

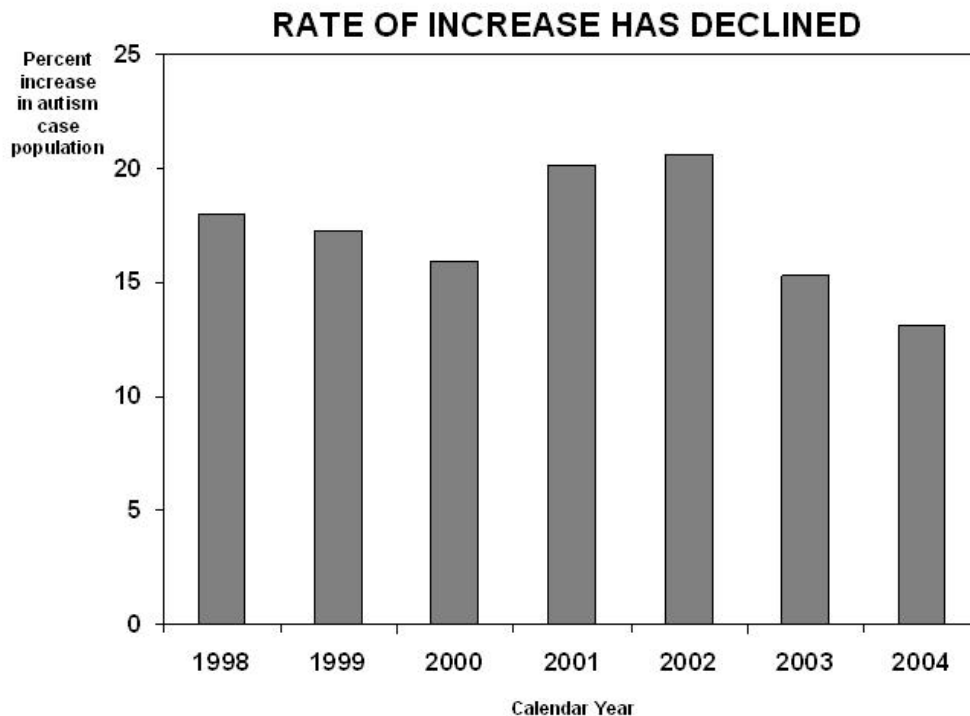
**SafeMinds Response to California Autism Prevalence Data Release
of January 2005 from the California Department of
Developmental Disabilities Services
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Contact: Lyn Redwood, President, SafeMinds, tlredwood@mindspring.com
Mark Blaxill, Vice President, Blaxill.Mark@BCG.com

The California Department of Developmental Disabilities Services released its report on autism case numbers registered by its regional centers for the quarter ending December 2004 as well as for the entire year of 2004. According to the report, the California DDS system has experienced a large number of new intakes of children with professionally diagnosed full syndrome autism during its fourth quarter reporting period. For the entire year, the number of cases has also increased.

SafeMinds has reviewed the latest data in light of what it tells us about the role of thimerosal in infant vaccines in the increases in autism rates reported nationwide. While a full analysis of the California DDS data set must still be conducted, a few observations can be made at this point.

First, the rate of increase in the number of full-syndrome autism cases reported to DDS has declined beginning in 2003 and continuing over 2004, as shown in the chart below. In 2004, the rate of increase was the lowest it has been since tracking began.



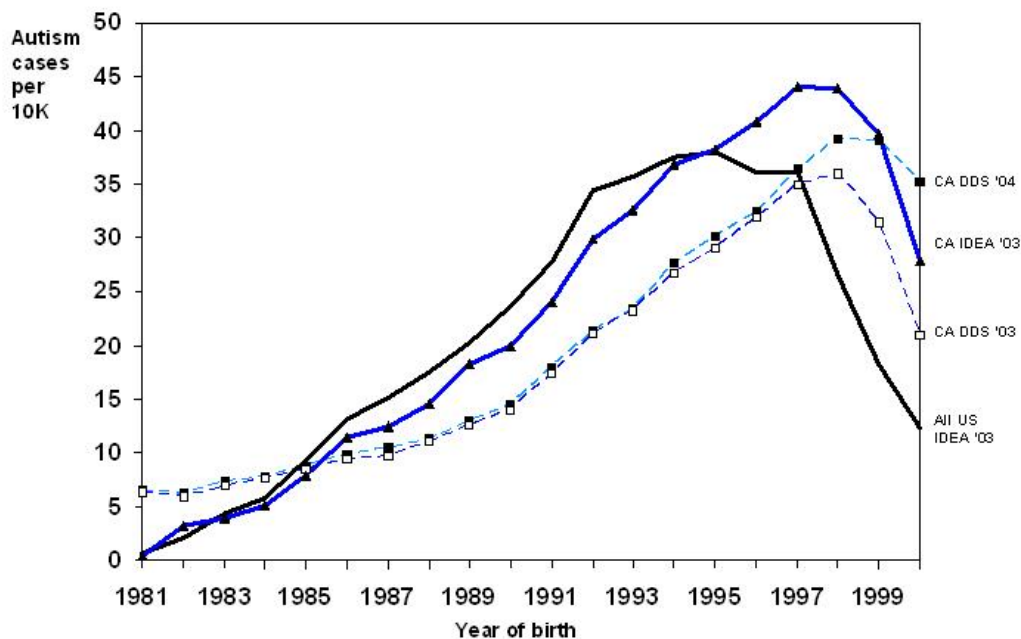
Second, although the U.S. recommendation for the reduction or elimination of thimerosal from infant vaccines was announced in 1999, the removal has been gradual, incomplete, and not quantified. We still do not know how inventory was stockpiled in advance of the transition to thimerosal-free vaccines, how long vaccines stayed in the supply chain subsequent to the stated plan to remove thimerosal from vaccines, and how expiration date policy was handled. We should remember that thimerosal-containing vaccines were never recalled and so were administered to infants for years after their removal was mandated. The U.S. FDA continued to allow the release of lots of thimerosal preserved infant vaccines for several years, at least into 2001. Infant vaccines such as the Diphtheria-Tetanus still contain thimerosal. Safe Minds has received reports that infants continued to be administered thimerosal preserved vaccines as late as 2003. Influenza vaccine, the majority of which continues to contain thimerosal, was added to the list of routinely recommended vaccines for not only pregnant women, but also infants starting at 6 months of age, beginning in 2004.

The lack of public tracking by the FDA of thimerosal in the vaccine supply makes detection of a mercury effect on the incidence of autism more difficult, especially on an individual state level. While the overall thimerosal vaccine supply has declined nationally, residual thimerosal vaccine inventories may have shifted more heavily to some states versus others during the years in which mercury-free or trace-mercury vaccines were entering the market. California inventories have never been publicly reported.

In fact, the autism incidence for California, whether reported by the California DDS division or by the California Department of Education through I.D.E.A. requirements, shows a trend which diverges from the U.S. as a whole, starting with birth cohorts in 1994. As shown in the chart which follows, rates of autism by birth year reported through I.D.E.A. rose until 1994 for the U.S. as a whole, and leveled off among children born in 1995 and 1996. Since there is a lag in diagnosis and reporting of cases particularly among children younger than 6 years, true trend after 1996 cannot be accurately assessed. I.D.E.A. data is only available through 2003 at this time. For comparison purposes, data from California I.D.E.A. for 2003, as well as California DDS for 2003, have been included in the chart, since the U.S. average is for 2003. Trends for California I.D.E.A. and DDS show similar patterns.

Like the U.S. average, the incidence of autism for each birth year in California rose until the mid 1990s. Unlike the U.S. average, which leveled off as of 1994, the incidence of autism in California continued to rise in birth cohorts past 1994. The California 2003 I.D.E.A. data still shows an increase as of birth cohort 1998. Once children born in 1997 and 1998 are fully diagnosed and reported, the increase is likely to be even steeper.

AUTISM TIME TRENDS BASED ON IDEA AND DDS DATA BY YEAR OF BIRTH: U.S. AND CALIFORNIA TRENDS COMPARED



Source: Mark Blaxill, SafeMinds, & Dan Hollenbeck, FightingAutism, using IDEA & California DDS data

It is unclear why the California trend deviates from the U.S. average beyond the 1994 birth cohort. As noted above, thimerosal vaccine inventories may have been managed differently in California. In addition, the role of environmental mercury should be factored in to the assessment. Injury from mercury is known to be cumulative in its biological effects, and recent reports have documented high levels of environmental mercury in California secondary to gold mining in the early 1900's. In addition, EPA announced in 2004 that approximately 1 in every 6 women of childbearing age was found to have levels of mercury in their bodies that could cause harm to their unborn children.

More research is needed on the epidemiology of autism and potential causal factors. Information on vaccine inventories is crucial to this effort and should be made available by government agencies. Environmental sources should be characterized in a manner in which they can be applied to autism prevalence data. Autism incidence should be evaluated across all states and on geographic levels smaller than states or nationwide. By helping to pinpoint causal factors in the autism epidemic, such efforts will lead to environmentally-based prevention and improved public health.