

Autism 2001: The Silent Epidemic

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Note: The information on this website is not a substitute for diagnosis and treatment by a qualified, licensed professional.

Although 2001 was filled with news of the MMR vaccine controversy, discussion of the enormity of the autism explosion and its impact has been minimal. In the UK, the Government spent more money and enormously more time defending the MMR vaccine and destroying its critics than actually researching the causes and the increasing incidence of autism. The cruel reality is that the last published incidence of autism in the UK of 1 in 324 (Journal of the American Academy of Child and Adolescent Psychiatry, volume 39, p 694), was just amended this week to **1 in 166**, according to a Medical Research Council (MRC) report commissioned by the Department of Health. A National Autistic Society survey had found that 1 in 110 children under 11 has autism.

The vaccine authorities still assert that the reported increase is unrelated to the use of the MMR vaccine but offer no other reasonable cause. The toll in human suffering is immense, and the actual financial cost per child for a lifetime of care and support services is a staggering 2 million plus British pounds.

Similar increases in the incidence of autism have been reported on the European Continent. A Swedish study in 1993 by Ehlers and Gillberg found a rate of 71 per 10,000 (1 in 141) in children with IQs of 70 or above. A Finnish study looking at the incidence of autism in the northern provinces, revealed a fourfold increase between 1979 and 1994 with a present incidence rate of 1 in 483 among 5 to 7-year-olds (European Child and Adolescent Psychiatry, volume 9, p 162). Also, in this study, a clear increase in the number of children with IQ of 70+ was reported. (This finding has often been reported with regressive or late-onset autism.) Interestingly, this particular Finnish study went almost unnoticed, while other Finnish studies (of dubious epidemiological relevance) were highly publicized because they supported the MMR vaccine's "safety".

In the United States, the atrocities of September 11, the Anthrax letters and the present war in Afghanistan have certainly touched every one. But life goes on. For the parents of children with autism, each day's battle is overwhelming and their lives have changed forever. There is no final victory they can look forward to and no end to their war in sight. Each morning brings new problems, new challenges and more concerns about funding cuts and decreased services. Every night, the same awful dream recurs "What will happen to my child when I am gone?"

According to the Department of Education annual reports to the US Congress, autism cases in children aged 6-21 in US schools increase yearly by approximately 25%

Since September 12, it is more than likely that between 600 and 700 new cases of autism were diagnosed and accepted into the system in California alone. This projection is based on the last published 3-month rate of between 7 and 8 new cases a day. If the average incidence of new cases of autism in the remaining 49 states averages only 1/8th of the California rate-- a very conservative estimate, indeed-- we should expect that approximately 4000 new cases of autism have been diagnosed nationwide in the last 3 months. In the United States, the cost per child over a lifetime is soon to surpass 2 million dollars.

One can only imagine the outcry if there was an outbreak of 4000 cases of any other pediatric illness in the same 3-month period. The CDC specialists would be clamoring for a cure and seriously looking for clues to the epidemic. *Why aren't they?*

We witnessed the reaction that followed 15 cases of anthrax on the East Coast. Before anyone without personal experience with autism rushes to criticize this statement, I respectfully submit that 10 out of the 15 cases of anthrax went on to complete recovery, a result we will never have with autism. As for the five deaths from anthrax, they are certainly sad and most unfortunate but children with severe autism have brain damage, and "die" every day even if they are still breathing and moving. Every day, their parents and grand parents die a little too.

Research into the causes of autism is being carried out nationwide. Many studies dealing with biochemical and genetic causes are published and only receive transient interest. It is likely that many studies concerning genetics now in progress will go similarly unnoticed, as it is impossible to have an epidemic of genetic diseases.

The impressive mercury study undertaken by a group of dedicated parents in New Jersey is different. It deserves our attention and gratitude, and supports the original Redwood theory of mercury damage. It now appears that the CDC also carried out a study, which suggested some relationship between mercury in vaccines and neuro-developmental disorders in infants.

A special committee of the Institute of Medicine (IOM) held hearings on the subject of mercury and autism, and recommended removing thiomersal from all pediatric vaccine formulations. The

American Academy of Pediatrics (AAP) and the CDC had also recommended an all mercury-free vaccine schedule. All three organizations believe that mercury-containing vaccines have not actually caused damage to children.

Concern over mercury has attracted the attention of the manufacturers of adult vaccines. On November 21, the FDA announced that a single-dose influenza vaccine for adult use, with only a “trace” of thiomerosal, is now available.

Our own research seems to indicate that, certain children have reacted unfavorably and were “set-up” by mercury-containing vaccines in year one and then have regressed into autism following another antigenic insult in their second year of life.

The auto-immune theory of autism and the possible relationship between autism and MMR vaccination have captivated many minds since they were formulated in 1998. Although no one has proved conclusively that MMR vaccination has contributed to the increase in autism in the western world, no one has convincingly proved that it has not.

While the vaccine lobby and authorities have adamantly and viciously condemned Andrew Wakefield and his findings, hundreds of parents are totally convinced he is right. These parents have no doubt that their previously normal children became symptomatic after their first MMR vaccination and then regressed into autism, and many have videos, pictures and doctors’ notes to prove it. A further regression after the second MMR, at age 5, seems to have convinced some of those parents even more.

The identification of measles by intricate PCR testing in the British pathological specimens and the later revelation that these measles strains were of vaccine origin, by independent Japanese researchers, do offer more support to the hypothesis. The likelihood that any investigator would try duplicating these findings after witnessing Dr. Wakefield’s public lynching is remote.

In London, many children with autism have been investigated carefully and found to have abnormal pathology in the colon, the terminal ileum and the esophagus. A group of children in the US have also been found to have identical pathological findings.

In March 2001, an IOM committee looking at autism and MMR, reported that, “...evidence favors rejection of a causal relationship at the population level between MMR vaccine and autistic spectrum

disorders...”. A little later in the report, the committee conceded that it could not “...exclude the possibility that MMR vaccine could contribute to ASD in a small number of children....” and went on to recommend further research on the subject.

The media propaganda asserted that the committee took the MMR “off the hook” but failed to highlight the similarity between the committee’s conclusions and Wakefield’s own: that the MMR vaccine could contribute to autism in a small group of genetically predisposed children, and that good research is urgently needed.

The IOM report on MMR and autism was published on April 24, 2001 (www.iom.edu, recent reports) The Institute of Medicine (IOM) Committees’ conclusions, which are strictly based on epidemiological data, require a large number of cases to justify one of the following classifications.

1. No evidence bearing on a causal relation.
2. The evidence is inadequate to accept or reject a causal relation.
3. The evidence favors rejection of a causal relation.
4. The evidence favors acceptance of a causal relation.
5. The evidence establishes a causal relation.

It is well known that it takes years and mountains of epidemiological evidence, for the IOM committees to even consider a complication, and/or move it from a certain category to a higher one.

[The perfect example is in the report published on 4/23/2001 ONE day before the MMR report in question. It concerns “Agent Orange”. In 1991, the Veterans Administration commissioned a study on the defoliant and appropriated a million dollars towards that research. There have been many reports from the IOM committees on the subject and many revisions. It is only in April 2001-- a full TEN years into the study-- that Diabetes Mellitus and Children’s Myelogenous Leukemia were moved from Category 3, where they had previously been listed, to Category 4. Clearly these two complications had been caused by “Agent Orange” exposure since the Vietnam War; hundreds of veterans and many VA physicians never doubted that Agent Orange caused them. The fact that it took the IOM committee so long to concur did not alter that reality.]

At its first meeting on the subject, the IOM committee actually placed the MMR-Autism problem in category 3+ by adding that a few cases of autism did follow MMR vaccination. Many issues never make it past class 1 or 2 this early on.

It is likely that the matter will be reviewed again in the not so distant future, because of the continued attention generated by the debate, and the justified criticisms which surrounded the release of the first report.

It is tragic that while all this discussion about administering three live viruses at the same time is going on, the authorities in both the US and the UK have decided to add the chicken pox vaccine to the present MMR formulation. Not too long ago, health care providers had to wait a month between the administration of MMR and the chicken pox vaccine. Now they are assured that giving them together in the same syringe does not affect their safety and efficacy.

Other vaccines to treat less serious illnesses are being developed at a frantic pace and will be certainly added to the present “routine” schedule. Mega-combinations are promised and well known infectious disease specialists and immunologists have no difficulty stating that a child’s immune system can comfortably deal with all these simultaneous antigenic assaults, even if he is very young, febrile, and on antibiotics.

Empathic and qualified pediatricians and pediatric nurse practitioners are urgently needed to control the present autism epidemic. A high index of suspicion, an early work up, and a firm diagnosis are imperative to assure timely initiation of therapy and limitation of brain damage.

The children must never be referred to as “autistic” because they do not have a psychiatric illness. They suffer from autism, a multi-system medical illness, with neurological, gastro-intestinal, endocrine, immune, developmental, communicative, and psychiatric issues. Each of them needs a pediatric expert who can care for the “whole” patient and who has liberal access to consultants.

Sensible and affordable therapy should be available to each and every affected child. Parents need not uproot and move to find good medical care and superior schools.

Serious independent research is urgently needed. It can not be expected from people with agendas of their own, or questionable financial ties. It also can not be performed on computers looking at epidemiological data. It must include parents’ interviews and a careful examination of the affected child.

It is only then that there will be any hope to control this silent and most tragic pediatric epidemic of our time. Regressive autism should have never “happened”!

The above is my personal opinion and may not reflect that of organizations to which I belong.

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