. Why is that, do you think?

After all, the CDC reports that **1 in every 6 American** child suffers some type of early childhood disorder, such as, autism, allergies, asthma, juvenile type 1 diabetes, juvenile rheumatoid arthritis, ADD, ADHD, etc. In addition, Scientific American reports the United States, arguably the most technologically advanced, wealthiest nation in world history, ranks number 29 in nations whose infants will not live to see their first birthday.

If vaccinations are the miracle that public health officials insist they are, perhaps they should be required to answer parents demanding to know why the most heavily vaccinated generation in our nation's history....**is so sick....** with chronic autoimmune diseases that were far less common in ALL PREVIOUS GENERATIONS?

[Name deleted]
PROUD GRANDPA OF [Name deleted], "REGRESSED" SIX PLUS YEARS
SLOATSBURG, NEW YORK

INDIVIDUAL COMMENT #34

Dear Vaccine Safety professionals:

I am writing to you as a stakeholder in the Autism community. Unfortunately, vaccine safety questions are currently linked in the public's eye with autism. This connection is harmful to both public health and the autism community.

As any documents or plans for vaccine safety are produced, I would like to stress that the language of any documents produced will be analyzed quite closely by some segments of the autism community. Any statements suggesting a possible link between autism and vaccines will be interpreted as an "admission" by the U.S. government that vaccines caused an "epidemic" of autism. Such characterizations are very detrimental to people with autism of all ages. Please, consider very closely any statements that are made at meetings and in writing.

I appreciate your time in this matter,

[Name deleted], Ph.D.
San Jose, California

INDIVIDUAL COMMENT #35

After 2 years of going to Doctor after Doctor, with the same story, he may have Autism, he may be lazy, even though we told them how advanced he was before. We gave up finding an answer here. We drove 5 hours away, after a 6/MO wait for an appt. to see one of the best Doctor's in the Autism Spectrum Field. www.drstephaniecave.com

After extensive blood & Urine Testing, plus we had mailed her his vaccine record prior to our appt. His test confirmed he had severe Mercury Poisoning. Mercury does not stay in the blood, it goes straight to cells (brain cells) although Mercury does not stay in the blood, it has a huge effect on the blood. She put his blood work on a big screen for us to see. His blood was almost white, from all the mountains of yeast & heavy metals floating in it. His white blood cells was in a big clump, not even functioning, his red blood cells were in big clumps floating. His vaccine record lot numbers, she had pulled was filled with enough Mercury to kill a grown man. She told us [Name deleted] was a morphine addict!! We were like WHAT, he has never had any morphine. She explained all the mercury & toxins form yeast & produces a natural morphine. That explains why these children have such a high pain tolerance. Also, he was born so normal, reached every milestone, already counting to 20, saying his ABC's, reciting Rhymes & Riddles, until just after his MMR Shots, he was advanced. Two months later, that baby boy turned into a cold, staring into space, almost non-verbal, flapping, head banging, miserable little boy. Not only was his brain covered with a metal blanket, the 3 live virus' MMR vaccine went straight into stomach causing him to have (Leaky Gut syndrome. I am proud to tell anyone & get the word out about what is happening to our children, our Future, if I can make a difference in just one child, then all of this is worth it. No Matter what, [Name deleted] is precious to me & will always be my heart.

[Name deleted], Grandmother of a 10/year old little guy with Mercury poisoning, labeled with Autism (same thing) only not genetic, but injected!

INDIVIDUAL COMMENT #36

My son was ahead of the curve on children milestones until he got a group of vaccines. He got a fever and was never the same. After then he stopped speaking and making eye contact. Since then he has been diagnosed with autism. I know vaccines stole my child’s opportunity for a normal life. Using these children as lab rats is criminal and needs to be stopped!
[Name deleted]

INDIVIDUAL COMMENT #37

To expect a government agency to police itself is nothing short of irresponsible and negligent. Our family has suffered the result of another's apathy. Our 7 year old daughter suffers from mercury poisoning that could've come from nowhere except the vaccines. With insurance companies denying coverage and the government denying responsibility our family has no faith in the CDC to govern, influence or determine in any way policies that effect the health of our children or any of the population for that matter. This crime against children has gone on long enough. There is no question that vaccines have saved many lives but we have reached a point where profitability is wining out over morality, sound reasoning, and basic common sense.

[Name deleted]

INDIVIDUAL COMMENT #38

My son, [Name deleted] regressed into autism (diagnosed by three teams of experts, 2 county evaluations and one private) after his 15 mos. vaccines which included a mercury-containing flu shot--12.5 mcgs.-- along with 3 other vaccines for 5 diseases (we later discovered his Dtap that day contained some mercury as well).
This was in December of 2003. In early July of 2004 I had [Name deleted]'s blood tested for mercury and he tested positive! Tests also revealed that his body was depleted of glutathione--the body's primary antioxidant. (Mercury depletes glutathione.) To rule out household contamination, we had our water and soil checked and I had myself and my other son tested for mercury--all tests came back negative. [Name deleted] had never eaten fish, nor did I consume fish at all while I was pregnant. Back to the 15 mos. vaccines--right after receiving these, [Name deleted] regressed in all of the typical areas of autism--language (lost all of it), gestures and pointing, play skills, and slipped into his own world, he engaged in lots of stimming in the form of loud, constant gibberish, running in circles and arm flapping. To make a long story short, we treated him according to a vacine injury protocol with a special diet and detoxification regimen starting when he was just 2 under the guidance of a DAN (Defeat Autsim Now) physician. We also did speech and OT. [Name deleted]'s initial IQ at 2 1/2 just before we fully started the diet was 50. Five months on the diet/detox. and it increased to 68 and by age 4 it was 85. Before this past Christmas, I got the results of recent testing done at [Name deleted]'s school that they did to try to figure out what to do with his old and now completely irrelevant IEP. The school psychologist did a full battery of tests for IQ, autism, and learning disabilities. She observed him on the playground, in the classroom, and on four different test days. She saw no sign of autism whatsoever and said he actually has "very good social skills". She said when she watched him on the playground he was a leader (playing "quarterback" in football) with his friends, but also readily took turns and even complimented his friends when they made good plays!

As far as IQ, on most scales he is now between 108 and 110. The exception was the subset that tested for knowledge which was around 89. To me this is not surprising because he lost about 2 plus years of experience/knowledge-gathering while he was in, or still coming out of, his fog. Since he has "improved so drastically" (her words) from his initial IQ at 2 yrs, 7 months (again, it was 50 then!), she said we probably won't know his true IQ until he is about age 8. So on 12/19, the IEP team officially removed [Name deleted]'s autism and developmental delay diagnosis and closed out his IEP.

Thus, our story has a happy ending, but it was a very long, heart-wrenching and hellish battle that I would not want anyone else to needlessly go through and of course, even with major and similar interventions, many--perhaps most--children do not have such a successful outcome. We believe that [Name deleted]'s healing was so rapid and remarkable because we started when he had just turned 2, while his brain was still developing and able to "rewire" itself with the help of all of the interventions, especially the biomedical ones which got to the heart of the problem. Progress for [Name deleted] was very slow and relatively inconsequential until we changed his diet (eliminated all wheat, dairy, soy and rice) and added the right detoxifying supplements. Its frightening to think that if we hadn't done this how instead of the bubbly, bright 6-year old boy that [Name deleted] now is, he

might still be severely disabled. (Also fortunately for him and us, his gut has apparently healed and he no longer has to be on a restricted diet.)

As noted by the Age of Autism "The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines."

The fact that there is still thimerosal in vaccines and mercury used in the manufacturing process of vaccines is unconscienable. Also the aggressive CDC recommended schedule with multiple and combination vaccines is simply too much for many children. This is just common sense. And these "sensitive" children may comprise up to (or even more than) half of the population-- they are probably male and, according to some doctors, are often the "brightest and the best". If you include AD(H)D on the Autism Spectrum, its easy to see how many people may be susceptible to possible neurological injury from vaccines.

A study comparing a large vaxed group with large non-vaxed group seems to be the only reasonable and ethical place to start.

INDIVIDUAL COMMENT #39

Date: January 26, 2009

To: The National Vaccine Program Office

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

From: [Name deleted]

[Contact information deleted]

Spring Hill, FL 34606

Subj: Comments on CDCs Vaccine Safety Agenda

As requested, I am providing comments relating to the CDCs Vaccine Safety Agenda. First, I wish to provide some personal information. I am the grandfather of a beautiful 5-year old grandson, [Name deleted]. [Name deleted] is fully vaccinated based on the CDCs Vaccine Schedule. [Name deleted] has autism. At 16 months old, [Name deleted] received a series of vaccinations during his scheduled well care visit. That evening he ran a 105-degree fever. Even under doctors care, the high fever continued intermittently for several days. Prior to this set of vaccination, [Name deleted] was a vibrant child that had met or exceeded all child development milestones. Within ten days of receiving the vaccinations, [Name deleted] lost his language. Over the next several months, [Name deleted] regressed into full autism. Was his slide into autism caused by the vaccinations? If it wasnt for the thousands and thousands of children that experienced the same scenario of developing normally, receiving a set of vaccinations, spiking a high fever and regressing into autism, I would say no. But, I am fully convinced that the vaccinations damaged my grandson. My Government is telling me that the cause of autism is unknown, but the cause can not be the vaccinations. When I raise these issues with Government health officials, Im treated as if Im on the lunatic fringe. I have lost all confidence that my Government is looking out for the best interest of our children. It appears that the Government is more interested in protecting the CDC Vaccine Schedule than finding the cause and possible cure for autism. One cannot watch a television without encountering several pharmaceutical adds. These ads always end with a public service notice about the drugs side affect. But, my Government is telling the American public that the one size fits all Vaccine Schedule is totally safe.

The CDC has the responsibility to defining the vaccines placed on the Vaccine Schedule. The CDC also has the responsibility of ensuring that the Vaccine Schedule is safe. This is the fox guarding the hen house scenario. Confidence in the Vaccine Schedule will not return until the vaccine safety responsibility is move to an independent organization.

The CDC vaccine safety program is a joke. Repeated attempts by Congressional and the autism community to have a government sponsored safety study of vaccinated vs. unvaccinated children have been ignored. Until such a study is performed, confidence in the Government will not be restored.

> Former CDC Director Dr. Julie Gerberding has admitted to a startling string of errors in the design and methods used in the CDC's landmark 2003 study that found no link between mercury in vaccines and autism, ADHD, speech delay or tics. Dr.. Gerberling indicated that the studys design was flawed and the findings were uninformative and misleading. Over the year, this study has been used by defenders of the Vaccine Schedule is disprove an autism/vaccination link.
>
> Relating to a possible autism/vaccination link, former NIH Director Bernadine Healy explained in a May 12 CBS News interview: I think that the public health officials have been too quick to dismiss the hypothesis as irrational, . . . There is a completely expressed concern that they don't want to pursue a hypothesis because that hypothesis could be damaging to the public health community at large by scaring people. First of all, I think the publics smarter than that. The public values vaccines. But more importantly, I dont think you should ever turn your back on any scientific hypothesis because youre afraid of what it might show. . . . What were seeing in the bulk of the population: vaccines are safe. But there may be this susceptible group. The fact that there is concern, that you dont want to know that susceptible group, is a real disappointment to me. If you know that susceptible group, you can save those children. If you turn your back on the notion that there is a susceptible group what can I say? I cannot express it better than Dr. Healy.
>
> Where are the studies to determine if combination vaccines are safe or harmful? The National Vaccine Advisory Committee document states, usually simultaneous vaccination is incompletely studied at time of licensure. The Autism Community has been asking for this type of safety studies for years. Why has it taken so long?
>
> In 2006, the Combating Autism Act became law. The development of a Strategic Plan, which identified and prioritized research projects, was part of the CAA. The Interagency Autism Coordinating Committee (IACC), composed of Government and public members, was established to prioritize important research. At the December IACC meeting, the research priority projects were finalized. Several vaccine safety projects were included in the final list. At the January 2009 IACC meeting, the Government took the unprecedented action of forcing another vote on the vaccine safety projects. All Government officials voted to remove the

vaccine safety projects from the final list. The action of the Government is inexcusable. The Government had the opportunity to restore trust in its actions and motive, but the Government actions of removing the vaccine safety projects only further erodes the publics confidence.

I find it disturbing that the National Vaccine Advisory Committee document includes very little mention of autism. The document appears to be just another Government attempt to not address the possible link between vaccinations and autism. Until and unbiased safety study is executed by the Government, public confidence will not return.

The Government has dug itself into a hole and the hole is getting deeper. The public has lost confidence is the Government that appears to be more concerned with protecting the CDC Vaccine Schedule than protecting

Americas children. Unless real action is taken to seriously investigate a possible vaccination/autism link, public confidence will not be restored.

[Name deleted]

INDIVIDUAL COMMENT #40

As a parent of two children with autism spectrum disorders, and a disability advocate working daily with families whose lives have been upturned by this disorder, I am writing to express my concern regarding the CDC's Vaccine Safety Agenda.

Despite the fact that epidemiological studies are, at the very least, seriously flawed, these studies continue to be used to support the current vaccination policy in the U.S. to the detriment of children it purports to protect. No serious scientific inquiry has been funded by our government that actually looks at the children who got sick. We have traded infectious diseases of yesterday, tragically affecting several thousands, for chronic, lifelong devastating disease, affecting millions. Neurological disorders now affect at least one in six American children, while other childhood conditions and disorders such as asthma, serious allergies, juvenile rheumatoid arthritis, childhood bipolar disorder continue to rise unabated. All the while, federal agencies wring their hands as if they have no other choice.

Vaccine safety must be taken away from the CDC and other government agencies with an inherent conflict of interest in the matter. I reject the notion that retrospective studies on vaccinated and unvaccinated children are not possible (the infamous Verstraaten study was retrospective and is the cornerstone of vaccine safety arguments). Prospective studies, said by the CDC to be "unethical" are anything but -- they look at children whose parents have exercised their right to make the decision whether to vaccinate their child and compare total outcomes for each group.

The financial burden of critical research shouldn't rest on the private sector simply because the government is uncomfortable about the truths that might arise. If indeed, our current vaccination policy is found to be flawed then it is essential that we learn this and make necessary adjustments. Wishing and hoping that it is not true is not the answer. Our children deserve better.

I can't visit a park or playground without meeting a parent or relative of a child with an autism spectrum disorder. In my neighborhood, the number of male children affected by neurological disorders, including ADD/ADHD and autism, outnumber boys not affected. It's inconceivable to me in light of this situation that anyone who truly has the interest of our children at heart could be satisfied with the response of our government agencies, most of all the CDC and FDA.

Too many children are suffering and too many families torn apart to leave these critical questions unanswered. It's time to stop relying on the portrayal of parents as fringe lunatics to deflect the very real, substantiated concerns that have strong scientific basis.

I urge you to put vaccine research, and other research aimed at causation other than pure genetics, to the forefront of our national agenda. And, separate once and for all vaccine safety oversight from vaccine compliance.

Regards,

[Name deleted]
parent and advocate
Katy, TX

INDIVIDUAL COMMENT #41

1. Vax safety research must be taken away from CDC [as with all other"safety" agencies in DC] because you would never expect the "cheerleaders" to assess the safety of the products they promote.

2. Any ethical and legally sufficient vax safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vax vs. unvax
children, both prospectively [no ethical concerns because families choose the unvax category according to state law exemptions] and retrospectively. There is NOTHING about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vax-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focussed on how to fix vax's, the schedule, screening for susceptibility, etc.

3. The recent addition and deletion of vax research from IACC's autism strategic plan.

4. Public confidence in vaccines is at a tipping point. CDC's has substituted a "vaccinate or die" campaign for the basic science required by ethics and law.

5. The studies purporting to clear vaccines of any association have severe methodological flaws that in some cases amount to scientific fraud. Example: the dimunition of the Verstraeten data to produce the desired outcome.

6. The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines.

7. See the Fed. Reg. notice for other comment ideas.
Autism research gets little mention in the 64-page draft document. In particular, citing IOM '04, no new research is proposed. Autism is noted is a possible clinical outcime, but the draft simply says:

".. In 2004, the IOM concluded that the evidence 'favors rejection of a causal relationship' between MMR vaccine and autism and thimerosal-containing vaccines and autism (IOM, 2004). .. VSD is conducting a thimerosal and autism case-control study (in progress). The chief aim is to determine if exposure to thimerosal in infancy (through 7 months of age) or in-utero is related to development of autism. A secondary objective is to evaluate whether exposure to thimerosal in infancy is related to a subclass of autism predominately associated with regression. .. CDC has funded a study in Italy comparing children who previously received thimerosal-containing or non-thimerosal-containing DTaP vaccines; the authors submitted a manuscript for publication."

INDIVIDUAL COMMENT #42

To Whom it may COncernn,

I am the mother of a 5 year old boy diagnosed with autism spectrum disorder. My son's birth was normal and he met all his developmental milestones his first year. At about age two he started exhibiting subtle signs (GI issues, hoarding toys) but his language was okay so I didn't think anything of it. At age 3 he spiked a fever and had a full blown regression. He lost language, stopped making eye contact, started spinning, repetitive play and smearing his feces. Needless to say it was a very frightening time.

I believe the 24 vaccines he received by age two compounded by childhood illness over stressed his immune system triggering his regression.

Since his regression he been in therapy and receiving dietary supplementation. He has made huge gains.

I am writing to ask the committee to investigate the culmulative effect of vaccines on sensitive populations and reconsider whether it makes sense to continue to administer so many vaccines to children so young. Also to reexamine the current vaccine schedule.

The current vaccine schedule is far too aggressive. I feel the vaccines should be spread out for the safety of all children. Thank you,

Sincerely,

[Name deleted]
[Contact information deleted]
Hull, MA 02045

(mom to [Name deleted], age 5)

INDIVIDUAL COMMENT #43

To whom it may concern:

I am a practicing radiation oncologist with 2 children diagnosed as having PDD- NOS. I believe their neurological deficits are a direct result of the improperly tested vaccination schedule currently recommended by the AAP and CDC. My first 2 children [Name deleted] age 7 and [Name deleted] age 6 had an older physician who only gave 1-2 shots at a time from 6 weeks of age to 1 year old, that is just how he did it . We moved, my younger 2 children [Name deleted] and [Name deleted] were seen by a pediatrician who recommended 4 shots 7 vaccinations at 2,4, and 6 months, ie the current schedule, and showed me the current recommended schedule. [Name deleted] received all vaccinations till 2 years of age [Name deleted] only till 6 months. Both boys have developed language deficits and sensory issues. I do not believe this a coincidence. The trend of increasing autism seems to correlate with the promulgation of the new schedule, MD's were reluctant to give so many shots at once in the past. The number of shots previously correlated with the dose of Hg given at once, much more likely that the dose given in one visit is more important than the yearly dose. Why a retrospective study of different practices **in the US** not Italy or Scandinavia (who have fewer vaccines on the schedule) in regards to Mercury has not been done is suspicious. Newer pediatricians have been taught this is the way to do it, so they do. With a small # of individuals affected large studies need to be done which are expensive, since most vaccine trials have a 45 day titre as an endpoint and the current schedule has never been tested in a large study, I have been educating many others of the dangers of the current schedule, a veritable Russian roulette. I know with radiation side effects careful studies with years of followup were needed to show correlations. With all factors education, family, money in my favor what has befallen my children is nothing short of a disaster for them and our entire family. Continue the big lie and no one will get any vaccines. My sister's children will not be not be vaccinating their children until the children are much older and will be trying to have them exposed to the chickenpox and mumps to avoid the vaccines. My only hope in changing this schedule lies not with the government but with HMO's paying for ABA etc for autistic children, Big Pharma vs the HMO's , now that is a fair fight.

[Name deleted] MD

INDIVIDUAL COMMENT #44

To whom it may concern,

My name is [Name deleted] and I live in Lexington, KY. When my first son was born more than six years ago I was a firm believer in the benefits of vaccination and I felt confident that the safety of the vaccination schedule must have been studied to a great detail. Thus, my son received all recommended vaccinations including two rounds at 2 and 4 months of age when more than five shots were given to him simultaneously. His reactions to these vaccines included, among others, a severe bout of hives and high fever that followed his MMR shot which afflicted him for more than two weeks and required a visit to the emergency room. This common known side effect was never recognized as such by his former pediatrician, who did not report it to the national vaccine database and denied stubbornly that was caused by the vaccines. It was in her interest not to understand it and act upon it, since her paycheck depended on her not understanding it.

Ever since my son had that unrecognized strong reaction to his MMR shot, I have been more than skeptical about the safety record of vaccines and the safety process followed by medical practitioners, who seem to be interested in keeping an immaculate record sheet on vaccines at all costs. After many years of following vaccine research, I haven't found a single study proving that the safety of multiple vaccines shots given simultaneously has been studied at all. My previous convictions have been turned upside down and I am now convinced that the CDC has no proof whatsoever about the safety record of the current vaccination schedule on certain susceptible individuals.

CDC concedes on page 33 of their vaccine policy that "[u]sually simultaneous vaccination is incompletely studied at time of licensure." And again on page 17: "Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]."

I am convinced that the reactions created by the mandatory vaccine schedule have proven to be catastrophic to my son and only now is this knowledge becoming public. Just like Hanna Poling, the Atlanta girl that received a settlement in her favor for the autism caused by vaccines, my son is also afflicted by neurological damage beyond repair with a formal diagnosis of pervasive developmental disorder. Just like Hanna, he is also afflicted with multiple immune and gastrointestinal problems that make his life miserable. I find it abominable that the governmental organizations that are in charge of medical policy are bent in avoiding any independent research on the effects of multiple vaccines on susceptible individuals. Vaccine policy in the US needs to be reevaluated so that mandatory vaccination programs dos no harm to susceptible individuals. The agency in charge of vaccine safety needs to be an entirely separate entity from the agency in charge of pushing immunization programs. New individuals with no conflicts of interest need to replace those in current leadership positions on immunization programs, whose tenure has proved catastrophic in both their handling of vaccine safety and in ensuring public confidence. As the years pass, the links between autism and vaccines only grow stronger and no amount of public relations will reengage the trust of the public until this issue is thoroughly studied and settled by independent researchers.

Sincerely,

[Name deleted]

[Contact information deleted]
Lexington, KY 40502

INDIVIDUAL COMMENT #45

I am writing to ask you do what is necessary to restore confidence in our nation's vaccination program. As a parent as well as someone with a background in public health, I am very concerned about the credibility of our government related to vaccines.

My 5 year old son had an adverse reaction to the flu shot at 11 months. He had "unexplained" systemic hives, followed by GI problems that lasted more than 2 months. He stopped smiling, withdrew and stopped responding to his name. We learned he had an egg allergy and should never have received the flu shot, but since the CDC recommends it before the AAP recommends feeding infants eggs, we did not know he had a contraindication to the vaccine. I was very upset when I learned the Cochrane Review found no evidence that the flu shot is more effective than placebo for children under 2 yet the CDC recommends it. My son suffered an adverse vaccine reaction that triggered developmental delays and sensory integration problems from a vaccine that science says is not effective for children under 2. Luckily, we declined the second flu shot he was scheduled to get and we stopped vaccinating at that point and my son came out of his "fog" about 6 months later and after years of therapy has closed the gap. After our experience, we started researching vaccines and were shocked and alarmed by the lack of adequate studies on safety and efficacy. We could not find any studies evaluating vaccine safety in children showing early signs of allergies or sensitivies (eczema, reflux, GI problems) or with family histories of autoimmune problems. We decided that given the lack of adequate safety studies, we were not comfortable vaccinating our second child until he was at least 2 years old and we had a better idea of any potential contraindications.

Given my background in public health, I understand the importance of vaccines. Vaccines have done a lot of good for public health. But, there are also risks associated with vaccination. We have not done enough to evaluate the long term impact of vaccines on the health of our children nor have we done enough to identify screening criteria to help children avoid vaccine injury.

Following are my recommendations to improve our vaccine program.

1) We need to separate vaccine safety responsibility from the CDC as the agency responsible for promoting vaccines, should not be responsible for monitoring safety. We need to ensure the agency responsible for vaccine safety is independent from the influence of pharmaceutical companies as well.

2) We need to study childrren injured by vaccines to develop screening criteria. The fact that the CDC has never studied the 1300+ children who have been compensated for vaccine induced brain injury claims exemplifies their lack of focus on safety. How can you develop the vaccine schedule, essentially mandating health care to millions of American children, without studying those injured by following your recommendations?

3) We need to fund an independent vaccinated vs unvaccinated study. We will never put the concerns about vaccine safety to rest until this study is done. Claims that doing this study would be too difficult are ridiculous. On one hand the CDC asserts there are so many unvaccinated or delayed vaccinated children they are jeopardizing herd immunity, but on the other they claim they cannot find enough unvaccinated children to do the study. You cannot evaluate the long-term safety of vaccines without a placebo group. Placebo testing is the gold standard of evidence-based medicine, except for vaccines. Given the increase we have seen in autoimmune problems, allergies, asthma, autism and chronic illnesses in our

children that has coincided with the expanding vaccine schedule, this is not acceptable.

4) We need to evaluate the safety and efficacy of the vaccine schedule. A study out of Canada last year showing a signficant decrease in asthma in children vaccinated with DTP at 4 months or later rather than 2, demonstrates the importance of studying the safety and efficacy of the vaccine schedule. What is delaying some vaccines by a few months could prevent thousands of children from chronic illnesses? We should not assume all children should get all vaccines on the same schedule. Children have different risk factors for disease (i.e. family history, daycare, lack of breastfeeding) as well as different risk factors for adverse vaccine reactions. I was surprised when I learned most vaccines were never tested against placebos but rather against other vaccines. I was shocked when I learned the vaccine schedule had never been tested for safety or efficacy, especially for subgroups who may be more susceptible to reactions i.e. allergies, family history of autoimmune problems.

5) I was thrilled when the IACC voted to include vaccine research in their funding and very disppointed when they changed that position under questionable circumstances. I hope to see the original vote reinstated.

Thank you for your attention.

[Name deleted]

INDIVIDUAL COMMENT #46

I am deeply distressed that the CDC's proposed Scientific Agenda for the study of vaccine safety seems determined to avoid actually studying vaccine safety at all costs.

Despite assertions that vaccines are incompletely studied at the time of licensure and that they don't really know what effects vaccines have under normal circumstances or in the case of adverse reactions, they seemingly are disinterested in finding answers to the most basic questions.

There is a huge gap between what the CDC views as important and what parents, prospective parents, U.S. troops and health care workers view as important when it comes to vaccine safety. I'd like to know why my daughter began stuttering and stumbling after her last vaccines. I'd like to know why nobody but me seems interested in knowing if it's related to the high levels of aluminum in her bloodstream, and viruses in her system.

Given the CDC's track record in cherry-picking data to continue supporting vaccines, and then preventing anyone else from accessing the study data (Verstraeten), and in continually allowing scientists with pharmaceutical ties to have a say in vaccine recommendations, it is unlikely that anyone would trust CDC's data even if they were to perform the studies that they so clearly want to avoid. Given the CDC's continual browbeating of parents with the canard that the vaccine/autism question has been "asked and answered", there is no trust left. Vaccine safety evaluation must be taken out of the hands of the CDC, whose job is to promote vaccines, and placed in the hands of scientists who are willing to follow the science wherever it may lead, free from political and industrial interference.

Here are some questions that need to be answered:
1. A study of vaccinated vs. unvaccinated populations with regard to long-term health outcomes.

2. A study of the combined vaccine schedule to determine the rate of viral interactions when all viruses and excipients are combined at the same time, as they often are in the real world.

3. A transparent review of whether VAERS data are followed up, by whom, and with what result.

4. A study of vaccine injured children to determine common factors, be they genetic or environmental, which might point to more useful vaccine exclusion criteria.

5. An explanation for why CDC has not mandated that mercury be removed from vaccines. An explanation for why CDC allows thimerosal-containing vaccines to be used at the same time as aluminum-containing ones, when the thimerosal material safety data sheet explicitly states that it is not to be combined with aluminum.

6. An explanation for why FluMist was not pulled from the market despite being contaminated with avian retroviruses.

7. An explanation for why the level of mumps virus in the MMR vaccine was quadrupled between the year 2000 and 2007, and then reduced to merely double its original amount. A study of what health effects that might have had.

8. A study of mitochondrial dysfunction in relation to vaccines, including developing markers for testing infants before vaccination.

9. A study of aluminum hydroxide and motor coordination problems, as seen in Gulf War Syndrome and some girls who have received Gardasil and subsequently developed an irreversible progressive paralysis akin to ALS.

10. An explanation for expanding the recommendations for anthrax vaccine for first responders despite this:
"CDC has failed to share detailed safety data from its own 2002-2006 clinical trial of anthrax vaccine recipients with the public; yet there were 229 severe adverse events and 7 deaths during the trial. CDC should follow the precautionary principle with respect to this controversial vaccine, which has demonstrated neither safety nor efficacy in humans. In particular, CDC should not encourage new, expanded use of vaccine in the wake of reduced legal protections for recipients."

HHS has a big job ahead of it if it wants to restore confidence in the vaccine program. All credibility has been lost by a willful refusal to objectively examine the possible adverse effects on health that these under-regulated medical products might have.

It is time to stop, look, and listen. Instead of mandating ever-more vaccines, let's start making sure the ones we have are safe. If they aren't, let's make them safe. If they can't be made safe, then we should stop injecting them into babies, children, soldiers, and then rest of us. The game of "it's all a coincidence" and "it's been asked and answered" and "protect the herd or you are a parasite" are done. There are too many people being injured to keep the genie in the bottle any longer.

HHS has an opportunity now to change the tenor of the debate, and to maintain credibility, by telling the truth and demanding that all agencies under them do the same. Sunshine!

[Name deleted]
[Contact information deleted]
Sherman Oaks, CA 91403

INDIVIDUAL COMMENT #47

Hello,

My son met every milestone until his one year birthday. He became suddenly ill after his 12 month vaccines, and lost speech and eye contact. He developed chronic ear and sinus infections, diarrhea and began spinning and walking on his toes. We discovered that he has a toxic burden for heavy metals, the highest being mercury and aluminum, which are both neurotoxic.

He also harbors three viruses, streptococcus, yeast overgrowth and bartonella.

I believe that the childhood vaccines have damaged his immune system, and we are spending much effort in recovering him.

I am available for more comment. You can call me at [Contact information deleted]

Respectfully,

[Name deleted], MBA, MT(ASCP)
[Contact information deleted]
Leander, TX 78641

INDIVIDUAL COMMENT #48

When I was 19 I went in for my yearly exam and left the office with a Tetanus vaccine. I was told I had to get the vaccine because it had been "a while" since I had one.
Within 30 minutes, my head started to feel "light." I drove home and laid down because I was feeling very tired. No one warned me that this could be a side effect from the vaccine. For the next two days I was in agonizing pain. Every single muscle in my body ached, like they would after a hard workout.
After the pain subsided, I put the pieces together that it could be from the vaccine, so I did some research to confirm my suspicions. At my next appointment, I brought up the reaction to the nurse and she told me I was over exaggerating. For the next two years I suffered from panic attacks. Admittedly, I am predisposed to panic attacks. I had experienced them 2 years prior to the vaccine, but they were rare and only at night. After the vaccine, I would get them multiple times every day.
It is a shame that vaccines are no longer treated a drug, and therefore, the medical community has failed to recognize them as the culprit when a problem arises.

-[Name deleted]

INDIVIDUAL COMMENT #49

To Whom It May Concern,

This is in regards to the CDC vaccine safety agenda. I am a new mother and would like to be educated about vaccinations and continue to have the right to make decisions on vaccinating my child. Sifting through the information that is made public, I find that the studies around vaccine safety and effectiveness are either flawed or are inconclusive. I would like to see a long term study that compares vaccinated and unvaccinated children in the corresponding age groups paired with the vaccines. This information should be provided along with the informational flyers provided to new parents via the pediatrician.

Sincerely,

[Name deleted]

INDIVIDUAL COMMENT #50

To whom it may concern, (and you should be concerned)...

Unforgivable lack of evidence - 26 suspected vaccine-associated adverse outcomes have been presented to the Institutes of Medicine Immunization Safety Review Committee for investigation. The conclusion that the "evidence is inadequate to accept or reject a causal relationship" (a sustained neutral finding) was stated in over 20 of these investigations. So the IOM has spoken, the industry and practitioners lack the evidence to exonerate vaccines in association with those disorders. A neutral finding is NOT a testimonial to vaccine safety. The Committees impotent neutrality is presented as a 'get out of jail free' card for the industry to evade accountability. Modern medical practice professes to be "evidence based" yet with no objective, independent research conducted on U.S. born subjects receiving the ENTIRE CDC Early Childhood Vaccine Schedule, there is no evidence. (See hard copy of committee findings 2004 from iom.edu).

CALL TO ACCOUNT: "The truth is less about fact or reason And more about what people believe in. And right now, they think I am wonderful..." A quote from the Wizard in the play "Wicked". So we don't look behind the curtain of the CDC and the vaccine program? Regardless of what people are 'believing' the medical profession is responsible for identifying the CAUSE of the chronic immune dysfunction epidemic in children born after 1990. Anaphylaxis has increased 700%, food allergy 500% ADHD 250% and asthma 150%. WHAT COULD IT BE...maybe altering the infant immune system with dozens of products with no accounting for unintended long term effects? THIS IS NOT AN AUTISM ISSUE - it is a pediatric health issue. So stop playing politics and account to millions of tiny victims for the cause of their chronic disorders. It is not an option for pediatricians to evade responsibility for answering the tough questions. The cause is "unknown" is no longer acceptable. The $18 billion spent annually treating these disorders is no longer acceptable when the same providers may be causing the problem they profit from treating. The choice is to answer the tough questions or parents will continue to warn the wary that there is NOTHING behind the curtain but a lot of smoke, lights, dismissals, denials and self promotion...the great and powerful CDC has spoken. Time to draw back the curtain and look for the truth.

Sincerely,

[Name deleted], PhD

=

INDIVIDUAL COMMENT #51

I believe my daughter was affected by the preservatives in the vaccines or perhaps the quantity of vaccines she received by the age of 3. After being diagnosed with mild autism at the age of 4 she is getting detoxified and has purified fish oil added to her diet to help her brain recover. It is almost undectible that she has autism now. She is almost 6. I believe getting the toxins out of her is the working. I wish the CDC would change the thimerosal or aluminum to something natural. And why do the kids these days need 21 vaccinations when we only needed 4-5?

I am not having any more children and I am telling everyone I know with a baby to ask their doctor to space out the shots as much as possibly an do not accept more than 2 shots in 1 visit. (my daughter had 4-5 in the same visit counting the flu shot)

Thank you.

INDIVIDUAL COMMENT #52

To Whom It May Concern,
Thank you for welcoming comments. I am the mother of a vaccine-injured child who lost nearly all of his language & social skills when he received 7 shots in one day as a toddler. He suddenly stopped eagerly anticipating his father's arrival home for the day when he heard the door open, and he didn't even make a sound in the house until he started receiving intensive behavioral and biomedical treatment. He also suddenly couldn't digest most foods and had horrific GI symptoms, broke out in bright red rashes, dark circles under his eyes and looked very, very sick for years. He stopped smiling and would no longer find enjoyment in being tickled. He basically died. All that was left was someone who could still walk, compulsively climb, eat, and sleep. He had no eye contact and had no idea who we were anymore.

We have a notebook of labwork (all paid out of pocket) to document his elevated heavy metal levels and off the charts metal excretion in response to treatment. But if you ask most pediatricians, they will tell you it's a coincidence he fell apart after his vaccines and that it's a coincidence that he keeps making incredible gains in response to medical treamtent that addresses the consequences of his vaccine injury. I don't believe vaccines are the only cause but I know it was the primary trigger. The efficacy of vaccines rest on the theory of a functioning immune system. It seems quite possible to me that the family history of autoimmune disorders played a role in setting my son up for being one of the countless unfortunate toddlers that was left with a system that started attacking itself instead of building immunity when it was flooded with toxins and viruses that fateful day. Of course, how can we be sure of anything when there is a complete refusal to even study this topic. This is why I am taking time to write you with my requests:

We absolutely need an independent agency to monitor vaccine safety. Allowing the CDC to monitor vaccine safety as well as vaccine promotion is the clearest form of a conflict of interest. We absolutely need to remove the roadblocks to greenlighting the research of vaccinated and fully unvaccinated populations. These populations exist in our country and this study needs to be completed in a timely fashion due to the urgency of this epidemic. Any researcher that is truly interested in finding the truth would design a study this way. Only after this baseline is established would a credible researcher start to vary the number of the vaccines or the thimerisol dose when creating a contrast or control group. When you start to examine the structural design of research that supposedly proves that vaccines & mercury are safe for every child, you realize that this research is seriously flawed in methodology (e.g. Verstraeten et al).
The persistent refusal to even consider the countless reports of vaccine injury is highlighted in the latest underhanded tactics of certain members of the IACC who rejected studying vaccines. Due to this current climate of refusing to consider vaccine injury at all costs, pediatricians are refusing to collaborate with concerned parents (even those with a vaccine-injured child already) forcing families out of the system.

Vaccine injury first needs to be taken seriously in order to prevent countless other victims and to research more effective biomedical interventions. Treatment is in it's infacy and needs to be funded and supported. Thousands of children have already made full recoveries and I have met

some of them. Doctors are leading the way and they need to be backed by more research and funding.
Thank you,
[Name deleted], Ph.D
[Contact information deleted]
Canton, CT

INDIVIDUAL COMMENT #53

I am urging you to reconsider the safety of vaccines and the current vaccine schedule that is pushed onto parents using scare tactics.

I have two young children, one is almost a year and the other is almost three. I vaccinated my first according to the schedule b/c we wanted to do everything right, according to our pediatrician and the Board of Pediatrics. When my second child came along, we began to do the same. When I questioned our pediatrician, she said I was overreacting and autism is not something to be concerned with. After my son's 6 month vaccines, my healthy child began to regress and showed signs of autism by 7 months. My baby who loved to be held, babbled/cooed, and had great eye contact began to fade away. He lost eye contact, stopped cooing, and refused to cuddle. At 7 1/2 months of age, he was diagnosed as "at high risk for Autism"...Now, my older daughter is showing signs of OCD and ADD and I have finally put my foot down. I can't state for certain that vaccines caused these neurological issues in my children but, until you can prove to me that they did not, I refuse to vaccinate them further. There is no genetic history of autism, OCD, ADD or any other neurological issues on either side of our families. I do know for certain that there is an "outside" trigger that caused these issues in my children...whether it be vaccines, heavy metal toxicity, or another environmental trigger. My friends and neighbors are all finding the same thing...their children are having neurological issues as well at an alarming rate....autism, speech delay, seizures. So, I ask you....when are **you** going to put **your** foot down as well and do something for our future children?

Sincerely,

[Name deleted]

INDIVIDUAL COMMENT #54

National Vaccine Program Office, U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 443-H, Washington, DC 20201, Attention: Vaccine Safety RFI.

Dear National Vaccine Program Office,

I am a parent of a child who was pointing, waving and blowing kisses at 12 months and I felt comfortable vaccinating him because I was so convinced that he wasn't autistic. At 12 months he was given the MMR and several other vaccines--and began eating gluten and drinking milk. He began a slow regression with a severe digestive problems from that point on--a smelly, foul diarrhea that was completely not normal, many, many ear infections and words that came and went. He was too sick with digestive problems and chronic illness from that point onward. At 17.5 months he had a high fever, antibiotic injection and TYLENOL and had a severe autistic regression--losing the ability to speak, point, wave and all language overnight. My son got better through diet and vitamins and remains healthy IF we have him on a strict diet. But I am telling you this because I believe modern medicine played a role in his illness. They might not be the whole story, for my son, but he was well and then he was sick constantly after the vaccines he received at 12 months. My son's diagnosis is now "allergy syndrome." Somehow he cannot handle the many chemicals that are a part of modern life. He has hives from Sodium Hydroxide--which is an ingredient in baby shampoo as well as several of the vaccines. And he is intolerant of gluten and dairy as well as many other foods. I am lucky that my son's regression was so severe that I immediately undertook many alternative approaches which allowed him to get better. And I am fortunate for the many parents who undertook this research on their own over the last 20 years so that I could heal my son when he got so sick.

Looking into this issue, I can tell you the parents of these kids who regress overnight after vaccines are telling the truth. YOU NEED TO FIGURE OUT WHY THIS IS HAPPENING and WHICH KIDS ARE VULNERABLE. I am begging you to do this. My child is okay today, but many are not and we need to find out why some kids are severely damaged and others are able to bounce back.

I am telling you this story because we need to look into the subgroup of kids who have regression from the vaccines. My son had MANY symptoms which, I learned after the fact, were indicative of allergies and an underlying fragile immune system including: severe colic and reflux, never sleeping through the night, no language, a family history of autoimmune disorders. Perhaps IF

YOU INVESTIGATED THE GROUP OF KIDS WHOSE PARENTS SAID THEY REGRESSED OVERNIGHT AFTER THE VACCINES, YOU COULD TEASE OUT MORE INFORMATION TO HELP FUTURE PARENTS PREVENT OR IDENTIFY QUICKLY REGRESSIVE AUTISM AND RESTORE FAITH IN OUR VACCINATION PROGRAM. In addition it would enable you to understand the complexity of the disorder and how several things may be interacting to cause it. As Dr. Poling has stated:"figuring out the cause of any disease has to begin with an understanding of the underlying illness." You haven't even teased out subgroups--those with GI problems, those with seizures, those with

From the research I have done, PERHAPS IT IS THE COCKTAIL OF SEVERAL VACCINES WITH TYLENOL THAT HAS CAUSED THESE KIDS TO REGRESS. Interestingly, my child severe regression at 17.5 months with a high fever, TYLENOL and an antibiotic injection of ROCEPHIN. But he had a high fever for several days and it wasn't until the ROCEPHIN and TYLENOL that he regressed. Perhaps if you looked at this subgroup of kids and studied them, it would give you information that would enable you to understand autism. In fact, the TYLENOL lowers the glutathione levels. This glutathione allows them to detoxify. Giving Tylenol to kids with the vaccines and the antigens--such as sodium hydroxide (lye) might be too much for these kids already fragile immune systems.

"All science begins with Anectote."

You must begin to look into this subgroup, as Bernadine Healy has recommended. In my research I have found a few kids hit the hardest by this are the ones who had TYLENOL before and after the vaccines. Obviously, Tylenol doesn't cause autism, but perhaps it is contributing factor. And since the pediatricians are still encouraging parents to give it for vaccine reactions, you might want to look into these kids and see if it is a factor. By researching the subgroup of kids you could uncover details that might lead you to answers. It must be done and it must be done now, otherwise our vaccine program as well as the health and well being of a generation of kids is at risk.

Please undertake the research on this issue as soon as possible. Although it has been parents who have been funding a lot of the research it is time for the government to step in and look into this issue. I am attaching the Bernadine Healy video in case you haven't seen it. I am only doing it because sometimes the most obvious things get overlooked and dismissed.

Sincerely,
[Name deleted]
[Contact information deleted]

New York, NY 10028
[Contact information deleted]
www.whattofeedyourkids.com
&
NAA-NYChapter Board Member

INDIVIDUAL COMMENT #55

My daughter had a febrile seizure a few days after receiving the MMR and varicela vaccines at the same time. She had high fevers for about a month. Ever since then she had a tendency to get high fevers whenever ill. But she was one of the lucky ones. She is now fine -- neurotypical, a good student, a good conversationalist. Thank goodness she did not receive even more vaccines at the same time.

The CDC's web site used to have a reference to a study published in the New England Journal of Medicine saying that there is an increased rate of seizures after the MMR and after the DPT. But the web site said that febrile seizures are nothing to be concerned about. So some toddlers receive the MMR and DPT and even more vaccines together. Poor Hannah Poling received about eight vaccines at once and was never the same since.

There is insufficient study of the effects of receiving multiple vaccines. It seems likely that injection of multiple live viruses is very confusing to the immune system.

The safe level of ingredients such as aluminum has never been established. When an infant receives several vaccines containing aluminum at once, the potential harm is increased. And why do we still have thimerosal in flu shots? These shots can be packaged individually with no thimerosal at only a slightly higher cost.

There is insufficient study of the long-term cumulative effects of our current vaccine schedule, under which babies receive an unprecedented number of vaccines. We desperately need a study comparing health outcomes of vaccinated and unvaccinated children. What are we doing to our children's developing immune systems? We have increased rates of not only autism and ADHD, but also asthma, severe allergies, diabetes, and various other immune system related conditions.

The children and babies who experience adverse reactions to vaccines should be studied. Instead, these reactions are summarily dismissed as "coincidental" and ignored.

We need to understand better the risk factors for individual susceptibility to vaccine adverse reactions. We also need a better understanding of how to treat vaccine injuries.

Problems with the vaccine system should not be swept under the rug. Those who have a vested interest in denying problems are in charge of finding problems. This is a conflict of interest.

People with autism have been found to have inflammation in the brain, inflammatory markers in the spinal fluid, and higher than average rates of inflammatory bowel disease. Autism involves an immune system that has been overly provoked. Autism is not only about genes and the brain.

The recent addition and deletion of vax research from IACC's autism strategic plan was unconscionable!!

Public confidence in vaccines is at a tipping point. CDC has substituted a "vaccinate or die" campaign for the basic science required by ethics and the law.

The risks and benefits of vaccines and diseases must be weighed appropriately. My autistic son turned blue after receiving a Hepatitis B vaccine containing thimerosal on the day he was born. He was not even at risk for this disease. How on earth was it decided to give the Hep B vaccine to all babies on the day of birth? Does anyone even understand the impact of this vaccine on a baby so new, whose kidneys and liver are not even fully functioning yet?

We keep adding more and more vaccines to the schedule -- some for diseases so rare that I have never known anyone to have a problem from it. We need to consider the down side. The more vaccines, the

more infants and children suffer adverse reactions. As with any medication, we must consider the risk of overdose. Too much too soon.

Sincerely,

[Name deleted]
mother

INDIVIDUAL COMMENT #56

Dear HHS,
Please accept this email as my comments on the ongoing vaccine safety regulation.
CDC concedes on page 33 that "[u]sually simultaneous vaccination is incompletely studied at time of licensure." And this one on page 17: "Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]." Is this finally an admission that the vax schedule is an experiment and the government is treating a generation of kids as lab rats? Read the full (this is the home page for the National Vacccine Advisory Committee working group.)

I do not believe that a child and others should be experimental subjects for the proposed and continuing vaccination schedule. 31 plus sticks to an infant and toddler is excessive and cruel on its face. This reeks of what is happpening in Guatanimo , not in a Dr.'s office!
[Name deleted]
[Contact information deleted]
Phila., Pa 19136
[Contact information deleted]
1-27-2009.

INDIVIDUAL COMMENT #57

first of all, i want the people of the united states to have more input on what projects are undertaken. i think that big pharma and big medicine is driving unsafe things upon the american public. in their fervor for big profits, greed, unquenchable increased profiteering (they even make the drugs for americans in china and india where there is no quality control), they want all americans to be injected, drugged, etc. these big companies are ruining are waterways which hold the drugs which are excreted from american bodies. big pharma puts aluminum, formaldehyde, mercury, soy (from salmonella eggs?) into adjuvants for vaccines and then wants our little babies to be injected with 60 doses. the absolutely madness, because of big money and profuits, that is takin gplace in medicine is doing a number on american citizens. FIRST DO NO HARM. THIS WHOLE INDUSTRY HAS TAKEN OVER THIS GOVT AGENCY AND WE NEED TO PULL BACK. WE NEED TO HAVE COMMON SENSE TAKE OVER INSTEAD OF PROFITS RULING. THIS IS MY COMMENT FOR YOUR ACTIVITIES. YOU NEED TO LISTEN TO WHAT MOTHERS ARE TELLING YOU HAPPENS TO THEIR CHILDREN AFTER VACCINATION AND STOP ALLOWING THE USE OF PROPAGANDA BY BIG PHARMA TO CHILL THEM. YOU NEED TO KEEP BETTER RECORDS OF WHAT ACTUALLY HAPPENS AFTER DOSES OF MEDICINE. YOU NEED TO WATCH THE CLINICAL TRIALS WHICH ARE BEING DONE IN THIRD WORLD COUNTRIES, WHERE NOBODY IS REALLY WATCHING THE CRAP THAT GOES ON. THE AMERICAN PUBLIC IS BEING SUCKERED BY THIS COMMITTEE AND ITS FAR TOO HIGH RELIANCE ON BIG PHARMA AND BIG MEDICINE. YOUR ACTIONS PARALLEL THE SEC AND WALL STREET. YOUR AGENCY HAS BEEN TAKEN OVER BY BIG PHARMA. WE WANT MORE SAFETY FOR AMERICANS AND NOT THIS OBEISANCE TO BIG PROFITS.
[Name deleted][Contact information deleted] WHITEHOUSE STATION NJ 08889

INDIVIDUAL COMMENT #58

to whom this concerns

my son was administered the usual combination of vaccines (per california schedules) at 3 months of age...

he immediately began to suffer infantile spasm or clonic/tonic seizures.
terrible episodes that continued for a full year...

now he has abnormal eegs...he also has abnormal mri's, polyps throughout the whole of his colon...and autism.

there can be no denying in my mind given our experience...the similar experiences of other parents with their children...and the correlation between the increase in occurrance of autism and the increase in childhood vaccines delivered to the population...

please, allocate time and energy into researching especially this correlation...and not only as it relates to thimerasol..but as it relates to other ingredients in these concoctions we so blythely put into our most vulnerable humans...

thanks
[Name deleted]

INDIVIDUAL COMMENT #59

To whomever it concerns,

On Sunday my beautiful son turned 13 years old. [Name deleted], as an infant seemed normal and health, and all indications seemed that he would grow up to hopefully have a wonderful life. To hopefully be a productive member of society- Things were not to be that way. Today he is a handsome non-verbal teenager who will never be able to care for himself and he continues to have a multitude of health issues related to his dysfunctional immune system.

An interesting story about [Name deleted] that I would like to share with you is [Name deleted] did not lose his umbilical cord in a "normal" timeframe as a newborn. I had to keep taking him back to the doctors to get silver nitrate treatments until it finally fell off at 11 weeks of age. I was told a normal time frame was about 4 weeks at the most. I share this story with you because I vividly remember all the doctors and nurses at our pediatrics practice gathering around on one of our visits and our pediatrician mentioning that this scenario was odd and it was something you might see in a child with a **compromised immune system**. Something you might see in a child with HIV/Aids. My son does not have either of those illnesses. Does Hannah Poling ring a bell?

Even with this physical "sign" something could be amiss with [Name deleted]'s immune system we vaccinated on schedule. There was no warning. We proceeded with one-size-fits-all healthcare. At 11 months our entire family had a bad flu. One month later [Name deleted] was vaccinated with his MMR and chicken pox vaccine. Over the next six months our previously engaged, developmentally "on track" child went "away" he regressed and lost skills. We do not believe this a coincidence. We are not alone and we join thousand upon untold thousands who have a similar story to tell about what happened to their children. We do not trust the CDC or the AAP. Our lack of trust is not due to misinformation, but by the lack of these organizations to acknowledge what happened to our children.

The vaccine program in this country is in trouble, and it is not in trouble because of people like us, who tell others our son's story. It is in trouble because the CDC and AAP are not addressing the concerns we have brought forth. We also feel the CDC and AAP have been horribly dishonest in what they know about the autism epidemic. Parents of newborns will continue to question and modify vaccination schedules for their own babies or skip vaccines altogether. People are scared and "we" are not the problem. "You" are.

My advice to you is the following if you want to garner parental trust and help the vaccine program survive:

1. Vax safety research must be taken away from CDC [as with all other "safety" agencies in DC] because you would never expect the "cheerleaders" to assess
the safety of the products they promote.

2. Any ethical and legally sufficient vax safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vax vs. unvax children, both prospectively [no ethical concerns because families choose the unvax category according to state law exemptions] and retrospectively. There is NOTHING about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vax-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be

conducted focussed on how to fix vax's, the schedule, screening for susceptibility, etc.

3. The recent addition and deletion of vax research from IACC's autism strategic plan.

4. Public confidence in vaccines is at a tipping point. CDC's has substituted a "vaccinate or die" campaign for the basic science required by ethics and
law.

5. The studies purporting to clear vaccines of any association have severe methodological flaws that in some cases amount to scientific fraud. Example: the dimunition of the Verstraeten data to produce the desired outcome.

6. The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines.

7. Develop and use a screening tool to identify those babies that have mitochondrial dysfuntions at birth.

Autism research gets little mention in the 64-page draft document. In particular, citing IOM '04, no new research is proposed. Autism is noted is a possible clinical outcime, but the draft simply says:

".. In 2004, the IOM concluded that the evidence 'favors rejection of a causal relationship' between MMR vaccine and autism and thimerosal-containing vaccines and autism (IOM, 2004). .. VSD is conducting a thimerosal and autism case-control study (in progress). The chief aim is to determine if exposure to thimerosal in infancy (through 7 months of age) or in-utero is related to development of autism. A secondary objective is to evaluate whether exposure to thimerosal in infancy is related to a subclass of autism predominately associated with regression. .. CDC has funded a study in Italy comparing children who previously received thimerosal-containing or non-thimerosal-containing DTaP vaccines; the authors submitted a manuscript for publication."

I thank you for your time and attention to my letter.

I hope you will do the right thing if you want the vaccine program to survive.

People do not trust you. Trust must be re-established. Therefore, you must be honest and forthcoming to the American people.

Thank you,
[Name deleted]
Canfield Ohio

INDIVIDUAL COMMENT #60

I'm going to keep this short because I believe that brevity is important.

I urge you to consider investigating the effect of multiple vaccinations and the effects of gene expression changes. My son experienced these "effects" after receiving 5 immunizations and 3 "catch-up" immunizations in the same day. That same night and for 3 days after, my son had a fever, diarrhea, and extreme pain. My son used to pass the ball to me, talk in conversation and play with other children. Now, he has lost all speech, plays with light switches all day and stimms.

Please, please consider investigating the above noted as well as any other possible environmental factors. This just cannot be genetics alone. The evidence is just too obvious to myself, my wife and others in our family. The CDC, AAP, NIH, et al. are not helping by pushing vaccines on children without investigating the obvious.

Ps. There is no autism or ADHD or any other neurological/psychological defects in either family heritage.

Thank you,

[Name deleted]
[Contact information deleted]

INDIVIDUAL COMMENT #61

Note: At this respondent's specific request, this comment is available to the Working Group but will not be posted on the website.

INDIVIDUAL COMMENT #62

To whom it may concern,

I am responding in the category of "General Public".

I am the parent of an autistic child. The current stated incidence rate of autism in this country (1 in 150) is of epidemic proportions. The current medical community's stated reasons for this incidence rate are "better diagnosis". This is a woefully ignorant position. If these children would have been diagnosed with something other than autism years ago one would expect to see a decline in some other category -- and none exists. The studies that have been done to date are simple, one could argue flawed (for various reasons -- mostly insufficiently powered), epidemiological studies. There has never been a study of 300 or more children whose parents think that their autism is related to the vaccines they received. And all of the vaccine studies that have been done to date primarily compare those vaccinated at different rates or those vaccinated with another version of the same vaccine. Given this state of affairs I think it is imperative that at least two studies be done:

1) Compare a large population of vaccinated vs un-vaccinated children. There are a number of large populations of un-vaccinated children already available for a such a study.

2) Perform a large scale study of at least 300 children whose parents believe they have been afflicted as a result of their vaccinations.

Finally, it is imperative that this be done in an open and un-compromised environment. The CDC's conflict of interest in this area needs to be addressed before any meaningful results can be accepted. These types of studies are necessary to restore faith in the current vaccine program.

[Name deleted]

INDIVIDUAL COMMENT #63

Our son was a perfectly "normal" healthy little boy until he
receivced his MMR at 12 months of age. Within a few days
he started to run fever and broke out in a measles like rash
covering his entire body. I was ASSURED by the pediatrician that this was just some type of generalized rash that PROBABLY had nothing to do with the MMR
vaccine. Our son immediately lost eye contact and started
to have blank staring episodes in which he did not seem to
hear or see anything going on around him. He stopped babbling and started to regress. He stopped meeting his
developmental milestons and began to fall further and further behind. He began hand flapping and began to fixate
on objects such as light fixtures and ceiling fans. He started to spin objects repeatedly and we would later learn
that this behavior was called stimming. Then came the high pitched squealing and meltdowns brought on by certain noises that he could no longer tolerate such as a
blender or vacuum cleaner. There is absolutely no doubt in
our mind that our son is vaccine damaged. He was given the MMR and Prevnar at that same visit and he has not been the same ever since. Our story is so similar to thousands of other parents and I find it totally unbelievable that this can happen in America. It is totally ridiculous that
the CDC and Pharmaceutical companies can continue to get away with shoving MANDATORY vaccines down our
throats. The CDC knows that there is a vaccine-autism link and so do the Pharmaceutical Companies but in our great country, the bottom line is always about a dollar! We need
someone in our government to grow some balls and stand up to the CDC and the pharm. companies and let them know that we are not going to continue to poison our
children and they can take their mandatory vaccines and
stick them where the sun doesn't shine! If there is no link between vaccines and autism...then why is there no Autism in Omish communities where they do not vaccinate
their kids? Why has China suddenly had a massive explosion in Autism cases after adopting the U.S. vaccine
schedule when Autism was virtually unheard of in China before?

[Name deleted]
Summit, MS

INDIVIDUAL COMMENT #64

I am a registered nurse and board certified lactation consultant and had all of my children on the proper vaccine schedule. My third son [Name deleted] had a double up on some of the vaccines because we moved from Oklahoma to Texas and the schedule was different (changing from combination to non combination vaccines.) So he had to play catch up. He had no problems with the first few vaccines. With the 4 month shots, he had a horrible scream all night long. He then got a double ear infection. He continued to develop. After his 6 months shots, he did the same thing. He screamed a high pitched scream, all night and another double ear infection. I was told it was normal and not a reaction. He was fine after that and continued to develop. He had began sitting without support at 4 months, crawling at 6 months and then walking at 8 months. His speech was within normal limits or advanced for his age. By 12 months old, he had over 20 words that he said consistently and was putting 2-3 words together for sentences. He got his 12 months shots, including the MMR and he again screamed all night and got yet another double ear infection. Practically overnight, he regressed in his development. He quit talking. He would occasionally say 4 words. He lost eye contact and would sit alone in a corner spinning his cars. At 13 or 14 months he got Pertussis. Then he got RSV. The pediatrician told me he was normal and boys just quit talking sometimes, until 2 yr when he still only said 4 words and did not have eye contact. He sent us to a neurologist where [Name deleted] was given the ppd-nos diagnosis. [Name deleted] was breastfed for 21 months, exclusively for 6 months and then I carefully added some solids. We avoided wheat and dairy as well as other possible allergenic foods until after 18 months.

At 7 [Name deleted]'s mercury level was more than 3 times the allowed amount. At 8 he was exposed to chicken pox and did contract them.

Here is a video of my child's regression into autism.

http://www.youtube.com/watch?v=xLEZzu98uME

Feel free to contact me via email or phone with any further questions. I would be willing to testify, speak, whatever.

[Name deleted]
[Contact information deleted]

INDIVIDUAL COMMENT #65

I initiated this note because my daughter has continued to get sick while at college and I am confident that Gardisal is to blame. Initially, I didn't think much of it - lack of sleep, poor eating habits, etc. The normal life of a college student. But after more than a year of her constantly getting sick, I "googled" autoimmune disorders, wondering if she perhaps had one. What I came upon was a disorder called Guillain-Barre Syndrome, which has been reported as a problem when the HPV vaccination is ***co-administered*** with other vaccinations, especially the Menactra vaccination (meningitis). This led me to search for other information since my daughter was in fact co-vaccinated (Gardasil, Hep and Menactra). She was a healthy young woman before she was vaccinated with Gardasil (and the others). Now she is always sick and I am afraid she may never get better. Here's her history.

Here's her story ..

1/23/07 - [Name deleted] has Gardasil #1 and Hep A #1 and Menactra vaccinations

4/4/07 - [Name deleted] has Gardasil #2

7/14/07 - [Name deleted] develops cough and difficulty breathing. I take her to urgent care in Minneapolis. They suggest cough suppressant.

7/16/07 - [Name deleted] is seen at Cary Pediatrics. They send her to Wake Med Hospital for chest x-ray. They re-check her at Cary Peds. and perform Inhalation Therapy in office. She is given albuterol and "breathing machine" and put on Z-pak for bronchitis.

7/18/07 - I take [Name deleted] to Wake Med ER. She is given two or three breathing treatments. She's treated for bacterial pneumonia. Instructions were to continue with Omnicef and Z-pak

7/19/07 - Cary Peds. - Inhalation Therapy and additional Albuterol

7/25/07 - [Name deleted] has Gardasil #3 and Hep A #2

9/28/07 - [Name deleted] is seen at the health center (University of Dayton) and given Z-pak for sinus/respiratory infection which she has had for about 3 weeks.

fall/07 - [Name deleted] complains of losing hair. I recommend vitamins. As closely as she remembers, this continues for approximately first semester of school (1 brush full every two days). If you "google" Gardasil and hair loss, you will find plenty of other cases. Thank goodness she has tons of hair.

3/7/08 - [Name deleted] is seen at the health center (University of Dayton). She has ear/sinus infection. She is given Z-pak

12/19/08 - [Name deleted] has had vomiting and diarrhea for two days. She is seen at health center and given anti-nausea and anti-diarrhea medication. After 5 hours, she continue to vomit. They send her to Miami Valley Hospital where she is treated for dehydration and given 3 bags of IV fluid.

1/20/09 - [Name deleted] has a cold. Misses class because she feels so awful. Starts taking mucinex and feels better within two days but is still congested.

12/10/09-current - [Name deleted] has had her period every two weeks (3 times now every two weeks) and has been complaining of major PMS symptoms (crankiness, cramps, etc.) She has an appointment to see OB/GYN in Cincinnati on Friday. She has also been complaining about bruising.

INDIVIDUAL COMMENT #66

Page 17 of NVAC doc:
"Little is known about the immune gene expression changes that occur after vaccination; even less is known about immune genes expressed during an [adverse event following immunization]

I trusted my government and my doctor to not harm my child. I have been betrayed. Seven months of horrible illness following the Gardasil vaccine and my daughter has just been found to have an innate immune disorder in which she will not form anti-bodies to a foreign substance... this found by an out of state doctor (the 13th we have seen for answers!) Not only does the CDC not have these answers, doctors are clueless as to how to help anyone. I don't know if or when my daughter will ever be well. WE are left to fight this battle alone. I cannot believe this happens in the United States of America. Please stop this travesty. Our children are being sacraficed.

[Name deleted]

INDIVIDUAL COMMENT #67

Please consider rescinding approval for the gardasil vaccine.

Approximately 50 % or more of girls vaccinated with gardasil are having new medical conditions and many are dying. The studies done on gardasil were short term. And the control groups used the same carrier solution as Gardasil. Both had similar adverse events, because both contain .78 mg l-histidine.

The shot was suppose to activate the immune system against the proteins in the shot. But the shots are actually activating the immune system against everything in the body. Their immune system is attacking their bodies. Many girls are being diagnosed with autoimmune diseases against all body systems. Their body systems are breaking. And girls are being diagnosed with Hodgkins Lymphoma as their bodies are overwhelmed cleaning attacked tissue.

We need solutions quickly. These girls need help now. My daughter needs help now.

5 million girls have been vaccinated so far. At least half will develop a new medical condition in the first year. See links below for explanation on what is going on.

Please act quickly.

Thanks,

[Name deleted]

[Contact information deleted]

Here are some links about what is going on:

Stories of girls and their pain:

http://www.renewamerica.us/columns/janak/081211

Reports of death so far:

http://www.renewamerica.us/columns/janak/081229

Report on the clinical studies:

http://www.renewamerica.us/columns/janak/081208

This chart is taking directly from Merck's study:

TABLE 303
Protocols 007, 013, 015, 016 and 018:
New Medical Conditions after Month 7 in the Safety Population

Subjects in analysis population	Gardasil N=10452	Placebo N=9385
Subjects with new medical history	5178 (49.5%)	4883 (52.0%)
Blood/Lymph	145 (1.4%)	136 (1.4%)
Anemia	108 (1.0%)	104 (1.1%)
Cardiac	20 (0.2%)	13 (0.1%)
Endocrine	33 (0.3%)	33 (0.4%)
Autoimmune thyroiditis	3 [2]* (0.0%)	1 (0.0%)
Basedow's disease	2 (0.0%)	1 (0.0%)
Goiter	4 (0.0%)	2 (0.0%)
Hypothyroidism	15 (0.1%)	16 (0.2%)
Eye	82 (0.8%)	78 (0.8%)
Conjunctivitis	45 (0.4%)	54 (0.6%)
Uveitis	1 (0.0%)	0 (0.0%)
GI	634 (6.1%)	595 (6.3%)
Abdominal pain	136 (1.3%)	120 (1.3%)
Crohn's disease	4 (0.0%)	0 (0.0%)
Ulcerative colitis	2 (0.0%)	0 (0.0%)
Diarrhea	70 (0.7%)	71 (0.8%)
Gastritis	113 (1.1%)	111 (1.2%)
Nausea	49 (0.5%)	47 (0.5%)
Immune system	87 (0.8%)	88 (0.9%)
Infections	3349 (32%)	3265 (34.8%)
Cervicitis	164 (1.6%)	170 (1.8%)
Cystitis	230 (2.2%)	229 (2.4%)
Gastroenteritis	106 (1.0%)	122 (1.3%)
Gyn Chlamydia infection	201 (1.9%)	238 (2.5%)
Influenza	203 (1.9%)	205 (2.2%)
Nasopharyngitis	260 (2.5%)	259 (2.8%)
PID	154 (1.5%)	151 (1.6%)
Pharyngitis	139 (1.3%)	116 (1.2%)
Sinusitis	143 (1.4%)	133 (1.4%)
Tonsilitis	94 (0.9%)	91 (1.0%)
URI	167 (1.6%)	168 (1.8%)
UTI	429 (4.1%)	416 (4.4%)
Vaginal candidiasis	589 (6.6%)	645 (6.9%)
Vaginal infection	181 (1.7%)	193 (2.1%)
Vaginitis bacterial	522 (5.0%)	512 (5.5%)
Vulvitis	87 (0.8%)	93 (1.0%)
Musculoskeletal and CTD	240 (2.3%)	242 (2.6%)
Arthralgia	29 (0.3%)	29 (0.3%)
Arthritis	3(0.0%)	2 (0.0%)
Arthropathy	1 (0.0%)	0 (0.0%)
Back Pain	87 (0.8%)	90 (1.0%)

Approximately 50%! of both groups had new medical conditions. Like I said a carrier solution containing l- histadine, not saline, was used. That is why both are similar.

Please google for yourselves gardasil and any of the above conditions and you will find out what is going on.

[Name deleted]

INDIVIDUAL COMMENT #68

Many of the vaccines today appear to be more harmful than the diseases they were made to prevent..such as chicken pox, measles, mumps.

We need more independent research as vaccines are not harmless form the info I have read and from also watching my partner's autistic son.

I have also seen the direct negative effect of vaccines on my animals.

We need better guidelines and we do not need to force all the vaccines on people. This is unamerican and only benefits the drug manufacturers!

My opinion but please, this is not good for folks or animals!

Sincerely,

[Name deleted]

www.champsspace.blogspot.com

INDIVIDUAL COMMENT #69

Our son had a reaction to his 16 month set of vaccines. MMR, DTaP, and HIB all in the same day. Approx. 10 days later he was rushed to the ER in an ambulance with a red rash all over and extreme swelling, especially his face, hands, and feet. He was very sick in the months that followed that reaction. He had blood in the stool for a while and kept an ear infection for months. He slowly began to drift away from us. He lost his 'conversational' language, he lost all eye contact with everyone, he lost his spirit. We have been in crisis mode trying to help him ever since he was diagnosed with PDD/NOS (Autism Spectrum). Please, please as a fellow human being help do something for the hundreds of thousands of children that have been caught up in this veil of Autism. Follow the money trail! Speak for those who can no longer speak for themselves. We all have a responsibility given to us by God to help solve this puz zle/epidemic!

Thank you,

[Name deleted]

INDIVIDUAL COMMENT #70

My son was developing normally until his DTaP at age one year, which took away his ability to walk. The MMR a few months later took away his burgeoning speech. I wish I had known what vaccines contained back in the late 1990s. I would never have knowingly injected MERCURY into my baby.

His diagnosis is "autism" but to me that means vaccine-damage.

Why doesn't the government do a study of non-vaccinated people (like the Amish) vs vaccinated people (general population)?

Thank you,

[Name deleted]
[Contact information deleted]
Mercer Island, WA 98040
[Contact information deleted]

INDIVIDUAL COMMENT #71

Hello,
I am writing because according to Age of Autism (http://www.ageofautism.com/) the CDC is requesting comments from private citizens on the issue of vaccine safety. My story follows:

I am the proud mother of 2 beautiful children. Both of which have suffered vaccine reactions. My daughter now 14, was diagnosed with ADHD in 2003. Her distractibility was so severe that we had to eventually pull her from public school and enroll her in a cyber-school. Since her enrollment 3 years ago she has gone from a D- student to A's and B's.

My son now 11 had to more severe reaction. He was diagnosed with autism in 2000 and with ADHD in 2003. He like his sister was developing normally and ahead of the curve. Like his sister he also had every vaccine the CDC recommended and on time with no missed vaccinations. When at 15 months (December 1998) he received in ONE office visit SEVEN different antigens in three shots (MMR, booster DTaP and booster HIB) things began to change. However, it would be the booster Polio (vaccine not oral at 19 months April 1999) that would push him over the edge. Two weeks after receiving that vaccine he woke up one morning unable to speak anymore. He has not to this day regained his ability to speak. He communicates via a computer with a touch screen.

There are in my opinion too many vaccines on the schedule. Vaccines do not work, hence the need for all the boosters. Boosters do not work hence, the need for more boosters. The best thing that can be done with the vaccine program is to scrap the entire thing. It is dangerous and deadly in many cases.

There is to much conflict-of-interest between the CDC, the FDA, the AAP and the drug cartels. Too much covering up and not enough study into the damaging effects of vaccines. It's past time that the CDC not only cleans out the vaccine program but also has it's own house cleaned out as well.

CDC and FDA are a joke to those of us in the autism community...a very UNFUNNY joke. Do us all a favor and close your doors.

Be At Peace,
[Name deleted]
Proud Mother to:
[Name deleted] (19, She makes me smile)
[Name deleted] (14, My Never Ending Beacon of Light)
[Name deleted] (11 All Good Things in God's Time)
E-Mail Me @ [Contact information deleted]

Autism Speaks does NOT speak for my son. my family or myself!!!

Personal Website:
http://www.autism-hope.150m.com

Living With Autism in Central PA
http://debstake.wordpress.com

Campaing4Liberty
http://www.campaignforliberty.com

"It's Not Enough 2 act Like We Care;
WE MUST CARE ENOUGH TO ACT...!!!"

When the power of love
overcomes the love of power
the world will know peace.
Jimi Hendrix

If God Brings you to it
He will bring you thru it.

Luke 12: 2-3

INDIVIDUAL COMMENT #72

Dear Members of the National Vaccine Program Office,

I am writing to you today as the parent of a 13-year-old son with autism, who has a typical twin.

Unlike many families who will write to you, I cannot pinpoint the exact time that my son with autism lost the skills that he had. But he met all of his developmental milestones with a day or two of his typical brother until the time they reached about 18 or 19 months old. By that time, my son with autism had lost all language, while his brother was beginning to speak in short sentences. They both received the recommended schedule of vaccinations at the same time, because I thought I was being a good mother by vaccinating them on the schedule that our pediatrician and the state of Tennessee mandated in the mid-1990s. I now fear that I made a tragic mistake.

While I certainly believe that genetics play a role, I also believe that some environmental assault caused one son to develop autism. I hate the thought that I might have intentionally inflicted that environmental assault on him.

I would ask that vaccine safety research to be moved out of the hands of the Centers for Disease Control and Prevention as long as the CDC plays a role in promoting vaccination. There is an inherent conflict of interest there.

I would ask that a comprehensive review be made of the health of fully vaccinated children vs. the health of unvaccinated children, both prospectively and retrospectively. There have been dramatic increases in a number of childhood disorders or diseases that may or may not be related to vaccination, including juvenile diabetes, autism, ADHD and asthma. Only with such a study can the costs of both acute and chronic vaccine-related disease and disorders be compared with the benefits of preventable disease. If problems are found, further studies should be conducted on how to make vaccines safer or the schedule safer or screening for susceptibility.

I am concerned that the Interagency Autism Coordinating Committee recently chose to delete vaccine research from the Autism Strategic Plan, and would ask that the research plans be reinstated.

Many of the studies purporting to clear vaccines of any association with autism have severe methodological flaws that in some cases amount to scientific fraud. One example is the dimunition of the Verstraeten data to produce the desired outcome.

Parents are losing confidence in vaccines. We need to make sure that vaccines are as safe as possible to ensure that parents feel like they can have faith in the vaccination process again. It's very scary to feel like you are gambling with your child's health if you DO have him vaccinated, and knowing in some ways you are gambling with his health if you DON'T.

PLEASE, PLEASE, PLEASE do a comprehensive study of vaccinated vs. unvaccinated children, and let us know, one way or the other, whether our concerns are well-founded or not.

Thank you.

[Name deleted]
[Contact information deleted]
Franklin, Tenn. 37069
[Contact information deleted]

INDIVIDUAL COMMENT #73

The debate over safety is not "parents vs. science," but CDC's willful failure to conduct required safety studies and instead its deliberate manufacture of flawed studies designed to clear vaccines. Public confidence in vaccines is at a tipping point. The CDC has substituted a "vaccinate or die" campaign for the basic science required by ethics and law. Any ethical and legally sufficient vaccine safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vaccinated vs. unvaccinated children, both prospectively [no ethical concerns because families choose the unvacinated category according to state law exemptions] and retrospectively. There is NOTHING about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vaccine-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focused on how to fix vaccines, the schedule, screening for susceptibility, etc. The recent addition and deletion of vaccine research from IACC's autism strategic plan is not only counter to the IACC's goals, but it deepens the autism community's distrust in the CDC.

I firmly believe my daughter was injured by vaccines. Please move forward with research that will put this debate to end for good. Develop research in conjunction with the autism community- something that both parties can agree on and support the outcomes.

[Name deleted]

INDIVIDUAL COMMENT #74

Hello, My name is [Name deleted] and I am a parent of four sons.
I could not believe what I was reading when I saw that there was a reversal on the decision to do vaccine safety research. I know for a fact that there are no safety studies that have ever been done using multiple dose vaccines on babies and small children.
I am so sick and tired of the denial of our government that there is a problem with the vaccines in this country. When we have an epidemic of autism, add/adhd, autoimmune disease in our children, mostly taking huge leaps since 1990, something needs to be done to find out why.
If our government truly believes that vaccines are not at the root of the problem, then they need to fund an INDEPENDENT study of the unvaccinated VS the vaccinated. That will answer the question, period.
The american people have totally lost faith in the CDC and our government concerning the health of our children.
I personally will NEVER allow any of our sons to be vaccinated again.
After having one of our sons to develop a biological profile similar to aids following vaccines, you will never convince me that vaccines are not destroying our kids' immune systems.

INDIVIDUAL COMMENT #75

My child was born @ 27 weeks, 2lbs. 3.6 oz. He was on a respirator for 66 days. Common sense tells you he was not a healthy child. PDA surgery 1 week after birth and at one point a DNR was signed when I was told he would not make it another 24 hours. I was able to hold him that day for the first time. He improved just from his mother finally getting to hold him and the doctors were shocked. Due to his struggle to survive and being on respirator he had bronchio pulmonary disease and a mild case of cerebral palsy. He was in hospital for 3 1/2 months. He was on the same vaccine schedule as normal healthy children. He got everything he was supposed to get according to CDC guidelines plus every vaccine that his pediatrician felt would be good for him to prevent him from catching all that was out there due to his immune system being so weak. Including flu shot every year since his birth. Duh ? If his immune system was so weak why bombard him with all of those shots ? Some days he got 6 at one time. Then all of a sudden he had kidney stones, no doctor could ever figure out why so then he was put on antibiotics everyday for months. Oh yea, don't let me foget he was on steroids after he was released from NICU for months as well. He was progressing daily but he was behind developmentally and he started crawling. He started imitating sounds I would make and then in 2003 he started getting up every night in the middle of the night. I had always said he was a 12 hour sleeper and I assumed due to hospital stay. No matter what time he went down , 12 hours later he was up. That totally changed in 2003 when he sank so deep into autism. I have no doubt in my mind, vaccines played a major part in this and the kidney stones. I think it is long past due for the medical profession to have more training on vaccines and know the proper schedule for children and especially those born under stress as my child was. Vaccines are important but the schedule is crazy and the amount of shots is getting way out of hand. It is clear the CDC, FDA are in bed with Big Pharma as well as alot in the medical profession. Maybe, Big Pharma has mob connections and that is why these government agencies continue to scratch the backs of BIG Pharma. They are poisoning our children and the families are left to pick up the pieces. What are they afraid of ? I did not graduate from an Ivy League University but I am smart enough to research on my own to help my child and it is clear there is not enough research on the number of vaccines these children received with thimerosal and aluminum to boot. Somebody needs to take the autism community serious as we know our children better than you. Thank you for any improvements.
[Name deleted]
[Contact information deleted]
Swainsboro, Ga. 30401

INDIVIDUAL COMMENT #76

Hi,
let me go strait to the point .the vaccine took away my dear daughter and still taking millions of other kids from their families.
vaccines become a profit wagon because there is no way on earth that all those families are wrong and for the government not to investigate is wrong.
this causes many families to stop vaccinate their kids which makes allot of since due to what autism can do to families ,besides they are trying to prevent deceases and most kids end up having chronic measles and other vaccine related injuries.

right after vaccinating my talkative ,very normal outgoing daughter she had fever and never got back to normal, and now we going through hell.the worst part is we the parents have to pay for recovering our kids back.autism treatment is very expensive and many families can not afford this and many kids will remain autistic for ever.

please investigate this and you will know the truth if you don't listen to that so-called doctor offit and his pharma funders.

thank you so much.

autism is treatable

[Name deleted]
worried mother

INDIVIDUAL COMMENT #77

Let me reiterate the concerns of the parent below, public comment regarding the CDC Immunization Safety Office Scientific Agenda - and include my own, please. With 8 yrs university study in biology/chemistry/math and 50+ years experience observing or suffering from vaccine and amalgam induced morbidity in the family, I can say that no disease could be as vicious as the consequences of this chemical assault by the med and their gov fedfellows for personal profit by fraudulent use of the banner of science. STOP poisoning the people of this country, quit, get an honest job... If you need more info or to be convinced of my own credentials, visit http://mercuryxxpoisoned.com - [Name deleted]

INDIVIDUAL COMMENT #78

To whom it may concern,
As parents we deserve to have "non-establishment" research showing the risks and efficacy of vaccines. There has NEVER been 1 LONG term study done, and the few safety studies that have been conducted were fatally flawed and funded by the vaccine industry.
Corruption has unfortunately infiltrated this industry, and they are incapable of conducting any studies that would interfere with their profit margin! I plead with you, as many parents have, to develop a COMPLETELY INDEPENDENT AGENCY that is unable to accept ANY funding from the vaccine/pharmaceutical industry or from any branch of government that is receiving funding from pharma lobbyists. This Is a complete CONFLICT of INTEREST and should be considered illegal, especially when you are talking about the health of children in this country and all over the world for that matter.
If vaccines have "prevented" and "irradiated" so many diseases than why is our nation, and our children More affected (in the last 30 years)by chronic illnesses and neurological diseases than any time in our history??? Is the possible short term "immunity" of vaccines worth the potential reaction risks and/or the risk of contracting these 'childhood' diseases later in life when they are to known have much more detrimental/serious health effects? What will be done about the fact that throughout vaccine history there have been countless instances of viral and bacterial contaminations that have likely been the cause of many of today's chronic illnesses? Why should any parent in the US be denied the option of philosophical exemption from these potentially harmful vaccine ingredients being given to THEIR children? Its time for these questions to be answered, and we hope that you will be our advocate in this arena.

I would also ask that what little information that is given out to parents regarding vaccines; actually have current, correct, UNITED STATES statistics re: deaths related to childhood diseases as well as the frequency, and severity of vaccine reactions.
We should also be provided with the true number of cases of vaccinated vs. un-vaccinated "outbreaks" when they occur. (The CDC typically only reports the "un-vaccinated" cases, though there are frequently outbreaks in the fully vaccinated communities all over the country.) This type of skewed information directly affects parent's decisions whether or not to vaccinate.

As parents and Americans we deserve to have TRUE and CORRECT information being given so that we are able to make important health decisions for our precious little ones.
I thank you for hearing me out on this matter, and hope you will bring it to the attention of those that have a direct affect on the health of millions of children.

Thank you,
[Name deleted] (California)

INDIVIDUAL COMMENT #79

To Whom it May Concern:

I am a parent to three children. While I do not oppose vaccination, I oppose vaccination with no choice. I am the parent and while living in this FREE country, no one should be able to tell me what vaccines or when they should be given. Pants, which are not ingested or internalized are not a one-size-fits-all, nor should the vaccine schedule. There needs to be some realization that the public no longer give full, un-abiding trust to doctors or government, and that any thoughts to the contrary are a serious misstep in calculations.
Vaccination schedules should be a GUIDELINE and along with my physician, we should be able to COLLABORATE on a schedule. Until vaccines can be PROVEN that they are in no way related to auto-immune diseases and autistic spectrum diseases, the free people of the United States of America should be given a choice. We have informed choice regarding abortions but not vaccinations? Ridiculous!

Thank you,
[Name deleted]

INDIVIDUAL COMMENT #80

How is it possible vaccines do not alter DNA when medication, environment, and exposure do?

1. Vaccine safety research must be removed from the CDC and all other agencies that have a conflict of interest.

2. Any ethical and legally sufficient vaccine safety agenda must BEGIN with a comprehensive and ongoing review of the health outcomes of fully vaccinated vs. unvaccinated children, both prospectively and retrospectively. There is NOTHING about this in the CDC draft agenda. Only with such a study can the costs of both acute and chronic vax-caused disease be compared with the benefits of preventable disease. If problems are found, further studies would be conducted focussed on how to fix vax's, the schedule, screening for susceptibility, etc.

A good start. Thank you.
[Name deleted]

INDIVIDUAL COMMENT #81

I am a family physician working in Indianapolis. I was unable to attend the 1/17 meeting, but wanted to submit some comments.

First of all, I strongly applaud the CDC for making this effort to get the opinion of a broad base of people affected by vaccinations. I hope it means that you will both listen carefully and move swiftly to do the appropriate research and where appropriate, change vaccine policy as soon as possible to guarentee safety for our population. I feel very strongly that we need to continue to vaccinate our population, but we need to do it safely and prove that it is safe, or more and more parents will stop vaccinating altogether. We certainly do not want to be faced with polio or congenital rubella again, because we have not done our due diligence in the area of safety.

I have 2 children, ages 12 and 16. Our 16 yo had Asperger's syndrome. After intensive medical care, including most importantly, heavy metal detoxification with DMSA, she no longer has any symptoms. While she had no adverse reactions to vaccines per se, I strongly feel the thimerosol in her vaccines worsened, if not caused the Asperger's since treating for heavy metals made the problem go away. Our 12 yo has struggled with attention issues for years, which also improved with treating for heavy metals and treating his underlying oxidative stress. I now provide medical care for children with autism spectrum disorders and ADD as part of my practice. Many of them report that their children slipped into autism a few weeks after the MMR or other vaccine. Based on the available science and my clinic experience, I strongly feel that many of our children have been environmentally damaged over at least the last 20 years (and probably longer). I think the above disorders come about as a combination of genetic susceptabilty (decreased ability to detoxify), exposure to heavy metals (maybe aluminum in vaccines, and lead, mercury and others from water, air and in utero) and further oxidative stress from too many vaccines too early in life. for any given child, he or she may not need the full combination to become ill. Vaccines should be studied most urgently, however, since if involved with the chronic childhood illness of today (including asthma and severe food allergies--also on the rise, as you know), it is a variable we could change quickly.

In my opinion, the first study should be a placebo control trial for 3 years of the Hepatitis B vaccine given at birth. It would be possible in this country to select study subjects who are at very low to no risk of Hepatitis B by testing not only mothers (as is done now anyway), but close family members and caregivers. Safety issues might be clear sooner than 3 years, but if not, I would continue to follow subjects until at least age 6 to possibly detect more subtle problems with attention or learning.

I would also study the safety of combined vs single dose vaccines. In addition, I would study giving one injection at a time, separtated by 2 weeks, vs the current vaccine schedule of 5 or more injections on any one day. My reasoning behind this is this: could we be creating chronic illness in childhood by inducing more oxidative stress on any given day than what some individuals can handle, either genetically or due to exposure to environmental toxins? We know that vaccines create oxidative stress: that is now they work. The question is, is it too much on an immature immune system? (as you know, the immune system dose not mature until age 14).

Given concerning data from Andrew Wakefield, MD as early as 1998 concerning safety of the measles vaccine, a study should be done vaccinating at 15 months and 5 years, vs at 5 and 10 years, looking for both safety and efficacy, and outbreaks of measles. I think this would be reasonable, as we have had minor outbreaks of measles in previously vaccinated individuals, implying the immunity from the vaccine in the earlier years may not be as effective as we had thought. Perhaps waiting a few years until the immune system is more mature would actually result in better health outcomes overall due to fewer children with ASD.

I also think we should study immunizing for varicella vs allowing natural immunity. We have now had several adults in our practice get chicken pox from their previously immunized children (and they were of

course more ill than when they had the natural infection as children). It is perhaps a big mistake for the overall health of the population to try to eliminate chicken pox, since repeat exposure is important to prevent reinfection.

In addition, give their is no longer polio in the US, perhaps we should start immunizing against polio after age one, and concentrate on pertussis, HIB and prevnar--illness for which infants are still at risk in this country. This would also be relatively easy study to conduct.

Again, thank you for your attention to this important issue. If vaccines are related to chronic childhood illness, it is imperitive that we move quick for both health and economic reasons. Caring for 1 in 150 adults with autism will not be sustainable economically in years to come.

Sincerely,

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