

DO VACCINE CAUSE AUTISM
Human DNA in Childhood Vaccines

Testimony Presented By

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Before the
Interagency Autism Coordinating Committee (IACC)
April 8, 2014
Bethesda MD.

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Many of the routinely recommended childhood vaccines are produced in media derived from human cell lines, including MMR (MMR II), chickenpox (Varivax)), Hepatitis A (Vaqta, Twinrix, Havrix), and a DTP-Polio-Hib combination (Pentacel).¹ The two particular fetal cell lines that are used in production of current vaccines are WI-38, developed at the Wistar Institute in Philadelphia, and MRC-5, developed for the Medical Research Council in England. Both were created in the 1960s. The shocking revelation of the cell line MRC-5 is that, the lung tissue taken from a 14 week fetus aborted for a **psychiatric** reason.

In the mid to late 1970s, pharmaceutical companies switched from using animal cell lines to using fetal human cell lines to produce some of their vaccines. It was assumed by the manufacturers that using fetal cells would result in a more efficient production system. The high volume of vaccine production means a large quantity of these cells. The final vaccine is never completely 'pure' and DNA and cellular debris from the production cells are in the final product. For example, the package insert for Varivax, a chickenpox vaccine, states that the vaccine contains "residual components of MRC-5 cells including DNA and protein." Merck, the manufacturer, documents that Varivax is contaminated with over 2 micrograms of human fetal DNA fragments.

The Human DNA in these vaccines has the potential to become incorporated in the host's genes by a process called illegitimate or homologous recombination. Human DNA in the vaccines may now be propagating in the human cells of those given the vaccines. Homologous recombination is an established biological phenomenon in which a segment of a cell's DNA is substituted by another segment of DNA that is from the same species. This can occur during cell division or DNA repair. Homologous recombination occurs naturally to create genetic diversity in our offspring, and is also conveniently harnessed by scientists to introduce experimental DNA into cells and animals. We do not know yet if this occurs with the contaminated human DNA found in childhood vaccines, and if so, to what extent. It is critical to find out, due to the potential consequences as vaccines are given multiple times starting as early as 2 months of age, and DNA may be incorporated into a child's developing brain and immune system.

It is possible that human DNA-contaminated vaccines contribute to some cases of autism. One hypothesis ^{10, 11} presented to us is that the homologous recombination of DNA from another human incorporated in a host's DNA may cause auto-immune reactions and/ or subsequent somatic mutations. ^{3,4} Our own immune system destroys altered self which, in this case, is the new DNA incorporated in the host's DNA, a target for altered-self destruction. The autoimmune reaction could result in neurological injury. Emerging research is showing continuous brain inflammation in those with autism.⁸

The epidemiology of autism is compatible with a human cell line vaccine link. Since 1983 or earlier, the MMR vaccine in the US has only been produced using aborted fetal cells. Coincidentally, severe autism began to rise in the US in the 1980s, increasing from less than 1 child per 10,000 to 16 to 17 children per 10,000 (or about 1 in 500) by 1990. The late 1980s witnessed a concerted effort by health authorities to increase the immunization compliance for infants, including both on-time immunization and coverage rates resulting in widespread earlier dose administration for birth cohorts

from 1887 on. A [2010 report](#) published in [Environmental Science and Technology](#) by scientists in the EPA identified 1988-1989 as the "change point" in ASD occurrence.⁶ Like the CDC, they recognized the debate over "the nature of increasing autism," but affirm that "the potential for this increase to be real and involve exogenous environmental stressors exists." The MMR vaccine produced in fetal tissue was introduced to the UK about a decade later, and an immediate rise in autism levels were noted, which lead to the suspected link between Vaccines and Autism.⁷ In 2013, the CDC's Autism and Developmental Disabilities Monitoring Network reported that [approximately 1 in 50 children born in 2007 were diagnosed with an Autism Spectrum Disorder](#)⁵. Since the 1990s, the Hepatitis A and varicella vaccines joined the ACIP recommended schedule and Pentacel was approved by the FDA for US use.

Autism is four times more prevalent in boys than girls. Seven hot spots for DNA insertion are found on the X chromosome in eight autism-associated genes involved in nerve cell synapse formation, central nervous system development, and mitochondrial function.⁹ This could provide some explanation of why autism is predominantly a disease of boys.

We have found brief discussions about potential adverse health consequences of using human cell lines for vaccine production in minutes from FDA advisory meetings. We have used many search engines to investigate safety studies of human cell lines and vaccines. We were not able to find any study that actually measured the extent of those potential adverse consequences. As a scientist myself and the father of a severely autistic son, I find this omission regrettable given the deployment of these vaccines for all healthy children across our country.

On November 29, 1999, fourteen years ago, Peter Patriarca, MD, then the Division Director of FDA's CBER, Viral Products Division (The Pink Sheet, November 29, 1999)¹² wrote an article, "Vaccine Technology Outpacing Ability To Predict Adverse Events". Dr. Patriarca stated, "One of the important things is that the technology used to make these vaccines actually exceeds the science and technology to understand how these vaccines work and to predict how they will work, so this has the potential for ending up in a situation which I call a 'black box' Vaccine". The CBER official also stated, "while continuous cell lines are being used for many good reasons including their ability to propagate and grow viruses to a high titer, the worst thing we're concerned about is malignancy, because some of these continuous cell lines have the potential for growing tumors in laboratory animals".

Fourteen years later, on May 8, 2013, at the Vaccines and Related Biological Products Advisory Committee Meeting,¹³ Keith Peden, PhD, Chief, Laboratory of DNA Viruses at CBER, questioned (slide#23) "Does Residual Cell-Substrate DNA in Vaccines Represent a Risk?" He answered, "Whether DNA from the cell substrate poses a risk to vaccine recipients has been debated for approximately fifty years." According to the CBER office, the agency still does not know whether or not extraneous DNA in vaccines is safe.

Based on this information I am requesting that the IACC investigate the merits of these concerns. Of particular importance in any review is requesting safety data on the effect of incorporated DNA in causing immune or neurological irregularities in children which may result in some instances in features of autism.

Sincerely,

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