

PRESS RELEASE
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CDC Brings Bad Tidings: Autism Prevalence Reaches 1 in 110

SafeMinds calls for immediate action from public health officials and implores journalists to ask the tough questions listed here

Atlanta, GA – A study to be released Friday by the Autism and Developmental Disabilities Monitoring (ADDM) Network of the Centers for Disease Control (CDC) is expected to report that autism prevalence has reached the epidemic rate of 1 in 110 children. The new estimate is for children born in 1996 and represents. A [2007 CDC calculation](#) reported 1 in 150 for children born in 1994. Based on this new report, roughly 36, 000 children are diagnosed yearly. SafeMinds calls for cutting edge research now!

The rapid increase in such a short period cannot be accounted for by changes in diagnostic criteria or greater awareness of autism. The children born in 1994 and in 1996 were diagnosed under the same version of the Diagnostic and Statistical Manual (DSM IV), which was issued in 1994 before any of these children were diagnosed (on average, at age 4 years) and has not changed since then. Autism began its sharp growth curve with children born in 1988-1989 – 8 years after autism had been added to an earlier DSM version in 1980. Any increase in awareness would have had an equal effect on children born in 1994 and in 1996. Children born in 1994 and in 1996 would also have been eligible for the same educational services under IDEA, which was revised to include autism in 1990 and has not been changed since then.

Since purely genetic disorders do not exhibit such a rapid change in prevalence, the increase in autism points to environmental factors as the primary cause of autism. “It is imperative that public health officials take immediate and substantive steps to investigate the environmental factors that are most likely driving the autism epidemic,” said Sallie Bernard, Executive Director of SafeMinds.

Notably, expansion of the infant vaccine schedule in 1990 to include a 3-dose Haemophilus Influenzae type B (HiB) vaccine series and a single catch-up dose given to the 1988-1989 children at their 18 month vaccinations doubled the amount of mercury and other injected toxicants. The 1992 introduction of the mercury-containing Hepatitis B (HepB) vaccine series tripled those amounts, and included a dose recommended at birth, a novel step never taken before, even though US infants are at extremely low risk for contracting the Hepatitis B disease, which is spread by sexual contact or IV drug use. The uptake of the Hepatitis B vaccine rose steeply from 1994 to 1996, [from 27% of babies in 1994 to 82% percent of babies in 1996](#) (See Graph). The HepB vaccine is a logical candidate for investigation as playing a key role in the autism increase from 1994-1996. The HepB vaccine birth dose recently received sharp criticism from advocates after a [study by Laura Hewitson](#), University of Pittsburgh, found that infant macaques given the HepB birth dose showed statistically significant developmental delays.

Government sources and others who promote vaccines tout that the mercury from Thimerosal in vaccines has been studied and claim there is a lack of evidence for a causal relationship. However, those CDC studies compared children who received a routine amount of Thimerosal from vaccines to those who didn't receive quite as much and can be likened to comparing those who smoke two packs of cigarettes a day to those who smoke one pack. No study has ever been conducted to determine the health outcomes of infants with Thimerosal exposure from vaccines compared with those of

unexposed, that is, non-vaccinated infants. Also, studies often cited by CDC as exonerating Thimerosal do not address genetically sensitive populations who may be predisposed to adverse reactions, as noted by the Institutes of Medicine in 2004. Recent toxicological studies indicate that the damage done by toxicants can happen in both high and low-level exposures if genetic differences are present. See UC Davis Studies on [Mercury](#) and [Lead](#).

CDC continues its social marketing explanation of this epidemic as a result of better diagnosis to defend their lack of urgency in addressing this national health catastrophe. SafeMinds concludes, along with many other medical and scientific experts, that the epidemic is environmentally based, thereby requiring urgent action. These children have been diagnosed since 2004 or before. It is astounding that CDC is so many years behind in tracking autism prevalence; a delay that would never occur for an infectious disease like influenza or measles.

Further, the timing of its release on the Friday before Christmas raises many questions with regard to CDC's political motives. Jim Moody, legal counsel for SafeMinds, stated, "CDC is trying to cover up its failure to respond with the urgency required by the epidemic in the face of mounting evidence that autism is environmentally-induced, and that the environment, according to the US Court of Claims – the Vaccine Court - includes vaccines. CDC's game plan is to maintain that actual prevalence has been constant over time and the reported cases are simply the result of better awareness. That 'defense' is a blatant lie as it would mean that doctors, specialists, and educational professionals somehow missed 95% of the cases 20 years ago when autism was purported to be 1 in 2500. CDC's 'better awareness' defense simply cannot be taken seriously and looks more and more absurd with each new release of prevalence data."

SafeMinds asks journalists to consider the following and to seek answers from the CDC, Health and Human Services (HHS), Food and Drug Administration (FDA), and National Institutes of Health (NIH) Interagency Autism Coordinating Committee (IACC), chaired by Dr. Tom Insel:

1. [UC Davis M.I.N.D. Institute study](#) finds that the majority of autism cases must be environmentally triggered. What changed in the environment from 1994 to 1996 which would cause 50% more healthy toddlers, who are reaching all developmental milestones on time, to suddenly regress into autism and exhibit signs of toxicity and environmental illness?
2. Will the Interagency Autism Coordinating Committee (IACC) respond and immediately add a research objective to the Strategic Plan for Autism Research for a time trend analysis of autism rates to determine what changed in the environment to reveal possible autism triggers?
3. What environmental trigger affects children at approximately the same time in their lives—regardless of race and ethnicity, from big cities to small, rural to urban, those with siblings and those without, those with rich parents, poor parents and every socio-economic category in between? Might it be vaccines?
4. What environmental toxin is still rapidly accumulating worldwide and has been known to cause developmental problems? Might it be mercury from coal plant emissions and other manmade sources?
5. When will the CDC do a transparent study, overseen by outside sources, to compare the health outcomes of children who received Thimerosal containing vaccines to those who did not? This study has never been done and until this study and studies addressing genetically sensitive populations is conducted, Thimerosal remains a viable causal factor in vaccine injury.

6. How has a safe level of mercury in Thimerosal been determined in the absence of research? Yet children received up to 237.5 mcgs. of Thimerosal in the 90's via vaccines, and continue to receive mercury in vaccines today both in trace amounts and amounts exceeding the Federal safety guideline from the seasonal and H1N1 influenza vaccines. The recent recall of almost 1 million H1N1 Thimerosal-free doses has left the nation without an adequate supply of mercury-free H1N1 vaccines for babies.
7. Why does the CDC still allow even trace amounts of mercury in vaccines given that the trace is coupled with other toxic ingredients like aluminum, phenol, formaldehyde and other carcinogens?
8. Why do the CDC and the IACC refuse to do a study of all health outcomes of fully vaccinated vs. unvaccinated children despite years of parents requesting the study? Will they now conduct a vaccinated/unvaccinated study identified in June as a vaccine safety gap by the [National Vaccine Advisory Committee \(NVAC\)](#)?
9. Last Friday the Institute of Medicine (IOM) stated that the United States needs to establish a permanent group that advises the government on vaccine safety and substantially increase research monies to improve vaccine safety and address public concern. What action will be taken on this recommendation?
10. Which patents does the CDC hold on childhood vaccines and how much money do they receive from vaccines given to children? An investigative report done by UPI in 2003 found that the CDC owned 28 patents.
11. The CDC is responsible for the recommended vaccine schedule and owns many patents on vaccines. They are also in charge of marketing vaccines and managing vaccine safety. This is a glaring conflict of interest analogous to the fox guarding the hen house. When will oversight of vaccine safety be removed from the CDC and placed in the hand of an independent agency?
12. When are the CDC and NIH going to recognize that autism is an epidemic and provide the much needed research into environmental triggers it deserves?
13. Ask Dr. Tom Insel, Chair of the IACC, why for the second year in a row, toxicological expertise remains virtually absent on science panels convened to update the Strategic Plan for Autism Research. Why has the IACC only approved research on five environmental factors, when so many more potential candidates were identified by an [Institute of Medicine Workshop on Autism and the Environment](#)? Why did he tell Congress additional research money was not needed for autism, when research on environmental factors has always been underfunded by NIH?

During the past 20 years American children have been the sickest on record, with chronic illnesses like autism, cancer, rheumatoid arthritis, diabetes, asthma, allergies, obesity, heart problems and behavioral disorders like ADHD, OCD, bi-polar disorder and more. The increase in these diseases came at a time when mercury and other toxins in vaccines tripled, the number of vaccines given to children went from roughly 18 shots to 36 shots currently, and mercury has continued to accumulate in the air, water, soil, and food.

Individuals with autism continue to suffer due to inadequate scientific research on environmental factors. SafeMinds calls upon the U.S. public health system to treat autism as the national crisis it is and to take urgent action to find the causes of and treatments for autism. Families cannot wait another two years for autism to rise to 1 in 50 kids.

SafeMinds is a charitable non-profit and leader in funding and advancing the science regarding mercury exposure as it relates to autism. Our expertise extends beyond mercury-related exposures to broader vaccine safety issues, as many of our Board Members hold government agency committee positions such as the Interagency Autism Coordinating Committee, various CDC Vaccine Committees, the Department of Defense Autism Spectrum Disorder Research Program and the National Vaccine Advisory Committee's Vaccine Safety Working Group.

**Note – Full studies available on request*

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